



AN ACTION PLAN FOR THE PRIVATE HEALTH SECTOR IN THE RESPONSE TO COVID-19

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. ¹ 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).

During health emergencies, the activities of the private health sector actors must be aligned with national response efforts. For example, all providers public and private should be notifying cases, abiding with clinical protocols for testing, isolation and treatment, and ensuring financial and other barriers to care utilisation are eliminated).

Moreover, the private health sector owns and manages resources that can contribute to surge capacity for responding to the pandemic: facilities, health professionals, medical equipment and essential supplies (such as isolation equipment, ventilators, oxygen, and

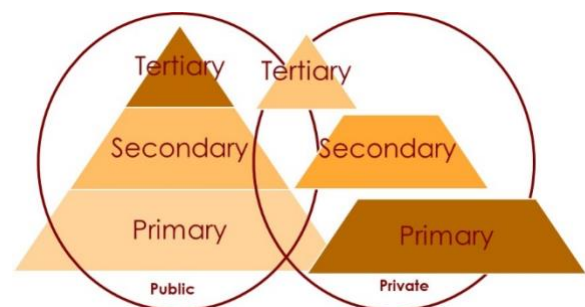
personal protection equipment (PPE)). Where public sector resources are insufficient to cope with the increase in emergency-related demand while maintaining routine essential health care requirements, governments should also act to mobilise **all** resources available – including the resources and capacities of the private sector. Here the private sector can contribute to the response and also help to maintain other essential health services.

However, the challenge is the public and private health sectors operate in two parallel and separate spheres in many LMICs. Moreover, the private health sector is often fragmented and disorganised (see Figure 2).

This Action Plan outlines

- Box 1. Private Sector Resources**
- Space – infrastructure, facilities
 - Staff – # and cadres

Figure 2. Current interactions between public and private sectors

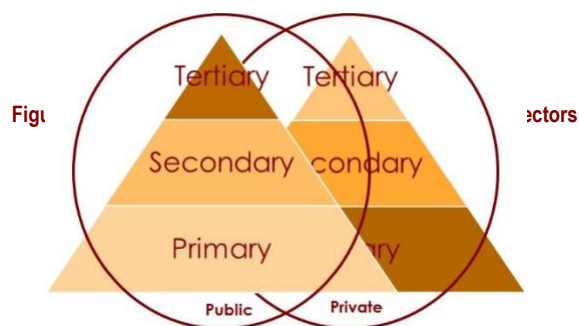


concrete steps the Healthcare Federations and their members can take

¹ Elston, J. W. T., Cartwright, C., Ndumbi, P., & Wright, J. (2017). The health impact of the 2014–15 Ebola outbreak. *Public Health*, 143, 60–70.

to effectively engage one's government/ Ministry of Health (MoH) and to harness private health sector resources so that both sectors are aligned and can act in concert to respond to the COVID-19 pandemic. The Plan aims to create a single, unified, coherent response to the COVID-19 pandemic that integrates the public and private sectors (see Figure 3) and complements the World Health Organization's (WHO) interim guidance² on how LMICs can effectively work with the private sector during the pandemic. By working with governments/MoHs, the Plan's intention is to ensure that health care-seekers experience no material difference in terms of access or quality of services in **either** public or private sector settings while being tested and treated for essential services during the COVID-19 outbreak.

The Plan is organised around a simple

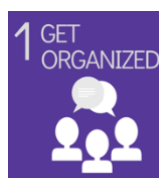


framework to help private health sector groups engage the government/MoH and organize it's *space, staff, stuff, and systems* to address the surge in demand (see Box 1).

To respond quickly to the COVID-19 pandemic, governments/MoH will have to rapidly access additional funds. WHO has outlined recommendations how LMIC governments can leverage a range of budgetary mechanisms.³ Development partners, such as the World Bank, United States Agency for International Development and a range of philanthropic foundations like the Bill and Melinda Gates Foundation, are also reallocating their funds to address the pandemic in crucial 'hot spots' around the world. Finally, the LMICs private sector - particularly philanthropic arm of industry - can also play an instrumental role in funding the COVID-19 response.

The Federations have an important role in assisting governments/Ministries to not only help raise additional funds for the emergency response from private sources but to also ensure that private providers receive resources – both financial and other essentials – for its role in the COVID-19 response. Funds allocated to private health sector will not only help private health facilities deal with the added costs associated with the COVID-19 surge but it will also remove economic barriers for COVID-19 patients (see Action#6).

