



Contribution of the Private Sector in Health Systems Resilience and Reform: Stronger together beyond COVID

**Mutual Learning Platform and
Private Sector in Health Thematic Working Group
Satellite Session at HSR2022**

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Background

The Covid-19 pandemic exposed the weaknesses and fragmented nature of the health systems in low- and middle-income countries. The private sector (both for-profit and not-for-profit) has and continues to play a vital role in improving access to and quality of health services. This has been evident in recent years where there has been an increase in the proportion of individuals accessing health services through the private sector. Coordination and cooperation between the public and private sectors across the health system in health financing, service delivery, policy and regulations, and health information systems is essential to build resilient and impactful health systems. This level of collaboration was evident during the pandemic in many Asian and African countries in the past two years which had successes and challenges. This approach to new types of partnerships and models of care has the potential to bring to the fore transformative innovations that improve the delivery and access of health care, finance health systems and provide solutions to intractable public health problems.

The Mutual Learning Platform on Mixed Health Systems (comprising of the Public Health Foundation of India, Amref Health Africa and Institute of Development Studies Sussex) and the [Private Sector in Health Thematic Working Group](#) convened a full-day conclave on the ***Contribution of the Private Sector in Health Systems Resilience and Reform: Stronger together beyond COVID*** at the [Seventh Global Symposium on Health Systems Research \(HSR2022\)](#) on November 1, 2022 at the Agora Bogota International Convention Centre from 8:30 am to 5:00 pm.

This satellite session brought together private sector representatives, global policymakers, healthcare providers, researchers, students, and international organizations with the aim to:

1. Discuss and share findings on private sector contribution to health systems resilience in a post-pandemic era in the areas of governance, technology, primary care and politics of health in LMICs.
2. Learn from exemplar LMICs on market facilitation to improve learning in digital transformation, governance, and stewardship.
3. Share latest findings with the health system research community on the rapid growth and contribution of the technology sector to health systems resilience in a post-pandemic era and identify potential partners for work on digital transformation.
4. Forge a new research agenda for private sector engagement based on mutual learning.

The symposium attracted over 1000 health system researchers, government officials and agencies funding global health from around the world. We took advantage of this gathering to organize activities on the private sector, including digital health, as part of meetings taking place before the conference. We followed up by holding discussions on our plans with digital health entrepreneurs and representatives of funding agencies and consultancy companies with an interest in digital health.

Format:

The session included an opening plenary, three organized sessions and four abstract led parallel sessions. Each of the parallel sessions focused on a specific theme and included short presentations by selected researchers followed by moderated discussions. **Please see the final agenda in Annexure 2.**

OPENING PLENARY: CONTRIBUTION OF THE PRIVATE SECTOR TO HEALTH SYSTEMS RESILIENCE AND REFORM IN A POST-PANDEMIC ERA

The moderated opening plenary set the stage for a mutual learning agenda to discuss and share findings on the contribution of the private sector to health systems resilience and reform in a post-pandemic era in the areas of equity, commercial determinants of health, service provision, universal health coverage, technology and innovations in LMICs. The session explored new types of partnership models in mixed health systems that have the potential to bring to the fore transformative innovations that improve the delivery and access of health care, finance health systems and provide solutions to intractable public health problems.

The panelists included a former health minister, a senior academic, a senior official from a multilateral agency and a representative from the private sector.

Speakers:

- **Dr. Emilio Gabriel Santelices Cuevas** - Former Health Minister of Chile, President, Salud 5i, and Regional Board Member, Movement Health
- **Dr. Adnan Hyder** - Senior Associate Dean for Research and Professor of Global Health, Milken Institute School of Public Health, George Washington University
- **Pablo Gottret** - Practice Manager, Social Protection and Jobs, Latin America and the Caribbean, World Bank
- **Dr. Maria Camila Bustos Márquez** - Regional Market Access LATAM, The Janssen Pharmaceutical Companies of Johnson & Johnson

Moderators: *Dr. Priya Balasubramaniam (Centre for Sustainable Health Innovations and Public Health Foundation of India) and Dr. Sarbani Chakraborty (Results for Development)*

Key learnings

The role of the private sector as a critical health system actor

All participants agreed that the private sector has emerged as a key player in health systems capacity building and strengthening. The level of collaboration between non-state actors and country governments has increased during the pandemic, with the private health sector responding to health systems emergencies in various ways including improving service delivery, access and advocacy. These new partnerships had both successes and challenges. Mixed health system reform needs to include measures both within and outside the healthcare system. Locally relevant public policies can use private providers in a positive way. As private markets evolve, it is important to consider their possible impact on health systems goals. A key priority is to address broader constraints of the political and economic systems that are manifest in inequities of power, money and resources; one of the strongest determinants of health status achievement. Countries with mixed health systems will need to think of innovative ways to regulate private providers to curb extortionate activities and monopoly while encouraging innovation. This will involve building technical capacity for stewardship as well as enhancing normative and supervisory roles to oversee a mixed provision of services.

Identifying effective public-private partnerships

There was discussion on developing a keener understanding of the roles of various private sector actors in health systems and the evolution of different kinds of partnerships. With limited resources, health governments could not be expected to cover all costs and services. Private sector actors were increasingly willing to support health systems capacity through innovative partnership models to support gaps in healthcare access and provision. Examples were given on private sector response to cover gaps in the treatment of non-communicable diseases before and during the pandemic, distribution of emergency supplies and medicines and the role of technology in aiding service

provision. Panelists also discussed how the private sector can be better leveraged to fill gaps in service provision, access and for fruitful partnerships. One area of concern with the private health sector was the need to address continuous challenges around health data including collection, usage and ownership, lack of interoperability among systems, and the lag between innovation and regulatory progresses which remain significant obstacles to scaling partnerships.

Panelists agreed that there was an abundance of resources in the private sector that could be better channeled to address health system gaps and healthcare continuums. Most private sector contributions to health system capacity building remain fragmented leading to difficulty in aligning efforts. There was much consensus on the need for private sector partners to combine resources and work together for greater impact especially for more vulnerable populations. There is significant value in developing rapid learning systems to allow for better use of resources, specifically to understand the efforts of other private sector actors to avoid duplicity of efforts.

Health equity in health financing

One panelist stressed the need to embed health equity into conversations about health financing. Examples were given on mixed financing models that worked successfully, including that of Colombia's. The presence of externalities, public goods, and asymmetries in health information between patient and provider necessitates that health financing be a partnership between public and private sectors and is regulated by the public sector. The financing of health by the public sector, however, does not mean that the public sector needs to be the sole provider and the role of strategic purchasing will be increasingly vital in mixed health systems. Strategic purchasing by the public sector involves a combination of what to buy, for whom to buy, from whom to buy and how to purchase, and private sector partners will increasingly be part of service delivery and mixed financing models for a well-functioning system.

