

PRIVATE SECTOR ENGAGEMENT IMPLEMENTATION FRAMEWORK



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EXECUTIVE SUMMARY

Cancer control efforts globally continue to face significant constraints within public health systems, particularly in relation to capacity, financing, and service delivery capabilities. However, within the private sector in many of the same geographies there remains ample opportunity and potential for growth in the cancer care space. As a result, the role of private sector providers in cancer care has expanded, yet engagement between public and private sectors remains largely fragmented, ad hoc, and insufficiently coordinated.

In response, the City Cancer Challenge Foundation (C/Can) convened a multidisciplinary taskforce to examine how private sector engagement may be improved and made more effective in managing cancer and delivering care. To gain an understanding of various forms of private sector engagement in cancer care four diverse cities Tbilisi, Greater Petaling, León, and Nairobi were analyzed and evaluated. Using a qualitative exploratory approach combining literature review and stakeholder interviews, the taskforce identified common systemic barriers limiting effective collaboration and patient-centered care delivery.

Findings highlighted widespread challenges including mistrust between sectors, lack of transparency and fairness in engagement processes, absence of performance-based approaches, short-term and financially unsustainable contracting models, and limited stakeholder participation and coordination. These constraints contribute to inefficiencies, reduced access, and missed opportunities to improve cancer outcomes. The taskforce developed a strategic guideline document that can be used by public sector decision makers to support the shaping of a private sector provider engagement strategy that is outcome oriented, systems focused, and patient centered.

To address these challenges, the taskforce developed a framework structured around four core pillars :Trust, Value Orientation, Sustainability, and Participation each supported by three operational blocks. The framework is designed to guide public sector decision-makers in establishing structured, transparent, and outcome-oriented engagement mechanisms with private providers, while remaining adaptable to diverse local contexts.

By strengthening these foundational pillars, the framework aims to support more equitable, resilient, and effective cancer care systems, ultimately improving patient access, outcomes, and system-wide performance.

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INTRODUCTION

Globally the advancement of cancer control and care is constrained in most public systems where capacity, financing, and capabilities are insufficient to meet the population needs. To address this gap a critical and growing role for private sector cancer care providers within the cancer control landscape has emerged. While the role of private sector cancer care providers has expanded and is expected to increase, the interaction between the private and public sectors lacks strong coordination and collaboration. An expanding role for the private sector is not a threat to the role of the public sector in regulating, facilitating, or providing care but rather to act as a supplement that increases capacity and promotes improvement.

The City Cancer Challenge Foundation (C/Can) recognizing the need for improved private sector provider engagement sought to create a series of strategic documents that provide guidance and a framework for public sector decision makers on how to engage private sector providers to deliver better outcomes for cancer patients now and in the future. A taskforce of global experts were assembled to explore the current status of private sector engagement in cancer care in a variety of global cities with varying degrees of private sector engagement in cancer care provision. Allowing for the identification of priority areas, challenges, and approaches that are likely to be replicated in many of the cities seeking to improve private cancer care provider engagement in various geographies and system contexts with the aim of improving effectiveness, efficiency, sustainability, and protections within the system.

It was recognized that often engagement with the private sector in most health systems was ad hoc and unstructured, leading to inconsistent, unintended, or unmeasurable outcomes. This document aims to introduce a framework that can be used by public sector health systems to promote, facilitate, and improve private sector provider engagement in cancer care at the city level.

THE FRAMEWORK

The objective of the framework is to provide a structured approach that shapes how the public sector decision makers engage the private sector providers in cancer care provision. It is intended to support the shaping of the mechanisms of engagement to promote participation that ultimately benefits patients. It however does not seek to provide a uniform prescription on steps to contract or evaluate the private sector. The framework is not intended and should not be used to discourage or diminish the responsibility, authority, or capacity of the public sector in caring for cancer patients. It is to be used to promote efficient and effective engagement that targets impact at the patient level.

The framework is composed of four pillars, with each pillar having three blocks. Together the pillars can support effective private sector engagement in the provision of cancer care. The pillars represent the core principles that constrain private sector provider engagement with the public sector. The core principles, represented by the pillars, impact multiple components and facets of the interaction between the private and public sectors having wide reaching and systematic impact. The three blocks in each pillar contribute to the application and strengthening of the core principles. Strengthening and building up each of the blocks in turn strengthens the pillar.

