

Engaging the Private Sector in Health System Resilience Efforts

A Strategic Approach



Summary

Engaging the private sector in all stages of health system resilience is by nature a complex undertaking, most often occurring too late in a response and without adequate planning. Committed public and private champions who see the benefit of joint action are crucial, as is arming them with evidence-based best practices and guidance. This report presents a strategic approach that can guide USAID missions in addressing health system stressors and shocks, while supporting countries on the journey toward self-reliant, prepared, and resilient health systems. The authors present tangible actions that missions can take in applying the strategic approach to a shock event.

Keywords: corporate engagement, corporate social responsibility, global health security, health system resilience, public-private engagement, public-private partnerships, sustainability

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Executive Summary

A resilient health system can withstand everyday stressors and unexpected shocks to ensure the continuous provision of both routine and emergency health services during times of calm and crisis. This report sets forth a strategic approach that can guide USAID missions in scaling private sector engagement in health system resilience (HSR) efforts.

The approach builds on global evidence and key informant interviews pertaining to the two broad components of building effective HSR: (1) adequately preparing national health systems before events occur and (2) supporting them to effectively manage events when they occur. To adequately strengthen the health system to manage various stressors and shocks, a range of partners need to be identified and engaged before an event occurs. SHOPS Plus identified four critical steps to take in this phase.



Act early: Engaging private industry early can reduce economic and social impacts because the private sector often already has business continuity management processes in place to ensure the continuation of core business functions during times of crisis.



Address routine stressors and plan for shocks: Aligning stressor and shock preparedness strategies with the nation's broader health system strengthening and universal health coverage efforts will help strengthen and sustain the health system as a whole.



Invest in risk assessments and private sector analyses: Revealing problems facing health systems and understanding which private actors exist, where they are, and what resources they have available is necessary.



Develop more partnerships using diverse private sector engagement methods: Partnerships have different structures; it is important to identify and align incentives, select the appropriate structure, and streamline coordination.

The second phase of the strategic approach outlines actions USAID missions can take to promote private sector engagement in HSR when an event occurs and throughout the active prevention, detection, response, and recovery phases of an emergency. It includes a **whole community prevention plan, joint detection and surveillance, coordinated public-private response, and whole community recovery efforts.**



Introduction

Over the past several decades, the global community has faced more frequent, expensive, and deadlier events that place significant stress on national health systems and other key institutions. In health, there is the increasing danger posed by antimicrobial resistance, challenges caused by annual influenza and cholera seasons, and more frequent and aggressive infectious disease outbreaks. Natural disasters such as hurricanes, typhoons, floods, and extreme weather events have all increasingly challenged first responders and health systems in the United States and globally. Continuing the provision of essential health services remains a significant challenge in many areas around the globe currently experiencing political unrest, open conflict, and the associated refugee movements and internal displacement. Recent experience has demonstrated significant gaps in the resilience of health systems and their preparedness to effectively manage these events.

In any individual, community, or national crisis, the first and best line of defense to protect health outcomes is a strong and well-functioning health system. However, health systems around the world are routinely strained by both everyday stressors that constrain effective health service delivery as well as unexpected small- or large-scale shocks that can lead to the partial or total collapse of a health system. To protect global populations during everyday difficulties and unexpected catastrophe, it is essential that national health systems be reinforced to maintain the delivery of key health services and products no matter the type of hazard it must respond to. In weak health systems, everyday stressors such as worker absenteeism, interrupted supply chains, health financing barriers, payment delays, or other operational barriers can hasten a health system's collapse. Indeed, even the strongest, most well-prepared health systems are vulnerable when facing the complexity, immediacy, and unstable conditions posed by abrupt events.

The private sector has a crucial role to play in helping health systems and communities build and sustain resilience before, during, and after these shock events (Kruk et al. 2018; Woods et al. 2018; Schwartz and Yen 2017; Katz et al. 2018). Guiding global health security and health system resilience (HSR) approaches and policy* all underscore that no sector or agency can achieve HSR and effectively manage shocks or stressors alone. The whole community is needed, and multisectoral action is at the core of building effective HSR and promoting countries' self-reliance.



Despite the broad recognition that preparing for and responding to stressors and shocks requires the involvement of the whole community, the private sector has yet to be systematically engaged in HSR across the globe. The key challenge is how to effectively identify, motivate, connect, structure, and manage such a diverse group of private sector partners as part of comprehensive HSR approaches. More information is needed on how the private sector has been mobilized in the past, the specific roles or capacities they have or could provide to rapidly reinforce HSR, and how private partners can be more strategically included in building more resilient health systems and communities. To address this, USAID's Office of Health Systems requested that the Sustaining Health Outcomes through the Private Sector (SHOPS) Plus project propose a strategic approach based on available global evidence that can guide USAID missions to systematically engage the private sector for HSR in various contexts.

*The One Health approach to global health security, the U.S. Global Health Security Act of 2018 (H.R. 7290), the International Health Regulations 2005 (WHO 2016), the World Organization for Animal Health Performance of Veterinary Services Pathway for Animals, and the World Health Organization's Joint External Evaluation Tool (WHO 2018).

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Photo, facing page: Naimat Rawan



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Key Terminology

A significant challenge in advancing private sector engagement for HSR is the variety of terms used by global stakeholders working on health systems strengthening (HSS), emergency management, global health security, and HSR. Although the stakeholders often share the same priorities, they use different terms or approaches that hamper coordination. This report uses the following key definitions.

Private sector

Published literature or global frameworks addressing HSR often refer to the private sector as a singular entity or broad concept without acknowledging the vast array of private entities that operate at all levels of local contexts. This report, aligned with USAID’s Private-Sector Engagement Policy (USAID 2018), defines the private sector as a range of non-state entities operating both within and external to the health sector including for-profit, commercial entities and their affiliated foundations; financial institutions, investors and intermediaries; business associations and cooperatives; micro, small, medium, and large enterprises that operate in the formal and informal sectors; American, local, regional, and multinational businesses; and for-profit approaches that generate sustainable income, such as a venture fund run by an NGO or social enterprise.

Private sector entities—which are incredibly diverse—offer human, financial, and logistic resources that are valuable to building health system resilience. These entities have numerous reasons to become active in joint resilience efforts that go far beyond the typical appeals to corporate social responsibility.

In the context of the health system, this definition includes a broad range of private health sector entities that are contributing to the value chain of national health products and services outside a government’s public health system. Key private health sector entities include, but are not limited to, corporations that sell health products and services, medical

equipment and pharmaceutical manufacturers, transport and distribution companies, wholesalers and importers, and private medical facilities of all sizes that employ private health providers of varied scope—from large private referral hospitals to small drug shops and retail pharmacies. Each of these private entities have their own character, motivations for engaging in preparedness, and reasons for involvement in building and sustaining HSR. Each also offers potential human, financial, or logistic resources that can become part of a total health system solution to stressors and shocks, in which the private sector becomes a full partner in building HSR well beyond the role of financier.

Health system stressors and shocks

We live in a “world of hazards” (Woods et al. 2018) and any strategic approach needs to account for the diversity of potential stressor and shock events a health system may need to manage. Although unique in onset, source, and duration (Box 1), any type of diversion from the norm—both everyday challenges and abrupt large-scale events—may put overwhelming stress and operational burden on community, national, or regional health systems. USAID defines a stressor as a longer-term trend or contextual dynamic that increases vulnerability and underpins the stability of the system such as population pressure, climate variability or political unrest. The agency further highlights the need to address everyday resilience to these stressors by building redundancies in the health system that can address both large- or small-scale operational challenges. USAID defines shocks as more time-bound, abrupt events requiring surge capacity or other more immediate health system responses.

