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OXFAM
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20 July 2021

Dear colleagues,

**WHO STRATEGY REPORT 'ENGAGING THE PRIVATE HEALTH SERVICE
DELIVERY SECTOR THROUGH GOVERNANCE IN MIXED HEALTH SYSTEMS'**

I wish to thank you for your open letter dated 24 May 2021 addressed to Mr Clarke, Dr Soucat and myself on the above-mentioned topic.

I note with appreciation your recognition that a World Health Organization (WHO) vision and strategy regarding the role of private actors in health service delivery, including the regulation of private provision of health services, is relevant and necessary to be able to achieve Universal Health Coverage (UHC) and health security. We agree with your point that the engagement of the private sector health services requires a nuanced analysis that considers the potential risks that commercialization and privatization pose to equity and accessibility of health services. We welcome engagement with you on our work in this area and with all stakeholders and colleagues who share our mission to promote the right to health.

The status of the report

The publication *Engaging the private health service delivery sector through governance in mixed health systems: strategy report of the WHO Advisory Group on the Governance of the Private Sector for Universal Health Coverage* is an advisory group report to WHO to help frame WHO's work programme on this topic.

I would like to clarify that in responding to the advisory group's recommendations, WHO is not taking a "position on the private sector"; this is not the intent of this report nor our work programme in this area. The only decision we are taking is regarding how to formulate public policy on the private sector as part of efforts towards UHC and to achieve health security.

It is the role of our Member States to manage service delivery, as with other functions, and ensure that it is operating in a manner that is likely to enhance progress towards UHC. As in nearly all countries, there is a private sector role in service delivery; our view is that governments would be neglecting their responsibility if they ignored this fact. Governments have had varying degrees of success in steering non-public provision towards the goals of UHC (and

ENCLS. as mentioned (link embedded to the documents referenced)

much of public provision as well). Still, there are many weaknesses, and many countries need support in this domain. To steer progress towards UHC, we cannot ignore government's responsibility to be an effective steward for the entire health system and not merely those parts that it owns and operates. This is consistent with the primary responsibility of governments for their health systems and the wellbeing of their population, including Member States obligations under the International Covenant on Economic, Social and Cultural rights to respect, protect and fulfil the right to health for all.

I also wish to clarify that the advisory group report is not an official global strategy that requires World Health Assembly (WHA) sign off. Our work programme on health systems governance includes technical support to Member States to ensure appropriate oversight and engagement of the private sector. This work was included with the approval of the WHA within our General Programme of Work 2019 – 2023.

Regarding the normative basis for working on this topic, there are many relevant requests, declarations and commitments made by our Member States about this topic. These include:

- World Health Assembly, [WHA Resolution A62/18](#) and [WHA 72/12](#)
- A regional resolution from the WHO Eastern Mediterranean Region [EM/RC65/R.3](#).
- Several declarations from the WHO African Region, including a declaration made at the second African Regional Health Forum [The 2nd Africa Health Forum - Achieving UHC in Africa](#), where our Member States asked for WHO's technical assistance and policy advice on this topic.

I am also mindful of the intentions of Member States as expressed in the sustainable development goals (SDGs) of Transforming our world, the 2030 agenda for sustainable development, and specifically SDG 17, calls for cooperation, collaboration and partnership between government, civil society and businesses. It is recognized that to reach the agenda's objectives, the international community needs to find ways to effectively harness the public and private sectors. The SDGs are integrated and indivisible, with progress in one area dependent upon progress in others. Both the private and public sectors are needed to meet the health-related SDG 3, including the target of UHC. WHO's work on public policy related to the private sector delivery of health services responds to these political commitments and normative obligations.

Consistency with human rights norms and standards

Concerning your comment about human rights norms and standards, as outlined above, the report concerns the private sector's role in efforts towards the UHC goals and targets set out in SDG 3.8. This means that the objective of concern is UHC, noting that the right to health, which requires that health services and programmes that are available, accessible, acceptable and of good quality, is intrinsic to the definition of UHC. Therefore, this work is grounded in the right to health, with a practical focus on the progressive realization of UHC. More specifically, in this case, the focus is on public policy oversight and engagement with the private sector to make progress towards UHC as part of a government's stewardship function.

As we move into our next phase of work on public policy related to private sector, we would welcome the opportunity to look at how we could make the right to health and human rights norms and standards more explicit in this area of work consistent with the Committee on Economic, Social and Cultural Rights, General Comment No. 14: The Right to the Highest Attainable Standard of Health (Art.12). Here we would propose to support Member States to ensure that policies and governance measures selected to protect the enjoyment of this right include appropriate regulatory oversight of the private sector to ensure the availability, accessibility, acceptability, and quality of health facilities, goods, and goods services.

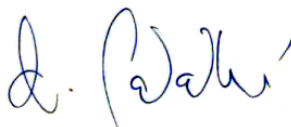
Consultation and process

I note your comments on consultation on the advisory group's report. I can confirm that there was a long period of consultation which started before the COVID-19 pandemic. As well as posting a draft of the advisory group's report on the WHO website, consultation was carried out with all the WHO regions and the various constituencies of the UHC2030 platform.

As WHO works to progress its work in this area, we are committed to a participatory process consistent with normal WHO processes. We very much welcome the contributions of civil society organizations such as yours.

Thank you again for your interest in this area or work. We share the same objectives, and we are happy to involve you in this work programme as it progresses. As stated above, WHO has no interest or intention of taking a "position" on the role of the private sector in health service delivery. However, we have a strong position on ensuring strong and effective governance of the health system consistent with the UHC and the right to health.

Yours sincerely,



Dr Zsuzsanna Jakab
Deputy Director-General
Executive Director a.i., Universal Health
Coverage/Life Course