

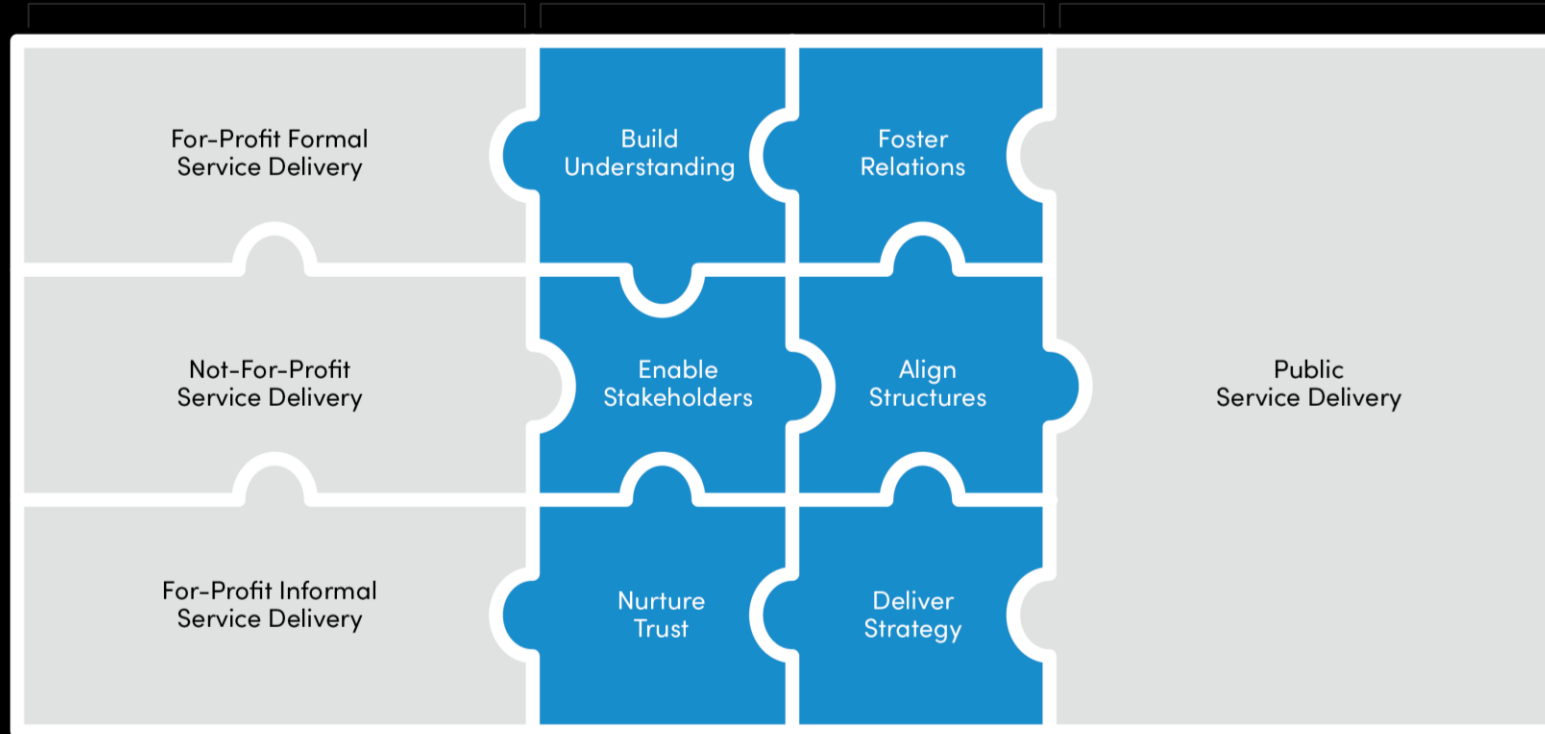
# PRIVATE SECTOR ENGAGEMENT & COVID-19

## Engaging with the Private Sector in COVID-19 Vaccination roll-out

Health Systems Governance and Financing  
Department



# PRIVATE SECTOR ENGAGEMENT | Focus is on governance of mixed health systems



WHO Advisory Group on Governance of the Private Sector identified six governance behaviors outlined in a recent report *“Engaging the private health service delivery sector through governance in mixed health systems”*.

COVID-19 presents many **challenges**, particularly for countries with **weak governance** of mixed health systems...

