

Engaging the Private Health Sector in COVID-19 response



A case study series from...

Bahrain, Estonia, Germany, Ghana, Greece,
Italy, Jordan, Lithuania, Lebanon, Republic of
Korea and the United Kingdom,



Leveraging private sector capacities in case management and testing for COVID-19 in Bahrain

SITUATION

As the pandemic gathered steam in Bahrain, an increasing number of public sector hospitals were converted into isolation facilities for COVID-19. This threatened the continuity of care and maintenance of essential health services in the country.

In addition, the need for testing surpassed the capacity of public facilities, especially given the testing requirements for international travel.

Key strategy and tools for private sector engagement

Case management

- The private health sector expanded the scope of its services to provide home visits and teleconsultation.
- Long-stay patients in some public health care facilities were transferred to private hospitals to ensure sufficient bed capacity for COVID-19 patients.
- Some private health care facilities were designated as isolation facilities.
- Hotels that were converted into isolation/quarantine facilities were staffed by private health care professionals with training and supervision from the National Health Regulatory Authority (NHRA).
- Designated COVID-19 walk-in clinics were made available for patients isolating at home who wanted to follow-up with a medical professional. One of the three designated clinics is operated by a private health provider, but services are provided free of charge to all COVID-19 patients, regardless of whether they visit a privately or publicly operated clinic.

Testing

- The private sector was contracted to provide testing for all incoming travelers at Bahrain International Airport.
- Nine private laboratories were licensed by the NHRA to conduct PCR and antibody testing.
- All private health providers are now equipped to provide preliminary screening and emergency services for people with COVID-19 symptoms who report to their facilities ahead of their referral to a designated isolation/treatment facility.
- Test kits were distributed to private health providers free of charge to broaden access to testing.
- Rapid antigen tests were made available at pharmacies across the country at subsidized prices.



RESULTS

- ✓ Essential health services were maintained.
- ✓ Both COVID-19 and non-COVID patients received high-quality care.
- ✓ Cross-infection within hospitals was avoided.
- ✓ Testing capacity was expanded to meet the demand.

***Learnings:* The NHRA was able to leverage private health sector resources by:**

- suspending all nonemergency medical and surgical services and procedures at private facilities during peak waves of COVID-19 cases – when services resumed, the NHRA used telemedicine as much as possible and enforced infection prevention and control (IPC) measures to reduce transmission;
- allowing the private sector to conduct COVID-19 serology antibody tests to detect the presence of a previous infection with the virus;
- setting procedures to speed up importation of medical devices to avoid supply shortages;
- permitting the importation through both private and government channels of the rapid antigen tests for COVID-19/SARS that meet specified requirements; and
- establishing a rolling submission pathway to expedite and streamline the assessment and emergency use authorization of potential medicines for the treatment of COVID-19 while clinical trials are in progress.

Additional Resources:

NHRA circulars can be accessed at: <https://www.nhra.bh/Media/Announcement>

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Expanding national testing capacity for COVID-19 in Estonia



SITUATION

Upscaling COVID-19 laboratory testing and diagnostics: in order to obtain a more accurate epidemiological overview of COVID-19 transmission, Estonia's Health Board updated its testing strategy in April 2020 to include people with symptoms as well as suspected cases. Having more people eligible for testing required the agency to expand testing capacities through private sector involvement.

Key strategy and tools for private sector engagement

The private sector played an important role in scaling up Estonia's testing strategy and capacity.

PROCESS

Using emergency provisions under the Public Procurements Act and in line with European Commission guidelines (2020/C/108 I/01), the State Shared Service Centre entered into contracts with private testing companies through the direct negotiated procurement procedure. The Health Board procured more COVID-19 sampling and testing services to further expand the country's capacity.

RESULTS

Diagnostics provider Synlab and Medicum, the largest private outpatient health-care facility in Tallinn, were the only contractors to place bids to provide the services and they acted as joint suppliers in all the contracts. In theory, the absence of other suppliers might raise concerns about the competitiveness of service pricing.

Extending the contracts for testing services over a longer period (a year instead of 2–4 months) enabled Synlab to build on infrastructure assembled during 2020. Moreover, the very high number of COVID-19 cases and the flow of patients through sampling sites, as well as the laboratory working at full capacity, contributed to economies of scale during the peak of operations. Testing prices were able to fall – for example, the price per test decreased from €65 on average in 2020 to €49 in 2021.

New monitoring rules mandated the publication of contracts awarded under direct contracting in the digital Public Procurement Register within 30 days, to increase transparency.



Learnings:

- ✓ The Estonian authorities took more financial risk during the initial procurement and purchase agreements for the supply of laboratory services due to the urgent need to increase testing capacity. Normally, openly negotiated procurement helps to achieve the desired level of competition and therefore has an impact on the final cost of contracts. However, in a small country like Estonia, the competition is limited or non-existent in some markets. Therefore, direct procurement with the only contractors that had made a bid was the sole option to meet the increased demand for testing.
- ✓ To increase transparency, new monitoring rules consolidated during the first year of the pandemic required contracts awarded under direct contracting to be published in a publicly available digital register within 30 days of concluding the procurement contract.
- ✓ In addition, the Estonian government initially based its spending on testing services on short contracts. Due to the ongoing development of the pandemic and the continued necessity of extensive testing activities, the Health Board then turned to annual contracts and achieved higher cost-effectiveness per test.

