Scoping Literature Review:

Developing a Global Framework for Private Sector Participation in Health System Resilience, Emergency Preparedness, and Response

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Resiliency in 2019

- **Are global societies ready to withstand and respond to external shocks?**

- **Are health systems ready to prevent, detect, and respond to disasters of various type?**

- **What have we learned from collective recent experience?**
  - **SARS 2003 and H1N1 2009**
  - **EVD West Africa 2014 and DRC 2018/19**
  - **US Domestic and International hurricane response**
  - **Complex environments, unrest, displacement and refugee movement**

- **Is there a role for the private sector? What is it? What has it been? What could it be?**

- **What are the engagement priorities moving forward?**

Background

- Weak health systems are vulnerable to disasters and have been/will be unable to respond effectively to large-scale emergencies

- Even strong health systems are vulnerable to the complexity, immediacy, and unstable conditions posed by epidemics, complex emergencies, and protracted crises

- Guiding global health security perspectives (such as the One Health Concept, the US Global Health Security Act of 2018, the OIE PVS Pathway for animal health, and the GHSA action packages all underscore that **no sector or agency alone can achieve health system resilience and mount effective responses to health emergencies**

- **The Whole of Society is needed and multi-sectoral action is at the core, not an after-thought** to effective health system preparedness, response, and resiliency efforts

- Despite this, traditional emergency response mechanisms are reactive rather than prepared and responsive. Doing a poor job of carrying out multi-sectoral emergency prevention and control efforts

- More information is needed about the private sector's role in humanitarian response, how they've mobilized in the past, and how they can be better leveraged in the future

The Core Challenge

- As the world experiences more frequent, deadly, novel, and costly disasters; there is increasing uncertainly about the rapid socio-economic, political, and environmental changes occurring at multiple levels and scales (Djalante et al. 2013)

- Requires more comprehensive, systematic, and multi-disciplinary analysis

- As evidenced by retrospective analysis of recent epidemics and disasters it is clear the **private sector has a crucial role to play in helping health systems and communities remain resilient during health emergencies**

- The challenge has been and remains ***how* to effectively identify, connect, structure, and manage these diverse partners** as part of comprehensive emergency response

- USAID has requested that SHOPS Plus prepare a **global brief that can assist governments and missions to begin thinking through these issues, and preparing joint public-private response structures as part of building health system resiliency** before emergencies occur

- The proposed SHOPS Plus framework will be created based on lessons and inputs available in published and unpublished global health security and emergency management literature, and validated with a broad range of key informants

Questions or Thoughts?

Private Sector Engagement and the Disaster Life-cycle

Defining the landscape

- **Resilient health systems** have the ability to mitigate, adapt to, and recover from external shocks and changing circumstances on a regular basis - ultimately ensuring the continuity of existing health services and the ability to scale up/adapt services to address new shocks and stresses

- Terms such as Disaster Risk Reduction (DRR), Disaster Risk Mitigation (DRM); Disaster Mitigation and Preparedness (DMP); Health System Resilience (HSR); and Global Health Security (GHS) all emphasize complex system interactions

- The **"Private Sector"** is often referred to as a singular concept; without due acknowledgement of the vast array of non-state entities operating outside public systems both within and external to the health sector

- Strong and reliable **public-private partnerships (PPP**) for DRR, DRM, GHS and HSR involve a diverse array of public, private, governmental and non-governmental agencies; including but not limited to:

  o Companies and businesses in all sectors, employers, academic institutions, media outlets, pharmaceutical and diagnostics companies, research institutes, multilateral organizations, regulatory bodies, philanthropies, health system leadership, health care providers, private security and law enforcement, industrial companies, and service providers
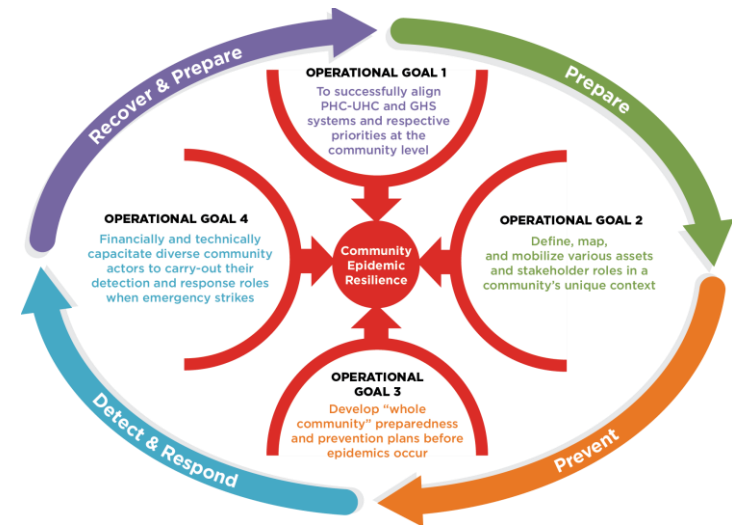
The Disaster Lifecycle

