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SCIENCE, EPIEMDIOLOGY AND RESEARCH COMMITTEE TO FIGHT COVID-19

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POLICY BRIEF

Role of Private Sector in Fight Against COVID-19 in Afghanistan

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Background

COVID-19 attacks Afghanistan in a time, when the health system is not prepared enough to respond to the pandemic efficiently. Despite the gains made in the public health sector of the country, the system has been facing challenges in providing quality services to Afghan population. With all efforts made so far, only 59% of Afghanistan population have access to primary healthcare with half an hour walk. However, with two hours walk, the access is ensured for 87% of population.ⁱ Afghanistan Health System is mix of Public and Private sector. The public sector mainly plays the stewardship role; and provides hospital services in Kabul city and few other provinces. Rest of the hospital services under the public sector are contracted out to NGOs in 31 out of 34 provinces. NGOs provide hospital services in line with Basic Package of Health Services and Essential Package of Hospital Services. This comprises district and provincial level hospitals in all provinces, with defined package of services. There are 134 public hospitals in Afghanistan, 26 of which are in Kabul, among which 18 are mostly referral hospitals. These 18 hospitals offer 2,669 beds.ⁱⁱ

Beside the public hospitals run by the government and its contracted NGOs, the private sector also contributes significantly to health service delivery in Afghanistan. Private sector resources and capacities are critical because in almost all countries, and especially in low- and middle- income countries (LMIC), the private health sector provides a significant proportion of essential health services and products to the population. Research shows that the private sector is the dominant source of treatment for children with fever or cough in a sample of 70 LMICs. New research commissioned by WHO in 2019 showed that the private sector provides nearly 40 per cent of health care across the majority of WHO regions and provides 62 per cent of health care in the EMRO region.ⁱⁱⁱ This is particularly true for Afghanistan, where the private sector plays significant role in provision of hospital services in the country. Private sector owns 360 hospitals and 260 Outpatient Clinics in all over Afghanistan. The average number of inpatient beds provided by each private sector in six big cities is reported as 17.^{iv}

From expenditure point of view, the private sector is the biggest consumer of total health expenditure in the country. Information from National Health Accounts indicated the health expenditure in 2017 as USD 2.4 billion. The highest proportion of the health expenditure comes from household out of pocket (OOP) expenditures, accounting for 75.5% of total health expenditure, amounting to an estimated USD 1.8 billion.^v A remarkable portion of this expenditure goes to the private sector hospitals in the country. With high technical, professional and specialized capacity, the private sector can collaborate with Ministry of Public Health in fight against COVID-19 in Afghanistan. This collaboration needs to be well defined considering the mandate of the private sector; and the existing regulations.

Magnitude of COVID-19 Problem in Afghanistan

The first COVID-19 case in Afghanistan was confirmed on February 24, 2020 in one of the returnees from Iran in Herat province. To date, the virus has spread to almost all provinces infecting more than 1000 individuals, with fatality rate of 3.5%.^{vi} Afghanistan is particularly vulnerable due to

limited availability of properly equipped medical facilities, inadequate numbers of trained medical staff, a large influx of returnees from Iran and Pakistan during recent weeks, and lack of technical and financial resources to support the government in tackling the epidemic. Afghanistan has the second lowest health worker density in the Eastern Mediterranean Region (EMR), with a ratio of 4.6 medical doctors, nurses and midwives per 10 000 people, considerably below the threshold for critical shortage of 23 health care professionals per 10 000.^{vii}

As of April 21, there are only five laboratories with the capacity of diagnosing SARS-CoV2 virus. The Central Public Health Laboratory (CPHL) is the major laboratory which has the capacity of processing only 150-200 specimens per day. At regional level, Herat, Kandahar, Balkh and Nangarhar provinces have the capacity of processing of less than 150 specimens per 24 hours each. In general, the testing capacity at national level is less than 700 tests per 24 hours, which is far below the demand for testing in the country^{viii}. With current capacity, especially capacity related to human resource, equipment and supplies, the public health sector is not able to respond to the burden of COVID-19 without support from the private sector and community support. The public sector has so implemented strategies to ensure prevent; respond and mitigate the impact of COVID-19 in the country. MoPH took essential public health measures to minimize the spread of the epidemic, including information and communication, surveillance, contact identification and tracing. For management of COVID-19 cases, MoPH dedicated several hospitals along the country especially in regional provinces including Kabul. However, considering limited capacity, especially capacity related to availability of required equipment and expertise, the sector has been criticized for not meeting the basic needs for fight against COVID-19.

