Supporting private sector engagement during COVID-19 – WHO’s approach

The COVID-19 pandemic is overwhelming health systems across the world. The need to effectively address this surge in healthcare demand has forced ministries of health to look beyond the public health service delivery system, to the private health sector. Countries with a pre-existing mechanisms of private sector engagement were able to do this more efficiently than those without established mechanisms of engagement. Both can benefit from practical, hands-on, tailored guidance to effectively work with the private sector during the COVID-19 crisis. Private health providers too are looking for ways to contribute but are not well positioned to work effectively with the government.

Though low- and middle-income countries (LMICs) engage private actors outside the health system (such as telecommunication and manufacturing industries), engagement with the private health sector remains uneven, across types and location of providers. Where private health sector remains largely unregulated, action is crucial to ensure that private health sector activities are aligned with national response efforts. This calls for renewed focus on governance within mixed health systems where private health providers can participate as equal players in the national response to COVID-19.

The WHO is in a unique position to bring critical stakeholders together. Their role as an intermediary can be leveraged by member states in this time of crisis. WHO can also support its country representatives and regional officers with guidance to optimize the overall response to the pandemic.

Having realized the importance of good governance in mixed health systems, the Health Systems Governance and Financing Department of the World Health Organization (HSGF) convened an Advisory Group (AG) in early 2019.¹ The primary goal of the AG was to provide advice and recommendations on the regulation and engagement of the private health sector in the context of the WHO GPW goal of 1 billion more people benefiting from Universal Health Coverage (UHC), and in particular outcome 1.1.4, “Countries enabled to ensure effective health governance”. The AG released a draft roadmap for consultation in late 2019 (The Roadmap) whose purpose was strengthening the governance of mixed health systems and build consensus around the means and strategies of engaging the private health sector in health care service delivery.

With the onset of the pandemic, the priorities of member states began to shift towards strengthening their health systems for an effective COVID-19 response. Under the guidance of the AG and Impact for Health (IHI), HSGF responded to this shift in focus by commencing WHO’s Private Health Sector for COVID-19 Initiative (WHO-PCI). The goal of WHO-PCI is to offer a rapid, real-time, evidence-based, tailored support to countries that will drastically improve private health sector engagement in their response to the COVID-19 crisis and will better position member states for post-COVID-19 service delivery.

¹ The advisory group includes the following experts: Dr. Gerald Bloom, Institute of Development Studies; Mr. Luke Boddam-Whetham, Palladium; Ms. Nikki Charman, Population Services International; Dr. Mostafa Hunter, Consultant; Mrs. Robinah Kaitiritimba, UNHCO; Dr. Dominic Montagu, UCSF; Dr. Samwel Ogillo, APHFTA Tanzania; Ms. Barbara O’Hanlon, O’Hanlon Consulting; Dr. Madhukar Pai, McGill University; Dr. Venkat Raman, University of Delhi and Dr. Tryphine Zulu, Govt Employees Medical Scheme RSA.
To achieve this goal, a three-phased approach is being implemented:

**Phase 1**
(3 months)

**Identify and frame key issues member states are facing in engaging the private health sector**

**Phase 2**
(6 months)

Provide evidence-based guidance and support to WHO offices and member states in “real-time”

**Phase 3**
(12-18 months)

Collect and analyze emerging evidence and experience to inform current and future private health sector service delivery governance

This document outlines the measures taken by the team and their proposed plan of action in the months ahead in line with these goals and objectives.

**Phase 1 - Identify and frame key issues member states are facing in engaging the private health sector**

As the COVID-19 outbreak evolved and became a full-blown pandemic over the span of three months, health systems were not prepared to handle the sudden surge in demand. The phase 1 work of WHO-PCI has sought to identify emergent issues and offer support for WHO regional offices and member states.