Additional Resources:

<https://eurohealthobservatory.who.int/publications/i/engaging-the-private-sector-in-delivering-health-care-and-goods-governance-lessons-from-the-covid-19-pandemic>



Fast-tracking the procurement of face masks in Germany



SITUATION

Fast-track procurement of face masks: private sector capacity was required to rapidly acquire protective face masks for immediate distribution across Germany's population, to protect against the transmission and spread of COVID-19 infections.

There was only very limited public information on how the procurement processes for the face mask contracts were carried out and to what extent they differed from regular procurement processes owing to the urgency that the pandemic presented.

Lack of transparency in procurement and in awarding contracts can make public authorities vulnerable to corruption. As a variety of avenues was used to source the required quantities of face masks, several high-profile cases emerged of German politicians and parliamentarians being directly involved in securing contracts with private sector firms to supply face masks for government agencies, paying with public funds.

PROCESS

Actions were taken to introduce new accountability mechanisms and strengthen integrity. The need to rebuild public trust was a major impetus.

Cases were investigated and referred to the courts to determine whether the activities were unlawful. Public funds paid out to the companies were confiscated while the investigations were ongoing but were subsequently released after the court issued its judgments.



RESULTS

While the investigation was ongoing, the politicians involved, who denied any wrongdoing, were required to resign from their parliamentary mandates and their party posts.

The political parties that the politicians belonged to instigated internal efforts to increase transparency and restore trust; these included a new policy for its members to declare any possible financial benefits in connection with pandemic-related transactions.



Learnings:

- ✓ Policy-makers should ensure that contracting/procurement processes, tender registers and awarded contracts are publicly available.
- ✓ Open and transparent information about collaboration with private providers is also closely linked to public trust and the need to safeguard the integrity of government bodies involved in dispensing large amounts of public funds.
- ✓ Both the implementation of internal party disciplinary procedures and the referral of the cases to the federal high court of justice demonstrate that functional accountability measures did exist at the time.
- ✓ The experience led to stricter rules and regulations on the declaration of financial interests of parliamentarians, which have strengthened accountability mechanisms even further.

Additional Resources:

1. European Observatory on Health Systems and Policies. Policy brief. Engaging the private sector in delivering health care and goods: governance lessons from the COVID-19 pandemic. 10 November 2023. <https://eurohealthobservatory.who.int/publications/i/engaging-the-private-sector-in-delivering-health-care-and-goods-governance-lessons-from-the-covid-19-pandemic>



The role of the private sector in Ghana's successful response to the COVID-19 pandemic



SITUATION

Like many other countries, Ghana faced significant challenges during the COVID-19 pandemic. The government, recognizing the limitations of public resources and infrastructure, engaged the private sector to support the national response to the crisis. This collaboration was crucial in enhancing health-care delivery, ensuring the supply of critical medical supplies, especially personal protective equipment (PPE), and supporting economic recovery.

Key strategy and tools for private sector engagement

Ghana leveraged public–private partnerships to pool resources, expertise and capabilities from both sectors. To ensure the effectiveness of these arrangements, coordination and communication platforms were established as well as special purpose funds and fundraising, guiding companies, philanthropic organizations and individuals as to where to direct their support in the COVID-19 response. The Ministry of Trade and Industry actively engaged private companies to reconfigure their production lines to produce more PPE amid the disruption of global supply chains. The government also provided financial aid and relief packages for businesses and individuals, thereby creating an atmosphere of “win-win” for public–private engagements.

PROCESS

The processes included stakeholder engagement and dialogue, issuing of Executive Entrustments to suspend certain legislation, creation of special funds and designation of points . There was active social mobilization, regular situation updates to the public and recognition of health workers.

The following results were achieved.

- ✓ Increased health-care capacity: establishment of new treatment centres with contributions from individuals and companies, expansion of existing health facilities with donated equipment and supplies, and enhanced testing capabilities leveraging private sector facilities.
- ✓ Use of private hospitals, hotels, hostels and homes as treatment and holding centres was possible due to effective engagement with the private sector.
- ✓ Improved access to life-saving medicines, vaccines and equipment through private channels using networks of private companies in Ghana.
- ✓ The health sector also enjoyed significant free private media coverage for situational updates, resource mobilization and eliciting public support for a specific course of action.
- ✓ Timely distribution of resources (PPE and medical supplies) helped reduce shortages and ensure protection of frontline health workers.
- ✓ Adoption of digital health solutions that improved patient care and data management.
- ✓ Enhanced communication and information dissemination through digital platforms.



Learnings:

The success of the pandemic response highlighted the importance of collaboration between the public and private sectors.

- ✓ Establishing frameworks for ongoing collaboration can ensure readiness for future emergencies.
- ✓ The private sector's agility and capacity for innovation played a crucial role in addressing the dynamic challenges of the pandemic.
- ✓ Leveraging technology can significantly improve health-care delivery and crisis management.
- ✓ Engaging communities and leveraging local networks is critical for effective resource distribution and awareness campaigns.
- ✓ Community involvement ensures that interventions are culturally appropriate and widely accepted.
- ✓ Sustainable and long-term partnerships between the public and private sectors are essential for future crisis preparedness.

