

The role of the private health sector in COVID-19 response

Highlights from countries of the Eastern Mediterranean Region



Introduction:

To support Member States in dealing with the challenges posed by COVID-19, WHO developed multiple guidance notes and guidelines for preparedness and response efforts, centred around nine pillars¹:

Pillar 1: Country-level coordination, planning and monitoring

Pillar 2: Risk communication and community engagement

Pillar 3: Surveillance, rapid response teams and case investigation

Pillar 4: Points of entry, international travel and transport

Pillar 5: National laboratories

Pillar 6: Infection prevention and control

Pillar 7: Case management

Pillar 8: Operational support and logistics

Pillar 9: Maintaining essential health services and systems

A key issue emphasized in WHO guidance is the importance of adopting a whole-of-society approach in COVID-19 response². Given that the health systems in the Eastern Mediterranean Region are mixed, with a strong and growing private health sector, the WHO regional team conducted an assessment in the first year of the pandemic on the role of the sector in COVID-19 response in eight countries of the Region.

The objective of the assessment was to explore the level of involvement of non-State actors in national response plans, mapping the different engagement activities and presenting recommendations for addressing the challenges encountered.

Individual country assessments were based on desk review of peer-reviewed papers, technical documents and government reports. Insights from meetings, discussions and interviews with key stakeholders were also incorporated for further understanding of the existing situation.

This document aims to provide highlights of the country assessments of the involvement of the private health sector in selected response pillars. The level of the involvement of the sector across each domain has been categorized into three groups as follows:

Active involvement: In this category, representative private health sector actors were part of planned, mutual collaboration orchestrated by the health authorities

Moderate involvement: This category represents the partial inclusion of private health sector actors or voluntary unplanned participation in the respective response pillar

Limited or no involvement: In this category the sector had limited or no role in the respective response pillar

Disclaimer

Given the general lack of data on the private sector in the Region, we aimed to address the existing information gap through qualitative expert interviews. Hence, some of the presented data are not linked with published resources. However, the data presented in this document have been endorsed and validated by the relevant ministry of health of each country within the scope of our assessment.

For more details on the assessments, please reach out to emrgophc@who.int

¹ World Health Organization. Operational Planning Guidelines to Support Country Preparedness and Response. 2020: 17.

² An Action Plan to Engage the Private Health Service Delivery Sector in the Response to COVID-19 | Health Systems Governance Collaborative. <https://hsgovcollab.org/en/node/4380> (accessed Jan 25, 2021).

The level of private health sector (PHS) involvement is denoted by the following colour codes.

Active involvement	Moderate involvement	Limited or no involvement
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Islamic Republic of Iran

PHS representation in policymaking	<ul style="list-style-type: none"> - Representatives from the PHS participate in a cabinet-level National Committee for Managing COVID-19, and in the COVID-19 Fighting Headquarters. - Members of medical associations are actively involved in the development of clinical and executive guidelines.
PHS involvement in quantification and supply chains	<ul style="list-style-type: none"> - With private sector participation, the Islamic Republic of Iran became self-sufficient in the production of personal protective equipment (PPE), ventilators and testing kits. - The Ministry of Health and Medical Education has been permitted to bypass laws and regulations and issue temporary licenses to import medicines to address the emergency. - The Food and Drug Administration (FDA) licensed the private sector to produce sanitizers and alcohol to overcome shortages. Private pharmacies are responsible for distributing these products in cooperation with the FDA.
PHS role in the provision of essential services	<ul style="list-style-type: none"> - Pregnant women actively follow up with PHS midwives. - Dental clinics were closed during the first three months of the pandemic, reopening only after management guidelines for dental care services were disseminated. - Telemedicine services, which are mostly provided by private companies, increased significantly during the pandemic.
PHS involvement in surveillance, diagnosis and contact tracing	<ul style="list-style-type: none"> - COVID testing is available for 16 to 24 hours a day at primary health care facilities. - Confirmed COVID-19 cases detected by PHS facilities must be reported at the end of each working day via online forms. - On detecting a suspected or confirmed case PHS providers are expected to provide the patient and his/her family members with all relevant information and test the case's contacts.
PHS involvement in case management	<ul style="list-style-type: none"> - Private hospitals are licensed to admit COVID-19 patients using standardized tariffs. - In some provinces private sector hospitals are contracted to provide services to the public on behalf of the government. - PHS staff have been contracted by the public sector through the purchase of services and temporary contracts. - The role of the PHS primary health care facilities is limited to the referral of suspected cases.