FIGURE 1
Categorizing Disasters

	Source	
	Natural	Man-made
Sudden	Earthquake Hurricane Tornado Tsunami	Terrorists attack Coup d'etat Chemical Leak
Slow	Famine Drought Poverty	Political Crisis Refugee Crisis

(Speed of Onset)

Source: van Wassenhove (2006, p. 4)

Source: White, J. (2019) Abt Associates

- **Preparedness and Resiliency means being able to:**
  - **Prevent** health emergencies and disasters before they occur
  - **Address Risks** to mitigate unavoidable or sudden shocks
  - **Detect** outbreaks; natural disasters; or other threats as soon as the occur
  - **Respond** to shocks and external threats quickly, with sufficient resources, and utilizing all available capacities
  - **Recover** from shocks and mobilize all actors to rebuild, repair, and prepare for the next event

Questions or Thoughts?

PSE for HSR Priorities, Barriers, and Ideas for a New USAID Framework

Too Few, Too Little, Too Late

- Traditional prevention and response cycles are not sufficiently focusing on the "whole of community"

- We are trapped in a cycle of late-detection and reaction

- Need to identify and engage the private sector **before** emergencies occur

- The private sector often bears the burden of prolonged epidemics (i.e. influenza and HIV) or natural disasters; and has existing incentives to prevent labor collapse, supply chain interruptions, or broader disaster induced market failures

- There is an urgent need to **act proactively** on shared risks and aligning incentives (currently lacking from preparedness strategies)

Areas of Theoretical Inquiry

- Framing PSE within a disaster life-cycle cuts across a broad range of disciplines utilizing diverse theoretical approaches such as:

  - Disaster Risk Mitigation (DRM), Disaster Risks Reduction (DRR), Disaster Mitigation and Preparedness (DMP)

  - Health System Resilience; Community Resilience; and Pandemic Preparedness

  - The intersections of environmental health, public health, global health security; and business continuity management (BCM)

  - The importance of a One Health lens recognizing the health of humans as connected to the health of animals and our shared environment

  - The emerging threats of diseases of zoonotic and novel source

  - The importance of Whole of Community; Whole of Society; and Whole of Government approaches to emergency preparedness and response

# PRIORITY 1: More Partnerships Needed

- There is a consistent call from all sectors for 'more' and 'better' partnering for GHS and HSR but still a lack of guidance on how to operationalize it in diverse contexts

- Enhanced cooperation, communication, and trust building between multi-sectoral partners is essential and must begin well in advance of an emergency

- Necessarily involves the complex coordination of numerous actors and agencies each with their own mandates, capabilities, and restrictions

- **Effective communication is essential and has been the historical gap; and multi-sectoral actors must be able to coordinate in real time to create an effective response**

PRIORITY 2: Better Partnership Structures

- Although disaster relief is widely considered a human right and public good (in particular food, water, shelter, and healthcare access) it is not essential for, nor often within the capacity of, the public sector to deliver those goods alone in times of emergency

- Decisions around structure of engagement (i.e. PPP, contracting, formal or informal engagement) are complex and must be discussed and brokered early

- Several experiences suggest the **public sector might better operate as an insourcing agent or coordinator**; managing the activities of various logistic service providers (LSPs) and multi-national agencies

- The **private sector has a role to play in strengthening the World Health Organizations (WHO) leadership role** in epidemic and health system responses

