PUBLIC PRIVATE PARTNERSHIP IN HEALTH (PPPH): A CONSUMER PERSPECTIVE

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Under the Ministry of Health, Public Private Partnership in Health (PPPH) Government is finally upholding its responsibility towards ensuring access to quality health care for the entire public by bringing together all players in the health sector for the good of healthcare users. Though this is also serves as a regulatory framework it is appropriate that both parties are focusing on it as a partnership, demonstrating the desire to walk towards common goals and objectives, namely, to improve the health and quality of life of the population and enhance human productivity, in line with the national Poverty Eradication Action Plan (PEAP) policy framework.

The PPPH policy further provides for the partners to continue working together in the processes of planning, implementation and management of health services. The new partnership incorporating private providers is likely to attract national attention and perhaps influence the national priorities such as budget allocation, development partners’ support and regulation for the benefit of healthcare consumers. There is therefore no doubt that if the PPPH policy is successful, healthcare consumers will be the major beneficiaries and more so because the private health sector is already serving the majority of health consumers. Once finalized, public partnership with the more complicated and large Traditional and Complimentary Medicine (TCM) sub/sector which has time immemorial been a favourite choice is expected to complete the full range of benefits to the consumers.

Government has for many years now acknowledged and financially supported the contribution of the Faith Based Health Units which fall under the Catholic, Protestant and Moslem Medical Bureaus referred to as Private Not for Profit (PNFP) under the PPPH policy. The contribution that has been made by the PNFP health sub/sector in partnership with government can not be overemphasized. Government support to the faith based health facilities has not only improved physical access but health sub/sector also to a great extent people can access affordable services. We must remember that this has also been possible because of the exceptional commitment, unity of purpose and focus on behalf of the PNFPs. The move to incorporate the rest of the private sector will not yield results unless both government and the Private Health Providers are genuine and work hard to fulfill their obligations.

Perhaps for the first time, health user voices were directly consulted in the policy development process. Relevant Civil Society Groups were invited to participate and provide an input into the policy development framework. The consumer working group coordinated by the Uganda National Health Users/Consumers Organisation (UNHCO) included National Union of Disabled Persons in Uganda (NUDIPU), Uganda Consumer Protection Association (UCPA), Uganda National Association of Aids Service Organisations (UNASO), Female Lawyers Association (FIDA) and Health Rights Action Group (HAG) among others. Other participants representing consumer concerns were Ministry of Gender Labour and Social Development, and National Bureau of Standards.

The PPPH guidelines stipulate that the partnership has the responsibility to ensure that healthcare users are aware of their rights and responsibilities and the quality and scope of services they should expect and demand both in the public and private sub/sectors. The partnership will promote healthy competition compared to the current rivalry, increase consumer choices and subsequently improve quality. Within the policy framework, government will carry out skills needs assessment and as much as possible upgrade these skills across the board. For consumers this is the opportunity to demand quality from

The partnership is charged with the task of streamlining referral across the public and private providers and to specifically ensure that healthcare providers develop positive attitudes and a supportive environment for patients. Under this arrangement both partners will jointly design a mechanism for sharing related resources such as ambulances, theatres, manpower, information and facilitate communication for referrals. This has been one of the most difficult
areas for patients. Complaints have come from both patients and health providers all resulting from the hostilities between the public and private health providers. When patients report at a public health facility from the private sector they are mishandled and accused of reporting to the wrong place (private facility) in the first place. There are usually no previous treatment notes for reference and this means that poor patients have to begin again the expensive and lengthy process of tests and examinations, and by the time these are over they have no money for treatment. In the new policy arrangement, partners have agreed to adequately sensitize healthcare users on all aspects of the referral chain and to ease the burden of the consumer by working on their own relationship that facilitates user friendly referral.

Government has under PPPH committed itself to encourage and support the private sector in order to expand the volume and scope of health services. Where necessary, government will provide basic equipment and products. The targeted beneficiaries will be hard to reach and marginalized groups of people such as women, people in areas hit by insecurity, islands, mountainous and sparsely populated areas. Special emphasis will be put on Primary Health Care (PHC) and promotion of Public Health. These areas of emphasis are specially important because if they are effective they will promote behavior for disease prevention and reduce treatment costs especially for malaria, HIV/AIDS, hygiene, nutrition and improve reproductive health. For health care consumers this will translate into affordable prices and physically accessible services. Working together will also ensure that there is no duplication because government will support the private to supplement or provide those services that government is unable to provide.

One of the major problems in the health sector has been lack of monitoring and enforcement of health related regulation. This has left desperate poor people at the mercy of reckless, often unqualified health providers increasing disease and promoting poverty and dependency on substandard, expired products and witch "doctors". Corrupt community leaders have also taken advantage of this gap to license unqualified workers and sub standard health facilities. The community has a vital role to play in monitoring and evaluating health services planning and management. However they must be supported with information on expected standards and what their own rights and responsibilities are. They must also feel protected in order to stand up to those who are violating their right to quality health. The PPPH joint monitoring teams will be working with communities to create awareness and support them to play their role.

The PPPH offers an opportunity to qualified health workers to return dignity to one of the oldest and most important professions and restore the trust and confidence of the population. It is even more reassuring to the consumers that the monitoring and evaluation will be done by both the public and private partners. We hope that sooner rather than later, consumers will be invited to participate in these exercises and make their contribution to improving the quality of care.

The policy is now finalized except for the TCM sub-sector. However on the ground what has been accomplished is the paper work and dissemination of policy and guidelines. All this could come to waste. We urge stakeholders and health providers to be committed and remain focused as we have witnessed among the Faith Based Health Facilities (PNFPs). There is the temptation to expand businesses for the benefit of individuals and private health provider institutions at the expense of the taxpayer in disregard to the needs of the poor. The focus must remain on the needs of the target beneficiaries who should not be just recipients but active stakeholders with rights and responsibilities. Deliberate effort should be made to involve communities as a right and create ownership for sustainability and acceptability. Social, financial and political accountability, must be the guiding principal that will lead to quality health, productivity and poverty reduction. If the policy document is finally translated to practice, he biggest beneficiary will be the health care consumer together with government which will see outputs in terms of improved health of the population, quality of life and poverty reduction.