

# Should Governments Engage the Private Sector in Health Security Efforts?

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## KEY MESSAGES

- Engaging the private sector in pandemic preparedness and response efforts will help governments meet SDG targets and move toward UHC.
- A critical entry point into the health system for local communities, the private sector is well-positioned to support surveillance, prevention, and response for health emergencies.
- Private providers have demonstrated willingness to contribute to pandemic preparedness and response efforts.
- Many private providers have already contributed- either through government or of their own volition- to case detection, contact tracing, treatment, the provision of PPE, training, and risk communication.
- To steward private provider participation in health security, governments can leverage digital technology, provide training and supportive supervision, simplify reporting tools to the most critical indicators for decision-making, and put quality assurance measures into place.

## INTRODUCTION

In many low-and-middle-income countries (LMICs), the private sector<sup>1</sup> remains poorly integrated into the health system, despite its critical role in health service delivery. This may be due to poor governance systems, lack of public-private dialogue, or misaligned incentives, among other factors. The World Health Organization (WHO) has emphasized that governments will be unable to achieve Sustainable Development Goal (SDG) 3.8 to move toward Universal Health Coverage (UHC) through the public sector alone and has called on Member States to reshape and optimize their health systems for better engagement with and stewardship of the private health sector.

As the main entry point into the health system for much of the population in many LMICs, the private health sector plays a critical role in communities, providing between 40 and 60% of all healthcare.<sup>2</sup> Despite this, governments lack insight into the volume, scope, and quality of private sector service provision. Financial protection measures often do not extend to private sector services, which can cause catastrophic or impoverishing health expenditure for consumers who must pay out-of-pocket.

To varying degrees, governments have started to engage the private health sector in key areas, including integration into national health plans, policies and regulatory frameworks, [private sector reporting into national health information systems \(HIS\)](#), quality assurance and accreditation mechanisms, financial protection schemes, and efforts to strengthen health workforce capacity. However, the private sector writ large has not historically been included in public health emergency preparedness and response. The severity and scale of the COVID-19 pandemic led

some governments to take the first steps in engaging with the private sector, including the private health sector, for health security, although efforts remain nascent in many contexts.

A lack of engagement with the private sector, poor visibility into service provision, and minimal trust in its quality by the public sector have led to a missed opportunity to leverage private health sector outlets for the detection of and response to health threats, and for participation in a coordinated emergency response. Multilaterals, however, are increasingly advocating for private health sector participation in public health preparedness and response. For example, the WHO's Action Plan to Engage the Private Health Sector in Response to COVID-19 called for governments to take steps to engage with the private sector by creating user-friendly digital mechanisms for data-sharing, establishing a clear communication channel, creating clear referral systems, ensuring private sector has the supplies they need, and including the private sector in financing mechanisms.<sup>3</sup> These recommendations can be further expanded to private sector engagement for health shocks more broadly – whether they be disease outbreaks or other public health emergencies, such as those resulting from climate-induced natural disasters. More recently, a political declaration was adopted at the 78th United Nations General Assembly high-level meeting on pandemic prevention, preparedness, and response, that, among other key areas, encouraged governments to “Recognize further the fundamental role of equitable, people-centered and community-based primary health care in preventing, preparing for, and responding to pandemics, with the goal of achieving universal health coverage and other Sustainable Development Goals and targets...”, highlighting the

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<sup>1</sup> The private sector in health service delivery: an operational definition. Geneva: World Health Organization; 2023. License: CC BY-NC-SA 3.0 IGO.

<sup>2</sup> Montagu D, Chakraborty N. Standard Survey Data: Insights Into Private Sector Utilization. *Front Med (Lausanne)*. 2021 Apr

12;8:624285. doi: 10.3389/fmed.2021.624285. PMID: 33912574; PMCID: PMC8071997.

<sup>3</sup> An Action Plan to Engage the Private Health Service Delivery Sector in the Response to COVID-19. World Health Organization. Geneva. March 2020.

private sector as a key player.<sup>4</sup>

As governments re-commit to SDG 3.8 and aim to accelerate progress toward UHC, it will be necessary to examine the role of the private health sector in global health security. Coordinated engagement with the private sector will be required to make efficient use of limited resources, [effectively collect and use data for better governance](#), and ensure that health systems can deliver both routine essential health services with financial protection and be resilient to shocks when they arise.