Rules of engagement with the private sector

Finally, a key area of discussion was around establishing rules of engagement with the private health sector which remain unclear. The panelist from academia stressed that there are many assumptions around the mission and motives of the for-profit private sector that include a range of manufacturers, providers, financiers and the non-health sector industry that has implications for health such as the alcohol, food, tobacco and gun industries. To better understand these commercial determinants of health, rules of engagement need to be established. This will also require an improvement in definitions and conceptual frameworks of the private sector. There needs to be a clear distinction of what is public and what is private in health systems mandates along with evidence of engagement mechanisms that have proven successful. There was discussion on considering accountability while thinking of health outcomes, that goes beyond just what the average increase in DALYs per dollar spent is but determining who gets resources and how they are able to benefit from the increase in DALYs.

ORGANIZED SESSION 1: EVOLUTION AND ROLE OF DIGITAL HEALTH IN MIXED HEALTH SYSTEMS

Digital transformation of the health sector is a process that involves bringing together a number of technological and organizational innovations, the creation of new kinds of partnerships across sectors and the establishment of new governance arrangements. This will take a considerable amount of time and requires competent leadership by governments as well as health and information technology sectors. The opportunities and risks of the digital health transition vary between countries. Many LMICs have mixed health systems where private health providers fill the gaps that inefficiently funded public health services are unable to or inadequately cover. A digital transformation, in such circumstances, is often seen as strengthening public health systems and as a way to increase cooperation between public and private providers. This organized session explored how digital health actors can work with the research community in improving digital health partnerships, models and integration.

The panel discussion on digital health included the head of a mid-size Indian digital health company, a senior official from a large transnational corporation, a consultant with expertise on the digital health sector in Latin America and an official from a large African health service delivery NGO.

Speakers:

- **Sujay Santra** - Founder and CEO, iKure Techsoft Pvt. Ltd.
- **Daniel Otzoy** - Co-founder and Executive Director, Central American Health Informatics Network (RECAINSA)
- **Dr. Jeroen Maas** - Director, Access to Care Technology and Partnerships, Phillips, Digital Connected Care Coalition, Netherlands
- **Caroline Mbindyo** - CEO, Amref Health Innovations

Moderators: *Dr. Gerry Bloom (Institute of Development Studies) and Dr. Priya Balasubramaniam (Centre for Sustainable Health Innovations and Public Health Foundation of India)*

Key learnings

Panelists offered examples of successful digital health partnerships and approaches to work closely with researchers and country governments, and challenges associated with data. They agreed that the Covid pandemic led to big falls in the number of physical visits to health providers and a rapid growth in telemedicine. The presentations on India and Latin America emphasized the capacity of local firms to innovate and contribute to the development of digital health. Another presentation by a large transnational company described its experiments with new kinds of partnerships with local technology innovators and health service providers in low-and middle-income countries. There was little consensus on the relative roles of local and international firms in digital health transformation. However, there was a general agreement on the important role of national governments in establishing appropriate governance arrangements.

Digital health needs an ecosystem approach

All panelists agreed that digital health is a means to an end. It is not the goal itself and it is not a silver bullet. While technology has the potential to alleviate many of healthcare's greatest challenges, it cannot solve system-level issues. "Digital health should be part of a broader ecosystem. The key lies in bringing together different capabilities and expertise around a common goal." The goal remains providing access to care, improving quality of care and lowering cost. The success of digital innovations will ultimately depend on their incorporation into the health system, the capacity of governments to manage this change and the creation of sustainable business models. This is especially the case

with the rapid development of new diagnostic and treatment technologies, which are creating major opportunities but pose challenges to the generation of sustainable approaches to incorporating them at scale.

Challenges to integration and scale of digital health solutions

Challenges to digital integration and scale occurred at various points in the healthcare chain. There is a lack of connectivity across different levels of digital care models for referral from community health workers to primary, secondary, and tertiary care. The second challenge is ensuring all patient data is collected systematically for informed assessment of health conditions and assuring transparency around the use of data. Digital technologies themselves are a) adaptable to different settings, and b) adoptable as evidenced during the pandemic. The speaker from Latin America underscored the challenge of creating an ecosystem that considers digital culture and governance mechanisms, standards and interoperability, and prioritizes data transparency. This will require a re-thinking of current models of health services.

Fostering trust-based relationships

Speakers expressed the need to foster trust-based relationships between care providers, digital companies, NGOs, policymakers, and funders for an integrated digital ecosystem that is interoperable and leverages each actor's strengths. For example, governments can leverage their experience formulating regulations, NGOs, civil society and community health workers can voice the needs of communities, and private organizations can help scale innovations at reasonable prices. Trust-based relationships will also be critical for harmonized regulation and policy to scale digital products and solutions that have proven to have the potential to be transformational. Identifying clear roles of stakeholders and consensus building around the roles is crucial.

Role of researchers

Finally, panelists concluded that research on new types of digital partnerships needs to be supported by mechanisms to facilitate these partnerships and approaches to partner with different stakeholders. Findings from research such as issues of affordability, digital infrastructure, the need for adaptability and continuous iteration must also inform integration and scale up efforts. Centering the key service recipient, i.e., the patient, and continuous feedback will be key to identifying what works, implementing it, and codifying for replication in other settings.

ABSTRACT SESSION 1: HEALTHWORKFORCE AND MARKET CONCENTRATION

This abstract driven session focused on two themes - a) how the structure of health care markets can influence their performance in terms of the cost and quality of care and equity of access, and how government interventions influence the shape of markets as they develop and b) the challenges of filling major gaps in human resources, focusing on both the role of private institutions that train health workers and on measures to ensure the quality of the large numbers of health workers employed outside the public sector.

Abstract presenters:

1. Dr. Naveed Noor – Aga Khan University Pakistan - *The healthcare field as a marketplace: GPs, pharmaceutical companies, and profit-led prescribing in Pakistan*
2. Mari Tvaliashvili - Curatio International Foundation - *Risks from healthcare market fragmentation: learning lessons from Georgia*
3. Jessica King - London School of Hygiene and Tropical Medicine - *Overprovision of anti-malarials in the Tanzanian private sector: explaining the role of ownership and mission in performance*

4. Zeus Aranda Remon - Partners in Health Mexico - ***Building structural competency among junior health professionals through a public-private partnership between Partners in Health Mexico and the Chiapas Ministry of Health in rural Mexico***

Moderators: Dr. George Gotsadze (Curatio International Foundation) and Dr. Kara Hanson (London School of Hygiene and Tropical Medicine)

Key learnings

Three presentations from Pakistan, Georgia and Tanzania primarily focused on private sector service. The presentation from Pakistan examined pharma GP interaction and provided examples of unethical behaviour that has emerged in the market. The presentation from Mexico focused on human resource supply, specifically the lack of public investments leading to huge shortages of service providers as well as human resources in terms of skills and knowledge. Presentations from Tanzania and Georgia considered issues regarding quality of service provision in different contexts including malaria services in diagnostics and provider behaviour in a private market.

