

# Emergency actions checklist and diagnostic for vaccine deployment

Over the course of the COVID-19 pandemic, the importance of primary health care systems that include preventative health services such as immunization has become increasingly apparent. Engaging the private sector in the delivery of these services can accelerate the roll out of COVID-19 vaccines, address backsliding in immunization programmes, and lay the foundation for future partnerships for immunization services. This checklist provides a starting place for governments looking to engage the private sector in their COVID-19 vaccine deployment plans.

This checklist builds on a consolidated version, adding useful “diagnostic questions” and specific implications for immunization efforts.

## Align structures

Enlist all available infrastructure to respond to surges in demand by leveraging public and private sector capacity for the COVID-19 national response

### Governance Behavior

- ✓ Employ a resource-based approach to the COVID-19 response by enlisting all available private and public sector structures
- ✓ Jointly define and align roles and responsibilities of private and public sector entities for a gender, equity, and human rights-based response to COVID-19
- ✓ Review and adapt roles and responsibilities to improve the COVID-19 response to surges in demand (over time) and better leverage public and private sector capacity
- ✓ Use review processes to inform national legislation and other relevant policy frameworks to improve the COVID-19 response (and health security more broadly)

### Immunization Implications

Identify private structures and cadres beyond immunization programs (e.g., paramedical and community health workers) which may be co-opted for expansion of vaccinator capacity

Build capacity of private sector cadres to deliver on their roles and responsibilities as part of vaccine deployment

### Diagnostic Questions

Have all available private sector structures/cadres been considered to cater for surge capacity for vaccine deployment?

Are changes in roles and responsibilities needed to enlist private sector structures/cadres?

Have structural variations and pre-existing barriers been considered as part of vaccine deployment?

Have options for expanding infrastructure been identified as part of surge capacity?

Have plans catered to the needs and capacities of different cadres/entities, and considered a gender, equity and rights perspective?

## Foster Relations

Ensure meaningful participation of the private health sector in the COVID-19 national response through intersectoral and inclusive governance mechanisms

### Governance Behavior

- ✓ Ensure that the COVID-19 response platforms are inclusive of diverse affected groups and interest groups, accounting for differences in gender, disability, ethnicity, geographic location, sector and age among others and leverage and strengthen existing intersectoral coordination mechanisms
- ✓ Facilitate the engagement of sub-sector constituencies and sub-group interests (including gender and diversity specific interests) via private sector interorganisational networks (e.g., federations, associations, councils, etc)
- ✓ Engage private sector representatives (e.g., professional associations) in data quality and other implementation challenges
- ✓ Optimize intersectoral and interorganisational relationships through the use of virtual communication platforms and protocols

### Immunization Implications

Engage the private sector early and often through active engagement in vaccine deployment platforms and planning

Ensure vaccine deployment includes the perspectives and diverse needs of a wide range of interest groups

Engage private sector representatives (e.g., professional associations) in data quality and other implementation challenges

### Diagnostic Questions

Are the range of private sector entities represented in vaccine deployment platforms? Have these entities been identified, and if so, how?

Are the range of affected/ interest groups represented in vaccine deployment platforms? Have these groups been identified, and if so, how?

Have plans catered to the needs and capacities of different interest groups and entities?

What digital tools/platforms have been established or optimised for communication and coordination across entities?

## Build Understanding

Optimise private sector data capture and information exchange for the COVID-19 response

### Governance Behavior

- ✓ Review the degree to which private sector data is disaggregated (e.g., by type of private sector) and captured in national health information systems as part of the COVID-19 response
- ✓ Review how data and information are used/optimised at the national, sub-national and primary care levels for the COVID-19 response
- ✓ Strengthen the mandate and cross-sectoral reach of national health information directorates to improve private sector data capture, including disaggregation

### Immunization Implications

Map out private providers currently involved in immunization services and reporting mechanisms

Optimise systems and investments in data and information, including digital technologies for vaccine deployment

### Diagnostic Questions

Have private providers been identified and mapped for vaccine deployment? (both pre-existing and newly enlisted)

What reporting mechanisms are in place for vaccine deployment? Is there any enhancement needed to optimise reporting mechanisms? Are those data disaggregated?

How did pre-existing data quality issues (e.g., timeliness, completeness, consistency, accuracy, reliability) typically get resolved with the private sector? Is there any enhancement needed to optimise data quality as part of vaccine deployment?