Box 1. Examples of stressors and shocks

Routine stressors that require everyday resilience:

- Changing population health trends
- Pharmaceutical stockouts
- Worker absenteeism
- Blocks in health financing channels
- Ongoing political crises or instability

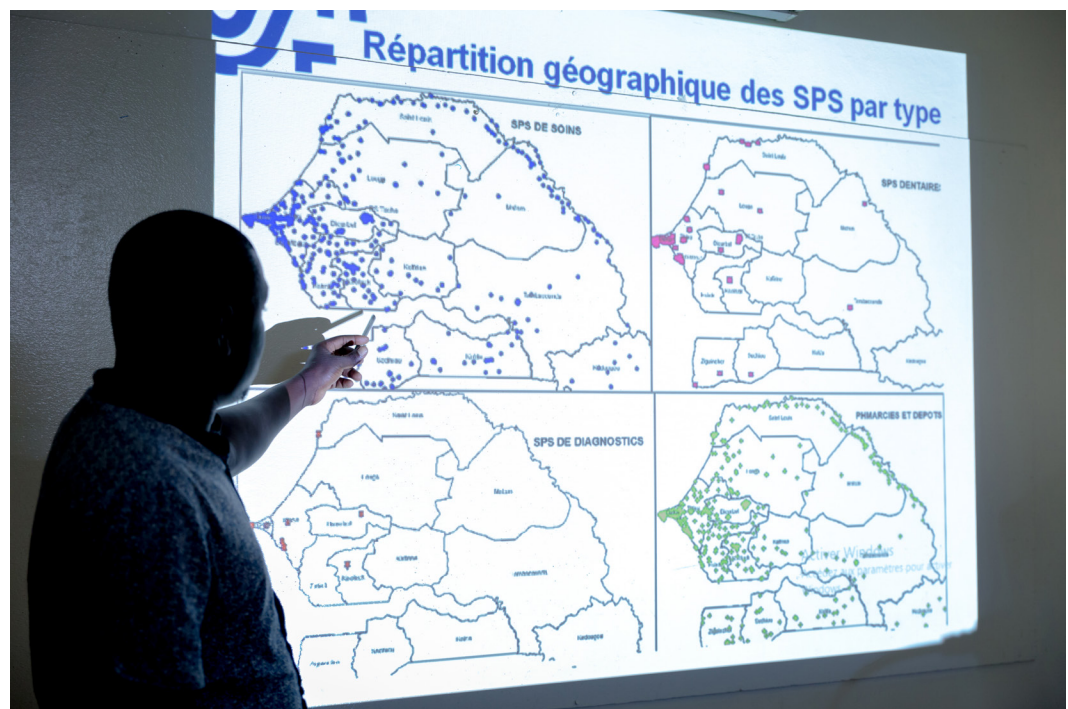
Large- or medium-scale shock events:

- Disease outbreaks; epidemics
- Acts of bioterrorism
- Natural disasters; human-made environmental accidents
- Economic crises or sudden political unrest
- Refugee displacement; complex emergencies; wars or other open conflicts
- Acts of terrorism

The complexity and diversity of possible stressor and shock scenarios, and the changing and unpredictable nature of these events can challenge even the strongest health systems. The potential speed of onset and source of events varies widely, as do the options and likelihood of preventing them, the time stakeholders have to prepare, the challenges of detection, and the type of response and recovery required as part of managing the health system through the event. The strategic approach in this report applies to all hazards by encouraging private sector engagement for HSR in ways that prepare governments to quickly mobilize a broad group of collaborative actors to help manage any stressor or shock event in a timely manner.

Health system resilience

A resilient health system is one that is adequately prepared to maintain both routine functions and escalated emergency operations when faced by any stressor or shock event. The strategic approach emphasizes how public and private partners can first and foremost develop joint plans and strategies that help immediately address stressors that are constraining the everyday resilience and functions of the health system, as well as prepare for a range of shock events.



Photo, above and facing page: Javier Acebal



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A Strategic Approach

The strategic approach presented in this report (see figure) is intended to help USAID missions work through local governments and private sector partners to advance health system resilience in the face of stressor and shock events. The approach builds on guiding global evidence and key informant perspectives pertaining to the two broad components of building effective HSR: (1) adequately preparing national health systems before events occur and (2) supporting them to effectively manage events when they occur. The approach is therefore laid out in two—typically sequential—phases: (1) Before an event occurs, which focuses on building stronger and more prepared health systems; and (2) When an event occurs, which focuses on promoting private sector engagement for HSR during the shock management lifecycle. (See the [annex](#) for an example of how this strategic approach might be applied by a USAID mission.)

The first phase emphasizes how USAID missions can support private sector engagement efforts that prepare stronger health systems by accounting for and addressing everyday stressors constraining essential functions, and by advancing public-private engagement. The second phase discusses how USAID missions can promote private sector engagement to contribute to HSR when a shock event occurs. It outlines specific activities USAID and/or private partners can take at each stage of shock management, in particular the areas of whole community prevention, joint detection and surveillance, cross-sectoral coordinated response, and whole community recovery. This strategic approach is intended for all hazards in that it can be flexibly applied in any context to advance private sector engagement in preparing for and managing diverse stressor or shock events. Further, it promotes national self-reliance by underscoring private sector engagement as a crucial component of sustaining and strengthening HSR for the long term.

A strategic approach to enhance private sector participation in health systems resilience

Before an Event Occurs

Building Stronger and More Prepared Health Systems



Priority 1: Act early



Priority 2: Strengthen and prepare the health system by addressing stressors and planning for shocks



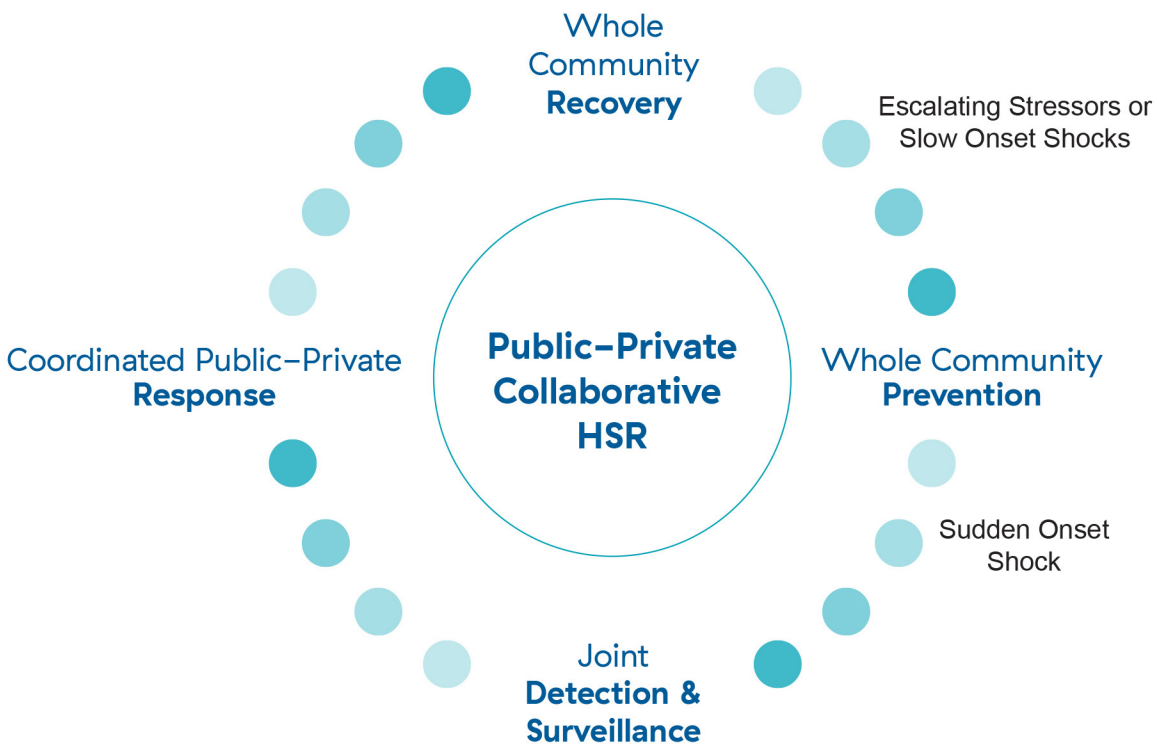
Priority 3: Invest in risk assessments and private sector analyses to inform HSR preparedness planning



Priority 4: Develop more partnerships using diverse private sector engagement methods

When an Event Occurs

Promoting Private Sector Engagement for HSR in Prevention, Detection, Response, and Recovery



Sources: FEMA (2011), World Bank (2014), WHO (2017), USAID (2018), WHO (2019), USG (2019), USAID (2018), CDC (2016)

Before an event occurs

There is a need to strengthen the overall functions of the health system by removing stressors and operational barriers while advancing public-private joint planning to prepare the whole health system and key institutions for the various shock events that might occur. The global community has often been trapped in a cycle of late detection and improvised reaction. The published literature reviewed in creating this strategic approach unanimously agreed: to adequately strengthen the whole health system to manage various stressor and shock events, a range of partners needs to be identified and engaged before an event occurs. To prevent and prepare for various scenarios that might challenge the resilience of the health system, partners from across the whole of society, both within and external to the health sector, must be involved at all phases of preparedness, prevention, detection, response, and recovery. Adequate joint preparedness planning that focuses on addressing stressors in the short-term as part of strengthening the health system overall and planning for catastrophic or abrupt shock events is the foundation of HSR.