To predict the burden of coronavirus infection in the country, MoPH applied predication modeling proposing the following three scenarios. In low case assumption, the sector expects 46,109 cases with 3% Case Fatality Rate (CFR). This scenario predicts that 9,274 people would need hospitalization and 800 cases would require critical care which will need ventilators. The second assumption predicts total cases of 109,651 with CFR of 3%. In this case, 22,025 persons will need hospitalization; during the peak two weeks 3636 cases will need hospitalization at the same time from which 910 cases will be in critical phase. In scenario 3, a total of 190,542 people would be infected with 3% CFR. In this scenario 38,205 persons will need hospitalization; during the peak two weeks 6291 cases will need hospitalization at the same time from which 1574 cases will be in critical phase.^{ix} For COVID-19, data to date suggest that 80% of infections are mild or asymptomatic, 15% are severe infection, requiring oxygen and 5% are critical infections, requiring ventilation.^x The above scenarios consider 5% critical cases, which require specialized attention through ventilators. The public sector alone cannot fulfil the needs, even if we consider scenario one with low predicted cases. With all ground realities, it is the time for the private sector to collaborate with the Ministry of Public Health in fight against COVID-19 in line with existing regulations and policies.

Current Policy Arena

Government of Afghanistan encourages investment by the private sector through various mechanisms. There are several provisions in legal documents of the country including the constitution. Article 10 of Afghanistan constitution indicates that the state shall encourage, protect as well as ensure the safety of capital investment and private enterprises in accordance with the provisions of the law and market economy. The constitution also has explicit provision for supporting investment in the private health sector. Article 52 of Afghanistan constitution indicates that establishment and expansion of private medical services as well as health centers shall be encouraged and protected by the state in accordance with the provisions of the law.^{xii} In addition to constitution, article 3 of public health law provides support to the private sector by stating that the Ministry of Public Health paves the way for private sector investment; and will monitor its service delivery process. In the same subject, article 7 of Public Health Law indicates that in order to prevent infectious and viral diseases, the Ministry of Public Health will oversee and monitor preventive and curative services of the private sector in the country. Article 25 of the same law obligates the private sector and other entities to take active part in prevention of infectious disease.^{xiii}

To regulate activities of the private health facilities in the country, the government promulgated private health facilities act in 2011. This act has explicit provisions for role of the private sector during disaster and emergencies. Article 46 of private health facilities act obligates the private hospitals to provide free of charge support to victims of manmade and natural disasters during emergencies. Article 26 of the same act obliges the private hospitals to protect its staff from infectious diseases.^{xiv}

The National Health Policy of Afghanistan has an explicit statement for collaboration with the private sector in healthcare service delivery. The policy states that it is the policy of the Ministry of Public Health to have effective oversight of the private health sector; and to make the private sector feel an inclusive part of the process towards improving the health of individuals and communities. The ministry will particularly work on exploring how it can work with the private sector on improving access especially to interventions to prevent ill health such as immunization. Collaboration on technology and with the media are two other areas of interest that could help the Ministry be more effective in reaching out to the public with important health messages.^{xv}

With all legal provisions made so far, getting license for doing business in healthcare system has been very easy. Till end of 2019, there were 360 private hospitals and 260 outpatient department (OPD) clinics, 96 percent more than official figures. Private hospitals provide range of services, especially in regional provinces and capital city. The same study found that 65 facilities reported having PCR machines and required setting to conduct tests. The same study indicated that 60.7 percent of facilities offering surgical services claimed to have an Intense Care Unit (ICU) in their building. An ICU may include cardiac monitors, pulse oximeters, catheters. and ventilators.^{xvi} Both PCR and ICU are vital for fight against COVID-19 in the county, in which the public sector has limited capacity.

