

# From the first waves of COVID-19 to address our current challenges?"

## A comprehensive overview of early-pandemic engagement with the private sector guidance, country case studies, and more.

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### PLAN TO ENGAGE THE PRIVATE HEALTH SERVICE DELIVERY SECTOR IN THE RESPONSE TO COVID-19



WHO calls on national governments everywhere to adopt a whole-of-government and whole-of-society approach in responding to the COVID-19 pandemic. Reducing the further spread of COVID-19 and mitigating its impact should be a top priority for Heads of State and Governments.

The response should be coordinated with actors in the private sector and civil society. WHO has developed this interim guidance to help governments with their efforts to engage the private sector as part of a whole of society response to the pandemic, and also to support governments efforts to engage the private sector to help maintain essential health services.

This interim guidance is based on a draft private sector engagement roadmap currently being developed by the WHO Advisory Group on the Governance of the Private Sector.

#### Background

One of the critical lessons of the 2014-16 West African Ebola epidemic was the need to quickly mobilise the entire health system, both public and private in response to the epidemic.<sup>1</sup>

In response to COVID-19, WHO's advice is that governments should take a whole-of-government and whole-of-society approach to their response efforts. This approach should include drawing on the capacities and resources of the private health sector (including commercial and not-for-profit providers of health products and services). Drawing on private sector resources and capacity is critical because in many low and middle-income countries (LMICs), the private health sector provides a significant proportion of health services and products. For example, research shows that the private sector is the dominant source of treatment for children with fever or cough in a sample of 70 LMICs.<sup>2</sup> New research commissioned by WHO in 2019 showed that the private sector provides nearly 40 per cent of health care across the majority of WHO regions and provides 62 per cent of health care in the EMRO region.<sup>3</sup>

As Figure 1 shows, with the private sector represented in green and the public sector in blue, the private health sector can be present in

<sup>1</sup> Shew & W. T. Castagni, C. Hublin, P. & Wiggins, J. (2017). The lessons of the 2014-16 Ebola epidemic. Public Health, 141, 20-26.

<sup>2</sup> Gupta, S. (2019). Private Sector as Responder for Disaster Preparedness. In: Health Services in Low and Middle Income Countries. Health Affairs, 38, 1-7. DOI: 10.1136/hlthaff.2018.024124

<sup>3</sup> Jamali, M., and Khalil, M. (2019). Strengthening the private sector contribution to health care in the EMRO region.

In the first waves of the pandemic, concrete steps were outlined to help governments and MoH to harness the private sector. Those can be applied to current COVID-19 needs such as vaccines roll out. Go back to basics with the PSE Action Plan which describes how to: get organized to work together, secure private sector assets to increase surge capacity, mobilise public and private health staff, ensure all health facilities and staff have the supplies they need to respond to the crisis, and establish systems to integrate the public and private sector response effort.

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### An Action Plan to Engage the Private Health Service Delivery Sector in the Response to COVID-19

Options were proposed to governments to assist with the "containment phase" - ranging from treating COVID-19 and non-COVID-19 patients to leveraging mobile technology to the use of private resources to create a social safety net (shelters for homeless, etc.) These options can be used to inform discussion between public and private sectors in health and definition of respective roles, even at this stage in the pandemic.

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### Options - how to engage the private health sector to tackle COVID-19?

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### 3 PRIVATE SECTOR DISCUSSION NOTE: COVID-19 TESTING

### 4 Introduction

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The World Health Organization (WHO) called on countries to test, test, test! as screening and diagnosis is considered crucial to slowing the COVID-19 pandemic. In response, a wide range of testing approaches was adopted by Member States. Countries which have implemented nationwide, systematic testing, have been relatively wealthy, with robust health systems, and advanced surveillance technology. These have included South Korea, Germany, Australia, and Singapore where testing has been a core feature of successful response strategies.

While extensive and inclusive testing can be an important strategy for early detection and to limit transmission, the costs, capacity and resource requirements may be insurmountable for health systems, particularly those in low and middle-income countries (LMICs). In these contexts, testing under the containment phase of the epidemic has worked to be pragmatic, targeted at those presenting with specific symptoms, through contact tracing, or occupational risk and exposure. However, in case single LMICs will need to boost laboratory capacity to process the number of tests needed to contain COVID-19. An assumption that public laboratory capacity will be sufficient is unlikely. Rather, capacity may quickly be overwhelmed in the context of widespread community transmission.