PHS involvement in risk communication and community engagement (RCCE)

- Risk communication is the responsibility of the public sector, though there is voluntary private sector participation.
- A digital application called Mask was created in collaboration with the private sector to provide data on incidence and mortality rates, risk maps and additional COVID-19 information.
- The private sector contributed to RCCE efforts through donations and the development of a risk awareness hotline which offers mental health counselling by 600 psychologists.

Challenges facing private sector engagement

- The private sector is reluctant to admit COVID-19 patients because of the high cost of treatment and the setting of standardized tariffs. The admission of COVID-19 cases is not deemed cost-effective by the sector.
- The deferral or cancellation of non-emergent surgeries at the beginning of the pandemic has led to a significant reduction in the revenues of private hospitals and the termination of the contracts of some employees.
- Private ambulances were allowed to transfer suspected COVID-19 patients to hospitals at the beginning of the outbreak. As a result of non-compliance with protocols, however, the transfer of patients by private ambulance is currently prohibited. The private sector does not, therefore, have much involvement in pre-hospital care.

The level of private health sector (PHS) involvement is denoted by the following colour codes.

Active involvement

Moderate involvement

Limited or no involvement

Iraq

PHS representation in policymaking

- The only representation was the inclusion of the chairmen of the Iraqi Doctors', and the Iraqi Pharmacists', Syndicates on the Ministry of Health's consultative committee for COVID-19 in May 2020.

PHS involvement in quantification and supply chains

- Some pharmaceutical companies donated medicines and supplies to the Ministry of Health.
- Usual purchasing procedures for medical supplies were bypassed during the COVID-19 outbreak, helping the private sector meet growing needs.

PHS role in the provision of essential services

- Services at private clinics were maintained through toll-free teleconsultations in the first two months of the pandemic, when curfew orders were in place and there was a lack of adequate knowledge about the new disease.
- Private hospitals have been functioning normally since the onset of the pandemic.
- The majority of obstetric surgical interventions are being done in private hospitals.
- At one point, all non-COVID 19 inpatient services and surgical procedures were being provided by private hospitals while public hospitals concentrated on COVID cases.

PHS involvement in surveillance, diagnosis and contact tracing

- The private sector is prohibited from conducting COVID PCR testing.
- Private practitioners either refer suspected cases to public health facilities for testing or rely on less specific tests such as rapid antibody testing.

PHS involvement in case management

- Though private hospitals are not allowed to provide case management services to COVID 19 patients - their role is limited to the referral of suspected cases to public hospitals - the private sector has been observed to engage in COVID 19 case management in spite of the ban.

PHS involvement in risk communication and community engagement (RCCE)

- The Supreme Council for Health and National Safety closed private clinics for three weeks in July 2020 for infringing infection, prevention and control measures, disseminating inaccurate messages about COVID-19, and failing to comply with national clinical guidelines.

Challenges facing private sector engagement

- Lack of trust
- Legal restrictions that limit the provision of services in health emergencies to the public sector
- Confusion over the need for PHS representation
- Poor funding mechanisms
- Ineffective accountability

The level of private health sector (PHS) involvement is denoted by the following colour codes.

Active involvement

Moderate involvement

Limited or no involvement

Occupied Palestinian Territories

PHS representation in policymaking

- COVID policy documents and plans were drafted by the Ministry of Health and discussed with all stakeholders, including the private sector.
- The PHS is represented on the National Epidemics Committee and the National Health Committee on COVID-19.
- Specialists from PHS providers have been requested by the Ministry of Health to develop and update the Palestinian COVID-19 Case Management Protocol, the main reference for the treatment of COVID-19.