TRUST – FACILITATES ENGAGEMENT

Transparency

Fairness

Competition

VALUE ORIENTED- PROMOTES IMPACT

Performance based

Prioritization of impact

Equity

SUSTAINABILITY – SECURES FUTURE

Lifecycle planning

Adaptive

Financing / compensation

PARTICIPATORY – STRENGTHENS LEGITIMACY AND SUPPORTS IMPLEMENTATION

Governance

Access

Co-ordination

It is important to note that the blocks identified here are not exhaustive but are the components thought to have the greatest impact. Therefore, when decision makers approach decisions that may not have a component named in the blocks, they should not disregard it but rather question how it fits or impacts the principles (pillars). The pillars and blocks are interdependent, strengthening one block may contribute to the pillar it is included in but also others. For example strengthening “performance based” evaluations contributes to a value oriented system but also the sustainability of and trust in the system. Other blocks may be directly complementary to one another to be effective, for example proper “governance” will be strongly associated with “transparency”. This all contributes to the intended understanding that these blocks and pillars should not be regarded in isolation but as parts that together strengthen or weaken the entire structure of engagement of the private sector in the cancer care system.

TRUST

A belief that the partners are acting in good faith and that the system is fair is an essential foundation to begin and facilitate engagement between the private and public sector.

In many of the contexts there was an apparent mistrust by many of the stakeholders of those in the other sector. The lack of trust was extensive, including a suspicion of intention for engagement, effectiveness at delivering services, good faith in negotiations, adherence to agreements, and choice of partners. This created an environment in which both parties began discussions with negative perceptions of one another and viewed engagement as unduly risky due to the perceived nature of their partners, thus reducing and delaying the initiation of engagement between the public and private sector.

The blocks of the trust pillar are:

Transparency | Fairness | Competition

Transparency

Transparency builds trust as all stakeholders gain some insight into why and how decisions are made. This applies broadly to many of the decisions taken that shape the nature of private sector engagement. For example, being transparent about why the public sector is seeking to engage with private sector providers, value addition or how reimbursement rates are determined for various services.

In many of the contexts reviewed it was often the case that there was perceived limited transparency by the public sector in their interactions with private sector providers. This resulted in some private sector stakeholders concluding that the public sector was not sincere about engaging the private sector as it was not clear as to why they were doing so, and if they did work with the public sector how they would be evaluated or their reimbursement determined.

Increasing transparency around decision making would allow both parties to benefit as the private sector can adjust its offerings to meet the criteria influencing the decisions. Improved targeting of public sector needs by the private sector would reduce inefficiencies in the private sector while increasing value for the public sector, improving broader system effectiveness.

Increased transparency may be best achieved through open communication and dialogue that is accessible publicly and sufficiently explains the reasoning and process influencing decisions and structures.

Fairness

A perception that the system and agreements do not place any excess or undue risk on any of the parties increases the likelihood that stakeholders from both sectors engage in good faith more often and involve larger agreements. A perception of fairness depends on the perspective of the different parties. This would in part be remedied by increased transparency in the decision-making process building confidence in the system and dispute resolution mechanism.

The concerns that the interactions were unfair and favored particular groups went in both directions. For example:

- Private providers perceived contracts with the public sector to be risky as in cases of breach of contract they were unable to hold government entities to account.
- Public sector providers regarded private cancer insurance schemes to be ineffective with patients and risk being shifted to the public sector, resulting in cross-subsidization by the public sector.
- Private providers thought that they should be entitled to higher rates of reimbursement due to higher costs and perceived quality compared to the public sector providers.
- Public providers when reimbursed lower rates for perceived similar services as the private sector considered it unfair and a cause of their financial constraints.

Establishing a system where fairness is a core pillar makes it more likely that various stakeholders in all sectors are willing to participate. Increased participation creates opportunities for more competition and can drive improvements in quality and capacity of services as well as cost reductions.

This can be facilitated through contracts and legal agreements that protect all parties effectively, and through the establishment of formal processes for dialogue and deliberation to address perceived or actual causes of structural unfairness or risk maldistribution.

Competition

A system that encourages and facilitates healthy and fair competition between the various providers builds trust and promotes development. This would include ensuring that private providers are aware of opportunities to engage with the public sector, that there is clarity on how they are to be evaluated, that it does not favor particular forms of businesses, and that networks and personal relationships are not considered to influence decisions to award contracts.

