

PRIVATE SECTOR DISCUSSION NOTE: COVID-19 TESTING

Introduction

The World Health Organization (WHO) called on countries to test, test, test¹ as screening and diagnosis is considered crucial to slowing the COVID-19 pandemic. In response, a wide range of testing approaches was adopted by Member States. Countries which have implemented nationwide, systematic testing, have been relatively wealthy, with robust health systems, and advanced surveillance technology. These have included South Korea, Germany, Australia, and Singapore where testing has been a core feature of successful response strategies.

While extensive and inclusive testing can be an important strategy for early detection and to limit transmission, the costs, capacity, and resource requirements may be insurmountable for health systems, particularly those in low- and middle-income countries (LMICs). In these contexts, testing under the containment phase of the epidemic has tended to be pragmatic, targeted at those presenting with specific symptoms, through contact tracing, or occupational risk and exposure. However, as cases surge, LMICs will need to boost laboratory capacity to process the number of tests needed to contain COVID-19. An assumption that public laboratory capacity will be sufficient is unlikely. Rather, capacity may quickly be overwhelmed in the context of widespread community transmission.

In LMICs, as in wealthier contexts, a whole-of-government and whole-of-society approach is recommended given that the private health sector often provides a significant proportion of health services and products. Private health sector engagement therefore offers strained health systems a strategy to increase testing coverage and reduce bottlenecks. While this may increase national system capacity, there may be challenges with engaging the private health sector. Concerns related to [high pricing](#) and low-quality testing in the private health sector have emerged in some contexts. Government regulatory hurdles and delays in approvals may also delay the process of engaging the private health sector.

In **South Korea**, government actions to accelerate testing often included a private sector partner: (i) the Korean Food and Drug Administration (KFDA) established a public-private partnerships to quickly develop a novel diagnostic tests using real-time polymerase chain reaction (PCR) technology; (ii) KFDA expedited approval for the use of these tests for suspected cases in both public and private labs; and (iii) rapid deployment of these tests in public and private labs throughout the country in partnership with local governments.

Source: Hirschhorn, L., Smith, J.D., Frisch, M.F. and Binagwaho, A., 2020. Integrating implementation science into COVID-19 response and recovery.

¹WHO head: 'Our key message is: test, test, test'. BBC News. <https://www.bbc.com/news/av/world-51916707/who-head-our-key-message-is-test-test-test> accessed on May 22, 2020

Purpose and scope

The purpose of this discussion note is to support Member States with practical advice and illustrative examples of private sector engagement as part of a whole-of-society approach to COVID-19 testing. The private health sector for this briefing note includes private laboratories and other private entities involved in screening and diagnosis for COVID-19. The discussion note is outlined using the WHO action plan framework – [plan, space, staff, stuff, systems, and supply-side financing](#). It should be read in conjunction with other WHO COVID-19 technical guidance.²



PLAN

Build common objectives, a strategy, and a plan

Governments need to enter into an inclusive policy process with the private sector to build trust, generate data, diagnose existing impediments to private sector participation and chart an appropriate strategy to scale COVID-19 testing.

Private sector engagement in testing should be centered around common objectives, strategies, and plans. This should consider relative strengths and opportunities offered by different partners. The plan should address “space”, “staff”, “stuff”, “system”, and “supply-side financing”. It should be revisited regularly and updated for any change in the COVID-19 transmission context.

The plan should identify what testing needs to be done and where, including consideration of whether to do mass or targeted testing. If targeted testing is selected, then criteria are needed to prioritize who is tested. Testing may be based on symptoms (e.g. a person identified through a temperature check) or risk, due to occupational exposure or contact with an infected individual. This form of testing has tended to initially focus on the transportation sector, including international ports of entry: terrestrial, maritime and air- ports, testing crew, drivers, mariners, and travelers/returning residents. As the transmission context evolves, testing may also extend to include municipal/sub-national transportation hubs such as train stations and bus stages and other sectors.

Contact tracing may also form part of the testing strategy. This often entails testing of a specific population, that may have been exposed through contact with an infected individual or individuals. This could be due to a social gathering such as a religious service, through residential proximity, or occupation, such as a healthcare setting. Mandatory testing may necessitate some form of mobile service, i.e. testing is done within an identified geographic or population cluster or enclosure such as a quarantine facility. Targeted testing may also extend to other sectors as part of the easing of movement restrictions and the opening of services and business. For example, hotels and restaurants may be subjected to periodic testing of their staff, which may form part of health and safety regulations. Passengers seeking to fly may also be subjected to testing in advance of travel.

These examples serve to illustrate that plans and strategies need to evolve in response to the

²<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/maintaining-essential-health-services-and-systems>.