Building on global evidence and key informant perspectives, SHOPS Plus identified four critical priorities involved in advancing private sector engagement to build stronger, resilient, and more prepared health systems. These are: (1) act early, (2) address routine stressors and plan for shocks, (3) invest in risk assessments and private sector ecosystem analyses, and (4) develop more partnerships using diverse private sector engagement methods.



Priority 1: Act early

USAID's private sector engagement strategy emphasizes the need to “engage early and often” with a range of private sector actors to design and implement strategies and projects of shared interest and value (USAID 2018). The Private Sector Roundtable for Global Health Security highlights establishing a higher standard for joint preparedness in global health security (Smiley 2016). FEMA advocates for early action to engage and involve numerous community actors and institutions in preparedness planning (FEMA 2018). Involving the private sector early can also help ensure continuity of service provision when the public sector is unable to respond.

The following cases illustrate the importance of these points:

- In the midst of one of the worst conflict-induced humanitarian emergencies in the world, which started in 2011, the private sector in Yemen has demonstrated significant resilience. Private health facilities have reduced fees or offered free services to those unable to pay (Groupe URD and ALNAP 2018), and local businesses, private supply chain and transport partners, and community leaders have stepped in to replace absent government services in key welfare areas such as health services, food, water, and electricity supply (Sana'a Center for Strategic Studies 2019).
- In the early 2000s, France had a pandemic response plan that emphasized a public sector-led “state of emergency” response to external threats. This led to a multi-month delay in France's response to the 2003 H1N1 outbreak before the government acknowledged that the response required the support of the private sector because the crisis was so severe and protracted (Hung et al. 2018).

- The Philippine Disaster Resilience Foundation has underscored that, as the country faces many tropical cyclones per year—several of which can be massively destructive—the private sector’s preparation for such events can promote faster recovery and reduce casualties (PDRF 2020). By advancing formal and strategic partnership with companies, government agencies, civil society organizations, and other community stakeholders before destructive events occur, the PDRF has established itself as one of the pioneers in terms of broad-based private sector natural disaster preparedness. These agreements allowed the foundation to rapidly promote recovery and community support after a 6.1-magnitude earthquake in Castillejos, Zambales (April 2019), a 5.9- magnitude earthquake in Itbayat, Batanes (July 2019), and a 6.5- magnitude earthquake in Tulum, Cotabato (November 2019) (ReliefWeb 2019, PDRF 2020).

When private industry is engaged early and prepared to coordinate quickly at the outset of an event, the total economic and social impacts are reduced (Woods et al. 2018). This is because the private sector often has formal or informal business continuity management (BCM) processes in place that are intended to ensure the protection and ongoing maintenance of core business functions during times of strained operations or severe crisis. Throughout their import, supply, distribution, and service or product delivery chains, private entities have strong relationships and reach in local communities, which are equally critical to both private BCM and public or private HSR priorities.

In general, employee (and often community) health and welfare will be part of any sound BCM strategy among small-to-medium enterprises or larger corporations and multinationals. BCM plans

necessarily include components such as a business impact analyses, key roles and responsibilities to protect the workforce, data recovery and continuity strategies, and risk mitigation plans for various types of events. As such, there are strong incentives for private partners to engage in helping governments address many of the routine stressors threatening the everyday resilience of health systems such as supply chain disruptions or workforce shortages. USAID missions have and can continue to promote private sector engagement as part of universal health coverage (UHC) and total health system strengthening efforts.

The private sector also has a critical role to play in preparing health systems and communities for large-scale or abrupt shock events as demonstrated in the Yemen example. In the early stages of managing shock events, private partners can help by disseminating information, providing effective guidance to their workforce and customer bases, allocating resources for rapid deployment, and delivering essential services. USAID missions should therefore encourage and support governments to involve the private sector in preparedness planning for HSR as early as possible to explore these opportunities. For this to be effective, public sector actors must understand the potential options for and willingness of private sector actors to engage in preparedness efforts to support HSR, their workforces, and communities to maintain optimal functioning of the health system. Similarly, if private sector actors are going to infuse preparedness priorities into their core business strategies, there must be an adequate business case and incentive for them to do so (Box 2). However, even where the business case has been made, for private partners to buy in, there must also be transparent and trusted channels for public-private engagement where incentives and shared priorities can be aligned.

Box 2. Building a business case for private sector engagement

The business case for private partners to invest in joint shock preparedness and response efforts should clearly outline:

1. The impact on core business functions and ensuing financial damages that can be incurred
2. How business disruptions and financial losses can be reduced through whole community pre-planned, decisive, and coordinated action



Priority 2: Address routine stressors and plan for shocks

The first and best line of defense against any harmful event is a strong and adaptable health system. As such, our strategic approach underscores that addressing both everyday resilience and resilience during shock events is most tangibly achieved by aligning stressor and shock preparedness strategies with the nation's broader HSS and UHC efforts, where both should be aimed at strengthening and sustaining the health system as a whole.

Health systems, HSR, and health security stakeholders often speak different technical languages. However, many of the priorities being pursued as part of HSS and UHC efforts, such as building accountable, accessible, affordable, and reliable health systems (USAID 2019), are the same priorities as—or are directly aligned with—the priorities of health security or shock-preparedness efforts worldwide. USAID missions can therefore practically advance HSS, UHC, global health security, and HSR priorities by viewing them all as intricately aligned, reducing inefficiencies where possible, strengthening joint efforts, and investing in approaches that view activities to remove everyday stressors as practical and direct investments in promoting HSR both long-term and during a crisis. This requires an emphasis on building high-performing health institutions in both the public and private health sectors, facilitating domestic investments as part of the journey to self-reliance, focusing on primary health care, supporting patient ecosystems, bringing innovative private sector approaches to scale, and paying deliberate attention to community and individual level-resilience risk and needs. Aligning these approaches and investments can reduce financial and technical inefficiencies, promote protective redundancies, help prioritize shared objectives, and assign the most appropriate roles to entities from across sectors that can benefit the health system long-term, not just in a time of crisis. In this way, private partners can be involved early and in the most appropriate way to immediately address both stressors inhibiting HSS and UHC, as well as priorities to increasingly position the health system to withstand and manage larger catastrophic shock events.



Priority 3: Invest in risk assessments and private sector ecosystem analyses

Before the appropriate private sector actors can be identified to fill specific HSR needs, it is necessary to understand specific challenges the health system is facing, the range of available private sector resources, and the specific tasks required to strengthen the resilience of the health system. As highlighted by USAID’s private sector engagement strategy, building effective self-reliance requires using metrics that measure, value, and incentivize ongoing engagement. This is no less true for HSR. As part of the preparedness phase, risk assessments should be conducted that seek to reveal these preparedness problems but also the specific tasks required to address them. These can be novel assessment approaches but might best be conducted by extending existing methods (such as the WHO Joint External Evaluation, or JEE, processes) to additional sectors and levels of society (Box 3). By systematically revealing not only the problems facing health systems, but also the specific tasks required to address them, the appropriate private partners can be engaged using the best partnership structure for specific tasks, and metrics can be used (through private sector-focused approaches that follow the JEE) to measure the impact of that partnership.

Box 3. Extending the Joint External Evaluation approach to the subnational level with a private sector lens

The JEE is a voluntary, collaborative, multisectoral process that has been implemented at the national level to assess country capacity to prevent, detect, and rapidly respond to public health risks. External evaluations have been carried out by WHO and partner governments across six global regions with an emphasis on national preparedness. Extending the JEE process and amending tools for community application and a private sector focus may provide a ready-made approach for USAID missions to build on in advancing public-private shock preparedness planning at the community level.