The importance of governance of private and public sector health services has to be recognized and emphasized. Governance is currently focused on market regulation. However, governance mechanisms must be developed in dialogue and partnership with the private sector to be effective as opposed to being implemented as directives. Implementation of regulations remains an area for rigorous research to determine how best regulations can be implemented to deliver on their objectives. There is opportunity to develop good case-studies for cross-sectoral learning. Unless this was recognized as a partnership model facilitated through a dialogue, this may not work well.

Presentations focused on different methodological approaches on researching the private sector. Diverse methodology was used ranging from purely social science approaches to mixed and empirical methods. Interestingly all private sector presentations were focused on service provision. It was not just technology or devices but on service providers and their interaction with patients. This gives a clear indication of where and what current research is focusing on that goes beyond traditional research paradigms intent on comparing public and private sectors as separate entities in LMIC settings instead of viewing them both as integral parts of country health systems.

Discussions stressed on the need for **greater diversity in methodological approaches used to study private sector engagement** mechanisms. This could include comparative studies of private and public sector market for services in LMIC settings, the private market for pharmaceuticals and their interface with providers, **patient rights and ethics**, and how regulatory and governance decisions could be better implemented to achieve better coordination with the private sector. Findings can be tied to dissemination efforts to enable a shift in perspective towards the private sector.

ABSTRACT SESSION 2: NEW PARTNERSHIPS IN HEALTH AND FRONTIER HEALTH MARKETS EVOLUTION

The second abstract driven session explored how public-private partnerships (PPPs), donor support, and addressing information barriers in different continents and contexts is starting to shape new market entry conditions for the private sector. This session offered a platform to learn more about country-specific efforts and what this means for other countries and contexts interested in PPPs for frontier health markets. It explored approaches to service provision in public private partnerships that use new types of design and system architecture to address some established issues around the private sector, such as the quality of care, health innovations, public funding of private care for a common aim and more.

Abstract presenters:

1. Dr. Gustavo Nigenda - Universidad Nacional Autónoma de México - **Private sector participation in the provision of sexual and reproductive health services targeting vulnerable populations in Mexico**
2. Farhan Yusuf - Results for Development - **Using a market development approach to facilitate a healthy market for HIV self-testing in Tanzania**
3. Joshua Limo - Population Services Kenya - **Experience of private pharmacies engagement in tuberculosis control to improve case detection: Case of urban towns in Kenya**
4. Dr. Shehla Zaidi - Aga Khan University Pakistan - **Public private partnerships for primary health care in Pakistan: Opportunities, risks and performance**

Moderators: *Dr. Sarbani Chakraborty (Results for Development) and Dr. Priya Balasubramaniam (Centre for Sustainable Health Innovations, Public Health Foundation of India)*

Key learnings

Mapping various stakeholders', including private and public stakeholders, incentives and disincentives and treating the landscape as a market is an approach that needs consideration. The private health sector is growing, here to stay and they fundamentally are businesses. Governments must find ways to work with their business models as opposed to against it. While recognition of that reality is the first step, the next must be to identify ways to work together. **Understanding each actor's strengths and weaknesses and building trust-based partnerships to identify appropriate mechanisms to fill healthcare gaps is key.** This consensus building needs to be done in a structured and systematic way and must be driven by evidence. One way of redefining conventional PPP models and reinforcing the role of health policymakers is through the engagement of private actors in the decision-making processes. This is based on the awareness that health issues involve multi-level, multi-actor, and multi-sectoral-challenges and cannot be solved by a single actor. **A partnership-based governance model where market actors are jointly held responsible and accountable** is a new perspective of governance where policy and program implementation are horizontally influenced by private organizations and/or civil society actors.

The role of the private sector in public-private partnerships has been traditionally defined in terms of clear roles and responsibilities where state actors regulate, and non-state actors deliver on PPPs within strictly defined rules and parameters. Transaction-oriented approaches include Service Level Agreements (SLA), and public-private partnerships for the management of hospital services or diagnostic labs. Specific contextual factors in LMICs necessitate a shift in approach to PPPs. These include: (i) evolving state actor capacity in regulation and regulatory capacity limitations as barriers to rapid scale-up of PPPs (ii) significant needs in LMICs for addressing growing public health problems such as NCDs, and (ii) the growing global focus on data and analytics driving health systems to change, and a lack of clarity on who owns the data. These factors are challenging traditional approaches/domains for public-private partnerships leading to more partnership-based models based on social capital approaches (trust and engagement of the private sector in defining the scope and implementation of programs).

ORGANIZED SESSION 2: ESTABLISHING STANDARDS OF PRACTICE FOR PRIVATE SECTOR INVESTING IN HEALTHCARE IN EMERGING AND FRONTIER MARKETS: THE MISSION OF INVESTORS4HEALTH

Private capital investment in the sector has been informal, unorganized, and unregulated, which can present a potential risk to the very people, systems and providers it sets out to serve. Thin investment pipelines that lack financing capacity can threaten reliable access to care, while the creation of new private healthcare institutions can generate a market imbalance that diverts resources such as doctors and nurses from public health systems. Moreover, private sector investments can expand access to care for underserved populations, but they rarely target the most vulnerable customers whose access to health services is key to reaching universal health coverage. Prior to Covid-19, the narrative around private investing in healthcare in emerging markets was nascent and gaps between what the public sector was able to provide and what populations needed were undefined. Private sector players were hesitant to be the first movers in a relatively uncharted space with uncertain returns – and opportunities were unrealized. Although investment in emerging market healthcare is on the rise, the territory remains mostly uncharted for investors. This session focused the evolving standards of practice developed by Investors4Health (I4H), a community of individuals and organizations that are actively investing in private healthcare services in emerging markets that has come together to expand knowledge and develop standards of practice.

The Dalberg Group serves on the Investors for Health Executive Committee, alongside Alta Semper, British Investment International, the International Finance Corporation (IFC), and Quadria Capital. Speakers were representatives from I4H.

