

Concept note: Guidance on governance of the private sector in health in emergencies

Purpose

Develop guidance on governance of the private sector in health for emergency response, to achieve national public health objectives and build more resilient health systems. A resilient health system is understood as one that can effectively prevent, prepare for, respond, and adapt to public health emergencies while maintaining routine health systems functions.¹

Approach

The approach to the guidance will entail the production of sequential products to facilitate progressive and diverse engagement of key audiences. This approach is intended to promote a common understanding of governance of the pandemic response, using the WHO governance behaviours as a diagnostic tool, and allow for co-creation of practical and actionable guidance.

Stakeholder engagement will be facilitated through:

- The steering committee of the Country Connector on Private Sector in Health
- The Country Connector COVID-19 working group
- WHO regional and country offices
- WHO departments (Gender, Equity and Human Right and Health Emergencies)
- Other fora as identified

Through WHO regional offices, we will endeavour to ensure diversity in market and governance context. The project work will be largely demand-driven, working with countries that express interest in collaboration (given that this will necessitate reflection and learning from failure, as much as effective intervention).

Country stakeholders will be invited to collaborate on guidance development. Figure 1 illustrates the proposed process and products that will be produced to aid understanding and engagement. This is followed by a brief summary of the framework, deliverables, and methods.

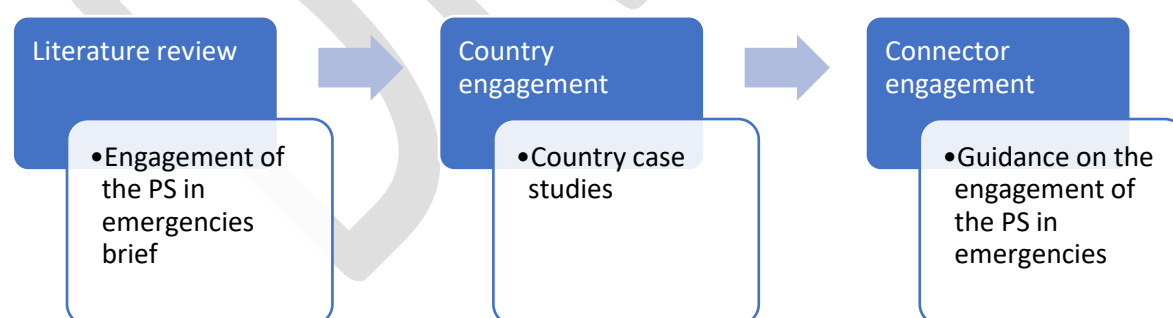


Figure 1. Guidance process and products

Framework

Deliverables will be structured using the WHO governance behaviours, a framework adopted in the WHO strategy on engaging the private sector through governance in mixed health systems. Behaviors have been operationalized for the COVID-19 response as follows:

¹ Kruk ME, Myers M, Varpilah ST, Dahn BT. What is a resilient health system? Lessons from Ebola. Lancet. 2015;385(9980):1910–2. doi:10.1016/S0140-6736(15)60755-3. PMID: 25987159.

Deliver strategy: organization of the COVID-19 response and the role of the private sector in the this.

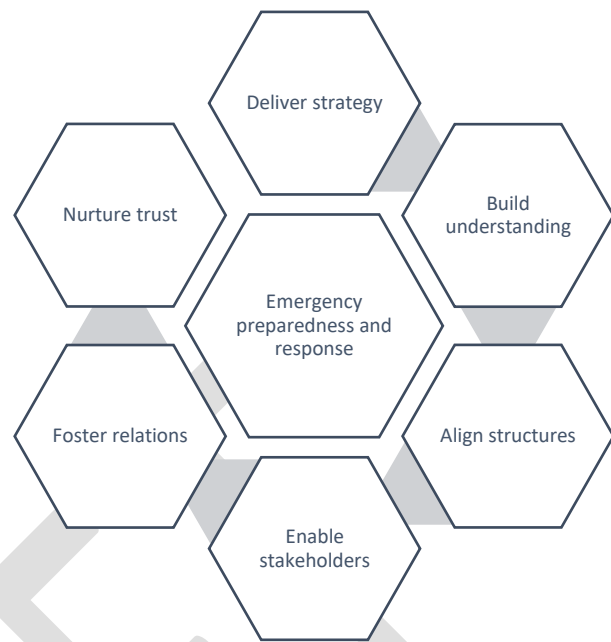
Build understanding: private sector data capture and information exchange for the COVID-19 response.