Before partners can be pursued, a foundational step is understanding which private actors exist, where they are, and what their available resources are. This can best be accomplished through some form of a private sector ecosystem analysis (Box 4), which would:

- Document health system assets, needs, and gaps.
- Map available private sector partners and resources that can meet identified needs. These should include health workers, commodities, financing, and equipment, for example.
- Include a task-oriented exercise with stakeholders to identify a network of public and private partners that can collectively address various preparedness needs.
- Look at how private health facilities and partners could be better aligned with government health management information system (HMIS) systems for routine reporting and better equipped for detection and surveillance.
- Assess financing mechanisms or contracting options that would enable private health facilities and entities to support the public sector when they are overwhelmed. It is crucial processes be established before they are necessary.
- Look at national policies, regulations, and protocols related to private sector investment and operation in the country—in particular any

ways in which the private sector is mandated to support national preparedness and response efforts.

Pursuing partners and defining their roles can help ensure that the appropriate partners are systematically included in health system strengthening strategies and preparedness planning and can be effectively mobilized if a shock event occurs. The following questions can help identify which private partners might be best positioned to participate at each stage of preparedness and response:

- Are there persistent or more routine stressors on a health system that the private sector can help address as part of general HSS and HSR preparedness planning?
- Are the same private partners needed for preparedness before and after an event occurs?
- Are there infrastructure or large-scale preparedness activities that should include the private sector? Who is currently operating in that space?
- Can preparedness plans be accomplished more effectively by outsourcing the provision of health services, products, or other key services to the private sector?
- Can private companies deliver an essential product or service faster, more efficiently, or more reliably in an emergency scenario?

Box 4. Tools to assist in private sector ecosystem analysis

[The WHO Joint External Evaluation tool](#)

[The Assessment to Action Guide to Conducting Private Health Sector Assessments](#)

[Facility Censuses: Revealing the Potential of the Private Health Sector](#)

Adapting the JEE process or supporting use of existing global health security, HSR, or private sector engagement tools is just one immediate way USAID can support this process. Of note, global evidence suggests there are numerous barriers to avoid when conducting public-private joint planning, most notably the challenge of selecting the right private partner and the best mechanism of partnership and the danger of not conducting risk assessment and joint planning at all, or doing it too late when a shock event has already occurred.



Priority 4: Develop more partnerships using diverse private sector engagement methods

USAID's private sector engagement policy highlights the need to expand the use of diverse partnership structures and engagement methods using existing USAID approaches and tools that have demonstrated the ability to unlock the potential of the private sector (USAID 2018). The policy includes a range of partnership structures for private sector engagement, from those that are donor-led to those that are co-created with the private sector and those that the private sector leads or carries out independently (Box 5). In developing partnerships, there are three key strategies to follow: align incentives, select the appropriate partnership structure, and streamline coordination and partner systems.

Box 5. The power of partnership in preparedness

- The Metropole Hotel in **Hong Kong** was directly implicated in hastening the international spread of SARS in 2003. Hotels like the Metropole had no preparedness, detection, quarantine, or response protocols in place, and no connection or dialogue with government. Following the outbreak, the government and the hotel worked together to develop travel industry infection control and outbreak preparedness plans. When H1N1 struck the country in 2009, the Metropole was prepared, immediately quarantining 300 guests and staff and helping to curb the spread of the virus (Hung et al. 2018).
- In **Liberia**, private companies organized themselves for action against Ebola in 2014 in the absence of any contact made by government responders. It has been suggested that this early action by private actors saved a significant number of lives in the short-term by rapidly disseminating information and likely shortened the overall length of the epidemic. (BCG 2015; Lai and Simpson 2016).
- **Indonesia's** private sector has provided increasingly significant support to the government's natural disaster preparedness and response strategies (Burke and Fan 2014; USAID 2014). From diverse industries such as logistics and transport, consumer goods and services, banking, water and sanitation, agribusiness, engineering, and construction, private partners have begun to see preparedness for stressors and shocks as crucial to their core business strategies (Burke and Fan 2014). The government of Indonesia, through numerous public-private engagement and disaster response strategies, has invested in several mechanisms of coordination to make that possible.

Identify and align incentives

To date, the majority of humanitarian efforts have sought partnerships (typically financial) by appealing to businesses' or corporations' sense of corporate social responsibility. Although this can indeed be an effective method of engaging private partners for technical and financial resources, there are reasons beyond corporate social responsibility for the private sector to participate in joint or independent activities that strengthen the health system. For example, as demonstrated by the current COVID-19 pandemic, a nation's economy often bears the burden of prolonged shocks from epidemics or natural disasters (Raddatz 2009; Noy 2009; Cavallo and Noy 2009).

The public sector's priorities to create strong health systems align directly with the private sector's interests in a healthy and robust workforce, sound supply chains, and incentives for industry engagement.

Private companies are deeply impacted by these shocks, which affect their operational capacities, workforce strength, financial bottom line, and exposure to broad shock-induced market failures. They risk damage to fixed assets and capital (including product inventories), raw materials, and value chains. Indirect costs include the loss of economic activity, rise in commodity prices, fluctuation in global markets, disruptions to the production of goods and services, damage to physical infrastructure, or shock responses pulling resources away from other needed production and innovation. However, there may actually be benefits to some upstream private entities, such as those producing personal protective equipment or diagnostics in the case of an epidemic, lumber or construction supplies in the case of a natural disaster, or other commodities in high demand during a shock event.

Public and private stakeholders in all sectors of society therefore have strong existing incentives to prevent labor collapse, supply chain interruptions, long-term burdens and additional costs to the health system, and broader shock-induced market failures. In particular, the public sector's priorities to create strong health systems align directly with the private sector's interests in a healthy and robust workforce, sound supply chains, and incentives for industry engagement. This is a key point of convergence that can assist USAID missions in making the case to public and private HSR stakeholders.



Tips: Key questions and resources to help select the right partnership structure

Private sector entities—which are incredibly diverse—offer human, financial, and logistic resources that are valuable to building health system resilience. These entities have numerous reasons to become active in joint resilience efforts that go far beyond the typical appeals to corporate social responsibility.

- Will private partners provide services, materials, or financial resources via in-kind support or as a contractor?
- How long will activities last?
- Will the agreement be formalized or informal? A simple letter of engagement, a memorandum of understanding, or a contract?

Resources

- [Glossary of key private sector engagement terms](#)
- [Advice on contracting mechanisms](#)
- [Resources for each stage of private sector engagement](#)
- [Partners in promoting health equity in communities](#)

Select partnership structures

A major challenge in effectively engaging the private sector is determining how to structure the partnership. There are numerous partnership mechanisms governments or other stakeholders can use to engage the private sector, each with their own pros and cons. Options range from private partners providing financial or in-kind support without much involvement in national planning or preparedness to the public sector acting as an insourcing agent who focuses on formulating and managing the activities of various logistic service providers, often including private commercial entities. Government may choose to contract out to expand service delivery to additional points of care, contract in to scale government capacity, lease facilities or equipment to or from private stakeholders, or provide grants to various types of grantees. Decisions around the structure of partner engagement are complex and must be discussed and brokered early in the early planning process. USAID missions can assist governments to think about and answer key questions as part of their considerations about which private sector entities to engage and how to engage them in both preparedness and shock management efforts.

Streamline coordination and partner systems

For planning and action to be effective, partners need to clearly understand their roles so resources and technical assets can be quickly mobilized at each stage of preparedness and response. Global literature and key informants from several private companies highlight that although many private companies are very prepared to engage in preparedness planning, willing to contribute their own resources and technical assets, and open to working with the public sector, there is no clear pathway for engagement. For private partners that have engaged, there is often confusion about whom to communicate with, through what platform, how often, and the priority information being requested. Private (and public) stakeholders often use different information management, communications, reporting, and IT platforms, which complicates efforts to create a harmonized and aligned system of coordination between all partners across diverse industries.

To address this challenge, USAID missions can prioritize the extension of existing HSR fora and working groups to the private sector or encourage the creation of public-private joint working groups focused on HSR and preparedness where appropriate. Such fora are essential in revealing and discussing the possible or preferred methods of communication, information exchange, and technical reporting. Ensuring that there is a space for private sector partners to dialogue with public stakeholders within the existing preparedness and response structures is foundational to advancing partner coordination, and specifying the communication and systems alignment needs.

When an event occurs

The first phase of the strategic approach outlines in detail the numerous activities USAID, governments, and private actors can take jointly or independently to help build joint preparedness to stressors and shocks before they occur. However, there are times when no amount of preparation can prevent a stressor

or shock event from overwhelming the health system, requiring that USAID missions, governments, private partners, and communities work collectively and rapidly to implement coordinated prevention and containment efforts, detection and surveillance platforms, response activities, and eventually recovery efforts. The second phase of the strategic approach outlines actions USAID missions can take to promote private sector engagement in HSR when an event occurs and throughout the active prevention, detection, response and recovery phases of an emergency lifecycle.