Additional Resources:

1. Ghana COVID-19 Private Sector Fund
2. World Bank: Ghana's COVID-19 Response - Reports and publications on Ghana's response to the pandemic.
3. WHO Africa: COVID-19 in Ghana - Updates and information from the World Health Organization on Ghana's COVID-19 efforts.
4. UNDP Ghana: COVID-19 Response - United Nations Development Programme's initiatives and support for Ghana's pandemic response.
5. Nimako BA, Baiden F, Awoonor-Williams JK. Towards effective participation of the private health sector in Ghana's COVID-19 response. *Pan Afr Med J* v.35(Suppl 2); 2020
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7875757/>



Mobilizing private hospital beds for COVID-19 in Greece



SITUATION

A steep rise in the number of COVID-19 cases led to the mobilization of private sector hospital beds to treat COVID-19 patients.

Key strategy and tools for private sector engagement

A cooperation agreement between the Ministry of Health and private hospitals and clinics was reached to provide non-COVID-19 acute beds and ICU beds if required. This later took the form of legislation, as part of a new contingency plan, to enable the temporary requisition of the hospital beds and staff – specifically in two private clinics in Thessaloniki.

PROCESS

Cooperation agreements with private hospitals and clinics were used to gain additional resources – particularly non-COVID-19 acute beds and ICU beds. These beds would join the nationally scaled-up hospital bed stock that included National Health Service hospitals and military hospitals designated to treat COVID-19 patients. Legislation was eventually created to legally requisition the required private hospital beds.

RESULTS

The cooperation agreement was specifically for non-COVID-19 beds. However, as the number of hospitalizations increased rapidly and pressure on public facilities and their staff intensified, the Ministry of Health requested that the owners of two private hospitals in Thessaloniki voluntarily provide 200 “simple COVID-19 beds” for the duration of two weeks. The owners of the private hospitals declined to provide the beds, citing safety concerns for staff and existing patients related to the transmission of the virus, lack of staff experience in treating COVID-19 patients, inappropriate physical amenities to designate separate COVID-19 and non-COVID-19 wards and inadequate notice to prepare. They also pointed out that the cooperation agreement with the Ministry of Health was to use private hospital facilities to treat non-COVID-19 patients to alleviate pressure on public hospitals, which were tasked with handling COVID-19 cases. After high-pressure negotiations failed to reach agreement and an ultimatum to provide the beds lapsed, the Ministry of Health passed legislation, as part of a new contingency plan, to enable the temporary requisition of the hospital beds and staff to handle COVID-19 cases in the two specific private clinics in Thessaloniki.



Learnings:

- This example highlights the complex and highly challenging circumstances that precipitated a sudden change in the terms of the original agreement between the Ministry of Health and the private hospitals, undermining their relationship, eroding trust and escalating the dispute which was played out in the national media. Little time was available to discuss the requested change or negotiate alternative logistical solutions and communications broke down. The urgent, high-pressure negotiations highlighted that while the parties shared the same objective – to meet the need for additional COVID-19 beds during a surge in hospitalizations – they fundamentally disagreed on the solution.
- Leveraging private sector resources and expertise holds the potential to enhance the effective delivery of health goods and services. Private sector engagements deliver value when they are in alignment with health system goals and priorities. It is important to note that:
 - ✓ whether private sector engagements are part of mature mixed-delivery systems or are being contemplated as part of a policy solution to fill a health services gap, being able to draw on policy capacity to enter into such engagements is an important asset;
 - ✓ setting clear objectives for both public and private actors helps to identify shared goals as well as appropriate incentives. It also makes clear the rationale for entering into collaboration and supports the monitoring and achievement of outcomes; and
 - ✓ well-structured agreements that reflect the health system's strategic objectives – and define respective roles, responsibilities and expectations – provide the necessary solid basis for engagements with private sector partners. They are also the basis for nurturing trust between partners and setting out avenues for resolving disputes.

Additional Resources:

<https://euro.who.int/publications/i/engaging-the-private-sector-in-delivering-health-care-and-goods-governance-lessons-from-the-covid-19-pandemic>



Mobilizing the private health sector to support COVID-19 response in Lombardy, Italy

SITUATION

The Italian region of Lombardy was one of the first areas in Europe to be heavily impacted by the COVID-19 emergency. Hospitals played a central role in delivering health-care services during the various waves of the pandemic, requiring an urgent upscaling of capacity in acute and intensive care hospital beds.

Key strategy and tools for private sector engagement

- ✓ The Lombardy region was able to rapidly reorganize its hospital network, drawing on the significant resources of accredited private sector facilities to redistribute beds to treat COVID-19 patients.
- ✓ In addition, the private sector contributed infrastructure and valuable health workforce support for the COVID-19 vaccination campaign.
- ✓ Also in Lombardy, private health-care facilities, such as hospitals and medical centres, were actively engaged by the region in early 2021 to establish dedicated COVID-19 vaccination centres.