Speakers:

- **Ken Gustavsen** - Executive Director, Social Business Innovation, MSD
- **Alonso Gomez** - Senior Investment Officer, International Finance Corporation
- **Juan Pablo Jimenez** - Associate Partner, Dalberg Advisors

Moderator: *Dr. Stephen Sammut (Wharton School of Business, Alta Semper Capital)*

Key Learnings

Supporting healthcare providers directly is a path where private capital is well equipped to help fill gaps and expand access to quality care for the underserved, as well as play its part in the goal to achieve Universal Healthcare Coverage (UHC) by 2030, as set out in the United Nations Sustainable Development Goals (SDGs). One of several barriers in the way of achieving UHC is an annual funding shortfall of \$134 billion, identified by WHO, which is expected to grow to over \$370 billion a year by 2030. To enable private investment to be put to work for the countries and areas of inclusive healthcare that need it most, it will need more blended finance, impact bonds, and other financing vehicles for scaling and de-risking in order to attract investment to the sector as it emerges.

Speakers offered examples of the **catalytic role of actors such as development financial institutions (DFIs)** and advisory firms focused on global development. They also highlighted the different ways the private sector has acted as commercial investors, including debt and equity investors, to help scale up cancer treatment solutions. These include a) blended finance solutions such as the Eye Fund, a partnership structured and managed by Deutsche Bank that taps into public sector funds, philanthropic funds and private sector funds to provide low-cost funding access to credit for eye care hospitals across the globe, and b) credit guarantees where development actors such as DFIs provide partial credit guarantees to help reduce risk for the private sector. I4H members

generate impact across the spectrum of healthcare interventions in emerging markets, helping to close the gaps in primary care, specialty care, diagnostics, and addressing weaknesses in supply chain and human resources management.

For example, I4H is backing one provider that tackles the problem of limited ICU infrastructure and the shortage of skilled critical care physicians in remote locations. Technology-driven tele-ICUs from the provider Cloudphysician have filled a gap, offering healthcare services and a med-tech platform to address the lack of access to quality critical care in ICUs across the globe. The panel also offered examples on efforts that emerged in response to the pandemic such as Safe Hands Kenya, a private sector alliance that leveraged private sector expertise in supply chain delivery to increase hand washing facilities, provide face masks and soaps in Kenya.

The spectrum of impact includes philanthropic efforts on one end and commercial driven enterprise social impact on the other. Speakers provided examples of what's in between, including venture capital investments into companies that work with underserved populations in LMICs that work on health ecosystem related issues through more sustainable commercial activities. Speakers also offered insight into what investors are interested in, i.e., solutions that pass litmus tests of access, quality and cost-effectiveness. **Investments are only considered inclusive if they fill key gaps in access, affordability, and quality of health services, add to existing public sector services without extracting its resources, and responsibly deploy capital in accordance with international standards and good governance practices.** Inclusive investments allow private sector investors to contribute toward Universal Health Coverage by extending healthcare coverage to underserved populations.

ABSTRACT SESSION 3: DIGITAL AND INTERCONNECTED PARTNERSHIPS

One aspect of the response to COVID has been a very rapid acceleration in the incorporation of digital innovations into health services. This session explored the impact of these innovations on equitable access to effective and affordable health services. It particularly focused on the implications of lessons learned for the incorporation of digital technologies into strategies for accelerating progress towards universal health coverage.

Abstract presenters:

1. Gabriella Ailstock – VillageReach - *Market entry challenges and strategies for emerging private sector innovations in public health systems: A case study from the Drones for Health Program in the Democratic Republic of Congo (DRC)*
2. Rizka Ayu Setyani - Universitas Sebelas Maret, Indonesia - *The scaling up of digital health systems in low and middle-income countries*
3. Dr. Bronwyn McBride - Simon Fraser University - *Adapting, scaling, and health systems integration of a digital health intervention to improve maternal and child health among ethnic minority women in Vietnam amid the COVID-19 context: the dMOM project protocol*
4. Lucy Owusu - Kumasi Center for Collaborative Research in Tropical Medicine - *Experiences and use of health services in healthcare delivery in the era of Covid-19 crisis: Perspective from Ghana*
5. Dr. Meghan Kumar - London School of Hygiene and Tropical Medicine - *Task shifting in antenatal ultrasonography: A formative qualitative study of nurse-led ultrasonography and telemedicine review in Kenya*

Moderators: Dr. Gerry Bloom (Institute of Development Studies) and Dr. Priya Balasubramaniam (Centre for Sustainable Health Innovations and Public Health Foundation of India)

Key Learnings

The papers presented analyzed a variety of innovations in several countries in Asia and Africa including the use of electronic patient records, the use of SMS' to increase access to maternal health services in remote areas, the development of small and portable ultrasound devices and the increased availability of telemedicine. Each paper presented a discrete innovation but there was a recognition of the need to place them in the context of a broader transformation process. One common theme was the importance of trust between the population and the health service. The building of trust will require agreement on the risks and on the regulatory arrangements put in place. This trust will need to be based on mutual understanding of the potential benefits and risks of digital health and an agreement on the objectives of the transformation process. Discussions highlighted the rapid expansion in access to telemedicine in a number of countries, including the Philippines, Indonesia and Rwanda. This has been made possible because of the development of local capacities to provide these services and access them and also by the adaptation of government regulations to remove unnecessary constraints to the provision of these services. Although these initiatives have been successful, many questions are being raised about issues such as equity of access between age cohorts, social groups and gender. Also, the telemedicine companies currently provide an electronic alternative to a visit to a health worker. They do not yet incorporate major benefits from new diagnostic technologies, the use of algorithms and coordination of care through the use of an electronic patient record.

Partnerships will be key to collaborate on a revised research agenda that views public and private sectors as integral parts of mixed health systems as opposed to separate entities. The private sector does a significant amount of research on its own. Presenters stressed the need to investigate how skilled researchers and research organizations can collaborate with the private sector to embed a health systems element into their research. This kind of collaboration will also allow for knowledge exchange and eventually enable the research community to be a trusted intermediary between private sector and the government. At the global level, **collaborative efforts towards a less-siloed approach to scaling and integrating digital health** may provide the necessary leadership to enable innovative solutions to reach healthcare workers and patients in LMICs.

It was considered critical that **digital health solutions are identified as “digital enablers of access”** as opposed to a silver bullet. We need to be careful about creating digital health interventions that help circumvent structural inequities. Digital health approaches are alluring because they are easier to implement than shifting the structural conditions that create those inequities. It is necessary to consider how digital health approaches can be more cognizant and transformative of the oppression and exclusion based on race, class, gender, geography and the social, structural, commercial determinants of health.