- Vaccine efforts have shown that **innovative partnership and business models are needed**
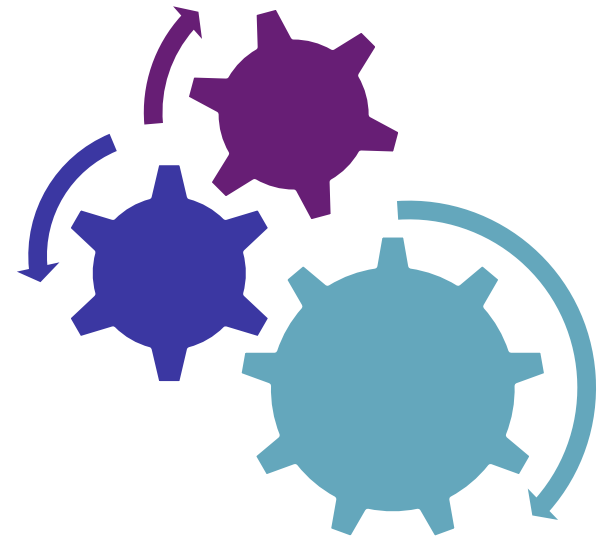
PRIORITY 3: Act Early and Holistically

- Develop multi-sectoral epidemic and disaster response and recovery operational plans **before** emergencies occur

- Support strong private sector engagement and communication in emergency operations **during** a response to disasters

- The private sector might have a particularly important role to play in disaster recovery and rehabilitation (as demonstrated in Nepal)

- There is a role for expanded disaster insurance options; but is complex for low-probability high-cost events

- There may also be a niche role for the private sector in disseminating education, and providing effective media coverage

After receiving hospital preparedness training, Dr. Pradeep Vaidya developed a disaster plan for Tribhuvan University Teaching Hospital in Nepal. These preparedness activities enabled the hospital to stay open after the magnitude 7.8 earthquake on April 25.

Photo by: Kashish Das Shrestha for USAID

Facilitating Factors for PSE

- **Effectively identifying diverse multi-sectoral actors** at national, regional, and community level – including their resources, prior relationships with government, and functional capabilities

- **Assessing capabilities** (i.e., can private companies provide essential services faster, better, cheaper in an emergency scenario?)

- **Effectively aligning incentives**; making the 'business case'; making partnerships a 'good fit' or 'win-win'; and effectively encouraging proactive investments in mitigation strategies

- Ultimately requires an **identified, trusted, and transparent public sector champion** for multi-sectoral engagement in disaster preparedness, response, and recovery

- Funding these early partnership efforts and **identifying/securing dedicated sources of funding** for emergency response remains a critical priority

- **Communication is key**:
  - Open and transparent communication before emergencies occur
  - Effective and rapid communication during a response
  - Routine sharing of information via several platforms including a dedicated multi-sectoral website

Historical Barriers to Success

Barrier 1: Historically weak partnership structures

- Responses have **involved the private sector too late** (i.e. Hong Kong hotel industry SARS 2003 and H1N1 2009; and France national H1N1 2009 response)

- National **capacity to manage complex multi-sectoral partnerships is lacking** (i.e. Liberia EVT 2014; and DRC EVT 2018)

- **Poor inter-organizational partnering** is often cited as the most severe drawback of disaster responses (regardless of type)

- There is a **lack of existing coordination mechanisms** to guide multi-sectoral preparation, detection, and response efforts

- **Major gaps in emergency services, resources, and infrastructure** exist regardless of local private sector capacity

- **Lack of ecosystems analysis** to reveal gaps; community assets; and private sector capabilities to help inform partnership structures

Barrier 2: Responsibility and legitimacy issues

- There are **broad concerns regarding the political and ethical nature of disaster responses** and how public-private collaboration can occur

- **Public and citizen concerns** include:

  o That private companies should not be recipients of public funds, and concern that in situations of conflicting interest for-profit organizations will prioritize profit making over humanitarian goals

  o The 'privatization of humanitarian basic services' (i.e. water and healthcare access) raises ethical concerns about equitable access (i.e. Syrian refugees OOP in Jordan)

  o That the for-profit private sector lacks the transparency required for accountability

  o That for-profit private organizations will engage in potentially harmful competitive behaviors in the field

Barrier 2: cont'd

- **Private sector concerns** include:

  – Expanding role of the private sector requires leadership and focused engagement by public authorities

  – Private companies have queried the reliability, authority , efficiency, and structure of public responses

  – Trust of people managing multi-sectoral coalitions

  – Lack of existing coordination mechanisms results in limited guidance for private sector entities wanting to engage

  – Private actors do not know their duties, roles, and lines of reporting

The 7.8 magnitude earthquake that struck Nepal April 25th damaged or destroyed an estimated 543,000 houses, as reported by the Government of Nepal on May 11.