Photo: GCIS



Whole community prevention

There are numerous prevention measures private partners can take to help lessen or contain shocks. Government action plans should emphasize the private sector's role in reducing the impact of an event, containing the zone(s) of impact, preventing ripple effects to other key services and institutions, and reducing the damage to the health system and other essential services as a first course of action. It is critical to note that the key people who can mitigate the impact of shocks on the health system and reduce the ripple effects across other sectors of society are the members of the affected communities themselves.

Mobilizing the private sector (from large to small entities) in reaching their workforces and the communities they engage in can be an incredibly effective method of disseminating ongoing prevention messaging during a shock event; updating the population on key information, risk mitigation, or response actions; and helping to contain the number of communities and people affected. Prevention and containment strategies during recent health system responses have emphasized the key roles played by a broad range of local religious leaders, regional corporate leaders, local businesses, and other community champions outside the public sector who hold or have been able to earn the trust of the local population. The private sector is critical to ensuring that when the system is overwhelmed, there is an immediate emphasis across society on mitigating, preventing, and containing the human and financial costs.



Tips: Areas where private partners have a key role to play in prevention

- **Identifying and training private sector representatives**, particularly associations or aggregators of private providers, to lead and coordinate disaster prevention and risk mitigation activities in their respective organizations
- **Advancing funding and operational mechanisms** for vaccine development, infrastructure upgrades, resource stockpiling, and financial risk pooling
- **Distributing prevention resources** (informational, pharmaceutical, or material, i.e., personal protective equipment, to private sector partners in advance of emergencies
- **Strengthening communication and information exchange systems** to improve monitoring and surveillance across sectors
- **Identifying and strengthening supply chain mechanisms** to ensure distribution of products and commodities during times of both calm and stress
- **Establishing regular fora** to provide a place where diverse public and private stakeholders can discuss ongoing risks and threats and new prevention measures, and to coordinate collaborative action
- **Identifying and strengthening transportation and ambulatory services**



Joint detection and surveillance

Rapid detection, active surveillance, and effective communication between public and private stakeholders across the diverse range of entities active in the health system, and across industries, is essential at every stage of prevention, response, and recovery. Joint detection and surveillance systems, protocols, and partner reporting tasks should be built into any preparedness plan, escalating as scenarios move from prevention to active response. USAID missions should advocate that governments implement detection and surveillance platforms that receive and communicate information to all stakeholders from diverse organizations, communities, and individuals across the whole of society. Where possible, detection and surveillance priorities should be integrated into existing government and USAID reporting platforms. Missions should continue to emphasize their investments in HMIS platforms that have outlets to disseminate national shock updates or health information to the population. These platforms can help keep citizens safe and rapidly deliver clear health messages through telecommunication channels such as mobile phones. Many telecommunications companies have already demonstrated a willingness to reduce rates or provide pro-bono network coverage as part of broader public-private partnership agreements.

The private health sector laboratory capacity of many countries has not been fully explored as a way to strengthen shock detection functions.

Photo: USAID PREDICT



Media and telecommunications corporations and their local technology partners are active in even the most resource-poor settings. These partners are already providing behavior change communication and health information to communities on hygiene, malaria, HIV/AIDS, and child health. This model can be expanded by using

telecommunications partners to rapidly disseminate information to communities in a time of crisis. USAID missions can assist governments in collaborating with telecommunications firms and brokering agreements with partners and agencies, technical intermediaries, and telecommunication firms directly to start this dialogue for other shock scenarios. There is significant work being done to develop early warning systems for famine, natural disaster, and disease outbreaks that can be immediately leveraged to include the private sector. However, deciding which shocks should be emphasized, which warning indicators or risks are of most interest, and how early warning systems should feed into prevention and response activities requires discussion among local partners. New methods of satellite imagery help show the locations of populations in at-risk or disaster-affected communities, how many people are in particular settlements, and where natural disasters have impacted communities. The technology also aids in tracking response activities and was used in the Ebola outbreak in DRC to identify at-risk communities. Finally, effective national laboratory systems and reporting are critical at each stage of prevention, detection, response, and recovery. However, current global evidence demonstrates that although many countries' private health sectors provide a large proportion of laboratory capacity (and thus a strong role in surveillance efforts), these strong private sector platforms with available equipment and laboratory technologies have not yet been fully explored as a way to strengthen shock detection functions.



Tips: Areas where private partners have a key role to play in joint detection and surveillance

- **Strengthening communications and technology infrastructure** is essential to successful detection and surveillance efforts across the whole of society.
- **Financing detection and surveillance options appropriately in preparedness plans** through focused problem–task assignment of roles to telecommunications firms and HMIS platforms is essential in reducing redundancies and ensuring rapid detection efforts.
- **Involving technology designers at an early stage is crucial in ensuring detection and surveillance efforts are not behind the curve.** USAID missions should work with local counterparts to help determine appropriate systems and tools (and their use) from early stages. This includes ensuring that table–top exercises or simulations are being conducted as part of preparedness planning to test technologies and ensure the right technology tools are being used.
- **Matching tools and technology to context and need** by ensuring technology options are innovative but also useable, feasible, and effective.
- **Ensuring the public sector has the resources to integrate and correctly use technologies.** This area is of more importance than the technology selected.

Selecting from available technologies and matching to context is one challenge; ensuring that the tool is useable and implemented is another. For instance, many countries are still using paper-based HMIS reporting, which must be considered and incorporated into any technology solutions. USAID missions can ensure that these considerations are incorporated into HSR discussions at all phases and levels.



Tips: Areas where private partners can play a key role in a cross-sectoral shock response

- **Disseminate response and treatment information** through mobile phone (telecommunications) networks, community outreach, or corporate workforce engagement.
- **Conduct vaccine efficacy or other epidemiological research** activities during a time of emergency.
- **Mobilize BCM strategies** within their companies, workforces, and communities as part of broader public–private response plans.
- **Establish emergency treatment centers** in private sector hospitals, clinics, and community outlets.
- **Provide transport, infrastructure, engineering, and basic utility services.**
- **Provide emergency supplies, resources, pharmaceuticals, or equipment** in kind or via contract.
- **Support waste disposal, infection control, or burial services.**
- **Provide financial contributions** to emergency responses.



Coordinated public–private response

During any shock to the health system, maintaining basic health services (in addition to response efforts) is of critical importance. To address this, USAID missions can encourage governments to think about private sector down-referral or options to contract out basic health services to private health sector points of care in the event public health systems cannot cope with a shock. However, weak communication among partners has been the primary reason for operational challenges experienced in almost every multisectoral table-top exercise or actual disaster response. As experienced in recent emergency responses, broken equipment, errors with technology, and a lack of communication have all inhibited effective interagency coordination before, during, and after emergencies. As more agencies and entities are involved in preparedness planning—particularly those outside typical disaster response structures (e.g., the private sector)—there is an increased complexity in communication structures and a need to establish clear lines of

communication, reporting, a chain of command, and information-sharing processes as part of developing strong interagency coordination. A powerful way to make the business case to the private sector and to structure successful partnerships may lie

in the ability of HSR stakeholders to align their priorities and strategies with existing BCM strategies already in place at many multinational corporations and private sector industries. Private sector BCM approaches and public sector HSR strategies share a central emphasis on resilience. The priorities are aligned: protect the national workforce, implement broad infection control strategies, conduct environmental clean-up, scale the availability of emergency services, and coordinate multiple actors to ensure that businesses and society function as usual during a crisis (Box 6).

Private sector business continuity management approaches and public sector health system resilience strategies share a central emphasis on resilience.

Box 6. ExxonMobil's all-hazards approach to BCM

Large (and many medium and small) commercial enterprises are invested and involved in HSR and emergency preparedness, although it is often framed as BCM. A strong example of this is ExxonMobil's all-hazards approach to dealing with potential emergencies around the world. The company's all-hazard BCM strategy is organized globally through regional response groups and by level of emergency.

Tier 1 emergencies are those that can be addressed at the local or national level. These include epidemics, oil spills, or other localized events. When threats cross borders, the company escalates it to a Tier 2 emergency requiring a regional approach. A Tier 3 emergency, such as the Deepwater Horizon accident, are "all hands on deck" global responses involving not only ExxonMobil, but also the broader petroleum industry.