1. **Call to Action**
   Recognizing the importance of a coordinated effort against COVID-19, WHO called on national governments everywhere to adopt a whole-of-government and whole-of-society approach in responding to the COVID-19 pandemic.²

2. **Action Plan for Member States**
   WHO-PCI developed a draft interim guidance for ministries of health to engage the private health sector in response to COVID-19.³ The interim guidance, also called the ‘action plan’, is organized around six pillars:
   1. **Plan:** Get organized to work together
   2. **Space:** Secure private sector assets to increase surge capacity
   3. **Staff:** Mobilize and rationalize public and private health staff assignments according to need
   4. **Stuff:** Ensure all health facilities and staff have the supplies they need to respond to the crisis
   5. **Systems:** Establish systems to integrate the public and private sector response effort
   6. **Supply-Side Financing:** Secure financing mechanisms to ensure access

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3. **Policy challenges**

LMICs struggle to enable the private health sector to support the national response to COVID-19 due to several policy challenges. Through a comprehensive document analysis supplemented by key stakeholder interviews, WHO-PCI identified six policy challenges that need to be addressed for effective engagement.⁴

1. Countries are unsure of how best to include the private health sector in planning for the national response effort.
2. Resource-based planning cannot take place as critical data on private health sector resources and capacity are not held by the government.
3. The private health sector lacks certain inputs needed for it to play a role as an effective partner for the government in the response.
4. Emergency legislation, compounded by weak health systems and regulation, can limit the private sector’s role.
5. Countries are unsure of whether, or how best to, reimburse the private health sector for services provided during the outbreak.
6. Private healthcare businesses are exposed to significant financial losses at this time, but governments lack clear criteria for providing support.

4. **All Hands-on Deck**

In this blog post, members of WHO-PCI argue for the need for “all hands-on deck” to respond to COVID-19. They present illustrative examples on how some countries have built private health sector capacity into their COVID-19 responses.⁵

5. **Resource House**

WHO-PCI and IHI have established a resource house of news and articles about how governments and ministries of health are approaching the private health sector in response to the COVID-19 pandemic.⁶

6. **Dissemination of Information through Webinars**

The work and the efforts taken by WHO to engage the private health sector in the COVID-19 response were disseminated through the following webinars:

- 07 May 2020: Engaging the private sector in the COVID-19 response
- 16 May 2020: A public-private dialogue: how can we work together to combat COVID-19 in Africa?
- 21 May 2020: Child health & COVID-19: Partner collaboration during the response

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⁵ All hands on deck: mobilising the private sector for the COVID-19 response. UHC 2030. 07 April 2020
Phase 2 - Provide evidence-based guidance and support to WHO offices and member states in “real-time”

Going forward, WHO-PCI is planning country level support through a series of “country level sprints” in collaboration with the Global Financing Facility (GFF) in Ethiopia and Myanmar.

The production of challenge framing documentation, evidence-based guidance and dissemination of this work will continue over the next six weeks and the following documents are expected to be released during this time:

1. **Country experience deep dives**
   a. The Private Health Sector Experience in Tanzania
   b. Kenya's Private Health Sector Engagement Experience
   c. Rwanda’s Private Health Sector Engagement Experience
   d. WPRO Regional Private Health Sector Engagement Experience
   e. The EMRO Experience

2. **Additional policy documentation**
   a. Resource for countries on Testing, Supplies and Treatment
   b. Information Analytics (with GFF)
   c. Private health sector - an operational definition
   d. Expert opinion deep dives on aspects of current governance issues

Phase 3 - Collect and analyze emerging evidence and experience to inform current and future private health sector service delivery governance

The measures put in place now during COVID-19 pandemic are expected to significantly change the post-COVID-19 approach to health systems governance for both the public and private health sectors. The collection and analysis of evidence and experience in private health sector engagement during the pandemic will inform how WHO supports its member states with their current and future private health sector delivery governance efforts. The governance behaviours that were proposed in The Roadmap, namely build understanding, foster relations, nurture trust, align structures, delivery strategy and enable stakeholders are being applied during the COVID-19 response. The Roadmap will now include a COVID-19 lens which will inform its finalization and implementation.

The various measures taken by WHO and WHO-PCI to support member states in working with private health sector has been well received. As countries transition to different phases of the pandemic, such guidance is critical for health systems to respond effectively to the changing demands on health services.