

Making Universal Health Coverage (UHC) a Reality Through Strategic Public-private Partnership (PPP) Models

The public healthcare sector in the Eastern Mediterranean Region¹ (EMR) has struggled to keep pace with the growing demand for quality healthcare services. Countries in the region face a plethora of public health challenges: from high rates of smoking to emerging and re-emerging communicable diseases, rising healthcare costs, increasing population risk exposure, weak disease surveillance and response, and the unfinished agenda in many countries of high maternal and child mortality. Many of the Eastern Mediterranean countries have also witnessed conflicts that displaced millions of people.

As of 2020, nine countries out of 22 countries in the region were affected by protracted and ongoing wars and conflict, which left more than 62 million people in dire need of access to quality health care and adequate response measures². The ongoing pandemic has further exacerbated the already strained healthcare systems.

In light of the public health challenges and following the commitments agreed to at the 2018 Ministerial Meeting “The Road to Universal Health Coverage (UHC) in the Eastern-Mediterranean Region” through the signing of UHC 2030 Global Compact³, and Salalah Declaration³, most of the EMR countries have started working towards making UHC a priority. The Declaration provides a regional roadmap based on primary health care to achieve UHC by 2030.

Egypt, for example, issued a Universal Health Insurance (UHI) Law in 2018 to expand health coverage to its population. When fully implemented over the next 12–15-year period, it is expected that all Egyptians will be covered under the UHI scheme, with the benefit package of high-quality health services along with financial protection.

The World Health Organization (WHO) and the World Bank came up with UHC coverage indices to assess the effective coverage of health systems for various countries. By measuring effective coverage at the health-system level, governments can better diagnose and address challenges that otherwise impede the ultimate objective of UHC i.e., improving health for all people and leaving no one behind. Provided below is WHO’s 2020 UHC effective coverage index for the EMR countries.

Figure 1: UHC effective coverage index 2020

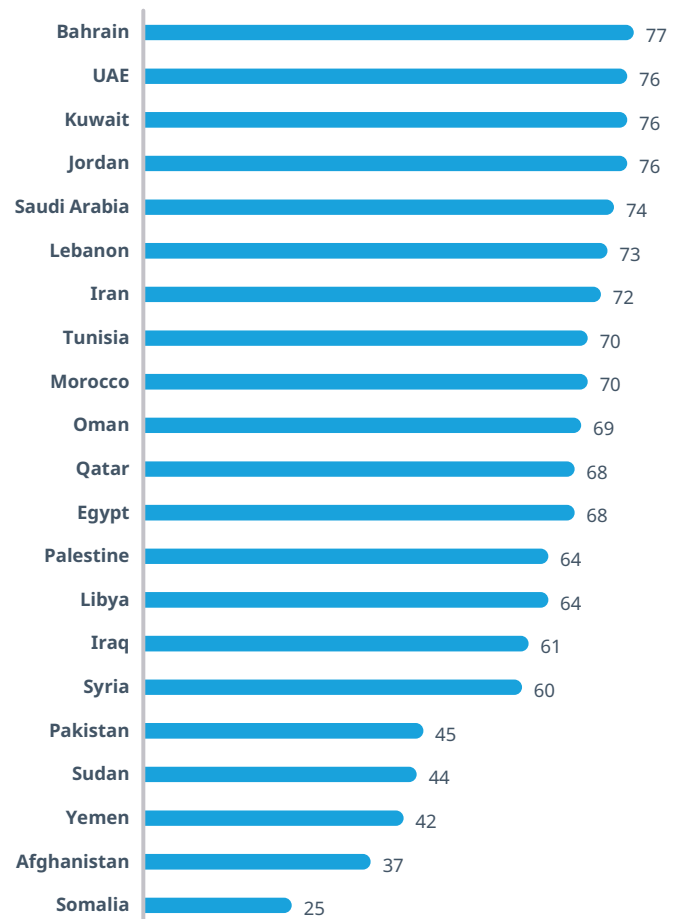
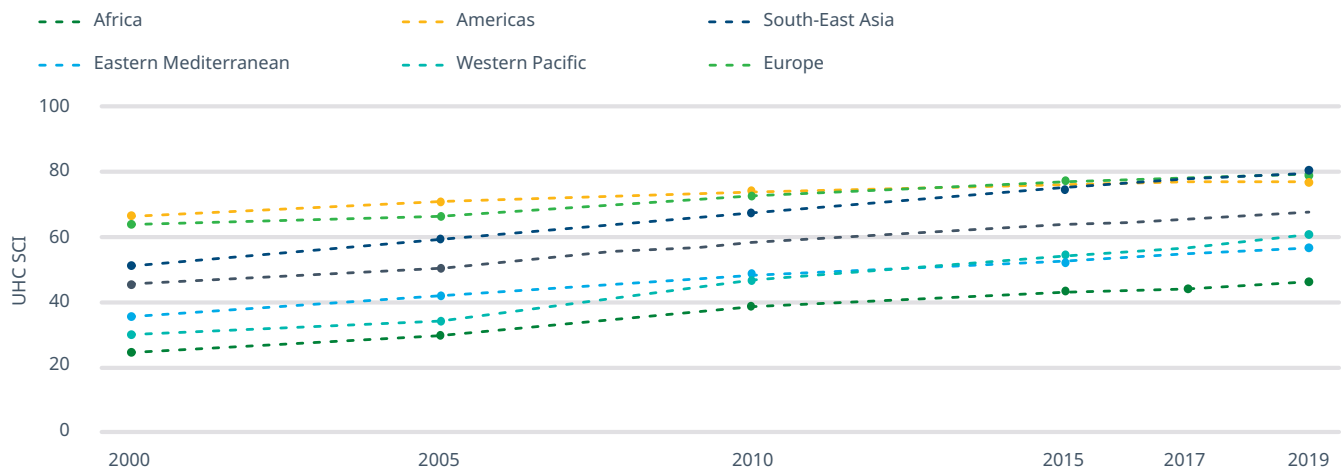