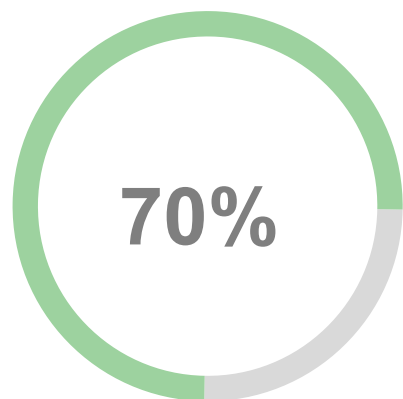
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However, the pandemic also generates **opportunities** to define a **new social contract** between public and private sectors **to achieve UHC**



## PSE & COVID-19 | We are in Phase 3 involving collection and analysis of current evidence and experience

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



**Phase 2: Provide evidence-based guidance** and support to WHO offices and member states in real-time



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

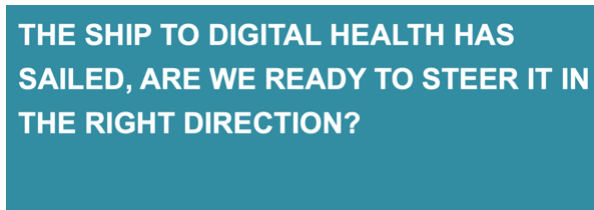
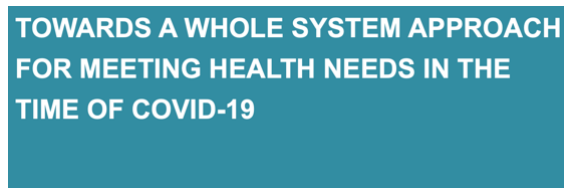
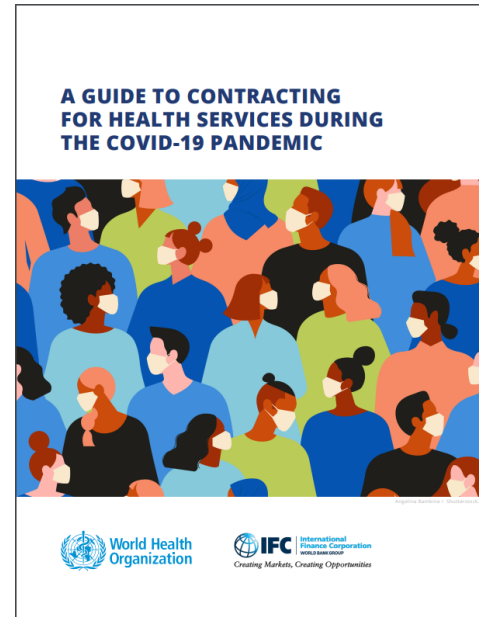
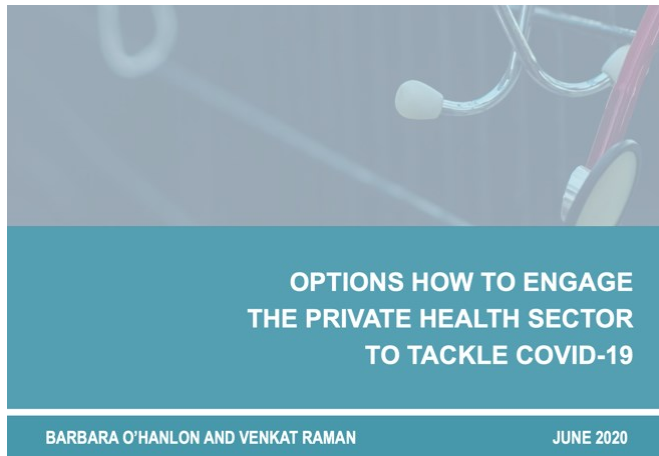


**Cross –cutting: Disseminate and communicate** guidance and key messages





# PSE & COVID-19 TOOLS | We have produced multiple guidance documents, case studies and discussion notes in support of PSE during COVID-19



*Gerald Bloom is a member of the WHO Advisory Group on the Governance of the Private Sector for UHC.*

Many low- and middle-income countries (LMIC) have mixed health systems in which people seek care from different types of public and private healthcare providers. Although most governments have made commitments to progress towards the sustainability development goal of universal health coverage (UHC), public and private health systems have operated in parallel, with little effort by government to influence the latter. There is an increasing recognition that this will need to change if UHC commitments are to be achieved.