In many of the cities where there were multiple private providers, there was a widespread perception that:

- The design of the process or how it was applied to award contracts was not competitive or at least did not encourage competition.
- The logistical and bureaucratic nature of engaging with the government was relatively costly particularly for smaller private providers.
- The process of awarding contracts being centered at the hospital level often without a formal announcement and competitive process meant there was frequently a heavy reliance on personal networks which favored older and larger private providers.
- Dual appointments of decision-making personnel in the public and private sector fueled perceptions that decisions were not being made in the best interest of the public or patients.
- Very few processes included a formal evaluation of performance or outcome when awarding contracts, limiting the incentive for private providers to compete based on quality.

Creating a more competitive ecosystem where providers are able to compete on services would build trust that the system is oriented around patients and towards outcomes rather than being driven by misaligned interests or personal networks.

Improving the competitive nature of the system may be achieved through formalized open calls for contracts, reducing administrative costs and burden associated with applying, establishing criteria that are available publicly regarding how vendors are evaluated, and transitioning towards performance-based contracting.

VALUE ORIENTED

A system that is structured around value creation through improvement of cancer patient outcomes and experiences ensures that the processes are geared towards actual impact. When a system is able to produce value and impact that is tangible it is likely to be sustained and expanded.

Some of the cities assessed did not have a process to determine, measure, or evaluate the value created through engaging with the private sector. Many of the public sector decision makers and documents do not sufficiently articulate the benefits or value from engaging with the private sector, making it difficult to establish metrics against which to assess value generation. The lack of a broader strategy guiding engagement with the private sector and establishing priorities resulted in ad hoc engagement and dilution of resources. Very few included performance requirements in contracts or collected data from private providers, creating a perception that value was not the prioritized target.

The blocks of the value oriented pillar are:

Performance based | Prioritization of impact | Equity

Performance based

Centering all aspects of the system based on outcomes and rewarding improved or better performance creates a system that is impactful. Focusing on performance metrics would encourage providers to focus and compete on improving their performance and outcomes. It would also support providers to improve upstream capabilities that impact performance such as training personnel without requiring the same degree of expensive and burdensome oversight by the public sector if it were to mandate upstream investments in capabilities.

The majority of engagements within all the cities assessed did not include any performance or outcome-based requirements. It was not common for there to be any data on the performance of private providers and were often excluded from cancer surveillance programs. If data on the performance of private providers was available, it was usually not used to inform provider selection or quality improvement. The absence of information or data makes it quite challenging to identify or measure the actual benefit of private sector engagement broadly or to select between private providers.

Incorporating performance criteria and metrics throughout the system establishes impactful outcomes as the target, guiding effective interactions and signaling to the private sector how to invest. In addition to including outcome based contracting¹, a performance-based² approach may be supported through monitoring and evaluation programs which are then used to inform the selection of partners, establish benchmarks, or shared with private institutions to allow for internal quality improvement. It is important that the criteria or metrics that are established reflect the value they generate for patients and are designed in collaboration with patient groups.

¹ Outcome-based contracting: A contracting model where payment is directly tied to the achievement of agreed health outcomes.

² Performance-based approach: A broader approach where incentives are linked to measured performance metrics (including outputs, processes, or outcomes), not exclusively final outcomes. May be a precursor to outcome based contracting.

Prioritization of impact

The presence of established priorities where the public sector seeks to have impact allows the public sector to direct its resources more effectively and for the private sector providers to target their investments and resources. Cancer requires a highly specialized and complex network of providers and systems creating many opportunities for impact within the cancer care ecosystem. However, as the type, magnitude, or effectiveness of impact will not be equal, it is helpful to have prioritized focus areas.

There was often limited information regarding public sector priorities in engaging with the private sector. While on occasion the government may have a set of priorities with a National Cancer Control Plan or similar document, these did not routinely translate into actual priorities. The choice of when to engage with the private sector and for which services was often left to the discretion of hospital administrators with limited consideration as to how it may fit within a broader strategic vision or how to evaluate impact. There were some initiatives being proposed particularly around digitization where there was limited clarity on how they would impact cancer patient outcomes or experiences.