COVID-19 transmission context and the response. They should consider how the private sector will be engaged (e.g. contracting authority), modalities for engagement, reimbursement of services and performance metrics, amongst other requirements. Considerations may include:

- **Contracting-out testing:** Private laboratories contracted to expand diagnostic capacity. This may be through static testing and on-site testing such as new arrivals at airports, or truck drivers at terrestrial border points, etc.
- **Contracting-out testing tasks:** contracting private enterprises to transport samples, deliver training, process tests, etc.
- **Contracting-in surge capacity:** private sector staff seconded to public sector laboratories to support surge requirements such as tracing, testing or administration, etc.

In the **Philippines**, following productive dialogues between the public and private sector, business owners agreed to initiate massive testing in their respective companies and regions of operation. Private sector companies will proceed with the targeted testing one region of the Philippines to measure the level of risk and infection within the community.

In **Mexico**, Laboratorio Médico del Chopo, a private medical laboratory announced that it will begin offering COVID-19 testing in Mexico City and other urban areas across the country. The company expects to carry out as many as 350 tests daily, with 80-100 of those being administered in the home and the rest at El Chopo locations and at a mobile lab.

Source: Duterte adviser confirms private sector-led massive rapid testing. Philstar Global. April 2020. <https://www.philstar.com/headlines/2020/04/12/2006746/duterte-adviser-confirms-private-sector-led-massive-rapid-testing>

Source: For 2,100 pesos, private medical lab offers home testing for Covid-19. Mexico News Daily. April 2020. <https://mexiconewsdaily.com/news/coronavirus/medical-lab-offers-home-testing-for-covid-19/>



SPACE

Private sector spaces contribute to the public health response, identified through planning

The private health sector can offer needed physical “space” for testing such as private laboratories; these may include both static and mobile facilities. The private sector may also contribute “virtual” spaces, such as telehealth call centers. The latter may be used to guide those in need of testing to services (or services to those in need through mobile testing). Temporary spaces for testing may also be set up at high demand/hot spot sites such as border points or high-volume health facilities. The private health sector may extend access in locations where the public sector has limited presence and to address emergent demand. These may be identified and targeted through mapping. Privately managed spaces – mobile, static, and virtual – need to adhere to government standards and reporting requirements. In the same vein, the public sector needs to ensure that contracting requirements are clearly communicated, and contracts are effectively administered.

In **South Africa**, a consortium of private sector groups established a call-in center to help screen and refer patients through telehealth. The private sector partners include the Health Federation of South Africa, Usizo and Vula Healthcare Advisory. Approximately 440 volunteers and a small group of private physicians support the COVID-19 hotline which receives 250 calls a day.

Source: Coronavirus hotline: Hundreds of SA doctors will now give you free advice. Business Insider. March 2020. <https://www.businessinsider.co.za/coronavirus-hotline-hundreds-of-sa-doctors-will-now-give-you-free-advice-2020-3>

Source: Covid-19 Doctors on Call: National Program in South Africa. International Society for Quality in Health Care. June 2020. <https://www.isqua.org/latest-blog/covid-19-doctors-on-call-national-program-in-south-africa.html>



STAFF

Mobilize and direct private health staff for the public health response, augmenting public sector capacity

Many LMIC ministries of health have developed COVID-19 testing protocols. It is important that these are widely disseminated, and all staff directly and indirectly involved in testing are oriented to these, both in the public and private health sectors. Private health staff should be encouraged to cascade protocols within their own facilities and, if possible, to other nearby facilities as these include critical occupational health and safety requirements.

As part of engaging staff, the public sector needs to work closely with the owners and managers of private laboratories and clinics to conduct a rapid inventory of “staff” resources (e.g. number, health profession, level of certification, etc.). Staff assessment can be done as part of the inventory of “space” resources. This will make it easier to deploy staff to areas of high demand, to augment public health capacity. This may entail reassigning staff between public and private facilities, as needed. If possible, it is also recommended to build linkages between private providers in solo practices (e.g. physicians, clinical officers, nurses/midwives) and private/public testing facilities as these individuals should form part of a referral pathway for those presenting with symptoms.

To facilitate the inclusion of private health staff in the response, governments need to be flexible in professional licensing to mobilize as many testing staff as possible by relaxing certification requirements and/or fast-tracking certification of laboratory or sampling staff. Private health staff also need to be kept abreast of changes in transmission and strategy. Government should work with the private sector leaders to keep their workforce informed about the progress of the disease, changes in strategy, and additional opportunities for them to coordinate with the public health team.



STUFF

Ensure all private testing facilities and staff have the supplies they need

Ministries of health should establish an “essential list” of testing equipment and supplies based on laboratory and testing standards^{3,4}. An assessment of the current supply of equipment and supplies should be conducted to identify gaps and rationalize this according to need.