PHS involvement in quantification and supply chains

- The PHS role in supporting supplies and logistics is limited.
- The Ministry of Health uses local private suppliers to procure supplies with donor funding.
- Private providers use their own channels to cover their need for COVID supplies.

PHS role in the provision of essential services

- While no instructions have been issued by the Ministry of Health to PHS providers regarding the suspension of specific services, some facilities deferred unessential medical procedures for fear of possible infection transmission.
- East Jerusalem hospitals, which serve as referral points for complicated medical cases, maintained regular services. West Bank and Gaza patients, however, were often unable to access the hospitals due to restrictions on mobility.
- At the primary health care level, demand for NGO services has reportedly increased in areas where the Ministry of Health reduced regular services in an attempt to redirect its capacity towards COVID-19 response. Major NGOs continued to offer primary health care services through fixed and mobile clinics.
- Several NGOs have deployed community health workers to reach out to vulnerable groups such as pregnant and lactating women, and patients with noncommunicable diseases. through home visits
- An agreement was reached with a number of major private/NGO hospitals to receive COVID-19 patients who need specialized care, such as special surgeries and cardiac procedures, as well as for the delivery of women with COVID-19.

PHS involvement in surveillance, diagnosis and contact tracing

- COVID testing is limited to Ministry of Health labs, meaning the PHS thus has no role in contact tracing or reporting confirmed cases.
- Private and NGO providers play a supporting role by referring suspected cases to Ministry of Health facilities.

PHS involvement in case management

- All private hospitals introduced a triage system to identify and isolate suspected COVID-19 cases.
- The majority of suspected cases presenting to private/NGO providers are referred to Ministry of Health facilities according to geographic location.
- Arrangements have recently been made by private/NGO hospitals to receive and treat COVID-19 patients in need of specialized care.
- All isolation and quarantine facilities are managed by the Ministry of Health, though many are provided by private sector entities and/or the local community.
- Private and NGO providers have seconded some of their staff to work in isolation centres under Ministry of Health control while keeping them on their payrolls.

PHS involvement in risk communication and community engagement (RCCE)

- A national NGO currently chairs the Health Education and Promotion Taskforce, and another leads the Voluntary Work Taskforce.
- National NGOs engage with communities to reach out to vulnerable communities with key messages and supplies.
- Private facilities have sought to raise awareness among their clients through individual counseling, and distributing leaflets and other communication products.

Challenges facing private sector engagement

- PHS facilities face financial strain as a result of COVID-19. Their income has fallen, costs have risen, and there is a backlog of overdue payments by the Ministry of Health from pre-pandemic times.
- The supplies and equipment needs of the private sector are not prioritized by the Ministry of Health.

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Active involvement	Moderate involvement	Limited or no involvement
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Lebanon

PHS representation in policymaking	<ul style="list-style-type: none"> - PHS representatives sit on all of the Ministry of Public Health's technical committees. - Professional medical bodies are represented on committees across the national and Ministry of Public Health levels.
PHS involvement in quantification and supply chains	<ul style="list-style-type: none"> - Pharmaceutical importers are involved in needs assessment and contributed to the development of a plan to secure supplies. They are responsible for securing pharmaceutical stocks in the market.
PHS role in the provision of essential services	Not reported
PHS involvement in surveillance, diagnosis and contact tracing	<ul style="list-style-type: none"> - The Ministry of Public Health, supported by academic institutions and the WHO, developed a clear COVID-19 testing strategy. - The Order of Nurses and other professional organizations collaborated with the Ministry of Public Health in a series of training activities intended to strengthen the respiratory disease surveillance system from indicator-, community event-, and sentinel surveillance-based perspectives. - The Order of Biologists contributed to the rehabilitation, structuring and preparedness of labs for COVID-19 testing through a committee established by ministerial decree. - 95% of testing is currently done by the private sector. - All health facilities report suspected cases to the Epidemiological Surveillance Unit at the Ministry of Public Health using the Ministry's Early Warning Alert and Response System. - Reporting cases to the National Health Information Database is done on a daily basis, using e-platforms, through the epidemiological surveillance system at the Ministry of Public Health. - All private hospitals and labs received online training on the automated system which evolved over time to become more user-friendly. - Private hospitals are required to carry out internal contact tracing of employees - Few hospitals have conducted contact tracing in the community.