The Private Sector Action Plan



Action #1: Get organised to partner with government and/ or Health Ministry

- Bring together a select, but representative, group of Federation members from large and small- and

² This Action Plan is based on the WHO's interim guidance at <https://hsgovcollab.org/en/node/4365>

³ <https://p4h.world/en/node/8821>

- medium- facilities to become the core Federation COVID-19 response team.
- Approach the government/Ministry leadership to recommend a high-level meeting with public and private sector representatives to agree on how public and private actors will work together and in what areas during the response. If possible, anchor public-private dialogue on the COVID-19 response within existing country policy dialogue mechanisms.
 - Compile the data from Federation members to create a "snap shot" of resources (e.g. space, staff, supplies and systems) to present to government/Ministry officials.
 - Work with government/Ministry to map public and private resources, identify gaps, and define strategies to raise funds from public, private and international sources to address the funding shortfall.
 - Work with government/Ministry to define roles, responsibilities and a definite 'division of labour' in the response effort and the key terms for collaboration (e.g. subsidized inputs, in purchasing/contracting, etc.).
 - Create mechanisms for fluid, transparent and continuous communication between the public and private sectors throughout the response.
 - Offer to government/Ministry officials leading the National Response to be present at all government planning meetings and briefings.
 - Work with owners and managers of private health hospitals, labs, clinics and ambulance response services to conduct a rapid inventory of "space" resources (e.g. testing, lab diagnostics, ERs, ICUs, etc.). Aggregate this data on staff and supplies.
 - Work with the government/MoH to agree on how to organise levels of care needed to respond to COVID-19 (e.g. who will screen, and where? who will test, and where? who will analyse tests, and where? Who will treat patients with manageable symptoms, and where? Who will treat patients with respiratory failure and other ICU conditions, and where?).
 - Negotiate with government/MoH how to reduce financial barriers to the population when seeking care in a private facility by identifying an appropriate and available partnership modes (see Action 6).
 - Co-determine which public, private health facilities are best suited to respond to each level of care. For example, in many SSA countries the private sector owns and operates well-equipped and well-staffed hospitals that comply with MoH quality standards. Establish volume/activity targets for each public and private facility based on forecasts of the disease's spread. Similarly, large chains such as Lancet in sub-Saharan Africa have strong capacity (e.g. state-of-the-art equipment, many points of service sites, a steady inventory of supplies, trained staff, etc.).
 - Work with other private sector partners to think beyond health care facilities and to explore hotels, sports facilities, warehouses and schools to stage testing sites, erect quarantine services,



Action #2: Mobilize private sector assets to increase surge capacity

isolation points and field hospitals and store emergency supplies.

- Work with government/MoH to identify the laws and regulations that will need to be relaxed in order to remove barriers to using private sector infrastructure.



Action #3: Organize private health staff according to need

- Work with owners and managers of private health hospitals, labs and clinics to conduct a rapid inventory of “staff” resources (e.g. number, health profession, level of certification, etc.). Staff assessment can be done during the inventory of “space” resources.
- Map all health staff (both clinical and support) to areas of intense demand, and the public or private facilities within those areas.
- Work with government/MoH to ensure adequate supply of non-clinical staff also critical to COVID-19 - such as security, cleaning, laundry, food - in both public and private health facilities. Allow both public and private facilities to temporarily hire more staff to fill these positions.
- If possible, map private providers in solo practices (e.g. physicians, clinical officers, nurses/midwives). Work with member associations to empower these solo-practitioners to become “front-line” providers to screen and refer possible COVID-19 patients for testing and treatment to the appropriate public or private facility. Equally important is to mobilize these private providers to treat other patients to tackle non-emergency related demand.

- Work with government/MoH to rationalize private sector staff by potentially reassigning private sector staff to public (or possibly another private facility with surge capacity) as needed.
- Work with the government/MoH to identify barriers to task-shifting private healthcare providers and to encourage them to relax certification requirements and/or fast-track certification of health workers. Examples may include allowing retired nurses and doctors to practice without a current license or allowing fourth-year medical students to carry out certain functions, such as monitoring ventilators, etc.
- Secure new COVID-19 clinical guidelines and training materials as quickly as possible and disseminate them widely among Federation members.
- Request the Ministry to involve private sector staff assigned to the emergency response to attend trainings in COVID-19 protocols. Facilitate these private providers to cascade the training within their own facility and, if possible, with other private providers in/near their private facility.
- Advocate on behalf of Federation members that **all** healthcare providers have the necessary equipment and supplies – particularly PPE and cleaning supplies – so they are safe while performing their tasks according to the clinical protocol.
- Share the WHO guidelines on occupational safety and health of all

health care workers with all Federation members.⁴

- Work with the government/MoH officials to keep the private healthcare workforce informed about the progress of the disease, changes in strategy, and additional opportunities for them to coordinate with the public health team.