ABSTRACT SESSION 4: HEALTHCARE FINANCING AND FISCAL STEWARDSHIP

This abstract driven session focused on innovations in the design of financing mechanisms. It explored alternative approaches for health care financing in a mixed health system and the ways in which the design of financing mechanisms influences the kinds of services provided, their cost and equity of access.

Abstract presenters:

1. Dr. Kheya Melo Furtado - Goa Institute of Management - *Private insurers as purchasing intermediaries in publicly financed health insurance: Lessons from India's Ayushman Bharat - Pradhan Mantri Jan Arogya Yojana scheme*

2. Dr. Edward Sutanto - ThinkWell Global - ***Bridging the gap: How private midwives fill family planning gaps in Indonesia since the introduction of national health insurance***
3. Joseph Kazibwe - Lund University - ***The impact of public health insurance on maternal and reproductive health services utilization and financial protection in low and lower-middle-income countries: a systematic review and meta-analysis***
4. Dr. Sarbani Chakraborty - Results for Development - ***Stewardship of mixed health systems: Practical application at the country level leveraging financing and inclusive governance systems***
5. Rei Hirayama - Asia Africa Investment & Consulting (AAIC) Investment Kenya - ***The role of venture capital in healthcare in Africa***

Moderators: *Dr. Stephen Sammut (Wharton School and Alta Semper Capital) and Dr. Gustavo Nigenda (Universidad Nacional Autónoma de México)*

Five presentations covered a variety of topics on financing; moving from institutional arrangements to contracting health workforce. Three focused on how private institutions can improve health systems performance through financial intermediation, stewardship, governance and technological transfer, with examples of different countries such as India, Kenya and Georgia. One presentation focused on the impact on health insurance in the increase of health service utilization and financial protection in maternal reproductive services. And another on the contracting process of training midwives to expand health services as part of the national health insurance scheme in Indonesia.

There is a need to move away from the attitude that all private providers are predatory and detrimental to health systems and public health. The presentations showed the many ways the private sector can support public health functions and access to healthcare. Communication, dissemination and governance can play an important role in viewing the private health sector as an opportunity as opposed to being only seen as a threat to public provision of health.

ORGANIZED SESSION 3: NEW GLOBAL PARTNERSHIPS – TACKLING NEGLECTED AREAS IN GLOBAL HEALTH

74% of global deaths are attributable to NCDs but only 1-2% of global health assistance is directed towards NCDs. A 2012 publication from the Business for Social Responsibility reviewed health partnerships and found several gaps. These included duplication of efforts and investment, small-scale transactional partnerships, limited to no focus on tracking outcomes and measuring the impact of the partnerships, and the lack of NCD-related efforts. This session focused on the opportunities emerging in the field of NCDs and provided a platform for understanding how different approaches can be adopted by other countries and partners.

The speakers included a former health minister, a senior official from a large NGO and a representative from a private sector led coalition.

Speakers:

- **Dr. Emilio Gabriel Santelices Cuevas** - Former Health Minister of Chile, President, Salud 5i, and Regional Board Member, Movement Health
- **Dr. Maria F Navarro** - Regional Director Latin America, City Cancer Challenge
- **Hector Pourtalé** - Global Director of Movement Health, Colombia, Bogota

Moderator: *Dr. Sarbani Chakraborty (Results for Development)*

Key Learnings

There was deliberation on **the investor's position in building health system capacity**. A dearth of funding for NCDs research has resulted in governments turning to the private sector for support. "There is a significant amount of interest in NCDs among investors but at the same time there is a search for a model that works." Sensitivity and awareness regarding the threat of NCDs to global health is present. However, we need innovative models of care, measurable key quality indicators and a deliberate incorporation of experiences and needs of patients to increase fundability. These partnerships must take a more social capital approach based on trust and credibility as opposed to traditional transaction-oriented design.

Speakers stressed the need for **trust-based partnerships**. The private sector is growing and it fills a necessary and urgent health system gap. Therefore, it is critical to engage with them promptly. Speakers recommended these engagements are done through a social capital approach built on trust and credibility as opposed to traditional transaction oriented public private partnerships. The conditions under which these trust-based partnerships are emerging and where they can go in terms of scale are potential areas for research. There was also much agreement on the need for **public private partnerships to be structured in the right way for the right purpose**. Sustainability of businesses require a competitive edge or proprietary. Questions around who owns intellectual property, how it is shared and the division of revenues in public-private partnerships must be answered.

CLOSING PANEL: WHAT DOES THE FUTURE HOLD FOR PRIVATE SECTOR RESEARCH AND ENGAGEMENT FOR SUSTAINABLE GLOBAL HEALTH?

The closing panel included short reflections by representatives of multilateral funding organizations including the World Health Organisation and the International Development Research Centre (IDRC). The session explored future trends and opportunities for private sector research and engagement for sustainable mixed health systems. Speakers provided observations on discussions that transpired throughout the conclave and their respective organizations' ongoing agenda in global health and implications for new models of healthcare access and provision in a post Covid world.

Speakers:

- **David Clarke** - Acting Unit Head, Health Systems Governance and Policy, World Health Organisation
- **Dr. John Dusabe-Richards** - Global Health Division, International Development Research Centre (IDRC)

Key learnings

Both panelists referenced the discussion during the opening plenary on rules of engagement. David Clarke stressed that the rules of engagement are not the same as they were twenty years ago and governments are not in a position to regulate the private sector. "*What we're looking at now in terms of private sector engagement is far more dialogue. That reflects the reality of governance in 2022*". Both speakers also highlighted the improved role of digital health technologies since the onset of Covid-19 and the need to harness and embrace them as opposed to resisting their incorporation into health systems. There was consensus that digital technology could completely change the way in which health systems operate. There is benefit in going back to first principles and thinking about what we are trying to achieve with technology and how this is actually going to lead to desired health systems outcomes. **There is a huge role for the research community in trying to guide the policymaking process of the future to respond to these challenges where governance is a matter of change and disruption. Responding to governance change in a must faster way is necessary.**

The presence of the private sector and its increased engagement with health systems necessitates different governance mechanisms; mechanisms that consider an evolution of the concept of governance and a new role for governments in health system operations. *“Governance in 2022 is not about governments trying to run health systems anymore. It’s about governments trying to steer health systems.”* There is a need to accelerate the process of adaptation of governance to respond to different innovations including digital technology.

Dr. Dusabe-Richards added that to be able to cross the next frontier on anything global health related, there is an urgent need to acknowledge the role of private sector and the lessons learned from Covid-19. The nimbleness and responsiveness of the private sector needs to be acknowledged, especially with work being done in areas that usually take 5-10 years to complete. We need to think about private sector engagements around health systems research and health systems strengthening - they need to work alongside and within the public sector to deliver effectively. Private sector can contribute to improving accessibility to equitable services due to its better reach, better resources and rich expertise. The rules of engagement must also evolve to fully appreciate the private sector’s expanded role and must be developed through continuous and transparent dialogue.