PHS involvement in case management

- The Order of Physicians played an active role in the media, published guidelines on its website, promoted multidisciplinary protocols and organized workshops in partnership with various ministries.
- 20% of private hospitals with ICU beds are offering their help in the COVID-19 response.
- University hospitals, which with the exception of the Rafic Hariri Hospital are all private, participated in national committees and contributed by giving advice on health measures and the creation of units for COVID-19 patients. They were also involved in training health professionals in the use of PPE, the launch of task forces, the conduct of readiness assessments and the elaboration of operational plans. Some developed flu clinics or mobile units for testing, tracing and treatment while others entered contractual agreements with smaller or peripheral hospitals to expand capacity.
- The Order of Midwives collaborated with the United Nations Population Fund in monitoring COVID-19 infections among pregnant women in Lebanon.

PHS involvement in risk communication and community engagement (RCCE)

- An RCCE Taskforce, including representatives from the scientific community, syndicates, local NGOs, the Lebanese Red Cross, UN agencies, the Ministry of Public Health and the Ministry of Interior, was set up and lead by UNICEF and WHO.
- The Ministry of Public Health, in collaboration with civil society groups, engaged in mass risk communication text messaging.
- Universities took part in the response through research, publication, awareness campaigns, webinars and volunteering.
- Labs were involved in educating rural communities about the importance of mask use and social distancing.
- Professional orders delivered short, simple messages to the public through a variety of media outlets.

Challenges facing private sector engagement

- The private hospital response was timid given economic constraints, the high cost of developing COVID-19 units, and the lack of agreements with private insurance companies.
- Private hospitals face challenges in purchasing supplies and equipment due to the devaluation of the Lebanese currency and several years' backlog of unpaid government dues.
- Establishing insurance payments for in-hospital treatment has been challenging due to the debate on pricing and the absence of benchmarks for the costs of COVID-19 case management.

³ UNFPA (2020), Beirut Port Explosion, Lebanon situation report, Issue # 8

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Active involvement

Moderate involvement

Limited or no involvement

Libya

PHS representation in policymaking	<ul style="list-style-type: none">- Four PHS representatives sit on the High Presidential COVID-19 Response Scientific Committee.- PHS and UN agency representatives participated in COVID-19 planning and policy development as members of national level committees.
PHS involvement in quantification and supply chains	<ul style="list-style-type: none">- The private health sector has not contributed to COVID-related supply chains or logistics.
PHS role in the provision of essential services	<ul style="list-style-type: none">- The Ministry of Health has started contracting the PHS to provide services on behalf of the government and be later reimbursed by the Ministry. The services include cancer treatment management of war-injured citizens..
PHS involvement in surveillance, diagnosis and contact tracing	<ul style="list-style-type: none">- All COVID-19 testing services are managed by the Ministry of Health though two private labs have been authorized to conduct PCR tests in east Libya where the Ministry has limited capacity.- Private sector entities use rapid diagnostic tests or refer suspected cases to triage centres.- Ministry of Health assigned surveillance and rapid response teams are responsible for COVID-19 surveillance and case investigation, including of PHS staff and patients when notified.
PHS involvement in case management	<ul style="list-style-type: none">- Private facilities are not providing services for suspected or confirmed COVID-19 cases.
PHS involvement in risk communication and community engagement (RCCE)	<ul style="list-style-type: none">- Some organizations have supported RCCE activities through their involvement in the development and production of communication materials and by posting educational materials in their facilities and on social media platforms.- All PHS providers use government-developed RCCE materials in their facilities.
Challenges facing private sector engagement	<ul style="list-style-type: none">- No policies are in place for involving the PHS directly in COVID-19 response.

