



Quantifying Risk, Enabling Opportunity.

Stop, Collaborate & Listen

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17 September 2020

Healthcare Sessional

“For the duration of this crisis, the State will take control of all private hospital facilities and manage all of the resources for the common benefit of all of our people. There can be no room for public versus private when it comes to (a) pandemic.”

- Simon Harris, Irish Minister of Health



Wonderful examples of public/private collaborations during Covid-19 abound:

- The Covid Whatsapp line
- Signapps digital co-ordination of ICU teams
- Medicine home delivery
- Supply chain support (PPE, testing equipment)
- Rapid deployment of CHWs



But also lots of examples of things that didn't quite work:

- State contracting of private facilities took far too long
- Co-ordination of lab testing across sectors was poor
- Wide-spread corruption

We still have some distance to travel...





Were the collaborations:

- Scalable?
- Sustainable?
- Monitored and evaluated?
- Applicable beyond Covid-19?

The Five Dysfunctions of a Team - Patrick Lencioni



Absence of Trust

A long history of distrust between the public and private sectors

The best examples of collaboration during Covid-19 were in areas of the health system where there were existing collaborations



Constructive Disagreement

- We need forums for rigorous debate and discussion.
 - Multi-laterals including healthcare workers in community settings, civil society organisations working in health, and labour
 - Separation of technical and commercial issues
- Often an unwillingness to be forthright for fear of falling out of political favour

Building Agreements

- In quite practical terms:
mechanisms and ways to agree
things
- Shortcomings of PFMA
- Hence the need for public
purchaser(s)
- Contracting capabilities



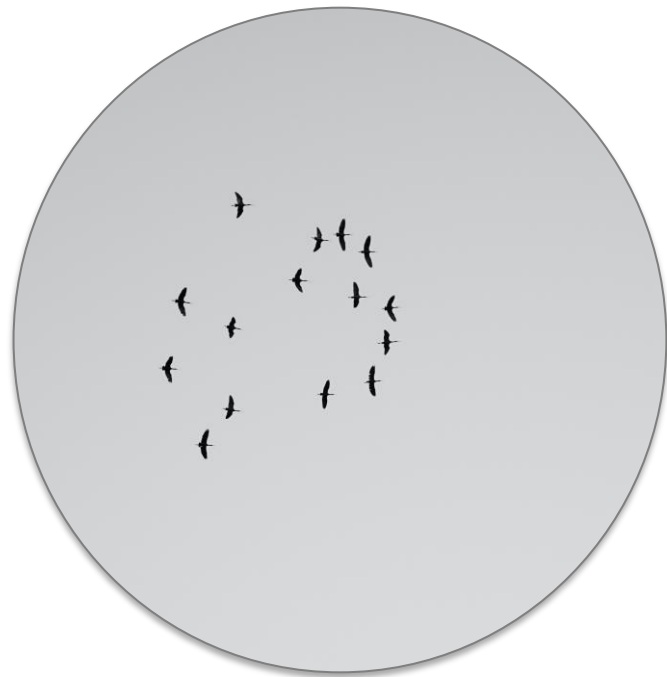
Accountability

- Weaknesses in both sectors
- Who are we accountable to in the health sector?
- Top-down vs. bottom up
- Ties back to contracting approaches



Paying Attention to Results

- **Alignment of metrics across sectors**
- **Severe lack of M&E in BOTH sectors**
- **Patient-centricity is the unifying lens across sectors**
- **Value-based contracting approaches are essential**



In practical terms...

- Leadership & Governance are both essential
- Governance structures “with the legitimacy required to prioritise, coordinate and direct all available resources”

- **Establish an explicit set of national guidelines for prioritising care;**
- **Mandate both public and private sector to abide by the guidelines;**
- **Establish a standardised set of tariffs for all healthcare services/procedures;**
- **Mandate the private sector to provide services at the agreed tariffs;**
- **Create a public sector fund which reimburses private sector providers for the services rendered to patients with Covid-19;**
- **Create dedicated public and private hospitals that provide highly specialised services for extremely ill patients;**
- **Human Resources for Health in this crisis – create a volunteer data of retired health professionals and health workers for deployment across the designated public and private hospital system;**
- **Establish a centralised reporting system; and**
- **Establish a centralised monitoring and evaluation system.**

True collaboration requires trust,
shared goals, good
communication & integrity.

Collaboration is supported by a
common understanding of the
“rules of the game.”