OPPORTUNITY FOR NEW RESEARCH DIRECTIONS IN MIXED HEALTH SYSTEMS

All panelists unanimously said that this kind of opportunity to exchange ideas with people outside their usual network demonstrated the importance of working together to find solutions to problems. There was broad consensus on the role of research and researchers as important intermediaries in mixed health system partnerships.

Private sector from the Latin American perspective: moving beyond taboos - In the Latin American context, the role of the private health sector has been the elephant in the room, despite its growing presence. Recognition of their role in country health systems and a subsequent shift in perspective is necessary to create more meaningful dialogue and engagement with this sector in the region.

It is important to include the research community in Latin America in engaging the private sector especially with the accelerating role of digital technology and private sector participation. Companies like Amazon are producing a package of healthcare interventions to be incorporated in health systems in Latin America and the research community will need to understand the implications of this and other digital giants in health.

The need for new governance mechanisms: Governance mechanisms need to adapt to respond to different innovations such as digital technology. New governance strategies must be grounded in evidence and data, and be developed in dialogue and partnership with the private sector to be effective as opposed to being implemented as directives. ***The importance of governance was a recurring theme in all the sessions. Governance should focus not only on the private sector but on market regulation to deliver the best benefits to all beneficiaries.*** This has to occur through dialogue with the private sector and not necessarily through directives because they have proven to not be effective. There was recognition by WHO that the governance arrangements have to cover both public and private. ***Governments have to start negotiating with the private sector and new forms of governance need to be explored.*** The conversation has to move from “is there a private sector?” or “is it good or bad?” to “what does government, the private sector, and civil society do to make mixed health systems work for public good?”

A clear understanding of different actors and developing rules of engagement: The private sector plays an active role in improving access to health services. Covid-19 accelerated its participation and has allowed for the organic development of unique partnerships. However, the rules of engagement are unclear. A clear understanding of the motivations and incentives of the private sector is necessary to develop the rules of engagement. A clear profile of the rules of engagement will inform metrics and ensure accountability.

Researchers need to work with the industry to strategically create more democratic and flexible approaches to regulation. One such approach, called the SMART regulatory approach, is being introduced by the OASIS project in India.

Bridging health equity gaps requires significant work and digital tools can be critical in that effort. Equalizing healthcare access and quality not only improves individual and population-level outcomes but also has effects on good health, and prompt, effective treatment allows populations to have healthier and more productive lives. To contribute to this, digital health solutions must be designed to reach previously excluded or underrepresented groups. Digital health tools can improve equity by increasing healthcare access, addressing unmet needs and personalizing care for patients, while considering the historical context within the communities they serve. Understanding these three areas of opportunity can help digital health innovators develop and scale their products to make a meaningful difference.

Trust-based relationships: Traditional public-private partnerships are siloed and transactional. Scalability of novel partnerships and approaches will be hinged upon building trust among all entities. Trust based relationships will also be critical for harmonized regulation and policy. The Covid-19 pandemic has acted as a catalyst for the private sector to really come on board and the government to finally trust the private sector, not only in terms of financing but that digital health technologies began to act as catalysts to facilitate the movement of private and public funds between sectors.

Areas for research: When incentivized and held accountable, the private sector - whether for-profit or not-for-profit - is quite willing and able to serve different populations.

- Potential areas of research include the conditions necessary to nurture trust-based partnerships and comparative studies of service provision through public and private sectors. The latter will also contribute to dissemination efforts to enable a shift in perspective towards the private sector. The need for reformed governance strategies presents a significant opportunity for the research community to guide the policymaking process of the future.
- How can regulators and governments' decisions be better implemented to achieve the objectives they set out? We know that governments are competent at issuing regulations but need to explore implementation barriers and facilitators that ensure they deliver on their objectives.
- In engaging the private sector, we need to take cognition that they are businesses. The model of private sector engagement is not structured. Private sector incentives need to be better considered for both for-profit and not-for-profit stakeholders, as part of a framework of engagement with the private sector.
- How can research nurture a value-based, patient-centered health system idea within the private health sector? There is a need to explore what models would work, the attitude of the private sector and how to nurture this kind of debate within the private health sector.

- Perceived quality of care in the private sector and in the public sector. This includes measured quality of care, areas of divergence and convergence, and how research findings could contribute to improving quality of care and ensuring services are more people centered.
- How can we be better at engaging private sector actors and decision makers? Research needs to look beyond topics and designs that interest only research communities, but that may not be of value or interest to private sector actors.
- Timeliness and complexity: Research methods that can be applied for faster agreements on design and results for action among policy makers and decision makers in the private sector.
- Language and concepts: Research needs to develop language and frameworks to define agendas and designs that serve both public and private sector interests.
- The role of governing bodies to create the conditions within which those who deliver and manage health services can flourish. Governance best practices associated with better plans, resource mobilization, and service quality access and quality. Mechanisms to assess, develop and continuously improve governance models, processes and systems.
- Speed of bringing new services, products, technologies and pharmaceuticals into LMIC markets. Not only mixed methods design, but partnering with economic development and labor market researchers.

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ANNEXURES

SPEAKERS - ANNEXURE 1



OPENING PLENARY - CONTRIBUTION OF THE PRIVATE SECTOR IN HEALTH SYSTEMS RESILIENCE AND REFORM



Dr. Emilio Gabriel Santelices Cuevas - Former Health Minister of Chile, President, Salud 5i and Regional Board Member, Movement Health



Dr. Adnan Hyder - Senior Associate Dean for Research & Professor of Global Health, Milken Institute School of Public Health, George Washington University



Pablo Gottret - Practice Manager, Social Protection and Jobs, Latin America and the Caribbean, World Bank



Dr. Maria Camila Bustos Márquez - Regional Market Access LATAM, The Janssen Pharmaceutical Companies of Johnson & Johnson

Moderators:



Dr. Priya Balasubramaniam - Centre for Sustainable Health Innovations and Public Health Foundation of India



Dr. Sarbani Chakraborty - Results for Development



EVOLUTION AND ROLE OF DIGITAL HEALTH IN MIXED HEALTH SYSTEMS



Sujay Santra - Founder & CEO, iKure Techsoft Pvt. Ltd.