The level of private health sector (PHS) involvement is denoted by the following colour codes.

Active involvement

Moderate involvement

Limited or no involvement

Jordan

PHS representation in policymaking

- The Private Hospital Association (PHA) is included in working groups of the Health Development Partner Forum (HDPF).
- The PHA has been participating with the Eastern Mediterranean Public Health Network (EMPHNET) in the National Committee for Epidemics which operates under the umbrella of the Ministry of Health and is responsible for following up on communicable diseases and pandemics.

PHS involvement in quantification and supply chains

- Local and international NGOs and civil society organizations donated supplies and medical equipment to the Ministry of Health.
- Jordan's FDA has accelerated the registration process for manufacturers producing COVID-related drugs.
- A non-profit, technology-driven private company supported the Ministry of Health in delivering medications to the public sector.

PHS role in the provision of essential services

- While private hospitals maintained ER and renal dialysis services elective surgeries were canceled at the outset of the pandemic.
- Community pharmacies were open to the public through delivery, then through direct purchases.
- From the 2020 October lockdown onwards Jordan's Pharmaceutical Association allowed community pharmacies to deliver medications to emergency cases.

PHS involvement in surveillance, diagnosis and contact tracing

- EMPHNET trained the Ministry of Health's rapid response teams, designed the database for COVID-19 cases in the north of the country, and supported data entry.
- Positive cases detected by the private sector are reported on a daily basis to the Communicable Disease Directorate and the National Committee for Epidemics for follow up on contact tracing.
- The government accredited two private labs to test all people entering Jordan via land borders.
- In August, Ministry of Health labs began operating alongside private labs at the Jaber and Omari border crossings.
- To keep up with increased case numbers the Ministry of Health approved 25 private labs to perform PCR tests of which 10 were chosen to increase the Central Public Health Lab (CPHL) testing capacity. Until October 2020 they were regularly monitored for adherence to protocols.

PHS involvement in case management

- The Jordan Paramedic Society assigned 50 volunteer doctors to support staff responding to calls received via a telemedicine hotline set up by the Ministry of Health.
- While movement restrictions were in force the Jordan Paramedic Society deployed emergency medical teams to support Civil Defense teams in Jerash and Amman.
- During the first lockdown private hospitals had no role in managing COVID-19 cases.
- In November 2020, the government passed defense law number 23, allowing the Minister of Health to instruct private hospitals to receive COVID-19 cases referred by the Ministry.
- In November 2020 the Ministry of Health rented a private hospital, with 180 ward beds and 140 ICU beds. The Ministry of Health also agreed with the private sector that 1000 ward beds and 180 ICU beds would be allocated to COVID-19 patients transferred by the Ministry. In addition, an agreement was made with a private company to build three field hospitals in Amman, Irbid and Maan, at a total capacity of 10,50 ward beds and 180 ICU beds.
- In October 2020, the Ministry of Health, through the Licensing Professions and Health Institute Directorate, approved 12 private hospitals to receive COVID-19 patients at the patients' own expense.

PHS involvement in (RCCE)

- NGOs, INGOs and Civil Society Institutions supported RCCE.
- The Royal Health Awareness Society (RHAS) participated in developing the Ministry of Health's COVID-19 website, and different digital applications in collaboration with the Jordan Paramedic Society.
- RHAS contributed to the implementation of risk communication activities within the National Preparedness and Response Plan 2020.

Challenges facing private sector engagement

- Lack of coordination between government and the private sector.
- The absence of a public-private framework means private sector actors are contracted through official letters rather than fixed contracting mechanisms.
- Private actors have little input in the process of drafting emergency legislation.
- Data about the private sector are limited.
- There is an absence of financing and reimbursement mechanisms between the public and private sectors.

The level of private health sector (PHS) involvement is denoted by the following colour codes.