The presence of a better defined list of areas where the public sector is seeking to have impact allows it to direct its resources to evaluating and creating impact in these areas while signaling to private sector providers where to compete. Listing a limited number of priority areas which the public sector has identified in documents such as the National Cancer Control Plan (NCCP), National Cancer Action Plan, or Private Sector Plan, and ensuring they align across documents and plans would support this approach. Transparency in the prioritization and impact evaluation processes by sharing the criteria, weight, and time frame used would build trust in the process and indicate to the population and the private sector where they will be held accountable and how they will be assessed. Allowing private providers to adjust their offering accordingly. Information regarding the priorities and evaluation should be made public and readily available to ensure that the process is fair and does not favor particular vendors. Prioritizing impact when evaluating initiatives or purchases helps reduce the likelihood that low impact goods or services are purchased. Given the high physical, emotional, social, and financial burden associated with cancer it may be appropriate that impact and prioritization be based on cost-effectiveness, burden of disease, societal preferences, or clinical outcomes as outlined in relevant cancer control documents.

Equity

The value generated through the cancer care system does not have to be solely regarded from an economic or clinical perspective; it can be used to promote or prioritize social and humanist values. A system that focuses on equity is likely to receive broader social support among the population and contribute more effectively towards society.

Among those in the public sector, patient groups and NGOs, there was a perception that interactions with profit-generating private providers intrinsically reduced equity. This contributed to a reluctance among public sector decision makers in some areas from engaging with the private sector fearing social or electoral repercussions.

Including equity considerations in engagements with private sector providers would contribute to reducing this perception and potentially allow for the public sector providers to engage more freely with the private sector providers. Including a requirement that private sector vendors applying for public funding include a component or plan for how they intend to promote equity goals as outlined by the government in documents such as the NCCP for example could impact all stakeholders. Private sector providers would actively take into consideration their impact on equity and adjust accordingly to bid for the contract, while the public sector would consider and evaluate equity impact, and the public would have commitments to which both parties may be held to account. Incorporating or consulting with groups representing marginalised or historically more vulnerable communities would result in more time being spent considering and evaluating the impact on these communities reducing the likelihood of unintended consequences or burden disproportionately impacting disadvantaged groups.

SUSTAINABILITY

Incorporating how the operations and the system may function in the future when making present decisions increases the likelihood that the system is stable. It integrates long-term thinking into decision making, limiting the potential for shocks or unintended consequences in the future, making investment and engagement by the private sector more appealing due to reduced risk.

The interactions between the public and private sector were often regarded by both sides as short term or temporary interactions. The public sector did not routinely have a medium or long-term vision or strategy for how they wanted to engage the private sector, and therefore when the public sector engaged private providers it was often seen as an attempt to address a current gap within the public system rather than a long-term engagement. The prevalence of short annual contracts did not encourage private providers to consider the future needs of the public sector when planning or investing due to high uncertainty of future engagement.

The blocks of the sustainability pillar are:

Lifecycle planning | Adaptive | Financing/Compensation

Lifecycle planning

Standardizing the consideration and evaluation of all stages of a process or engagement improves the chances that the system continues to operate effectively long-term. This approach would limit wastage from investments in unsustainable initiatives and promote foresight that ensures that mechanisms are in place to produce necessary inputs and maintain products or systems, all of which contribute to a sustainable system long-term.

In almost all contexts, the first services to be outsourced to the private sector were radiotherapy and diagnostic imaging due to malfunctioning or inadequately maintained equipment. Often, it is the upfront cost of the machines that are considered but not the software, technical maintenance, or complementary operational requirements. The result is that these then frequently stop operating and given the high cost associated with cancer machinery it tends to be a significant loss in investment returns both financially and in patient welfare. This extended beyond equipment in many contexts including to personnel where there was limited consideration for how highly skilled cancer care providers would be retained as trainers or how the personnel pipeline of cancer care providers in all their forms would be maintained.

The incorporation of lifecycle planning into the decision-making processes would encourage long-term thinking while supporting an impact-based approach. This may lead to more vendors incorporating after sale or maintenance services in their packages and would mean higher chances of operational equipment and creation of value. Normalizing long term planning and sharing it with potential private sector collaborators and the public would reduce the perceived risk of investing for private providers and provide information on where they should direct resources.