## WHAT ROLE CAN THE PRIVATE SECTOR PLAY IN HEALTH SECURITY?

The COVID-19 pandemic underscored the need for a multi-sectoral, “whole of society” approach to large-scale public health emergencies. While limited documentation exists on private sector participation in health security operations to date, and much of this has been specific to COVID-19, available evidence suggests that the private sector can and should be engaged in multiple ways in preparedness and response efforts.

One multi-country study, conducted across Democratic Republic of Congo (DRC), Nigeria, Senegal, and Uganda from November 2020 to March 2021 to assess the private sector’s role in the COVID-19 response, found that the private sector supported testing services in all countries.<sup>5</sup> Governments in DRC and Nigeria involved the

private sector in contact tracing and surveillance, while in Senegal and Uganda, the private sector contributed to treatment and case management, provided personal protective equipment (PPE), and participated in risk communication. The study also noted challenges in relation to reporting, quality, and cost of services and called for the development of regulatory frameworks to guide public-private engagement in response to health emergencies. Furthermore, a study conducted in Indonesia in 2022 found that pharmacists were willing to participate in emergency response efforts when given proper guidelines and PPE.<sup>6</sup> The study also highlighted potential risks of not including these trusted entry points to the health system, as many outlets without proper guidance over-dispensed antibiotics to treat COVID-19 cases, a virus that could not be treated with this type of medication, and which can lead to antimicrobial resistance.

Population Services International (PSI) recently conducted a cross-sectional study<sup>7</sup> in Cambodia, Laos, and Vietnam under its regional project [Strengthening Health Security through Public Health Emergency Operations Centers \(PHEOCs\) for Public Health Emergencies](#), funded by the Indo-Pacific Center for Health Security, to i) assess the current role of private sector health providers in public health emergency preparedness (surveillance & prevention) and response, and ii) evaluate the potential role of private providers in future health emergencies, including their willingness to engage in pandemic preparedness

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4 “Political Declaration of the United Nations General Assembly High-Level Meeting on Pandemic Prevention, Preparedness and Response.” United Nations, United Nations, 20 Sept. 2023, [www.un.org/pga/77/wp-content/uploads/sites/105/2023/08/Final-text-for-silence-procedure-PPPR-Political-Declaration.pdf](http://www.un.org/pga/77/wp-content/uploads/sites/105/2023/08/Final-text-for-silence-procedure-PPPR-Political-Declaration.pdf).

5 Kabwama, S.N., Kiwanuka, S.N., Mapatano, M.A. et al. Private sector engagement in the COVID-19 response: experiences and lessons from the Democratic Republic of Congo, Nigeria, Senegal and Uganda. *Global Health* 18, 60 (2022). <https://doi.org/10.1186/s12992-022-00853-1>.

[00853-1](#).

6 Mashuri YA, Wulandari LPL, Khan M, Ferdiana A, Probandari A, Wibawa T, Batura N, Liverani M, Day R, Jan S, Schierhout G, Wahyono D, Yulianto, Kaldor J, Guy R, Law M, Yeung S, Wiseman V. The response to COVID-19 among drug retail outlets in Indonesia: A cross-sectional survey of knowledge, attitudes, and practices. *Lancet Reg Health West Pac*. 2022 Mar 17;22:100420. doi: 10.1016/j.lanwpc.2022.100420. PMID: 35308574; PMCID: PMC8927934.

7 Full study results to be published in late 2024.

and response (PPR).<sup>8</sup>

Findings suggest that, across the three countries surveyed, a little over a third (37%) of private sector respondents reported being engaged by local authorities in preparedness and response. This engagement varies significantly by country, with private healthcare providers in Vietnam being the most likely to be engaged by local authorities, and to have conducted emergency preparedness activities – such as allocating a stockpile of medicines for emergencies, designating a site to quarantine patients, and undergoing emergency preparedness drills. Out of the three studied countries, Vietnam is the only one that has developed national guidelines mandating the involvement of private clinics and hospitals in disease surveillance. In Laos, the private sector has not been broadly included in health security, but the government has acknowledged their potential contribution to malaria control in the National Strategic Plan for Malaria Elimination 2021-2025, which stipulates private healthcare providers should undergo training and receive on-site supportive supervision for malaria case detection, notification, and referral. In recent years, private clinics and hospitals have also been engaged in COVID-19 and dengue surveillance, with the Lao Ministry of Health formally recognizing the private sector's role in communicable disease control.

PSI's study also demonstrated that the private sector does want to play a role in health security. When asked about willingness to participate in broader health security efforts, 80% or more reported willingness to participate in PPR activities, including disease surveillance activities (i.e., case notification), trainings (in-person or remote), and community engagement (e.g., distribution of Information Education and Communication (IEC) materials, provision of verbal advice).