Dr. Jeroen Maas - Director, Access to Care Technology and Partnerships, Phillips and Digital Connected Care Coalition



Daniel Otzoy - Co-founder & Executive Director, Central American Health Informatics Network (RECAINSA)



Caroline Mbindyo - CEO, Amref Health Innovations

Moderators:



Dr. Gerald Bloom Institute of Development Studies



Dr. Priya Balasubramaniam Centre for Sustainable Health Innovations and Public Health Foundation of India

HEALTH WORKFORCE AND MARKET CONCENTRATION



Dr. Naveed Noor
Aga Khan University
Pakistan



Mari Tvaliashvili
Curatio International
Foundation



Jessica King
London School of
Hygiene and Tropical
Medicine



Zeus Aranda Remon
Partners in Health
Mexico

Moderators:



Dr. George Gotsadze -
Curatio International
Foundation



Dr. Kara Hanson - London
School of Hygiene and
Tropical Medicine

NEW PARTNERSHIPS IN HEALTH AND FRONTIER HEALTH MARKETS EVOLUTION



Dr. Gustavo Nigenda
Universidad Nacional
Autónoma de México



Farhan Yusuf
Results for
Development



Joshua Limo
Population
Services Kenya



Dr. Shehla Zaidi
Aga Khan University
Pakistan

Moderators:



Dr. Sarbani Chakraborty
- Results for Development



Dr. Priya Balasubramaniam -
Centre for Sustainable Health
Innovations and Public Health
Foundation of India



ANTIMICROBIAL STEWARDSHIP GOVERNANCE WORKSHOP



Dr. Meenakshi Gautham -
London School of Hygiene and
Tropical Medicine



**Dr. Nelson Enrique Arenas
Suarez** - Universidad Antonio
Nariño



ESTABLISHING STANDARDS OF PRACTICE FOR PRIVATE SECTOR INVESTING IN HEALTHCARE IN EMERGING AND FRONTIER MARKETS: THE MISSION OF INVESTORS4HEALTH



Ken Gustavsen - Executive
Director, Social Business
Innovation
MSD



Alonso Gomez - Senior
Investment Officer,
International Finance
Corporation



Juan Pablo Jimenez -
Associate
Partner, Dalberg
Advisors

Moderator:



Dr. Stephen Sammut -
Wharton School of Business
and Alta Semper Capital

DIGITAL AND INTERCONNECTED PARTNERSHIPS



Gabriella Ailstock
VillageReach



Rizka Ayu Setyani
Universitas Sebelas
Maret, Indonesia



Dr. Bronwyn McBride
Simon Fraser
University



Lucy Owusu
Kumasi Center for
Collaborative
Research in
Tropical Medicine



Dr. Meghan Kumar
London School of
Hygiene and
Tropical Medicine

Moderators:



Dr. Gerald Bloom
- Institute of
Development
Studies



Dr. Priya Balasubramaniam -
Centre for Sustainable Health
Innovations and Public Health
Foundation of India

HEALTHCARE FINANCING AND FISCAL STEWARDSHIP



Dr. Kheya Melo Furtado
Goa Institute of
Management



Dr. Edward Sutanto
ThinkWell Global



Joseph Kazibwe
Lund University



Dr. Sarbani Chakraborty
Results for
Development



Rei Hirayama
Asia Africa Investment
& Consulting (AAIC)
Investment Kenya

Moderators:



Dr. Stephen Sammut -
Wharton School of Business
and Alta Semper Capital



Dr. Gustavo Nigenda -
Universidad Nacional
Autónoma de México

NEW GLOBAL PARTNERSHIPS – TACKLING NEGLECTED AREAS IN GLOBAL HEALTH



Dr. Emilio Gabriel Santelices Cuevas - Former Health Minister of Chile, President, Salud 5i and Regional Board Member, Movement Health



Hector Pourtale - Global Director, Movement Health



Dr. Maria F Navarro – Regional Director, Latin America, City Cancer Challenge Foundation

Moderator:



Dr. Sarbani Chakraborty
Results for Development

Closing Panel – WHAT DOES THE FUTURE HOLD FOR PRIVATE SECTOR RESEARCH AND ENGAGEMENT FOR SUSTAINABLE GLOBAL HEALTH?



David Clarke - Acting Unit Head, Health Systems Governance and Policy, World Health Organisation



Dr. John Dusabe-Richards - Director, Global Health, International Development Research Centre

AGENDA - ANNEXURE 2

TIME SLOT	SESSION THEME
	OPENING PLENARY SESSION – CONTRIBUTION OF THE PRIVATE SECTOR IN HEALTH SYSTEMS RESILIENCE AND REFORM
8:15 - 8:30	Room B/C Session introduction and logistics –Priya Balasubramaniam
8:30 - 9:30	Setting the stage for a mutual learning agenda for the private sector in health Moderators: Dr. Priya Balasubramaniam, Centre for Sustainable Health Innovations and PHFI and Dr. Sarbani Chakraborty, Results for Development <ul style="list-style-type: none"> • Dr. Emilio Gabriel Santelices Cuevas - Former Health Minister of Chile, President, Salud 5i, and Regional Board Member, Movement Health • Dr. Adnan Hyder - Senior Associate Dean for Research & Professor of Global Health, Milken Institute School of Public Health, George Washington University • Pablo Gottret – Practice Manager, Social Protection and Jobs, Latin America and the Caribbean, World Bank • Dr. Maria Camila Bustos Márquez - Regional Market Access LATAM, The Janssen Pharmaceutical Companies of Johnson & Johnson
	EVOLUTION AND ROLE OF DIGITAL HEALTH IN MIXED HEALTH SYSTEMS
9:30 -10:30	Room B/C Dr. Gerry Bloom, IDS/ Dr. Priya Balasubramaniam, CSHI, PHFI The role of research and evidence improving in digital health partnerships, models and integration <ul style="list-style-type: none"> • Sujay Santra - Founder & CEO, iKure Techsoft Pvt. Ltd. • Daniel Otzoy - Co-founder & Executive Director, Central American Health Informatics Network (RECAINSA) • Dr. Jeroen Maas – Director, Access to Care Technology and Partnerships, Phillips, Digital Connected Care Coalition, Netherlands – Joining Virtually (V) • Caroline Mbindyo - CEO, Amref Health Innovations (V)
10:30 – 11:00	COFFEE BREAK