PROCESS

The efficient mobilization of hospital beds from the private sector in the initial heavy surge of COVID-19 cases, and the reorganization efforts throughout the pandemic, focused on the region's existing health system assets, i.e. the highly developed and specialized hospital network. This benefited from the integration of public and private hospital entities built up over several years. The Lombardy region was able to shift treatment protocols for people with mild or non-life-threatening COVID-19 symptoms into primary care or home settings, in keeping with the available structures and resources of their primary health care systems.



RESULTS

The engagement of the private sector in vaccination delivery in Lombardy has been instrumental in achieving the campaign's goals, expanding the region's overall capacity for vaccine administration, improving accessibility and ensuring widespread immunization against COVID-19. This also serves to demonstrate an alignment of structures to deliver policy strategy, highlighting the value that private sector entities can contribute to meeting health system needs.



Learnings:

- Lombardy's ability to capitalize on the established relationships and institutionalized contracting model of private accredited providers within the hospital network, particularly during the onset of the pandemic emergency, serves as an example of aligned structures and the capacity to deliver high-priority policy and operational goals together with private sector partners.
- Fostering and maintaining relationships that support mutual trust is crucial to successful private sector engagements. Part of this process involves delineating with precision the terms of agreements so that roles and responsibilities are clear, expectations are stable and predictable, and each party is certain about their commitments and obligations. Wherever possible, carefully crafted contingency clauses can be added to solidify contractual obligations.
- Additionally, clear channels of communication and procedures for dispute resolution can be established to discuss permissible recourse actions and options in the event that conditions change, the needs or aims of either partner diverge, or obligations are no longer able to be met.

Additional Resources:

European Observatory on Health Systems and Policies. Policy brief. Engaging the private sector in delivering health care and goods: governance lessons from the COVID-19 pandemic. 10 November 2023
<https://eurohealthobservatory.who.int/publications/i/engaging-the-private-sector-in-delivering-health-care-and-goods-governance-lessons-from-the-covid-19-pandemic>



Engaging the private sector in securing supplies for the COVID-19 response in Jordan

SITUATION

At the onset of the pandemic, the government of Jordan faced financial and logistical challenges in procuring and deploying tests, personal protective equipment (PPE) and pharmaceutical products. There were also difficulties in enforcing public health measures, including the use of masks and enhanced hand hygiene, due to supply shortages. In addition, the quarantine of repatriated Jordanians posed problems.

Key strategy and tools for private sector engagement

- The Himmit Watan Fund was established in late March 2020 to mobilize resources donated by the private sector to support the health system in Jordan.
- Local companies producing infection, prevention and control (IPC) supplies donated facemasks and other items to the Ministry of Health.
- Pharmaceutical companies donated supplies and backed the launch of the first COVID-19 hotline (111) in coordination with the Ministry of Health.
- An emergency hotline dedicated to support people with disabilities was launched by a private telecommunication company.
- Professional syndicates seconded staff to help deliver essential health services.
- Telecommunication companies coordinated with the Ministry of Health on disseminating awareness messages through SMS.
- Hotels were contracted by the government to serve as quarantine centres.

- ✓ The private sector contributed to the speed, impact, and scale of the COVID-19 response.
- ✓ The Himmit Watan Fund was set up in a very short time and quickly began funding health sector activities.
- ✓ Increased local production speedily converted shortages in hygiene supplies into a surplus that is now being exported to other countries.



Additional Resources:

Highlighting Jordanian Private Sector Response to COVID-19.

<https://www.southsouth-galaxy.org/wp-content/uploads/2020/05/Allin4Jordan-Report.pdf>



Expanding national testing capacity for COVID-19 in Jordan



SITUATION

At the outset of the COVID-19 pandemic, the government was keen to provide testing to limit the spread of the virus but the capacity of the Central Public Health Lab (CPHL) was insufficient to meet the nationwide demand for testing.

Key strategy and tools for private sector engagement

- In 2020, the Government of Jordan increased the CPHL's testing capacity by approving 25 private sector labs to perform PCR tests. CPHL sends patients' samples to the approved labs which are closely monitored to ensure adherence to protocols.
- Between April 2020 and October 2020 people entering Jordan via one of its land borders were tested through two accredited private labs.
- The government has now partnered with a private lab to test all travelers to Jordan.

Engaging the private sector helped in increasing testing capacity, enabling the government to quickly identify and manage COVID-19 cases and improving outcomes.



Additional Resources:

<https://moh.gov.jo/Pages/viewpage.aspx?pageID=479>



Fast-tracking the procurement of Personal Protective Equipment (PPE) in Lithuania

SITUATION

During the very early onset of the COVID-19 pandemic, Lithuania found itself struggling to ensure sufficient supplies of PPE, such as masks and surgical gloves, and medical products to protect its health workers and population.

Key strategy and tools for private sector engagement

COVID-19 crisis leaders took several immediate actions to make the procurement process with private companies more flexible and agile in order to ensure adequate supplies of PPE in a timely manner. The Law on Public Procurement was amended, simplifying the requirements for contracting.