Figure 2: Trends in UHC by WHO region, 2000-2019



Note: The dark bold trend line corresponds to the global index.
Source: WHO global service coverage database, 2021.

As depicted in figure 1, there is quite a disparity in the region; the country-level UHC effective coverage in 2020 spanned from 75 or higher in Bahrain, UAE, Kuwait and Jordan to lower than 50 in Pakistan, Sudan, Yemen, Afghanistan and Somalia. The Service Coverage Index in the Eastern Mediterranean was estimated at 58 (out of 100) in 2019, below the global average of 66 (out of 100), and behind three other WHO Regions⁴ (as highlighted in Figure 2)

POTENTIAL FOR PUBLIC-PRIVATE PARTNERSHIP

Faced with this urgent need of achieving universal health coverage, the governments in the Eastern Mediterranean regions recognize the need to effectively mobilize and partner with the private health sector. The private sector has emerged as a dominant and preferred health service provider, especially in urban areas. It also has the potential to offer quality healthcare services because of its capabilities to establish robust infrastructure swiftly, introduce efficient processes, build technical and managerial capacities, all of which the public sector typically lacks. With several models of partnerships in existence, provided below are snapshots of some of the models seen in EMR:

1. Build-Finance-Maintain Model - Some PPP projects are structured as design, build, finance and maintain for facilities management, while core medical services remain under the responsibility of the Ministry of Health. For instance, the government

of Turkey⁵ engaged a private infrastructure facilities management firm, with support from multilateral development banks (EBRD) to design, finance, build and operate a €360 million, 1,000-bed hospital campus that serves a region of 1.6 million people in Elaziğ, a city of 350,000 in eastern Anatolia. Additionally, Egypt sought IFC's assistance to work with private sector to design, build, and operate two new specialty teaching hospitals in Alexandria University

2. Public-Private Insurance Partnerships -

An example from the UAE⁶ demonstrates public-private insurance partnerships that provide for the marginalized communities, which are otherwise left out of traditional models. Such partnerships leverage private insurer's capability and capacity to develop insurance schemes for previously left out populations