Source: Key informant interviews with ExxonMobil Corporation, 2019

BCM strategies, which focus on achieving cost efficiencies, maintaining basic services and operations, and mounting rapid responses, have valuable information for public stakeholders that pursue comprehensive preparedness strategies. Furthermore, as part of context-specific preparedness planning, HSR leadership can look for ways to incorporate private BCM strategies into a broader national- or community-level

preparedness strategy. BCM strategies that private companies will undoubtedly implement on their own in time of emergency can be collectively leveraged as part of overall response and recovery strategies. If appropriate, the public sector could contract private firms to implement their BCM strategies in a broader geographic context or scale. For example, the public sector could contract private firms to extend the same prevention, response, or recovery resources they deliver to their employees (such as protective or prevention materials; posters and communications; medicines; or other materials) to other members of society. In short, it is important to recognize that although they use different languages and emphasize continued business operations, private sector BCM strategies are in essence ready-made preparedness approaches that might significantly inform public preparedness strategies.

Private sector business continuity management strategies are in essence ready-made preparedness approaches that might significantly inform public preparedness strategies.

While not all private sector actors (in particular small and medium enterprises) have plans in place for emergency preparedness, many do have plans to ensure the successful continuity of business operations in the event of external disruption to their workforces, supply chains, or other foundational business structures. By seeking to

understand, learn from, and incorporate these private entities' priorities for BCM, HSR stakeholders can help align the independent priorities of private partners (related to BCM) with broader community- or national-level preparedness planning. For example, a transportation company may not be interested in a formal partnership with health sector stakeholders but may have plans in place for BCM in the event of fuel shortages, infrastructure damage, or other potential business disruptions. Understanding what private companies plan to do themselves if there are operational disruptions helps establish preparedness strategies that not only include collaborative partnerships, but also include and perhaps leverage the collective actions of various private companies' own BCM strategies.



Whole community recovery

The global literature suggests that the private sector has an especially important role to play in stressor and shock recovery. When threats have been controlled through effective response, effective preparedness plans will advocate for rapid recovery involving all of society.



Tips: Areas where private partners have a key role to play in recovery

- **Reestablishing or scaling essential health services** during times of public sector collapse, refugee crisis, or emergency recovery
- **Addressing the market failures producing or prolonging famine conditions** or addressing other post-emergency food security crises
- **Reestablishing basic banking and financial flows** both during and immediately following an emergency
- **Providing insurance payments or low-collateral recovery loans** to fund community recovery and reconstruction efforts
- **Compensating farmers or other community members** for losses incurred due to livestock slaughter or other prevention efforts that lead to significant costs to private and community partners alike
- **Supporting public-private joint capacity building** to reinforce primary health care and social systems post-emergency (e.g., implementing prevention efforts or continuing detection activities after the initial response)
- **Providing heavy equipment, infrastructure, or construction services** via both in-kind and contracted solutions

As evidenced by several recent stressor and shock events, not least the ongoing COVID-19 pandemic, the impact on health systems is severe and shocks cause ripple effects through economies and other local institutions that can take years to recover from. Uninsured and uncompensated losses from natural disasters in particular remain extensive, implying the need for stronger insurance mechanisms to fund long-term human and economic recovery efforts. For USAID missions, there are significant opportunities to work with private insurers to establish low-probability, high-cost insurance products, create disaster bonds, or ensure that other compensation measures are in place to assist local populations during their recovery from shock events. Disaster bonds are already in place in some countries, and several studies have been undertaken to determine whether tax incentives, bonds, or other financial recovery methods can be effective in hastening post-shock recovery. The results of these studies and



Photo: Peter Biro,
© European Union 2018

The recovery phase is a critical period in which joint preparedness planning—between the public and private sectors—should be reinitiated and strengthened.

potential for these methods in application to HSR is decidedly mixed. There is evidence that such methods have worked well in assisting small businesses or community organizations to access financing during or immediately after an event (such as 9/11 or Hurricane Katrina) (Gotham 2014). However, there is equally compelling evidence that the methods have skewed financial assistance to the most powerful interests, assisted the least in-need applicants in the least-affected areas, or otherwise skewed support (Graham 2007; Damiani 2008). Overall, there may be room for USAID missions to encourage insurers to develop these products. However, more context-specific exploration is needed to determine the appropriateness of various tax incentives or other financial protection measures.

The recovery phase is also a critical period in which joint preparedness planning—between the public and private sectors—should be reinitiated and strengthened. Lessons from a disaster can immediately inform future preparedness planning, essentially reentering the disaster lifecycle with more information on the gaps, needs, and resources available should an emergency strike again. USAID

missions can highlight to partners that investment in preparedness has often come too late and is typically viewed as a low health system priority in times of calm. However, successful total health system preparedness efforts often start immediately during the recovery phase when partners are still communicating, lessons and challenges are fresh, and there is still momentum and commitment to invest in preventing a similar shock from occurring again. USAID missions can be catalytic in encouraging governments to start thinking about and investing in broad preparedness planning immediately after an acute shock is dealt with.

Conclusion

We live in a world of hazards that is placing increasing strain on national health systems worldwide. As USAID missions seek to support governments in preparing health systems and societies for these stressors and shocks, the strategic approach outlined in this report can assist in prioritizing the private sector's involvement. A resilient health system is one that has successfully identified, engaged, and mobilized a diverse range of public and private partners unique to the context and the wide range of potential stressors and shocks we face. No government, international body, or private sector entity can effectively prepare for and respond to stressors and shock events alone. The whole community is needed.

The private sector is diverse, possesses an extensive range of capabilities and resources that can contribute to HSR, and is often willing and ready to contribute. The primary question has always been how to engage them. This strategic approach emphasizes the need to build public-private joint preparedness efforts before shocks occur, to broker trust, conduct risk assessments and private ecosystem analyses, increase the number and improve the structure of partnerships for HSR, improve interagency coordination mechanisms, and develop dedicated financing to mobilize joint efforts. Depending on the type of stressor or shock event, this strategic approach can be applied in a flexible manner. In contexts where stressors have not yet led to health system collapse and where there is sufficient time to prepare for shock events before they occur, stakeholders would start at the outset of the approach, emphasizing early action to involve the private sector in broad preparedness planning. When shock events leave no time for preparedness planning (such as in the case of a natural disaster, fast moving epidemic, or violent event) stakeholders would emphasize the priorities in the latter portion of the strategic approach by encouraging rapid private sector engagement in the areas of prevention, detection, response, and recovery. This approach, regardless of the type of stressor or shock scenario, aims to tangibly help USAID missions, local governments, and international health system stakeholders systematically engage private sector actors in meeting health system resilience goals.

Annex: Applying the strategic approach to a shock event scenario

This annex demonstrates how the private sector engagement for HSR strategic approach might be practically applied by a USAID mission to assist government in engaging and mobilizing private partners for HSR. It outlines a purely illustrative (but common) context where underlying health system stressors could lead to partial or total collapse of the health system if strained further by an unexpected shock event.

Background

A health system's ability to remain resilient in the face of any shock scenario requires that there are sufficient health professionals, equipment, and consumable healthcare supplies to do so. Unfortunately, deficiencies in the number of adequately trained health personnel, acute staff shortages, low motivation related to poor compensation, health worker strikes, lack of basic equipment and supplies, interrupted supply chains, or disruptions to manufacturing of essential medicines and materials are all extremely common stressors facing many global health systems on a daily basis. In many settings, even where equipment and supply is generally available, a lack of adequate human resources for health routinely impair the delivery of essential health services, leads to mortality that could have been avoided, reduces rates and coverage of immunization and other public health campaigns; and prevents advances in addressing chronic health crises such as HIV/AIDS, malaria, tuberculosis, and NCDs.

When any shock event occurs, those managing the response typically emphasize the immediate implementation of surge capacity, that is, both short- and medium-term strategies to rapidly scale up the availability of first-responders, essential health personnel, and the supplies they require to prevent, detect, and respond to the event. Even a low-intensity shock can have devastating impacts on a health system facing health workforce-related stressors. These shocks can also impact the population far beyond what might occur in a health system without that stressor. Community health stations, hospitals, emergency personnel, and key health workforce structures can easily and quickly be overwhelmed when a shock occurs, as demonstrated in many recent responses to natural disasters, epidemics, and conflicts around the world. In almost any event, health workers on the frontlines are also some of the most vulnerable. The illness, death, or mental burnout of health personnel that accompanies crises also challenges even the most well-staffed health systems, depending on the severity of the event.