PROCESS

The Lithuanian Parliament amended the Law on Public Procurement, simplifying the requirements for contracting. It waived the need to conduct public tenders for extremely urgent cases, allowed contracting with a private provider without submitting a written proposal, and did not require the list of mandatory terms and conditions that usually accompany public-sector contracts.

RESULTS

- ✓ The changes in the law enabled the government and health-care providers to create fast-track purchasing agreements to secure massive shipments of PPE and disinfectants from China, as well as from European and local manufacturers.
- ✓ Multiple players were involved in the Lithuanian procurement and purchasing strategy for PPE and medical products, each fulfilling a different task.
- ✓ These included needs assessment and coordination of purchasing (Ministry of Health); electronic cataloguing of authorized existing suppliers and identification of potential new ones (Ministry of the Economy and Innovation's Central Purchasing Organization (CPO) and its Enterprise Lithuania experts, and the Ministry of Foreign Affairs); entering into centralized purchasing agreements with suppliers (CPO) or direct agreements (individual health facilities); supporting delivery logistics (Ministry of Transport and Communications); and supervising and implementing procurement policy and legislation (Public Procurement Office (PPO)).
- ✓ The cooperation of all the stakeholders enabled the speedy procurement and purchase of medical products, particularly PPE. However, this came at the expense of the regular tender processes. Health agencies became good at “smart and quick buys”, which at first satisfied the primary goals of securing the availability of products.

However, the amendment of the Law on Public Procurement led to details of purchase terms being available only after the contracts were already signed and published, which hindered transparency. Public trust in political integrity related to government spending was also undermined, as the criteria for spending of public funds were not clear.

- ✓ To counteract the negative outcomes of emergency contracts and maintain trust among the population, a number of remedial actions were taken to bolster transparency and accountability:
 - the PPO reviewed contracts retrospectively and comprehensively revised all emergency agreements signed between January and May 2020;
 - the terms of over 1200 COVID-19-related purchase contracts were published on the PPO website, placing them in the public domain;
 - the PPO made it mandatory for all contracting public agencies to publish data on new COVID-19 contracts signed from June 2020 onwards in a timely manner (maximum of 15 days after signing the agreement);
 - public agencies were also required to include a clause regarding sanctions for low-quality supplies in future contracts;
 - the experience inspired the creation of the Karštos pėdos (“Hot feet”) dashboard, led by the investigative journalism agency Siena, a public database that provides insights into the interconnections between Lithuanian politicians, high-ranking civil servants and business.

Thus, prompted by concerns raised about public spending and procurement practices from civil society actors, journalists and NGOs (such as Transparency International Lithuania) the administrative authorities acted quickly and evaluated the contracts that had been awarded. They also published the procurement register containing details of the awarded contracts on the PPO website, making them widely available.



Learnings:

- Having appropriate transparency and accountability mechanisms in place is crucial to ensure robust governance of contracting with private sector providers, not only in following clear processes to identify and consider potential private sector partners but also to justify the choices made when determining the awarding of contracts.
- Promoting open and transparent information about private sector collaboration bolsters public trust and safeguards against potential risks of corruption/mismanagement of resources.

Additional Resources:

European Observatory on Health Systems and Policies. Policy brief. Engaging the private sector in delivering health care and goods: governance lessons from the COVID-19 pandemic. 10 November 2023 <https://eurohealthobservatory.who.int/publications/i/engaging-the-private-sector-in-delivering-health-care-and-goods-governance-lessons-from-the-covid-19-pandemic>



Expanding national testing capacity for COVID-19 in Lebanon



SITUATION

Lebanon's private sector provides more than 85% of health services, offering advanced technology and expertise across the country. Private medical laboratories are particularly developed, with RT PCR testing available in at least 50% of the 250 labs operating in the country which are members of the Lebanese Syndicate of Medical Laboratories.

Public sector, hospital-based labs, are much less developed. At the outset of the COVID-19 pandemic only two large public hospital labs had RT PCR testing capacity. There was an urgent need to rapidly increase safe RT PCR testing capacity at public hospitals given that the Ministry of Public Health's strategy was to use the public system as the first line of response to the COVID-19 outbreak.

In addition, Lebanon lacks a national central public health laboratory capable of guaranteeing the quality and safety controls necessary to deal with novel viruses such as severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)

Key strategy and tools for private sector engagement

WHO acted to engage the private sector by:

- conducting a detailed assessment of public and private laboratory capacity for COVID-19 RT PCR testing;
- establishing a national External Quality Assurance (EQA) system for RT PCR testing targeting private and public hospitals, and led by the reference public hospital;
- linking private and public labs to the national District Health Information Software 2 system of reporting at the Ministry of Public Health's central Epidemiology and Surveillance Unit (ESU); and
- establishing a reference lab for COVID-19 genomic sequencing at the private Lebanese American University, and supporting the procurement of reagents for the reference lab.

RESULTS

Between June 2020–December 2020

- ✓ A total of 70 labs were assessed for safety and quality, and improvement plans were shared with them individually.
- ✓ Of the 28 labs already engaged in the EQA system, 26 have been certified.
- ✓ Around 70% of labs performing RT PCR for COVID-19 report daily to the Ministry of Public Health, providing the regular data flow necessary to estimate positivity rates and inform public health measures.
- ✓ The genomic sequencing data regularly provided to the Ministry of Public Health has been instrumental in monitoring the epidemic and determining public health measures. The data is shared through the global COVID-19 sequencing platform.