Action #4: Ensure all private health facilities and staff have the supplies needed to respond to the crisis

- Obtain from the government/MoH (or Establish if needed) an “essential list” of equipment and supplies based on the new clinical protocols to be used by all providers.
- Based on the essential list, work with Federation members to assess current supply of essential equipment and supplies in their facilities can be done at the same time as space and supply inventory). Analyze inventory to identify gaps and develop a proposal of needs to government/MoH to rationalise current supply according to need.
- Work with local and regional governments/Ministries to establish a pooled procurement mechanism to purchase supplies for all providers participating in COVID-19 response, minimising competition in demand and mitigate the risk of ‘price gouging’. If not possible, explore the potential for the government to donate emergency supplies or extend subsidies (e.g. reduced prices) to private health providers.

- Explore with Federation members with manufacturing capacity their ability to to produce essential medical equipment and supplies given the unreliability of global supply during the pandemic. Possible examples include contracting: (i) businesses (e.g. sugar and distilleries) to develop hand sanitizer; (ii) clothing manufacturers to produce gowns and masks; and (iv) engineering firms to produce ventilators.
- Assist Federation members with manufacturing capacity to submit proposal to create local supply of essential list items to relevant government/MoH authority and to help these Federation members negotiate Guarantee Purchase Agreements that will incentivise local capacity to ramp up current production and/or re-purpose current manufacturing capacity.
- Explore with local private transport and warehouse companies’ capacity to store and ship essential supplies to all facilities participating in COVID-19 response.
- Also be creative and explore non-health related private logistics companies (e.g. soda and alcoholic beverage distributors, bus companies, pharmaceutical distributors) with expertise and capacity to rapidly move equipment, supplies and people.



Action #5: Establish systems to integrate the public and private sector response effort

⁴ <https://apps.who.int/iris/rest/bitstreams/1272583/retrieve>

- Work with Federation members to create an easy mechanism (e.g. web-based and/or mobile technology) for the private sector to notify new COVID-19 cases to authorities. Assist Federation members to bring them on line with this new system.
- Build on this system as a mechanisms to share government up-to-date and “real-time” data on the progress of the virus with the private health sector.
- Establish **a single communication channel** for Federation members, their membership and the larger private health sector: (i) to share critical information (e.g. clinical protocol, essential supply list, staffing, assignments, location of testing sites), (ii) to provide updates on supplies, and (iii) to signal changes in COVID-19 strategies.
- Work with government and MoH to establish a transparent referral system and mechanism to transfer COVID-19 patients between public and private facilities as well as who (public or private) will tackle demand for other essential services during the outbreak. Assist Federation members to disseminate and apply the referral system.
- The referral systems should, where possible, be complemented by telemedicine solutions (including teleradiology) to share expertise and minimise patient transfers.
- Work with government/MoH to coordinate logistics to deliver COVID-19 related supplies to private health facilities participating in the emergency response efforts.



Action #6: Secure funds for private sector activities in the COVID-19 response

- Recommend to the government/MoH to form a task force, comprised of government officials and private sector leaders, to mobilise funds from public and private sources for the response efforts. Such a task force could also be responsible for ensuring that funds are used effectively and efficiently, and are allocated to all providers – including private ones – participatin in the COVID-19 response.
- Assist government/MoH to raise private funds for the COVID-19 response. There is a growing number of African private companies, such as banking, telecoms to name a few, as well as individual philanthropists who can be mobilized to contribute.
- Work with the government/MoH to identify appropriate and/or existing partnership models to contract private health facilities to cover their costs so that no one is denied access to care in a private health care facility.
- Possible mechanisms include (i) relaxing legislation governing procurement (e.g. review the Public Disposition Act) to purchase medical services; (ii) easing accreditation requirements under national/social health insurance schemes to empanel new/additional health facilities quickly; and (iii) allowing local governments to directly contract with private facilities under “state of emergency” laws to purchase essential capacity.

- If contracting is not available, explore with government/MoH other possible mechanisms to help defray private provider costs while participating in the emergency response, including (i) tax relief, (ii) subsidised and/or (iii) donated inputs.

Conclusion

The COVID-19 crisis is leading to a surge in demand for health products and services that places even the best-resourced health systems under acute stress. Recent experiences in OECD the countries with the largest outbreaks demonstrate that private sector capacity can play a crucial role in the response effort.

This Action Plan shows the many ways a Federation and its members can assist its government/MoH to respond to COVID-19 surge. The Action Plan is ambitious with the aim to provide the full range of opportunities to support the government response to the pandemic. There is no question that Federations need to **act now**. Everyone will benefit if Federations invest the time, energy and resources to engage their government/Ministry counterparts and collaboratively work together as partners in the fight against the COVID-19 pandemic. Which action to pursue, will ultimately be the Federation leaders and their Board's decision.

Acknowledgements

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