³<https://www.who.int/publications/i/item/laboratory-testing-strategy-recommendations-for-covid-19-interim-guidance>

⁴[https://www.who.int/publications/i/item/laboratory-biosafety-guidance-related-to-coronavirus-disease-\(covid-19\)](https://www.who.int/publications/i/item/laboratory-biosafety-guidance-related-to-coronavirus-disease-(covid-19))

To address supply gaps, a pooled procurement mechanism should be established to purchase supplies for all providers participating in COVID-19 response, minimizing competition in demand and mitigating the risk of “price gouging”. If this is not possible, government can explore the potential to donate emergency supplies or extend subsidies (e.g. reduced prices) to private health providers. It may also be feasible to manufacture essential testing equipment and supplies, given the competition for global supply. Local manufacturing can be facilitated through Guarantee Purchase Agreements to incentivize manufacturers to ramp up current production and/or re-purpose current manufacturing capacity.

Equally, there is need to explore local private transport and warehouse companies’ capacity to store and ship essential testing supplies to all facilities participating in the COVID-19 response. There is opportunity to be creative and explore non-health related logistics companies (e.g. soda and alcoholic beverage distributors, bus companies, pharmaceutical distributors) with expertise and capacity to rapidly move equipment, supplies and people.



Seamlessly integrate the private sector within government response systems

There are number of requirements needed to seamlessly integrate the private health sector within a government COVID-19 response system. While some considerations have been outlined here, these are dependent on the level of engagement sought and pre-existing mechanisms to engage

the private health sector.

Planning. Generate single sets of plans which weave together private and public testing. Ideally, plans would be web-based for ease of updating and sharing and function at different levels of implementation (national and sub-national).

Reporting. Create mechanisms (e.g. web-based and/or through mobile technology) for the private health sector to report into public health reporting systems. Reporting systems should enable up-to-date data and “real-time” analysis.

Communications. Establish a streamlined communication channel with the private health sector. Communication mechanisms should facilitate sharing of critical information such as clinical protocols, essential supply lists, staffing, assignments, location of testing sites and any changes in strategies for deploying “space”, “staff” and “stuff”.

Referrals. Establish a transparent referral system and mechanism to transfer COVID-19 patients between public and private testing and treatment facilities. This should also identify referral facilities for other essential services.

Logistics. Set up a logistics system that supports both public and private testing sites have the supplies they need on a timely basis.



SUPPLY-SIDE

Establish mechanisms to contract and reimburse the private sector.

Systems also need to consider supply-side financing and contracting mechanisms. These require the identification of a contracting authority, such as the ministry of health, national health insurance or other authority. Contracts need to consider the scope of engagement and modalities for reimbursement of services rendered. Services should be reimbursed at a fair rate, to reinforce quality standards and safety protocols (if not, quality and safety may be rationed). Where both sectors are aligned and can act in concert, while managing risks and mitigating conflicts of interest, there is greater scope to achieve testing objectives.

Considerations include the following:

Pricing. Establish national pricing guidelines and communicate these to the public. Prices may be fully or partially subsidized by government, depending on the objectives of the testing. For example, if it is individually motivated, such as a person requiring a test in advance of travel, this may be provided at full price. In contrast, if the motivation for testing is part of the public health response, such as contact tracing, then this may be fully subsidized by government. Other permutations are likely to exist depending on the context.

Reimbursements. Reimbursement for testing services for which the private sector has been contracted, should respect the costs of provision, including a normal return on capital (where appropriate). For services rendered as part of an economic or public health response, reimbursements for subsidized components should be agreed in advance. Due to government liquidity constraints, these may come in the form of tax payment offsets rather than cash disbursements.

Affordable supplies. To make inputs more affordable, governments may also relax or reduce VAT, and/or waive import duties and other clearance costs. The private health sector may also be included within bulk orders or guaranteed purchasing agreements to benefit from economies of scale (and tax or custom waivers). The private health sector may also access donated inputs. Any subsidy at input level should be reflected in pricing and reimbursement schedules.

India is promoting testing in private laboratories with payment covered under ABPM-JAY (national insurance). Similarly, Thailand reimburses all RT-PCR laboratory tests provided by private hospitals on a standard rate for patients that fulfill a defined criterion. The National Health Security Office set the fee (approximately US \$96 per test inclusive of PPE and other equipment) in addition to regulating that there should be no co-payment by the eligible patient.

Source: SC clarifies free Covid-19 testing at private labs only for poor. Live Mint. April 2020. <https://www.livemint.com/news/india/sc-clarifies-free-covid-19-testing-at-private-labs-only-for-poor-11586784990810.html>

Source: Reimbursement for medical bills for Covid-19 in Thailand. Intellasia. April 2020. <https://www.intellasia.net/reimbursement-for-medical-bills-for-covid-19-in-thailand-772610>

About this discussion series

The WHO's Private Sector Engagement COVID-19 Initiative (WHO-PCI) discussion series is for Member States seeking to engage the private health sector in their COVID-19 response. The series seeks to promote a culture of "learning by doing", recognizing that necessity and urgency are producing examples of private sector engagement. As the COVID-19 context is dynamic, this series will be periodically updated with emergent practice. A [draft private sector engagement strategy](#) has been developed and provides further guidance on governance of mixed health systems.