In LMICs, as in wealthier contexts, a whole-of-government and whole-of-society approach is recommended given that the private health sector often provides significant proportion of health services and products. Private health sector engagement therefore offers a potential health systems strategy to increase testing coverage and reduce bottlenecks. While this may increase national testing capacity, there may be challenges with engaging the private health sector. Concerns related to [data privacy](#) and low-quality testing in the private health sector have emerged in some contexts. Government regulatory hurdles and delays in approvals may also delay the process of engaging the private health sector.

In South Korea, government actions to accelerate testing often included a private sector partner: (i) the Korean Food and Drug Administration (KFDA) established a public-private partnership to rapidly develop a novel diagnostic test using real-time polymerase chain reaction (PCR) technology; (ii) KFDA expedited approval for the use of these tests for suspected cases in both public and private labs; and (iii) rapid deployment of these tests in public and private labs throughout the country in partnership with local governments.

Source: Wirthman, L., Smith, J.D., Fitch, M.F. and Wang, A., 2020. Integrating information science into COVID-19 response and recovery.

COVID-19 testing, treatment and supplies are three areas of focus which continue to be relevant today. Early on, best practices were collected on how to plan, acquire space, staff, and staff by seamlessly integrating the private sector within the government response systems early on. These series of documents outline practical advice and illustrative examples of engagement with the private sector in early COVID-19 responses.

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### Private Sector Discussion Note: COVID-19 Testing

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### Private Sector Discussion Note: COVID-19 Treatment

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### Private Sector Discussion Note: COVID-19 Supplies

While it is important to learn lessons from other geographies, lessons learned from the past are equally worthy of recognition. In July 2020, case studies from Kenya's and Rwanda's experience with early engagement of the private sector in the COVID-19 response were produced and offers insight which are still relevant in this stage of the pandemic.

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### Private Sector Engagement in the COVID-19 Response: Kenya Country Experience

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### Private Sector Engagement in the COVID-19 Response: Rwanda Country Experience

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### PRIVATE SECTOR ENGAGEMENT IN THE COVID-19 RESPONSE: KENYA COUNTRY EXPERIENCE

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Context  
Two weeks after a newly appointed Cabinet Secretary of Health took office, Kenya recorded its first case of COVID-19 on 13 March 2020. With nearly 7,000 confirmed cases and 152 deaths due to COVID-19 as of early July, Kenya is one of the highly affected countries in the East Africa region.<sup>1</sup>

Kenya's response to COVID-19 began in January 2020 with the release of the National 2019 Novel Coronavirus Contingency (Readiness and Early Response) Plan by the Ministry of Health (MoH).<sup>2</sup> The Government began raising public awareness of hygiene measures and symptom recognition in early February 2020 and on 28<sup>th</sup> February, a National Emergency Response Committee (NERC) was formed to coordinate the nation's response to COVID-19.<sup>3</sup>

Despite responding quickly to contain the pandemic, early action has not been without its challenges, or escaped criticism. Challenges have included a poorly coordinated mandatory quarantine program and a lack of clarity or implementation of population directives such as the curtailment of movement in specific counties, including Nairobi. Criticism has been directed at actions taken and those not taken, while the health secretary could "talk the talk", the government has struggled to "walk the walk."<sup>4</sup>

Kenya's private health sector has responded by supporting the government "walk the walk." Kenya has a vibrant private sector and established coordination mechanisms that pre-existed the pandemic. The private sector has supported containment activities, including public awareness campaigns, testing and other rapid response measures. These efforts have been guided by the government's readiness and early response plan under the stewardship of the NERC.

More detailed examples of this work are outlined using the WHO action plan framework – [plan, organize, activate, staff and lead](#). The action plan is informed by a [private sector engagement roadmap](#), currently being developed by the WHO Advisory Group on the Governance of the Private Sector.

<sup>1</sup>Worldometer. Total Coronavirus cases in Kenya. <https://www.worldometers.info/coronavirus/kenya/> [accessed 3 July 2020].  
<sup>2</sup>Kenya Health Service Commission. <https://www.healthservicecommission.go.ke/Portals/0/2020/National%202019%20Novel%20Coronavirus%20Contingency%20Readiness%20and%20Early%20Response%20Plan.pdf> [accessed 10 July 2020].  
<sup>3</sup>WHO. <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports>.  
<sup>4</sup>WHO. <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports>.  
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