Adaptive

Cancer care is among the most complex and rapidly evolving sectors in healthcare. This rapid evolution is not limited to clinical care of cancer patients but also social and personal wellbeing. The systems, processes, and regulations that are implemented should have the capacity to adapt without undue restriction to allow for the application of current and future models of care. Establishing a system that is able to adapt would mean it is less likely to experience strain adopting future recommendations and therefore more resilient.

The complexity and needs of cancer patients are often not reflected in the interactions between the public and private sector. For example, in multidisciplinary teams, the role of team members providing emotional and social support is often not addressed in regulations and benefit packages. In addition, interactions amongst stakeholders involved in cancer care is often not optimised.

Ingraining opportunities for adaptation within the structure by creating mechanisms for reform and routine review would allow the system to keep up to date with best practices in cancer care, thus allowing the system to continue to deliver for patients and remain relevant in the future.

Financing / compensation

In order for the interaction between the public and private sector to be viable, reimbursement rates must be fair and timely, and acceptable to all stakeholders. Considering what may be fair to most private providers would support a competitive environment by promoting greater participation.

A frequently cited barrier in all contexts to engagement of private providers with the public sector were below market rates of reimbursement and delayed payments. The delayed payments were the most common hindrance to engagement cited by private stakeholders. As the delays are often long and unpredictable, private providers are often unable to manage the unpredictable cash flow. Therefore, private providers often prefer smaller contracts to reduce dependency on government payments and small providers may choose to not engage if they think they may be significantly exposed to unpredictable or negative cash flows. In circumstances where the rates of reimbursement were not considered to be competitive, private providers chose not to provide the service. This limited access for patients which was a particular risk in contexts where provider mix was largely private with public payer.

When considering an engagement with the private sector, the economic aspects of the agreement should be considered in depth to promote the participation of the private sector and to foster the sense of fairness and trust in the system. When determining rates of compensation or policies, the costs of service delivery and compliance should all be considered and where appropriate adjusted or supported. Introducing initiatives such as digitized claims and compensation reduces administrative costs and reduces delays improving profit margins and cash flow for providers.

PARTICIPATORY

The creation of a system where dialogue, representation, and deliberation between stakeholders is an essential feature of the process would strengthen the legitimacy of decisions and the system while promoting buy-in that encourages implementation and action. A participatory system would better reflect the community and society in which the system exists, making it more responsive and adaptive to needs and demands.

Stakeholders from the private, public, and community often operated in largely siloed systems in the majority of the cities. Decisions relating to private sector engagement were often discussed internally within public sector institutions and announced to the private sector which was then in a largely reactive position. On some occasions this has resulted in significant disruption of care through private providers may reduce their service offering or removing them in their entirety that were no longer profitable or smaller private providers with high rates of publicly financed patients shutting down, reducing the confidence of many in the private sector of engaging with the public sector especially in the long-term. There are limited opportunities for stakeholders from the cancer management space to come together to discuss challenges, solutions, or reforms. In some cases where these opportunities existed they were often not neutral or technical platforms and therefore given concerns about public perception and low rates of trust, they were rarely productive.

The blocks of the participatory pillar are:

Governance | Access | Co-ordination

Governance

Clear structures and guidelines outlining how decisions are made, relevant stakeholder groups, accountability mechanisms, and engagement platforms related to cancer care in the city would support the productive discussions around challenges within the cancer system and help identify and implement solutions. The clarity around stakeholders and decision making would establish confidence in the representativeness of the system. The establishment of accountability mechanisms and engagement platforms would promote impact, competition, and value creation.

Governance structures related to private sector engagement in cancer care tended to be fragmented, with financing being governed at the national level and contracting at the facility level and with limited structures at the city level. There was often a lack of formal or explicit processes for decision making on engagement of the private sector. As performance or outcome metrics were often not included in contracts, there were rarely any accountability mechanisms for services delivered by the private sector.

The presence of governance structures or policies provides a clear indication to private sector providers that the public sector is invested in a robust, functional and sustainable partnership with the private sector. It would also better reflect the diversity of stakeholders involved in cancer care and allow them to negotiate paths forward that create the largest benefit and reduce risk.

Access

The impact on the number or groups of people able to access care should always be considered when evaluating potential initiatives or engagements, as progressive expansion of access is a core component of Universal Health Coverage (UHC). To be able to adequately reflect the impact of decisions on access and services, diverse stakeholders need to be able to access and contribute to the decision-making process.