Illustrative country context

Imagine a low- to middle-income country that has made notable but mixed progress on their achievement of key child, maternal, and population-level health indicators. Although the country possesses a committed and stable government, where health authorities have demonstrated the political will to advance the quality of health care

for all, there remain significant financial deficits and logistic challenges preventing achievement of key health targets. In addition, the country's geographic position features rising sea levels, increasing storm severity, and changing rainfall patterns which make it particularly prone to shocks including earthquakes, tsunamis, volcanic eruptions, and disease outbreaks.

Private Sector: There are a range of public and private health stakeholders active in the country. Although HSS and HSR planning has historically focused on the public sector, there are a range of private sector entities both within and external to the health system that currently provide health care and other essential services including electricity, water, construction, and other essential services in both urban and rural areas across the country. There are also a number of both multinational and local agricultural and mining firms active in the country.

Health system stressors: Although the country possesses several accredited health training institutions, over the past several years the country has seen a mass departure of its new graduates and younger health staff to neighboring countries where compensation is higher. While the government has committed to increasing compensation of health personnel to address this issue, the immediate impact has been an ongoing shortage of health personnel throughout the nation and particularly in rural areas. Already USAID and its partners are discussing the impact these HRH shortages are having on the routine provision of basic health services.

Shock event

Imagine that the country experiences a magnitude 8.1 earthquake affecting three of the country's regions. To assist in responding in the immediate aftermath of this event, which has disrupted or damaged a large portion of the government's public health and essential services infrastructure in at least three areas, USAID emphasizes the mobilization of the nation's private sector assets both within and external to the health sector as a crucial and immediate priority.

In this hypothetical scenario, the assessment and planning outlined in the section "Before an event occurs" have not been sufficiently addressed.* USAID will therefore enter the strategic approach at the mid-point "when an event has occurred," (**which is not a best practice**) and has therefore rapidly convened a working group including government officials from the Ministry of Health, Ministry of Finance, and Ministry of Industry and Trade, and Ministry of Education, as well as representatives from the Association of Commercial Entities (representing private corporations) and the Association of Private Health Actors (representing private health professionals and facilities). This working group is now applying the strategic approach shown on [page 11](#) to assist in formulating their actions.

* The best practice entry point to the strategic approach is before an event occurs. Ideally, USAID and government bodies would have already conducted various preparedness efforts as prioritized in the approach, including assessments aligning problems and tasks with private partners who can assist, forging partnerships, and identifying funding from both public and private sources that can be quickly mobilized against shocks.

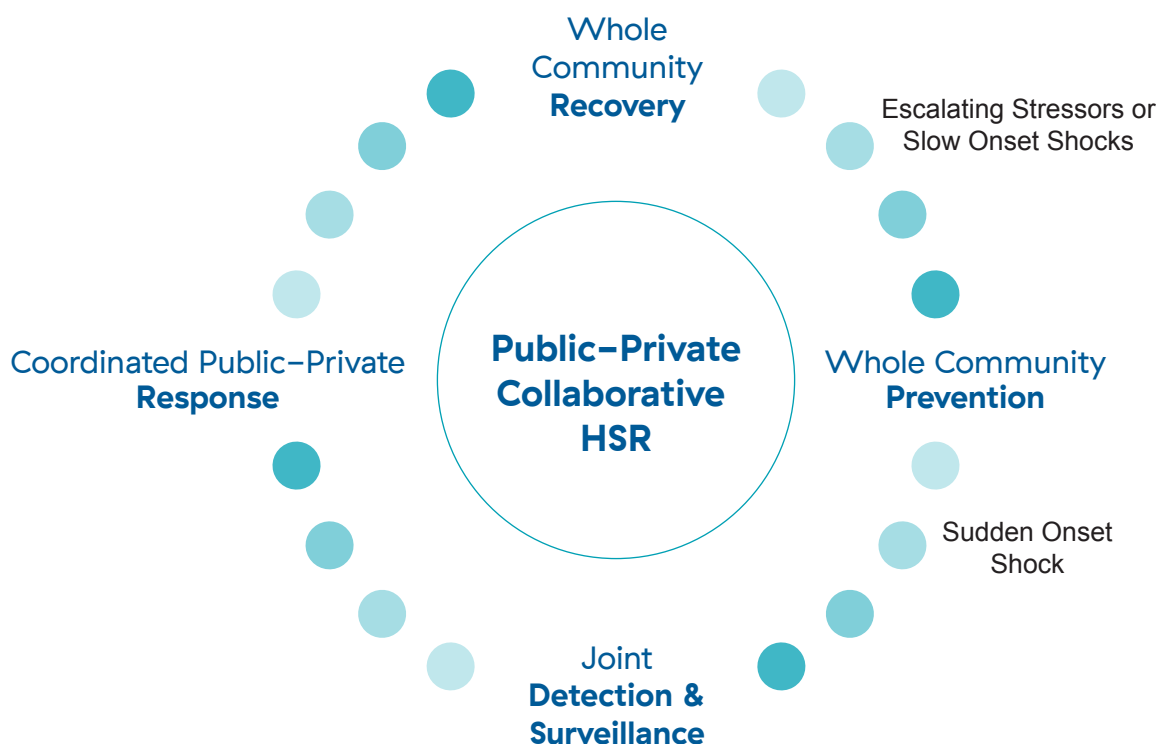
Application

Working group objective 1: Involve private partners and diverse private resources across the event lifecycle

In the country context outlined previously, there are not yet extensive preparedness plans in place to help guide the engagement or mobilization of private actors in response to a large health system shock. The preparedness plans that are in place emphasize the mobilization of the nation's public health infrastructure and external first responders. However, the public health sector's capacity in the affected regions has been severely damaged by the earthquake and first responders have been slow to arrive and constrained in their movement through damaged road networks.

When an Event Occurs

Promoting PSE for HSR in Prevention, Detection, Response, and Recovery



Sources: FEMA (2011), World Bank (2014), WHO (2017), USAID (2018), WHO (2019), USG (2019), USAID (2018), CDC (2016)

In such a scenario, USAID will first emphasize the second part of the strategic approach, which advocates for private sector engagement for HSR in the immediate lifecycle of a shock event (see figure above).



Whole community prevention

Given the earthquake has already occurred, USAID will emphasize how private sector engagement could assist in addressing immediate tasks to support search and rescue efforts and prevent further loss of life, to prevent the deterioration of infrastructure leading to additional casualties, to reinforce the health system in the areas affected to help treat the wounded, to prevent health system collapse in other parts of the country, and to mitigate any ripple effects impacting the provision of essential services.

These could include:

- Mobilize private emergency medical services and first responders to assist in immediate search and rescue efforts
- Identify and allocate private health personnel to be seconded to public health institutions in the affected areas
- Identify private health facilities to receive primary health care patients in the short term
- Identify in-kind or procurement-based suppliers of essential supply such as water, food, and first-aid materials for distribution at the community level
- Work with local private supply companies to reinforce and stockpile materials on the essential medicines list
- Contract a local technology firm to repair and strengthen the country's HMIS systems for rapid surveillance and reporting
- Prepare press materials and community-focused information for dissemination through workplace and employer-based channels



Joint detection and surveillance

USAID would emphasize how private sector engagement could assist in immediate tasks to gather information on earthquake-related casualties and injuries, the movement of health personnel, the impact on health services, damages to hard and soft infrastructure, and to support the immediate repair of telecommunications infrastructure necessary to facilities coordination and sharing of information between partners. USAID would also advocate for the close monitoring of private sector contributions and achievements as their assigned tasks are completed.

The private sector could:

- Engage local telecommunications firms to rapidly repair the HMIS and other telecommunications infrastructure in affected areas
- Establish a system for public and private health entities to immediately report earthquake-related casualties, referrals, and other health information related to the crisis
- Reinforce broad public-private communication channels by establishing a Facebook group and a WhatsApp platform for the joint working group



Coordinated public-private response

Per the country's national earthquake response plan, military-led clusters are typically deployed in the immediate aftermath of a sudden-onset natural disaster, with a strong mandate to coordinate and deploy all available search and response teams from the government, civil society, private sector, and international community. Having carried out a rapid risk assessment exercise with the working group, USAID could choose to emphasize any number of private sector tasks that can contribute toward the broader military cluster disaster response strategy and broader public-private collaborative goals for HSR.