Global Experience of Involving Private Hospitals in Fight Against COVID-19

Developed countries have already built private sector capacity into their COVID-19 responses. For example, England, France, Germany have used private health sector engagement to increase testing capacity and add extra hospital beds, ventilators and health workers to their response capacity. Countries such as Australia and Spain have taken a different approach, providing authorities with the power to requisition private sector facilities, equipment and staff as needed. In Germany the health system used private uses private-sector laboratories and policlinic capacity, which has allowed it to analyze far more samples than any other country. Across the country, testing for the coronavirus is free at the point of use for patients whether they are covered by statutory or private health insurance.^{xvi}

With limited capacities of public and private sector in Low- and Middle-Income Countries (LMIC), the situation is more challenging. Anecdotal data shows that in LMICs health providers are looking for opportunities to get involved in fight against COVID-19. However, they are not always well-positioned to work effectively with the government. In some LMICs, laboratories are charging prohibitively high testing fees, private hospitals turning away patients where Covid-19 is suspected, and some private facilities are refusing to treat patients whose insurance status is uncertain. The COVID-19 response in these countries cannot, however, simply replicate what has occurred this far. Now, fit-for-context approaches are urgently needed. Many of the public health and hospital-based interventions deployed by high-income countries aren't relevant to at least some LMICs.^{xvii}

The situation in our region is different. Considering capacities of the health systems, almost all countries in the region in one way or another involved the private sector in fight against COVID-19 using context fit strategies. For example, in India major private healthcare providers like Max Healthcare, BLK and Apollo Hospitals have extended support to the government to fight COVID-19.^{xviii} However, the price for the service provide has been an issue. Recently, the Supreme Court of India directed the government to ensure that Covid-19 tests, which cost Rs 4,500 at private laboratories, are done free for all suspected cases. Private hospitals offer expensive treatment.^{xix}

In Bangladesh there has been tough debate over involvement of the private sector in fight against COVID-19. According to Dhaka Tribune, only few private hospitals have entered the fight against COVID-19, despite that fact that there is willingness by Bangladesh Private Clinic Diagnostic Owners Association (BPCDOA). On 13 April, the Bangladesh Health Minister announced private sector facilities would be allowed to carry out tests as part of the expansion of testing facilities.^{xx} The government is looking for context specific intervention for involvement of the private sector in fight against COVID-19.

In Pakistan the government uses different strategies for involvement of private sector in fight against COVID-19. For example, after special inspections of the Punjab Healthcare Commission, 21 private hospitals of five major cities of the province are ready to treat Covid-19 patients. The hospitals have allocated 322 beds in isolation wards and high dependency units for the coronavirus

patients. Also, the facilities of intensive care units and ventilators have been made available for patients.^{xxi}

In Afghanistan, due to limited capacity in the private sector, the government has not allowed the private sector to be involved in fight against COVID-19. Several labs and hospitals announced to provide testing services, however, the request was denied due to limited capacity and porous control over the private sector in the country. Recently, there were several cases reported from well-known private hospitals in Kabul, where two medical doctors reported to die due to COVID-19 in past two weeks. It is acknowledged that with that with even limited capacity, the private sector can reduce the burden on the public sector in this emergency context. However, it is highly recommended to apply fit-for context approaches for Afghanistan in order to be able to efficiently use the private sector capacity.