*Mostafa Hunter is a member of the WHO Advisory Group on the Governance of the Private Sector for UHC.*

COVID-19 has catalyzed digital health technologies in a range of contexts, including low- and middle-income countries (LMICs).<sup>1</sup> These have been in response to the overwhelming demand placed on health systems by surges in COVID-19 cases, and the promotion of home-based care to reduce transmission through hospital visits. This has demanded behavior change from patients and physicians alike as technologies have substituted for more traditional care pathways.<sup>2</sup> Governments have eased regulations on the use of such technologies including third party apps for telehealth communication.<sup>3</sup> Insurance bodies have also been compelled to find ways to reimburse digital health services.<sup>4</sup> On the demand side, patients have embraced self-care apps as a means to safely meet their healthcare needs.<sup>5</sup>

*David Clarke is a senior health system advisor at WHO HQ in Geneva. David works in three main areas: using law and regulation to implement Universal Health Coverage (UHC), supporting countries to strategically engage the private sector in service of UHC and developing preventative approaches to mitigate the risk of health system corruption.*

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.



# PSE & COVID-19 VACCINE | LMICS are starting / preparing for the COVID19 vaccines roll out

WHO advises governments to take a **whole-of-government** and **whole-of-society** approach in their COVID-19 response

Many LMICs struggle to roll out COVID-19 vaccines that **respect UHC principles**

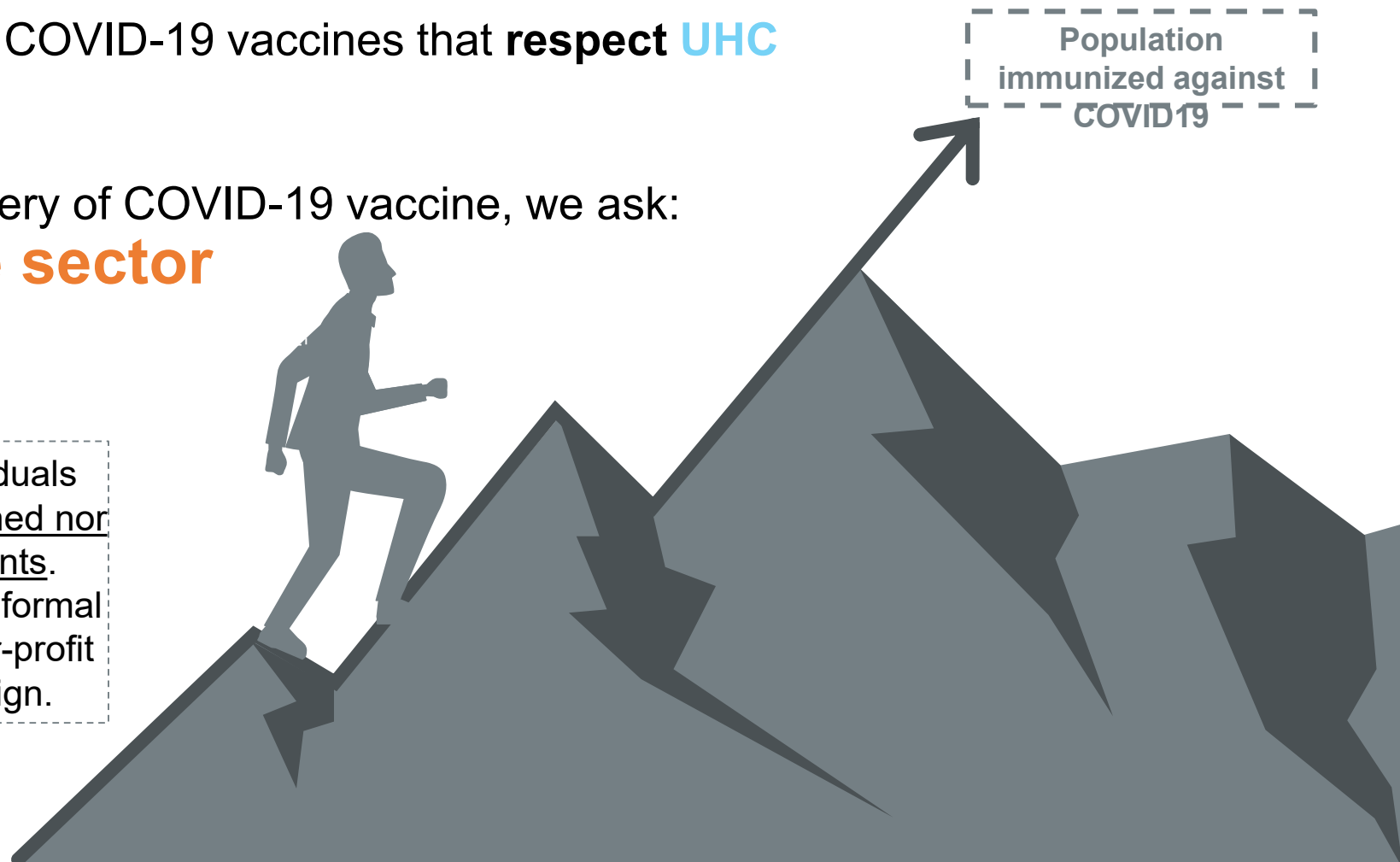
As countries work to scale delivery of COVID-19 vaccine, we ask:

**How can the private sector help?**

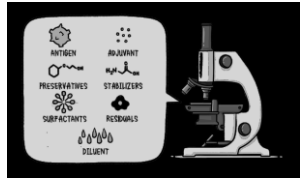
**Private health sector** are individuals and organizations that are not owned nor directly controlled by governments.

**Private health sector** consists of formal and informal, for-profit and not-for-profit entities both domestic and foreign.

Population immunized against COVID19

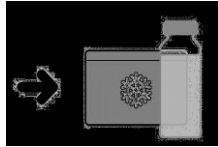


# PSE & COVID-19 VACCINE | Examples of PSE all along the COVID-19 vaccine value chain



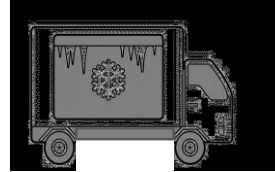
## Research & development

The **EU** funded COVID-19 vaccine research through a public-private partnership called Innovative Medicines Initiative



## Manufacturing

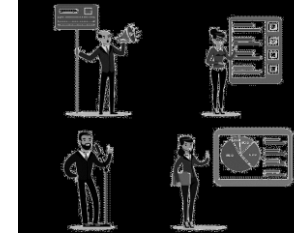
AstraZeneca signed a contract with Serum Institute of **India** to 1 billion doses for low- and middle-income countries including India.



## Storage, transportation & distribution management

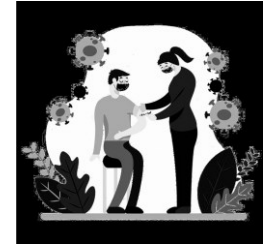
In **Nigeria**, private companies are leasing their cold ice refrigerators so the govt will not have to purchase this highly specialized equipment.

The **Philippine** govt exempted taxes enabling the private sector to procure 27 million doses in support of its overall COVID-19 vaccine campaign.



## Advocacy & communication

Private communication experts in the **Philippines** are pooling efforts with the govt to spread constructive information education on the vaccines



## Vaccine's delivery

The **Philippine** govt passed an act permitting the private sector to administer COVID-19 vaccines covered by PhilHealth.

The **Ecuadorian** govt partners with the private sector to distribute COVID-19 vaccines to the population.

## PSE | Benefits and Opportunities



**Assist govt's** in settings where they do not have the capacity to provide immunization services for all.



**Improve access** to vaccination services and **reduce inequities** – the private sector provides services to hard-to-reach areas and populations.



**Lower costs** than in the public sector by using expertise and deploying cost-effective solutions.



**Secure vaccine supply chains** and reduce shortages of vaccines.



**Introduce new vaccines**, particularly in middle income countries, and guarantee access to rare ones.



## PSE | Risks and Challenges



**Unclear impact** of the private sector management of vaccines from mixed results of available studies.



**Low quality** of immunization services provided, due to several factors (e.g., lack of trained personnel, low quality standards).



**Gaps** in regulations, (e.g., pricing), unaware of regulations or unwilling to engage with the public sector.



Driven by **interests in conflict** with public goals



**Limited public-private engagement:** lack of communication, poor oversight or difficulties linked to unclear roles and responsibilities.