Photo by: USAID DART

Barrier 3: Funding Concerns

- Current disaster funding cycles are reactive

- Preparedness funding structures must compete with numerous other national priorities

- Despite high levels of care-seeking, cost was an important barrier to health service access for Syrian refugees in Jordan

- The uninsured and uncompensated losses of disasters remain extensive implying the need for stronger insurance mechanisms as part of recovery efforts

- There is a need to establish additional models of dedicated DRM/DRR financing featuring multi-sectoral contributions

Barrier 4: Lack of Systems Alignment

- Most health systems emphasize curative mechanisms rather than broad preventative investments and structures

- There is weak alignment of national PHC, UHC, and GHS systems; despite numerous shared priorities

- Maintaining the provision of basic services, in addition to emergency response efforts, remains of critical concern

- Language and systems used by emergency personnel and health system personnel are often different, focus on different priorities, and lack efforts to harmonize
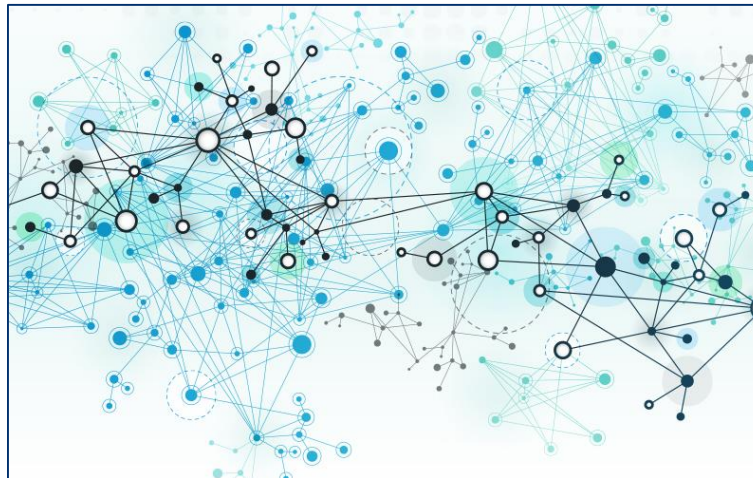
Barrier 5: Poor Communication

- Weak communication is the number one breakdown in almost every multi-sectoral table-top exercise or actual disaster response

- Broken equipment, errors with technology, and lack of communication infrastructure all require attention before a response occurs

- Communication structures are often unable to coordinate and/or share information effectively with multiple actors.

- As more agencies and entities are involved (outside the typical disaster responders) there is an increase in complexity of communication structures

- There is a need to infuse information sharing into preparedness strategies

Barrier 6: The Complexity and Diversity of Health Emergencies and Disasters

- Geographic disparity results in diverse multi-sectoral landscapes, resources, and availability of partners

- Changing and unpredictable nature of disasters challenges even well prepared multi-sectoral response strategies

- Repeated and/or multiple events are unpredictable and pose challenges to response and recovery efforts

- Risks, resources, gaps, barriers, and assets must all be identified early and mapped to available resources if systems can be adaptive to changing circumstances

Questions or Thoughts?

Inputs to PSE for HSR Framework

The literature review produced several frameworks and concepts for infusion into the creation of the proposed SHOPS Plus Framework (some examples):

- Strategy for Emergency Preparedness (WHO 2017)

- The Sendai Framework for Disaster Risk Reduction (UNISDR 2015)

- Private Sector Engagement in the Sendai Framework (UNISDR 2017)

- Lessons on health systems resilience from Ebola (Kruk 2015)

- Building resilient health systems a proposal for a resilience index (Kruk 2017)

- Disaster Management Roles for the Private Sector (GDRC 2015)

- Building cultures of Preparedness (FEMA 2010, 2015)

- Private Sector Engagement in Disaster Risk Reduction (ADPC Bangkok 2013)

GHSA and Global Frameworks

- **Private sector engagement strategies for disaster preparedness and response** as available from United Nations (UN) agencies, the World Bank, the World Health Organization (WHO), the Global Health Security Agenda (GHSA), and the Joint External Evaluation (JEE) Alliance

- This resulted in an additional 25 policy documents, websites, and framework materials which were added for further analysis including:

  - Guidance on private sector involvement from the United Nations Office for Disaster Risk Reduction

  - The United Nations Strategy for Disaster Reduction (UNISDR) and the United Nations Office for the Coordination of Humanitarian Affairs

  - Disaster Preparedness and Response Guidance from the World Health Organization and Regional European WHO Offices,

  - Numerous guiding World Bank documents on the role of private sector, managing disaster risks, and cross-sectoral risk reduction

  - Guiding GHSA and JEE tools, including PSR

Discussion

Thank you!

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