Recommendations

Considering the challenges, the public sector faces in fight against COVID-19, it is necessary to use the resource already available by the private sector in all over the country, particularly in big cities, where the private sector has prominent presence. However, the question is how the private sector would be involved in Afghanistan context, where the capacity is weak, and the control mechanisms are porous. Experts recommend that each country needs to come up with country and context fit strategies considering the lessons learnt from rest of the world and recommendations made by the World Health Organization. Recommendations below are adjusted and aligned based on WHO action plan for involving the private sector in fight against COVID-19.^{xxii}

1. Ministry of Public needs to get organized to work with the private sector
 - a. MoPH needs to convene a high-level meeting with public and private sector representatives to agree on how public and private actors will work together and in what areas during the response.
 - b. MoPH needs to conduct a rapid scoping exercise to identify private sector resources (e.g. space, staff, supplies and systems) and assess their relevance to the response effort.
 - c. MoPH needs to map out public and private resources, identify gaps, and define strategies to raise funds from public, private and international sources to address the funding shortfall.
 - d. Define roles, responsibilities and a definite ‘division of labor’ in the response effort and the key terms for collaboration (e.g. via purchasing/contracting models).
 - e. Create mechanisms for fluid, transparent and continuous communication between the public and private sectors throughout the response.
 - f. Invite a select, but representative, group of private sector service delivery leaders from large and small- and medium- facilities to become part of the National Emergency Response Team and present at all government debriefings.

2. Identify and secure private assets to increase surge capacity
 - a. MoPH leadership need to call on all private sector facilities, including hospitals, clinics and laboratories to conduct rapid of “space” resources (e.g. testing, lab diagnostics, ICUs, etc.).
 - b. Through an MoU or any other mechanism, the MoPH needs to agree with the private sector on how to organize levels of care needed to respond to COVID-19. The MoU should clarify roles and responsibilities of the private sector on screening, diagnosis, treatment and management of critical cases.
 - c. To reduce financial barriers to population, and ensure cost recovery mechanism for the private sector, MoPH needs to develop affordable pay for performance packages for each service provided by the private sector.
 - d. Ministry of Public Health needs to be proactive and think beyond health care facilities and explore hotels, sports facilities, warehouses and schools to stage testing sites, erect quarantine services, isolation points and field hospitals and store emergency supplies. Establishing isolation ward in Darulaman is a good example for this initiative.
 - e. Temporarily loosen laws and regulations to ensure private sector capacity can be used and to remove barriers to using private sector capacities.
3. MoPH needs to work with private sector to mobilize and rationalize public and private health staff assignments according to need
 - a. MoPH should quickly draft COVID-19 clinical protocols and disseminate these to the entire private health sector so they can comply with them and become active participants in the response.
 - b. MoPH should ensure health and well-being of all healthcare providers and make sure all private healthcare providers have the necessary equipment and supplies – particularly PPE and cleaning supplies, so they are safe while performing their tasks according to the clinical protocol.
 - c. MoPH needs to work with owners and managers of private health hospitals, labs and clinics to conduct a rapid inventory of “staff” resources (e.g. number, health profession, level of certification, etc.). Staff assessment can be done during the inventory of “space” resources. Map all health staff (both clinical and support) to areas of intense demand, and the public or private facilities within those areas. Reassign staff between public and private facilities as needed.
 - d. If possible, map private providers in solo practices (e.g. physicians, clinical officers, nurses/midwives). Empower these practitioners to become “front-line” providers to screen and refer possible COVID-19 patients for testing and treatment to the appropriate public or private facility as well as treating other patients to tackle non-emergency related demand.
 - e. MoPH needs to be flexible in professional licensing to mobilize as many health staff as possible by relaxing certification requirements and/or fast-tracking certification of health workers.