Although this study represented views of private

providers in three countries only, many private providers across various contexts began to engage in PPR of their own volition during the COVID-19 pandemic. For instance, many of the surveyed pharmacies began selling PPE and COVID-19 self-test kits as soon as these became available. Private laboratories offered COVID-19 testing services, and in certain contexts, private sector pharmacies and facilities also participated in vaccination campaigns.

### WHAT DOES IT TAKE TO INTEGRATE THE PRIVATE SECTOR INTO SURVEILLANCE MECHANISMS?

In Southeast Asia, community-level private sector outlets were successfully integrated into notifiable disease surveillance systems. These systems play a critical role in detecting and promptly containing outbreaks, reporting new or changing symptoms, and determining the rates and geographic locations of disease spread. Multi-source surveillance that includes private healthcare providers is critical, given that consumer preferences indicate use of both public and private sector outlets, depending on their specific health needs, especially in more rural communities, where local pharmacies, drug vendors and small private clinics may be the closest option for people. These providers are typically deeply embedded in the communities they work in, which puts them in a unique position to link community members with accurate health information during times of crisis, when mistrust of health information soars (as was seen during the COVID-19 pandemic).

[The Greater Mekong Subregion Elimination of Malaria through Surveillance](#) (GEMS) project (2016-2022), funded by the Bill & Melinda Gates Foundation, demonstrated that the private sector was effective in testing up to 7% of all suspected

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<sup>8</sup> Drawing on experiences during the COVID-19 pandemic, the study included quantitative surveys conducted with a random sample of providers from pharmacies (n=1,008) and clinics or

hospitals (n=574), combined with key informant interviews.

malaria cases in Cambodia, Myanmar, Laos, and Vietnam, and detecting up to 14% of national caseloads, during 2020–2022. Malaria elimination requires sensitive surveillance systems, making swift last-mile detection of cases through outlets closest to people. Working in close partnership with national malaria programs, the project engaged over twenty thousand outlets across the four countries, successfully contributing to bringing malaria cases down from thousands in 2016 to only hundreds in Cambodia, Laos and Vietnam by 2022. Surveillance of these private sector outlets is now fully managed by country governments in Laos and Vietnam. Previous public-private mix (PPM) projects in multiple countries, including Cambodia, China, India, Nigeria and the Philippines, have demonstrated that the private healthcare sector (which includes pharmacies, clinics, and hospitals) can contribute to 25% of total TB case notification while maintaining high treatment success rates.<sup>9</sup>

As with private sector engagement in broader health systems strengthening efforts, integration of the private sector into health security operations is complex, as it involves the alignment of incentives across multiple parties and can take time to achieve. We discuss below what it took to do this through the GEMS project.

Firstly, it is important to note that integration of the private sector into malaria surveillance systems was a 7-to-8-year, multi-step process. Program teams spent a significant amount of time generating buy-in with ministries of health (MOHs) in each of the four countries at both national and sub-national levels. The project team worked with MOHs to agree on the role of the private sector, and formally include the private sector in the national malaria program, to map and recruit potential providers, and to sign agreements with private

providers to set expectations and requirements. PSI's program team also needed to advocate for policy change to allow for provider-led use of malaria rapid diagnostic tests (RDTs) and provision of first line antimalarials through private sector outlets.

The team then simplified reporting tools to ensure private providers would have the time and capacity to conduct regular reporting. This required prioritizing the data points needed for immediate decision-making by governments. Private providers were offered both paper-based and digital channels for reporting, to cater to different levels of digital literacy and meet provider preferences around monthly information-sharing. Digital reporting channels, including user-friendly chatbots available through WhatsApp and Facebook Messenger, directly linked to government Health Management Information Systems (HMIS). Provider enablers and barriers to case reporting were additionally assessed to align incentives with target outcomes. Providers were motivated not just by monetary incentives (such as mobile money or airtime) but also by their duty to the community, their desire to contribute to malaria elimination, government recognition, and more. At the same time, public health officials recognized that even small community-level private providers were able to routinely share relevant and consistently high-quality malaria surveillance data, thus further building trust in the private sector.

Ensuring the quality of service provision at private provider outlets was also crucial. This included confirming that private providers were following standard operating procedures and national testing and treatment guidelines, ensuring a positive client experience of care, and defining appropriate referral pathways from private pharmacies and clinics to public facilities, when needed. To close

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9 Lal, S. S., Uplekar, M., Katz, I., Lonnoth, K., Komatsu, R., Yesudian Dias, H. M., & Atun, R. (2011). Global Fund financing of public–private mix approaches for delivery of tuberculosis care. *Tropical Medicine & International Health*, 16(6), 685–692.

