

Dr. Timothy Musila on Mobilizing Private Sector Resources to Solve National Health Challenges in Uganda

Interview transcript, May 2013

Video available online - <http://www.youtube.com/watch?v=hvpcQm8JfHo>

Dr. Musila: Since the early 1990s Uganda recognized the importance of the private sector in the delivery of health services. In 1994, there was a recruitment of a public-private partnership officer in the health desk at the Ministry of Health. He was housed in the department of planning in the Ministry of Health and he was tasked with coordinating the partnership between the government and the private sector in health in terms of policy elaboration, planning, service delivery, monitoring and evaluation. He was also tasked with the issues of thinking together with the private sector on how we can improve the collaboration in pursuit of a common goal: health services to the population.

As time went on, the private sector role in the outputs that were reported from the health sector kept on growing. In the last five years the private sector has consistently been producing 50 to 60 percent of the reported outputs in service delivery in the health sector. The government recognized its importance and together with the private sector, the government started working on a process of enacting a clear explicit framework, which will define the relationship within the public and private sectors in health. Early last year, the government enacted a public-private partnership in health policy, which defines how the government will be relating to the three categories of health care providers within the private sector.

After the enactment of this framework, the government realized that there is a lot of work that needs to be done; there is a lot that can be done to improve our health system by collaborating with the private sector. So, a public-private partnership in health desk officer was not enough. We needed extra hands.

A deliberate decision was taken to form a public-private partnership in health unit within the Ministry of Health. We are now moving towards the process of making sure that it can be set up properly and funded with extra hands to deal with the different categories of private sector health care stakeholders.

WHAT HAS BEEN THE ROLE OF THE PPP UNIT?

Dr. Musila: Basically it is going to be playing a stewardship and coordinating role in the partnership between the public and private sectors. It is going to be a one-stop center to make sure that we can be able to have the databases that are required to inform decision making about where resources are invested within the health system— whether in the public or private sector.

Everybody who is working in the private sector in one role or another is interacting with the government. The private sector has been having a serious problem in its interaction with the government because of absence of a point of call where the issues to do with the private sector functionality can be handled. We think that this unit will be useful; it will have somebody dealing with

what has been called the private not-for-profit health care institutions, state and non-state actors, and then also the traditional, complementary medicine practitioners. We are also going to make sure ... we have always wanted as a sector to be able to attribute inputs and outputs to who produces them. This is going to be a helpful analysis of this data. To make sure that every time we are reporting about inputs and outputs in the health sector we can be able to explicitly attribute who is producing: Is it a public sector input? Are they private sector inputs? Are the outputs private sector outputs or are they public sector outputs? We think this will enable us to be able to clearly emphasize the growing role of the private sector in service delivery within our market. That is something that is important. Right now the government reports outputs but it doesn't tell us whether it is the one producing them or it's the private sector producing them.

WHAT ARE SOME OF THE CHALLENGES YOU WILL CONFRONT IN LAUNCHING THE PPP UNIT?

Dr. Musila: I think one of the key challenges is that public-private partnerships are a new way of doing things. In order for them to succeed will require strong government institutions with the knowledge and structuring that is adequate to handle public-private partnerships. Right now I see that as a challenge because we don't have a critical mass of people within the public sector who understand public-private partnerships; and that is a big problem.

The second problem I see is the acceptance of the public-private partnership structure within the public services of countries because a government looks at this as an extension of expenditure with public service. Fortunately for the public-private partnership unit in the Ministry of Health, we will not have this problem because when we wrote out the concept for how it will run, we elaborated a hybrid composition model for this unit. Government will pay part of the staff of the unit and the private sector is going to pay part of the staff of the unit. Even the composition for the unit staff will be on the partnership basis. We think that that helps.

The third challenge that I see is that there has been a lot of emphasis by the international community on public-private partnerships to be understood using an "infrastructure paradigm". We need to rethink this because public-private partnerships are not only an infrastructure. They are in a lot of other things. We've seen partnerships in legal and regulatory areas. We've seen partnerships in service delivery that is not infrastructural. We should really refrain from saying that public-private partnerships are a financing mechanism. They are not. They are much more than that.

WHAT HAVE BEEN A FEW OF YOUR ACCOMPLISHMENTS IN THE AREA OF HEALTH PPPs?

Dr. Musila: I think the biggest success so far has been to have my government officially approve a framework for public-private partnerships in health. I think that has been wonderful because it has given us a basis on which to operate.

The second one has been convincing my ministry that we need a public-private partnership unit not just an individual working on private sector. I think that has been useful.

I think the third one has been the growing appreciation among policy makers within our market about the importance of the private sector in health. This has been manifested by the growing interest of government within the private sector. For example, the government deliberately bought an equity stake in a pharmaceutical industry in Uganda in order to support them to grow. Government is increasing the amount of financial support it is giving the private sector. Government is seconding public sector workers to private institutions to work.

I think this is wonderful that we are now thinking about the health system as a whole, not just as a public system or a private system. I think this is our biggest success.