4. MoPH needs to work with the private sector leaders to ensure all health facilities and staff have the supplies they need to respond to the crisis.
 - a. MoPH needs to establish an “essential list” of equipment and supplies based on the new clinical protocols to be used by all providers. WHO has already developed an essential list required for the fight against COVID-19. That can be amended considering Afghanistan context.
 - b. Based on the essential list, assess the current supply of essential equipment and supplies between the sectors, identify gaps from a whole health system perspective, and rationalize current supply according to need.
 - c. Explore local capacity to manufacture essential medical equipment and supplies needed, given the unreliability of global supply during the pandemic.
5. Establish systems to integrate the public and private sector response effort
 - a. Create easy mechanisms (e.g. web-based and/or mobile technology) for the private sector to notify new and suspected cases to government authorities. Build on this system to share up to-date and “real-time” data on the progress of the virus with the private health sector.
 - b. Establish a single communication channel with the private sector. In addition to the daily public debriefings that everyone can access, MoPH may set up an appropriate communication mechanism to interact with private providers working on the response to share critical information.
 - c. Based on agreements regarding the organization of care, MoPH needs to establish a transparent referral system and mechanism to transfer COVID-19 patients between public and private facilities as well as who (public or private) will tackle demand for other essential services during the outbreak.
6. MoPH needs to support the private sector through Supply-side financing mechanisms
 - a. MoPH needs to Identify appropriate and/or existing partnership models to engage private health facilities to cover their costs so that no one is denied access to care in a private health care facility.
 - b. Possible mechanisms include to purchase medical services; contracting out the services to the private sector.
 - c. Initiate a system to pay the private sector for their services on time

Innovative Afghanistan Context-fit Strategies

With all above recommendations, the MoPH may decide which interventions in fight against COVID-19 would be feasible for the private sector, considering their capacity effectiveness. Apart from recommendations made above, the MoPH may apply the following country context fit approach using contracting out mechanism as proposed above. Two major interventions for private sector are described below:

Case Management

1. With limited capacity of both public and the private sector in Afghanistan, there is no one fit solution to respond to the needs. No single private hospital would have the capacity to meet the needs in this emergency. MoPH needs to encourage the private sector to partner with Ministry of Public Health through a joint venture approach. This means that several private hospitals will jointly apply for public private partnership schemes, identified by the Ministry of Public Health. In this scheme, the MoPH will hand over certain resources, like building for hospital, electricity and other required supplies. The private sector hospitals, through a joint venture mechanism will provide technical resource, including qualified human resource, equipment and supplies. The payment for service delivered by the private sector under this scheme would be regulated under pay for performance mechanism.
2. The government has recently started building new hospital buildings; or allocating public properties for fight against COVID-19. However, considering current capacity of the public sector, it is not possible to run the centers without engagement and support from the private sector. Ministry of Public Health may consider contracting out the service provision to the private sector in these newly built hospitals and allocated facilities.
3. There are 360 private hospitals in all over the country. 152 of these hospitals are in 6 major cities. MoPH needs to conduct a mapping and find out how many of them are active and provide services. All inactive or partially active hospitals need to be contacted by the MoPH and their resources to be used for fight against COVID-19. There should be a well-defined agreement between the MoPH and the private sector on usage of these resources and payment mechanism.
4. All solo practitioners (Maina-Khana) should stop practicing. As system should be initiated to refer all patients to nearest private or public hospital.

Testing

1. MoPH needs to assess all major private labs in the country. After identification of qualified private laboratories, the MoPH will sign an agreement for conducting tests.
2. Private sector would not be allowed to conduct test directly from patients. All tests should be referred by the public sector through a well-defined mechanism. MoPH will pay to the private sector for any test conducted.

Conclusion

COVID-19 crisis has already placed even best resourced and well-developed health system in demand for health products and services. Afghanistan with fragile health system is more prone to facing deteriorated conditions with the intensity of COVID-19 attack in the country. It is hard, and even impossible for the public sector in Afghanistan to fight the battle alone. Experience from rest of the world demonstrates that the private sector can play a crucial role in the response effort. Ministry of Public Health should use the private sector capacity through innovative intervention. One innovative approach can be purchasing the COVID-19 services from the private sector through a contract out mechanism. MoPH already has experience in contracting out primary healthcare

services to NGOs. This time, the experience would be applied to the private sector either through joint venture engagement or approaching potential hospitals through direct contracting mechanism.

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