Pandemic Governance in The Republic of Korea (South Korea)



SITUATION

90% of all medical institutions in The Republic of Korea (South Korea) operate as independent private facilities.

PREPAREDNESS...

Key strategy and tools for private sector engagement

South Korea learned from previous emergencies, the most cited being the Middle East respiratory syndrome coronavirus (MERS-CoV) outbreak in 2015. A MERS-CoV white paper was commissioned by the Government outlining lessons and policy recommendations.

In response to the white paper:

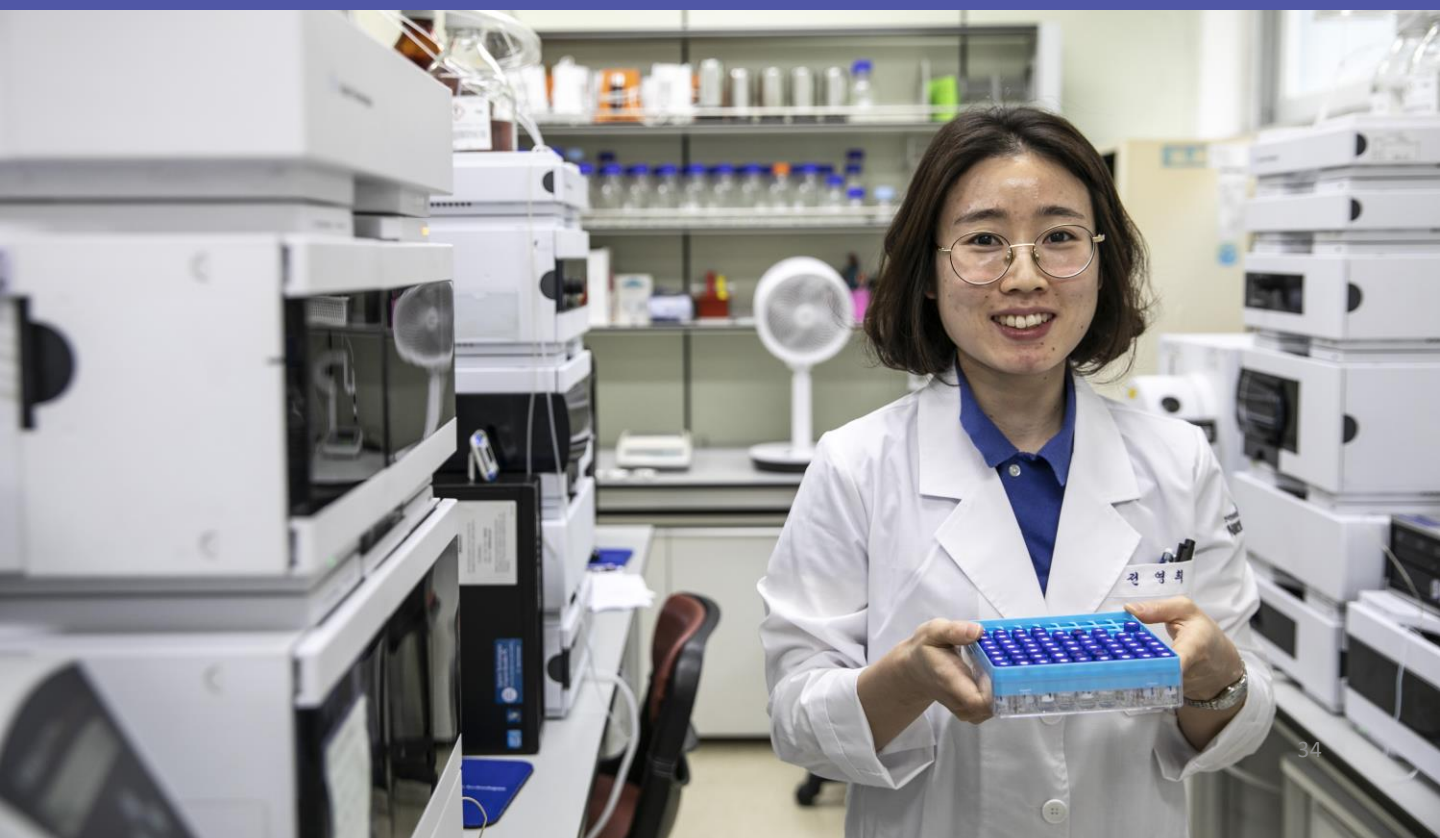
- ✓ The Infectious Disease Control and Prevention Act, enacted in 1954, was revised in 2016. This conferred responsibilities and accountabilities to the Korean Centre for Disease Control (KCDC) for distribution of resources and multi-stakeholder engagement in the event of infectious disease outbreaks.
- ✓ The government embarked on “bold organisational restructuring”, to strengthen the autonomy and authority of health professionals.
- ✓ Health infrastructure was upgraded and medical capacities expanded through partnership with the private sector.
- ✓ The government invested in information and communication systems and pioneered e-government technologies.
- ✓ The government overhauled regulations and invested intensively in the biotech industry, which at the time comprised “scientist-led small-sized entrepreneurial start-ups” .
- ✓ The government modified legislation to streamline approval processes for test-kit development and clinical trials and developed an accreditation system for infectious disease laboratories.
- ✓ The government legislated the KCDC with the necessary authority over regional governments, the private sector, medical practitioners, and the public and endowed it with “substantial staff, budget, specialties, and autonomy” .
- ✓ The government established a legal framework to address the public and media’s right to information to reinforce public trust in and cooperation with response policies.