- ✓ Strengthen governance of and use of digital technology for the COVID-19 response (inclusive of legal and regulatory provisions) to reduce fragmentation
- ✓ Conduct rapid research to understand barriers and enablers (e.g., privacy of commercial information) to data sharing and information exchange between sectors and levels of healthcare as part of the COVID-19 response
- ✓ Collaborate with the professional and facility associations to collect up-to-date data on infrastructure, staff expertise and medical equipment

What differential capacity and support is required for private providers? (both pre-existing and newly enlisted)

## Enable Stakeholders

Demonstrate regulatory agility to pre-empt and mitigate market failures as part of the COVID-19 response

### Governance Behavior

- ✓ Facilitate regulatory certainty by creating a 'rule book' (such as guidelines and standard operating procedures) that public and private sector entities play by (e.g., pricing, quality standards, etc) for the COVID-19 response, grounded in gender, equity and human rights considerations.
- ✓ Ensure that government authority is accompanied by accountability, through proactive supplier communication and dialogue on the 'rule book'
- ✓ Reduce invitations for abuse by enforcing regulations and proactively monitoring private sector/market activity (focusing on areas with the greatest risk of abuse) as part of the COVID-19 response
- ✓ Review the fair cost of COVID-19 services (including a gendered analysis of cost as well as an equity and human rights analysis) and create financial incentives for crisis healthcare using regulatory and payment levers for the COVID-19 response
- ✓ Commit to easing the regulatory burden through the adoption and use of digital technologies
- ✓ Review temporary regulatory measures introduced as part of the COVID-19 response to determine if these can be adopted in the long-term to achieve more efficient regulatory systems

### Immunization Implications

Review and reform regulations as needed, e.g., to legislate roles of private sector providers (e.g., paramedical and community health workers)

Review regulations to identify barriers and work with relevant authorities to address them

Coordinate with private sector entities to disseminate the new rules and train providers to ensure compliance

Create a level playing field by sharing standards and systems for service quality monitoring with authorized private providers, supplementing this with clinical training

Use licensing agreements, joint ventures and advanced purchase agreements to increase access technologies and incentivize development of innovative products

### Diagnostic Questions

Has a rule book been developed for vaccine deployment? Does this require any changes to the regulatory and legislative framework?

Have the private sector and other interest groups been able to input into these? Is a feedback mechanism established to address concerns in real time?

How has compliance with the rule book been resourced? Are resources available for training and education on using the rulebook with a gender, equity and human rights perspective? How will compliance be enforced?

Has a fair cost for reimbursing the private sector for their role in vaccine deployment been addressed?

Do incentive structures consider pre-existing inequities and structural barriers?

Is there capacity to undertake analysis of a fair cost, taking a gender, equity and human rights perspective?

## Nurture Trust

Recognise and consistently manage competing and conflictive public and private sector interests as part of the COVID-19 response

### Governance Behavior

- ✓ Recognise, mitigate and manage competing and conflictive interests as part of the COVID-19 response,
- ✓ Draw on collaborative skills sets and international normative guidance to build core governance competencies for the COVID-19 response
- ✓ Apply governance behaviours consistently (across public and private sector entities) and constantly (over time)

### Immunization Implications

Use fair, clear and transparent processes and frameworks to provide partners with visibility and ensure engagement with the private sector can be monitored by third parties

Develop clear messages through civic education and accurate, fact-based information (enlist private sector communication and public health experts)

Engagement of private sector in quality monitoring and safety surveillance to build trust amongst health workers and the community

### Diagnostic Questions

Has vaccine deployment included the perspectives of frontline service providers (public and private) and civic partners? Has a diversity of populations and perspectives been included?

Have risks been identified? How will these be mitigated?

Is there a role envisaged for an intermediary, a neutral body or entity?

## Deliver Strategy

Identify governance interventions and behaviors that can be implemented in the immediate term, while building organisational learning and change management in the medium term

### Governance Behavior

- ✓ Recognise the critical role of private-public-civic cooperation to improve resilience, equity and health-system governance of the COVID-19 response
- ✓ Recognise the critical role of PHC as the first line of essential services and pandemic defence by integrating health security functions within frontline structures (public, private and civic)
- ✓ Develop more deliberative, explicit, inclusive and transparent approaches to resourcing the COVID-19 response (to allow for transition from the acute phase of the emergency to one of on-going management of COVID-19)

### Immunization Implications

Involve the private sector in all aspects of the vaccine roll out, including communication and demand generation

Talk about financial resources – openly. The private sector may have resources and finances that can be leveraged, but they may also need financial support to perform their role in the vaccine plan

Agree metrics defining success of vaccine deployment strategy and plans

### Diagnostic Questions

What innovations/agilities have been introduced as part of the vaccine deployment strategy to address pre-existing access barriers?

Have financial resources been mapped for the vaccine deployment strategy? How are gaps in resourcing addressed?

What metrics of success have been defined for the vaccine deployment strategy? Do those metrics include questions around inclusivity, gender and equity?

What mechanisms have been defined for organizational learning and change management as part of the strategy?

How can the vaccine deployment strategy enhance equity, longer term health security and health system resilience?

- ✓ Optimise the use of digital technology as a tool for organisational and behavioral change, across the public, private and civic sectors
- ✓ Use the COVID-19 'window of opportunity' for policy change, through diagnosis of health governance behavioral gaps, and the development of strategies and political appetite to redress these
- ✓ Enlist support from international organizations such as WHO and other intermediaries in the development of new strategies/policies and capacities

## SUPPORT DESK

WHO's Support Desk provides timely responses to current challenges experienced during the COVID-19 response by providing tangible advice at the regional and country level. It is essentially a help desk that Ministries of Health, WHO staff, private sector representatives, and more can visit to ask questions and get answers on how to effectively involve the private sector in the equitable roll out of COVID-19 tools.