Active involvement	Moderate involvement	Limited or no involvement
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Tunisia

PHS representation in policymaking	<ul style="list-style-type: none"> - The private sector was not formally included in the response plan and was not represented on the COVID-19 National Coordination Committee. - A representative of private practicing physicians was included on the scientific committee in August 2020, and from September 2020 representatives of the PHS were invited to join relevant committees.
PHS involvement in quantification and supply chains	<ul style="list-style-type: none"> - Some supplies for the management of COVID-19 were made available through a central procurement process which took the needs of the PHS into account. Private sector suppliers were involved in producing, as well as importing, PPE. - Distribution of PPE and other supplies involved both public and private distributors.
PHS role in the provision of essential services	Not reported
PHS involvement in surveillance, diagnosis and contact tracing	<ul style="list-style-type: none"> - Following the first wave, private laboratories were added to the testing facilities network and standardized tariffs set. - The platform for reporting is web-based. - Civil society organization volunteers work with the National Observatory for New and Emerging Diseases to support contact tracing activities.
PHS involvement in case management	<ul style="list-style-type: none"> - With increased numbers of cases during the second wave of the virus more private hospitals became involved in providing clinical care. - Pre-triage and triage were established in private hospitals providing services to COVID-19 patients. Some private clinics were also equipped with COVID-19 beds placed in isolation rooms.
PHS involvement in risk communication and community engagement (RCCE)	<ul style="list-style-type: none"> - A major communication campaign was launched on social media in July 2020, in collaboration with the private health sector, to raise awareness of COVID-19 risks and the importance of preventive measures. - Groups involved in community engagement activities on the ground include, among others, the Tunisian Scouts, Tunisian Red Crescent and the Tunisian Medical Students' Association.
Challenges facing private sector engagement	<ul style="list-style-type: none"> - Lack of involvement of the private sector in the national response plan. - Lack of funding mechanisms to cover treatment at PHS facilities. - The absence of an inter-sectoral logistics system, a transparent referral system, and a designated communication channel with PHS providers. - Capacity building activities are directed to the public sector.

The level of private health sector (PHS) involvement is denoted by the following colour codes.

Active involvement

Moderate involvement

Limited or no involvement

Pakistan

PHS representation in policymaking - While the national response plan envisaged private sector engagement, the PHS had little involvement in developing the plan.

PHS involvement in quantification and supply chains - Quantification and procurement of COVID-19 supplies is based on a digital resource management system rolled out in May 2020 and which accounted for the needs of the PHS.
- The private sector's contribution to the provision of supplies has been supported by the fast tracking of approval processes by the Drug Regulatory Authority.

PHS role in the provision of essential services - Federal and provincial governments proactively launched COVID-19 telehealth facilities in partnership with private sector NGOs and academia. Doctors either volunteered, or were paid for their services.

PHS involvement in surveillance, diagnosis and contact tracing - Private laboratories contributed to testing in some provinces. Their involvement depended on public sector testing capacity in each province.
- Private facilities report positive COVID-19 cases daily to the district administration through an e-platform.

PHS involvement in case management - Only a few large hospitals in the private sector are being utilized for COVID management.
- Rapid response mechanisms were contracted out to the private health sector, including field teams and public health call centres.
- The government of Khyber Pakhtunkhwa introduced locum-based, short-term engagement of health care professionals in order to fill gaps in public sector hospitals.

PHS involvement in risk communication and community engagement (RCCE) - The government contracted out call centres for COVID-19 information and disseminated awareness messages through mobile networks.
- A voluntary RCCE taskforce, the COVID-19 Tiger Force, was set up during the pandemic in coordination with district administrations.
- The Rural Support Programme Network engaged in RCCE activities with 69 454 community-based institutions in 126 districts across the country.

Challenges facing private sector engagement - Private hospitals have been unwilling to offer COVID-related services due to uncertainty about the availability of supplies and equipment.
- The lack of financing mechanisms between the public and private sector limits the private sector's patient pool to those who can afford to pay out of their own pockets.