PROCESS

- COVID-19 response was modulated, based on crisis alert level, which established the KCDC as the centre for disease control.
- Public-private and central-local cooperation frameworks guided a blend of “quick action and technological innovations” which were “multisectoral from the beginning”, drawing on public-private-partnerships and nurtured technical capacity following (MERS-CoV).
- Systems and supply chains were calibrated to coordinate referrals from lower to higher level facilities, which enabled structural alignment “beyond boundaries of metropolitan city or provincial territories”, facilitated through the National Medical Center.
- As new developments and information emerged on COVID-19, the government revised its assumptions and adjusted its actions accordingly.

- In addition to twice-daily media briefings, the government used multiple channels to communicate including traditional media, mobile text messages, social networks, mobile applications, government websites and call centres.
- At the onset of the pandemic, legislation was modified to allow for rapid testing
- A fast-track approval process for the development of test kits with pre-vetted domestic biotech companies was established.
- Quality assurance of rapid tests was done in tandem.
- The government undertook targeted interventions in the healthcare market to avoid panic buying and resource hoarding and allow for equitable access to personal protective equipment.
- A ration system was created that allowed the public to procure a set number of masks per week, at a set rate, while the government bulk-procured masks from the private sector for hospitals and health workers



RESULTS

- ✓ Despite having the second highest number of cases globally in the first two months of the COVID-19 pandemic , South Korea successfully suppressed the disease; this was achieved without restricting movement or imposing long lockdowns
- ✓ Private-sector hospitals played an active role in the COVID-19 response and allowed the country to remain within the hospital system capacity thresholds.
- ✓ Information and communication systems facilitated open and transparent communication of the COVID-19 situation and government policies in response to the crisis.
- ✓ By building understanding through open and transparent communication, the government was also able to channel the good intentions of private philanthropy towards a government-led and integrated response.
- ✓ The government was able to reach a testing capacity of more than 20,000 people daily, working in close partnership with local governments.
- ✓ By April 2020, the country was exporting test kits to more than 60 countries, including for diplomatic and aid purposes.



Learnings:

- ✓ Many reasons are cited for the success of South Korea's response. These include a tradition of strong central governance , administrative and social characteristics, and prevailing market conditions.
- ✓ Health information and communication systems enabled a calibrated response.
- ✓ Coordination and communication structures facilitated problem-driven collaboration. This was guided by clear understanding of the COVID-19 response structure and related roles and responsibilities.
- ✓ Transparent and timely intergovernmental, sectoral and public communications ensured effective actions.
- ✓ Collaboration was multi-faceted and included public and private medical institutions (i.e., health clinics, hospitals, laboratories, and research facilities), medical societies and associations, military medical personnel, and international organizations.



Additional Resources:

South Korea: learning systems and pandemic governance. <https://ccpsh.org/research/south-korea-learning-systems-and-pandemic-governance>