3. Value Based Partnerships -

Some countries are adapting the payment-by-results framework. Under such contracts, rather than have the contract focused on providing a set of services, it is improvements in patient and public health outcomes and experience which is incentivized - leaving the provider to achieve these improvements by whichever means they deem appropriate

**Cancer insurance for low income population**

Roche collaboration with AXA to investigate innovative approaches of providing affordable cancer funding. As a result of this collaboration, Roche provided medical education and disease management guidance to AXA and the DHA to develop supplementary insurance coverage for expatriates.(27)

**Program design and offering**

- Roche has partnered with the Dubai Health Authority (DHA) and leading international health insurer AXA to develop new compulsory funding scheme under the name of "Dubai Cancer Initiate-BASMAH"
- The initiate covers screening and treatment for colorectal, breast and cervical cancers. The initiative provenders comprehensive access for all expatriates in Dubai, including those in low-income groups

**Key stakeholders**

- Roche Dubai
- Dubai Health Authority (DHA)
- AXA

**Outcomes**

- 4.4 millions expatriates, across the income spectrum are now able to access funding for cancer treatment
- Regardless of their insurance policy, a system has been planned to account for future population growth and benefit all Dubai residents through better screening and diagnosis

OBSTACLES AND ENABLERS FOR PUBLIC-PRIVATE PARTNERSHIPS

Given the magnitude of impact, level of complexity, duration, and number of stakeholders involved, public private partnerships need to be dealt with caution. Each country has a local operating context and corresponding challenges that need to be well considered before investing resources in such partnerships.

IQVIA's experience of working with multilaterals and public sector across countries suggests that addressing the following pointers can help gauge the preparedness for partnerships:

Market readiness (includes private sector landscape and policy environment)

- Is the local government politically stable? Does it have conducive policies to encourage PPP to be implemented in the country?
- Is there a unified regulator in place to enable the roles of different stakeholders? Is the regulator independent enough to enforce transparency, fairness, and accountability?
- Do the government institutions (payers, policy makers, regulators etc.) have any experience and capability to participate in such models?

Infrastructure requirements (includes digital, data, and supply chain requirements)

- Does the country have the right digital infrastructure (smartphone, internet penetration) to execute a particular program?
- Is the supply chain and public healthcare infrastructure ready for the execution of the program?
- Are patient level outcomes data / key healthcare sector data collated periodically and is it easily available at national, or regional level?
- Do robust information systems and data governance models exist to minimize fraud/misuse of resources, monitor and measure program outcomes?

Stakeholder engagement (includes capabilities of organizations and teams who will run the PPP)

- Have any of the public or private partners worked with the implementation partners to execute similar PPPs in the past?
- Are there local influencers/ leaders in the community who can steer the public-private dialogue?
- Are implementation partners equipped with the technical skills and tools for both PPP advocacy and implementation?

While the value of public-private partnerships in facilitating UHC is quite evident, one of the key challenges for countries will be to identify the models that are most appropriate for their health system and the needs of the population, and to take action to execute them in a sustainable way. Effective execution is highly dependent on access to relevant data as without hard data, it is difficult to arrive at mutual arrangements between parties, track progress, make financial arrangements or even develop evidence-based policies. And that means it is crucial to choose the right stakeholders/partners who take an active role in shaping the funding, design, and delivery of the proposed model to ensure high quality health is accessible to all.

IQVIA has a dedicated public-health practice actively engaged with governments, national/international donors and Multilateral health care organizations

and private sector stakeholders to support evidence-based decision making. Our service offerings include Population Health Management, Health Needs Assessment, Disease Burden Assessment, Technology Solutions, Policy and Strategic Planning, Platform Implementation, Financial Optimization and Operational Effectiveness, Research and Analytics including undertaking large community and institutional surveys, Monitoring and Evaluations of Large-scale programs, Procurement and Supply Chain Assessments, Digital Health in Public Health, Public-Private-Partnerships, Support Private sector engagement and Program Implementation. The public health team serves more than 50 countries in the Middle Eastern, African and South Asian region. For more information, please reach out to Mridu Bhutani at mridu.bhutani@iqvia.com or Deepak Batra at deepak.batra@iqvia.com

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