<https://doi.org/10.1111/j.1365-3156.2011.02749.x>

training gaps, private providers were included in national training and supportive supervision programs to keep them up to date on case detection and treatment, and to ensure that they understood how and when to report positive cases. Provider performance and data quality were monitored and assessed for improvement as well. Trust in the data shared by the private sector is critical for the government to leverage that data for informed decision-making.

The pathway was not linear in each country, and teams faced numerous setbacks throughout the process. Ultimately, however, integration of private sector for malaria surveillance has paved the way for private sector inclusion in surveillance for other notifiable diseases in the region and allowed for the shift from aggregate reporting to case-based reporting from the health center level.

## WHAT ARE BEST PRACTICES IN ENGAGING THE PRIVATE SECTOR IN HEALTH SECURITY EFFORTS?

There is significant potential for private sector providers to be more systematically included in health security investments aimed at preventing, detecting, and containing new and emerging infectious diseases in a way that simultaneously strengthens health systems. PSI's project implementation experience, coupled with multiple literature reviews, have informed the following key learnings around engaging the private sector for stronger and more resilient health systems:

- **Simplify private sector reporting.** Enhanced private sector data is critical for governments to make decisions around policy and interventions, and to measure national progress toward UHC goals. Private providers are interested in and willing to engage with governments in this way, but they need simple, user-friendly tools that allow them to share high quality health data on a regular basis. Governments should prioritize critical indicators and streamline data entry systems, ensuring interoperability to break down health area and health security specific siloes, allowing private providers to report through one system.

- **Build trust in the quality of private sector service provision and reporting.** Governments must own and manage coordinated private sector engagement approaches for both strengthened and resilient health systems. Part of this process entails the building of trust between the public and private sectors, particularly around the quality of data collection and service provision. With government support, resources can be optimized to train private providers on both routine reporting and surveillance at the same time to build trust in the quality of both simultaneously. Likewise, systems can be put into place to assure quality of data and service provision.
- **Technical support, training, and supportive supervision are all required to guide the private sector.** Despite the willingness of the private sector to engage, governments will not simply be able to ask the private sector to conduct certain tasks and be able to expect the outcomes they desire. Mechanisms must be put into place for the regular provision of technical support, training, and supportive supervision to private providers to ensure they can meet government expectations and provide high quality data and services before, during, and after health crises.
- **Understand and leverage provider motivators. Private providers, particularly in more rural areas, are an integral part of the community in which they work.** Depending on the context, providers are motivated by a range of factors to engage in health security efforts. Governments must understand motivators of engagement with private providers (e.g., revenue generation, health financing, government recognition, skill-building, a sense of duty to their community), and leverage these. Governments can co-design solutions with providers through landscaping exercises, focus group discussions, and more so that enabling factors are enhanced, and barriers limited.
- **Leverage integrated digital ecosystems to manage and engage the private sector more systematically.** Establish systems and dashboards for data-to-action around private sector engagement and overall health system

goals. Workforce capacity strengthening platforms, such as eLearning, can be used for continuous professional development, including health area specific training and for training related to notifiable diseases and health emergencies. Digital quality assurance data collection methods can be introduced to continuously analyze quality in the context of training, and to ensure appropriate referrals systems are always utilized, both routinely and during shocks. Service delivery data and case reporting can be shared digitally to help governments determine how private outlets contribute to routine service delivery, and how they can be leveraged as surge capacity during health emergencies. An integrated digital ecosystem is a tool for governments to better steward and mobilize the private sector.

## CONCLUSION

Globally, the increase in disease outbreaks, climate shocks, and other threats to health security, emphasizes the private sector's role as a trusted partner of governments in their efforts to curb these risks. There is both great potential for the private sector to contribute to strong, resilient health systems, and risk in failing to engage the private sector in this capacity. Most private providers are willing to contribute to health security efforts and want to be engaged, but governments must first understand the motivators and barriers to private provider participation in detection and response to facilitate continuous and regular engagement.

Through improved governance and stewardship of the private sector, increased public-private dialogue, and the institutionalization of mechanisms for timely and accurate data-sharing, quality assurance and supportive supervision, workforce capacity strengthening, and integration of private sector into health financing mechanisms, governments will be better able to activate and mobilize the private health sector as surge capacity in times of emergency for surveillance and response.