Expanding supply of PPE in the United Kingdom



SITUATION

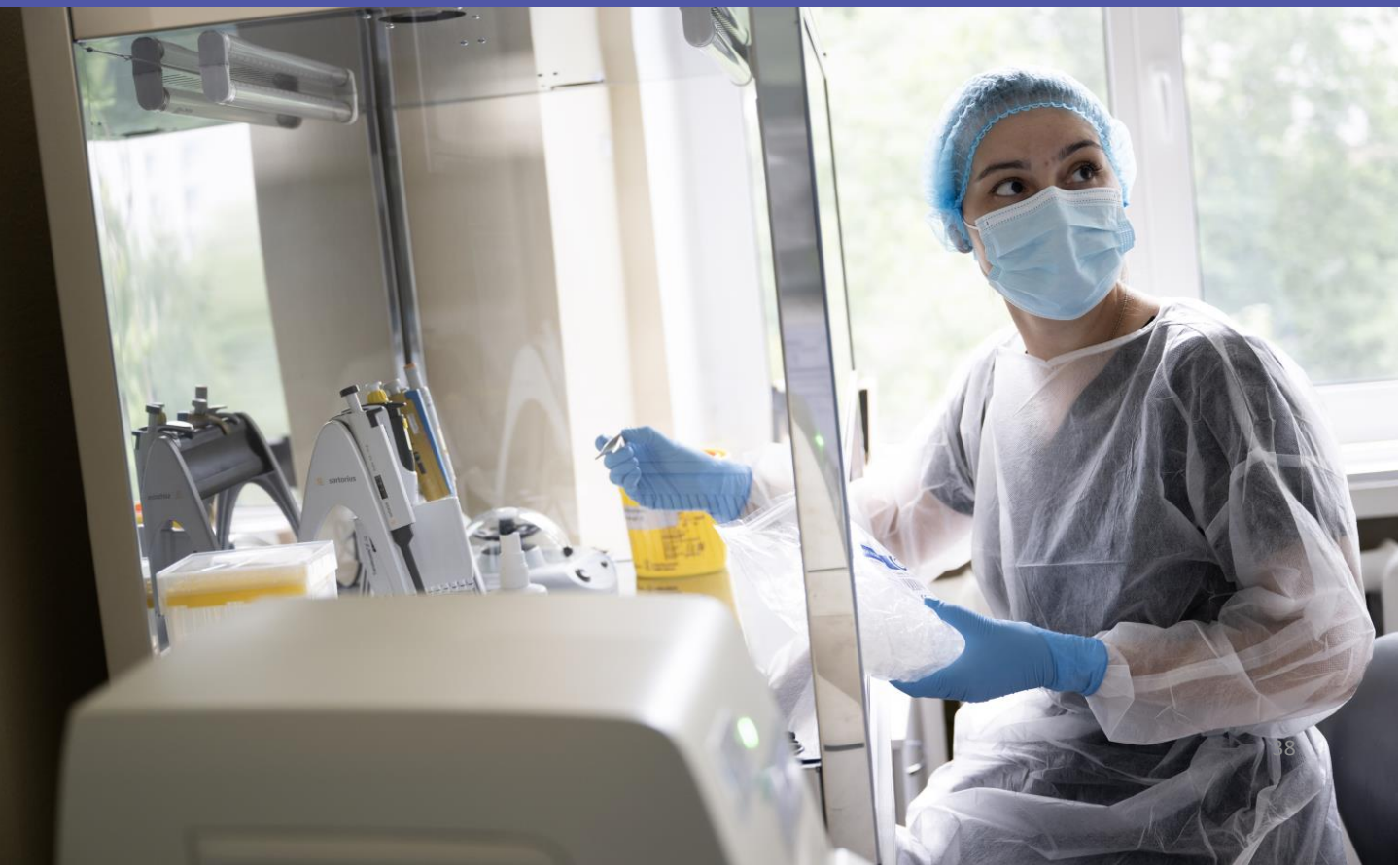
The use of a “VIP lane” to expand the supply of PPE: During the initial outbreak of the COVID-19 pandemic, which saw skyrocketing demand and limited supply of PPE, the UK government sought active cooperation with the private sector to secure supplies.

Key strategy and tools for private sector engagement

The UK government established new supply structures aiming to rapidly source and distribute PPE from a combination of existing and new suppliers.

PROCESS

The UK government's new supply structures used streamlined procurement procedures, with the competitive dimension of tendering reduced or eliminated, and simplified oversight within government. In this context, a so-called "High Priority Lane", also referred to as the "VIP lane", was created under the procurement programme to assess and process leads for potential suppliers of PPE recommended by ministers, Members of Parliament and other senior officials and through an online portal.



RESULTS

The VIP lane resulted in the awarding of PPE contracts for a much higher proportion of suppliers from this group than from those identified through standard procedures.

The cost of the PPE purchased was also significantly higher than before the pandemic, although it remains unclear how much of this was due to the greater competition for limited supplies, and how much was due to the purchasing approach taken.

The streamlined procurement process enabled public payers to act in a more expedient and agile way. At the same time, the use of the VIP lane ignited a heated public debate on the government's procurement practices during the COVID-19 emergency, lack of transparency, particularly in the use of government-recommended suppliers, and the potential risk of fraud in the disbursement of public funds.

Reviews found shortcomings in the awarding of contracts, often without competitive tendering or publication of tender calls within the normal timelines, and the inadequate vetting of the chosen VIP lane suppliers' experience in PPE markets or the quality and usability of their products.

Actions to increase the transparency of past and future procurement processes, as well as improving integrity safeguards, included:

- an investigation by the National Audit Office, which produced its report in November 2020; and
- the experience prompted a Government Green Paper on reforming procurement processes and subsequently a new Procurement Act in 2023.



Learnings:

- ✓ Key issues were a lack of transparency and inadequate documentation for decisions on why particular suppliers were chosen, how potential conflicts of interest were managed and the fact that some contracts were retrospectively awarded after work had already begun.
- ✓ Accountability mechanisms can still operate in situations where a limited choice of providers is available. Choosing qualified private sector providers to collaborate is sometimes hampered by very limited pools of suitable candidates.
- ✓ Policy-makers should ensure that information related to contracting/procurement processes, tender registers and awarded contracts is publicly available.
- ✓ Promoting openness and transparency about private sector collaboration bolsters public trust and safeguards against potential risks of corruption/mismanagement of resources.
- ✓ Subsequently, in 2022 the use of the VIP lane was ruled to be illegal by the High Court, with the judge establishing that its operation was “in breach of the obligation of equal treatment” [of potential suppliers]. This COVID-era experience led to a comprehensive review and reform of public procurement in the United Kingdom.

Additional Resources:

<https://eurohealthobservatory.who.int/publications/i/engaging-the-private-sector-in-delivering-health-care-and-goods-governance-lessons-from-the-covid-19-pandemic>

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