Similar to the concern around equity, it was widely assumed that greater engagement with the private sector would result in limited access to services or a deterioration of services in the public sector which disadvantaged groups were more likely to rely on. Many of the stakeholders representing patients, academia, or smaller clinical entities found it very challenging to interact with other larger, more influential stakeholders, often having to rely on public spectacle or cancer awareness events to gain attention and influence change. Though the patient groups and NGOs were often excluded from formal decision making they were recognized by all parties to be influential in monitoring quality and advocating for patient needs.

Explicit consideration of the impact of decisions or initiatives on access would promote the and encourage private sector providers to explore ways to reach or maintain services to disadvantaged populations. Designing processes that help bring smaller but essential voices such as patient groups and academics into the discussions and decisions around improving cancer care, given the central role of these groups in promoting development and patient welfare, would contribute to greater impact and equity.

Coordination

The intention of establishing a dynamic and robust ecosystem where private and public partnerships flourish would require active and ongoing communication and collaboration among the various stakeholders. Clear and effective communication would allow improved planning and reduced risk among partners, while fostering collaborations would reduce waste and improve system efficiency by reducing redundancy and allowing for collaboration based on the strengths of each party. For example, in the case of collaborations on digital initiatives there may be greater technical capabilities in the private sector and greater capabilities regarding interoperability governance in the public sector.

The cancer care systems were often fragmented with few opportunities for co-ordination within or across sectors. In situations where there were more than one public scheme or program purchasing services from private providers, they rarely coordinated and so private providers had to navigate multiple administrative, compliance, and reimbursement requirements even when providing the same service to different public entities, increasing cost and limiting appeal of public sector contracts. Concerns were raised when it was thought that the public sector did not have a unified approach particularly when an engagement crossed multiple domains. For example with regards to digitization of claims there was limited coordination between the digital transformation, clinical, and private engagement teams in government.

There was an opinion that in some of the public sectors, communication was unclear however there were no formal or neutral opportunities for private providers to seek clarification. Both parties recognized that each sector had strengths that they could contribute to the relationship but tended not to have an established mechanism for collaborative engagements.

Improving coordination between the private and public sector by strengthening communication channels and establishing mechanisms for collaboration would support smoother interactions among the stakeholders and allow for challenges to be identified and addressed early. While collaborations that emphasize the unique strengths of each party could improve impact and efficiency, within the public sector coordinated or unified purchasing of services or standardized administrative and reporting requirements can allow it to benefit from economies of scale while reducing the burden on private providers.



CALL TO ACTION

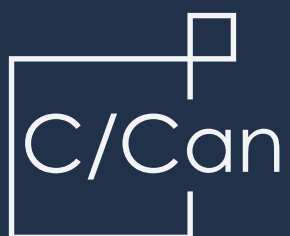
This framework responds to a clear and persistent gap in how public and private sectors engage in cancer care delivery. Meaningful and well-structured engagement with the private sector represents a critical opportunity to expand access, improve quality, and enhance the overall effectiveness of cancer care delivery.

Strengthening private sector engagement in cancer care requires a deliberate shift from piecemeal interactions to structured, system-level approaches. This framework provides a practical foundation for action, guiding decision-makers to embed trust, value orientation, sustainability, and participation into policies, processes, and partnerships that deliver.

By articulating four interdependent pillars: trust, value orientation, sustainability, and participation, this framework shifts the focus from transactional engagement toward a more structured, principled, and system-oriented approach. It emphasizes that effective private sector engagement is not solely determined by individual contracts or initiatives, but by the broader environment in which these interactions occur, including governance structures, financing mechanisms, and the norms guiding collaboration.

Importantly, the framework is not prescriptive. Rather, it provides a flexible foundation that can be adapted to different local contexts, allowing decision-makers to design engagement models that reflect their specific health system realities while adhering to shared principles. Its strength lies in promoting coherence across decisions, aligning stakeholders around common objectives, and embedding accountability and learning into the system.

Progress will depend on sustained institutional commitment, cross-sector dialogue, and the ability to adapt based on emerging evidence and system needs. While implementation will vary across contexts, applying these principles consistently can support more coordinated, equitable, and effective cancer care systems.



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