USAID might help guide the determination and assignment of private sector roles around the following key industry areas:

Private search and rescue

- Contract private ambulance services, heavy crane and construction, and helicopter providers
- Work with international airlines to arrange long-haul or last-mile transport of donated relief materials
- Work with hotels and the tourism industry to secure flights and accommodation for relief personnel
- Start dialogue with the private sector to address any supply and material import challenges affecting the health system and emergency relief efforts broadly

Private health sector

- Deploy private sector clinicians to affected regions, including doctors, nurses, infection control experts, and laboratory technicians
- Send private health providers to unaffected areas to allow public health personnel to focus on the emergency areas
- Work with private partners to explore short-term fee waivers and longer-term contracting agreements to allow the private sector to deliver more primary health care services

Food and non-food business

- Work with private partners in all industries (as relevant) to ensure immediate provision of drinking water; tarps, makeshift housing, and bedding; latrines and hygiene kits; over-the-counter and prescription medicines; and emergency food packs
- Work with private partners to establish short-term financial relief programs for people rendered homeless and unemployed by the earthquake

Water and sanitation

- Establish short- to medium-term contracting agreements with private providers of drinking water and sanitation services
- Issue public-private joint press releases on the impact of the disaster on drinking water and sanitation, as well as directives for community members

Power, fuel, and energy

- Work with existing national service providers to address disruptions in power or fuel supply
- Establish short- to medium-term contracting agreements with private industry to ensure the provision of generator sets and other heavy equipment to assist in the search and rescue operations
- Convene representatives of the country's main energy, telecommunications, and utility service providers to assess damages to core power, water, and telecommunications infrastructure and ensure the ongoing provision of core services to the health system

Finance and insurance

- Work with local banks and financial institutions to address day-to-day banking disruptions or broader financial impacts
- Work with private employers and other actors to ensure affected community members and households have access to the financing and liquid capital they require to strengthen resilience and recovery
- Ensure that local private health institutions and other businesses have access to the financing they need to maintain operations

Infrastructure

- Work with internal and external manufacturing, agriculture, and trade organizations to assess damages and mobilize workforces
- Contract shipping companies to ensure ongoing transport of dairy, food, and construction materials



Whole community recovery

In recovery from a shock such as an earthquake, private and public stakeholders share the same goals and incentives to ensure business operations resume as soon as possible. In addition, all stakeholders want to keep people employed after a shock and promote resumption of economic, social, and environmental activities to at least pre-shock levels. In this case, USAID would emphasize that in many recent natural disasters, working with private partners to plan for recovery in the immediate aftermath of the event, rather than waiting for when the immediate crises has subsided, has led to more rapid long-term recovery. USAID will therefore advise that the working group start looking at possible private sector contributions and roles in recovery right from the start of this planning process.

The private sector could:

- Provide emergency shelter
- Contribute tenders or other options for immediate post-earthquake reconstruction efforts focused on housing, schools, health infrastructure, and food supply
- Reinforce and strengthen basic water, fuel, electricity, and telecommunications supply in all communities
- Return service accessibility to pre-shock levels, but ideally assist to develop stronger infrastructure that can remain resilient to future events
- Reduce private sector health care consultation costs for the short term to try and minimize out-of-pocket payments during catastrophic times

Working group objective 2: Address the preparedness priorities wherever possible

Having used the strategic approach to help engage and mobilize partners in the immediate management of the earthquake lifecycle and having already turned the focus of private sector engagement toward long-term recovery, USAID would then assist partners to infuse private sector engagement of HSR into preparedness planning to ensure more rapid, effective, and systematic mobilization of partners and partner infrastructure when faced by a new shock or stressor event.



Priority 1: Act early

The country has several disaster response plans in place for this type of scenario, however, very few mention specific actions for the private sector. USAID will need to reinforce to government stakeholders that global evidence unanimously demonstrates the positive impact of engaging the private sector broadly and early in shock and stressor preparedness. As part of addressing the current earthquake and future crises, the agency might further recommend that a permanent HSR partnership fora be established and resourced to allow rapid mobilization of

private partners in this crisis and future ones. In particular, USAID might note that in recent shock events around the world, the private sector has proved crucial in providing pharmaceuticals, vaccines, medical equipment, manufacturing, transport, and logistics. Ensuring private partners in all of these sectors are involved as early as possible in planning and action will be critical to the success of the fora. Given the urgency of the current earthquake, the fora should be encouraged to meet regularly and to immediately establish a platform for ongoing communication.



Priority 2: Address routine stressors and plan for shocks

The strategic approach underscores that a strong, equitable, and well-resourced health system is the first and best line of defense against shocks.

In this case, health workforce challenges could lead to a collapse of the health system in areas affected by the earthquake and could create additional HSR challenges in other areas as health personnel are drawn to the emergency zone. Although there is no time for broad preparedness planning, USAID will encourage that the fora consider specific tasks the private health sector can undertake to provide surge capacity of the health workforce in affected areas, while simultaneously reinforcing the health system in areas that may become impacted by shifts in public staff allocation. USAID will emphasize the importance of focusing on emergency needs related to the earthquake, but also the ripple effects likely to come throughout the health system. The private sector can assist with both.

A strong, equitable, and well-resourced health system is the first and best line of defense against shocks.



Priority 3: Invest in risk assessments and private sector analyses

Although there is no time for extensive private sector landscaping, ecosystem analysis, or other broad-based risk assessment, USAID will encourage the use of a rapid risk assessment to identify the priority health system challenges, such as human resources for health, supply, or equipment needs required to reinforce the immediate public health system needs. Once the specific tasks to address problems have been identified, such as lists of training needs, staff needs, or equipment forecasts in specific hospitals, USAID will assist in carrying out a rapid ecosystem-focused assignment of tasks to the available private partners. Due to the urgent nature of this case, that will include relying on various private sector umbrella organizations, networks and other aggregators who can both represent and organize a broad range of private sector actors and capabilities at one time. In assigning these tasks to specific private partners, USAID will emphasize that there are numerous ways for private partners to contribute that go well beyond corporate social responsibility and philanthropy. For example, this country might agree that key private sector tasks are:

- Identify employers who can rapidly disseminate information to the most at-risk or affected populations in workplaces, communities, and airports, etc.

- Determine which employers and corporations can help in building trust among their employees to use the government’s emergency treatment centers or other response programs.
- Approach telecommunications companies and other IT providers to assess their ability and willingness to assist with community information dissemination, messaging, service outage detection, and surveillance of health system capacity.
- Assess the many opportunities for specific private health sector entities to get involved in preparing unaffected areas of the country to withstand the further exacerbation of health workforce shortages.



Priority 4: Develop more partnerships using diverse private sector engagement methods

Per the country’s national earthquake response plan, military-led clusters are typically deployed in the immediate aftermath of a sudden-onset natural disaster, with a strong mandate to coordinate and deploy all available search and response teams from the government, civil society, private sector, and international community. Although this guides the current earthquake response structure, USAID will work with government stakeholders to rapidly explore and select from the various forms of partnerships available to engage private partners more directly in HSR tasks.

In this case, the government determines that using short-term contracting agreements with various health actors, signing memorandum of understanding agreements or letters of commitment with telecommunications firms, and establishing more robust long-term service agreements with two private hospitals will meet current needs. USAID assists the government in setting up these partnership mechanisms as part of the immediate earthquake response and longer-term HSR strategy. In addition, the agency will emphasize that despite the variety of partners and partnership mechanisms being used, there should be collective and flexible structures of communication to allow private and public health actors to collaborate on preparedness, response, and recovery activities within and outside the military’s cluster approach and communication mechanism.

Conclusion

This scenario is by no means comprehensive, but is intended to provide an example of how USAID missions might use the strategic approach to frame or guide private sector engagement efforts for their context and purpose. As demonstrated, the strategic approach is not necessarily intended to be approached in a sequential manner given the immediacy of need and lack of time for preparedness efforts when faced with a sudden event or escalating health system stressor. Rather, the approach provides a way to guide private sector engagement efforts at any stage of entry depending on the situation, and is based on a robust review of global best practices in responding to diverse shocks and stressors. The approach draws on existing USAID investments in private sector censuses, private health sector service delivery, and other ongoing collaborations in public-private engagement for health beyond HSR.



Photo: Ncamsile Maseko and Lindani Sifundza

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