Align structures: alignment of public and private structures and institutional architecture for the pandemic response.

Enable stakeholders: the development and implementation of financing mechanisms and regulations, to authorize and incentivize health system stakeholders in the COVID-19 response.

Foster relations: coordination arrangements and sectoral engagement for the COVID-19 response.

Nurture trust: recognition and management of competing and conflictive public and private sector interests as part of the COVID-19 response.



Deliverables

Emergency brief: A knowledge and emergency brief, complemented by country spotlights, was developed in August 2021. This outlined recommended actions for governments in stewarding the private sector in health during the COVID-19 pandemic. A longer version of the brief has been developed together with a WHO scientific version.

Emergency case studies: Country case studies to document country experience in engaging the private sector in health, for the COVID-19 response. In total, we anticipate developing at least five case studies. These will be presented using the WHO scientific brief format.

Essential service case studies: Country case studies to document country experience in engaging the private sector in health, for the continuation of essential health services. In total, we anticipate developing at least three case studies. (These are part of a separate project workstream but are referenced here as they complement the emergency case studies).

Guidance: Guidance will be formulated on governance of the private sector in health for pandemic/emergency response and the continuation of essential health services, to achieve national public health objectives and build resilient health systems. We will delineate behaviours as pre-emergency, emergency, and post-emergency to illustrate the temporal nature of governance behaviours.

To date, the literature review and the PSE in emergencies brief have been developed. The brief has been shared with WHO regional (and some country) offices as a basis for gauging interest in the engagement of the private sector during emergencies. The protocol for qualitative key informant interviews has also been shared and has formed the basis of gauging country interest and focus of the interviews.

Methods

A separate protocol, approach and methods annex has been developed for the essential services case studies. The methods here focus on engaging the private sector in emergencies (i.e., the emergency brief, the emergency case studies and the guidance).

Literature review (COVID-19 response): The literature search was performed between June and July 2021 utilising a comprehensive search strategy on the WHO COVID-19 electronic bibliographic database and Google Scholar for articles published between Jan 1, 2020 and June 2021. The search strategy was developed with Medical Subject Headings (MeSH) and text words, using Boolean operators to combine the search strings. The search strategy identified 2,006 articles. We included articles that discussed a combination of key concepts, including COVID-19 response/preparedness, private health sector, governance, regulation, and public health policy within LMIC and OECD countries. We expanded the governance terms based on an operational understanding of the governance behaviours.

Key informant interviews (country level): Based on regional and country interests, key informant interviews will be conducted with identified private and public stakeholders, as well as intermediary organisations. While the broad objective of the interviews is to learn from country market and governance response to COVID-19, in discussion with government and WHO offices this may be further refined to focus on specific behaviours and mitigation measures.

Key informant interviews (regional/global level): We will supplement country level key informant interviews with members of the WHO advisory group on the governance of the private sector for UHC and other implementing partners with relevant country and technical expertise, to provide additional perspective and triangulation with country respondents.

Co-creation meetings: Findings will be shared with the respondents as well as with the members of the Country Connector, using established platforms, such as the working group on COVID-19. They will also be shared with relevant WHO departments. Engagement will 'pressure test' proposed actions and facilitate co-creation of the guidance. In addition to improving its relevance, this will provide a basis for progressive and diverse support for ownership, dissemination and implementation.

Ethical clearance

Ethical clearance has been sought from WHO's Ethical Review Committee in October 2021. The protocol is broad in that it needed to cater for all WHO regions and diversity in country priorities and focus.