THEME: HEALTH SERVICE DELIVERY

	<p>Health Workforce and Market Concentration</p> <p>Moderators: Dr. George Gotsadze (Curatio International Foundation) and Dr. Kara Hanson (London School of Hygiene and Tropical Medicine)</p>	<p>New Partnerships in Health and Frontier Health Markets Evolution</p> <p>Moderators: Dr. Sarbani Chakraborty (Results for Development) and Dr. Priya Balasubramaniam (Centre for Sustainable Health Innovations and Public Health Foundation of India)</p>	<p>Antimicrobial Stewardship Governance Workshop</p> <p>11:30 to 15:30 Moderators: Dr. Meenakshi Gautham (London School of Hygiene and Tropical Medicine) and Dr. Nelson Enrique Arenas Suarez (Universidad Antonio Narino)</p>
	Abstracts 1 - Room B/C	Abstracts 2 – Room D	Room A
11:00 -12:00	<p>Dr. Naveed Noor – Aga Khan University Pakistan The healthcare field as a marketplace: GPs, pharmaceutical companies, and profit-led prescribing in Pakistan <i>Pakistan</i></p> <p>Mari Tvaliashvili - Curatio International Foundation Risks from healthcare market fragmentation: learning lessons from Georgia Georgia</p> <p>Jessica King - London School of Hygiene and Tropical Medicine Overprovision of antimalarials in the Tanzanian private sector: explaining the role of ownership and mission in performance Tanzania</p> <p>Zeus Aranda Remon - Partners in Health Mexico Building structural competency among junior health professionals through a public-private partnership between Partners in Health Mexico and the Chiapas Ministry of Health in rural Mexico Mexico</p>	<p>Dr. Gustavo Nigenda - Universidad Nacional Autónoma de México Private sector participation in the provision of sexual and reproductive health services targeting vulnerable populations in Mexico <i>Mexico</i></p> <p>Farhan Yusuf - Results for Development (V) Using a market development approach to facilitate a healthy market for HIV self-testing in Tanzania Tanzania</p> <p>Joshua Limo - Population Services Kenya Experience of private pharmacies engagement in tuberculosis control to improve case detection: Case of urban towns in Kenya Kenya</p> <p>Dr. Shehla Zaidi - Aga Khan University Pakistan Public private partnerships for primary health care in Pakistan: Opportunities, risks and performance Pakistan</p>	<p>Antibiotic stewardship in India's frontier health markets: Learning from new forms of private sector partnerships to co-design One Health interventions and influence private sector policy shifts India</p>

12:00 – 13:00	<p align="center">Organized Session 1 - Room B/C</p> <p>Establishing Standards of Practice for Private Sector Investing in Healthcare in Emerging and Frontier Markets: The Mission of Investors4Health</p> <p>Moderator: Dr. Stephen Sammut - Wharton School of Business, Alta Semper Capital</p> <ul style="list-style-type: none"> • Ken Gustavsen - Executive Director, Social Business Innovation, MSD • Alonso Gomez - Senior Investment Officer, International Finance Corporation • Juan Pablo Jimenez - Associate Partner, Dalberg Advisors 	
13:00 – 14:00	LUNCH	
14:00 – 15:00	<p align="center">THEME: HEALTH FINANCING AND INTERCONNECTED HEALTH SYSTEMS</p>	
	<p>Digital and Interconnected Partnerships</p> <p>Moderators: Dr. Gerry Bloom (Institute of Development Studies) and Dr. Priya Balasubramaniam (Centre for Sustainable Health Innovations and Public Health Foundation of India)</p>	<p>Healthcare Financing and Fiscal Stewardship</p> <p>Moderators: Dr. Stephen Sammut (Wharton School and Alta Semper Capital) and Dr. Gustavo Nigenda (Universidad Nacional Autónoma de México)</p>
	<p>Abstracts 3 - Room B/C</p> <p>Gabriella Ailstock - VillageReach Market entry challenges and strategies for emerging private sector innovations in public health systems: A case study from the Drones for Health Program in the Democratic Republic of Congo (DRC) Congo</p> <p>Rizka Ayu Setyani - Universitas Sebelas Maret, Surakarta, Indonesia The scaling up of digital health systems in low and middle-income countries Indonesia</p> <p>Dr. Bronwyn McBride - Simon Fraser University Adapting, scaling, and health systems integration of a digital health intervention to improve maternal and child health among ethnic minority women in Vietnam amid the COVID-19 context: the dMOM project protocol Vietnam</p> <p>Lucy Owusu - Kumasi Center for Collaborative Research in Tropical Medicine Experiences and use of health services in healthcare delivery in the era of Covid-19 crisis: Perspective from Ghana Ghana</p>	<p>Abstracts 4 - Room D</p> <p>Dr. Kheya Melo Furtado - Goa Institute of Management Private insurers as purchasing intermediaries in publicly financed health insurance: Lessons from India's Ayushman Bharat - Pradhan Mantri Jan Arogya Yojana scheme India</p> <p>Dr. Edward Sutanto - ThinkWell Global Bridging the gap: How private midwives fill family planning gaps in Indonesia since the introduction of national health insurance Indonesia</p> <p>Joseph Kazibwe - Lund University The impact of public health insurance on maternal and reproductive health services utilization and financial protection in low and lower-middle-income countries: a systematic review and meta-analysis Uganda</p> <p>Dr. Sarbani Chakraborty - Results for Development Stewardship of mixed health systems: Practical application at the country level leveraging financing and inclusive governance systems India/Kenya/Georgia</p>

	<p>Dr. Meghan Kumar - London School of Hygiene and Tropical Medicine</p> <p>Task shifting in antenatal ultrasonography: A formative qualitative study of nurse-led ultrasonography and telemedicine review in Kenya Kenya</p>	<p>Rei Hirayama - Asia Africa Investment & Consulting (AAIC) Investment Kenya</p> <p>The role of venture capital in healthcare in Africa Kenya</p>
15:00 – 16:00	<p align="center">Organized Session 2 - Room B/C</p> <p>New Global Partnerships – Tackling neglected areas in global health Moderator: Dr. Sarbani Chakraborty, Results for Development, Geneva, Switzerland</p> <ul style="list-style-type: none"> • Dr. Emilio Gabriel Santelices Cuevas - Former Health Minister of Chile, President, Salud 5i, and Regional Board Member, Movement Health • Dr. Maria F Navarro - Regional Director Latin America, City Cancer Challenge • Hector Pourtalé - Global Director of Movement Health, Colombia, Bogota 	
	<p>Closing panel – What does the future hold for private sector research and engagement for sustainable global health?</p>	
16:00 – 17:00	<p>Short reflections:</p> <ul style="list-style-type: none"> • David Clarke - Acting Unit Head, Health Systems Governance and Policy, World Health Organisation – What do you expect of research and how do you envision the WHO programme on Private Sector Governance working with researchers? (7 mins) • Dr. John Dusabe-Richards - Global Health Division, International Development Research Centre (IDRC) (7 mins) • Special issue - Frontiers in Public Health – Dr. Stephen Sammut - Lecturer, Wharton School and Chair, Industry Advisory Board, Alta Semper Capital 	

----- END OF REPORT -----