

Harnessing Public-Private Partnership for Expanded COVID-19 Testing in the Philippines

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A slow start for the Philippines

Detection is critical in managing and controlling the spread of any pandemic as it determines the consequent strategies to arrest its further spread. After managing the [first three cases confirmed in the end of January 2020](#), the Philippines was blindsided after [local transmission was confirmed in March 2020](#). The country settled into thinking that there was adequate testing capacity with its national reference laboratory, the Research Institute for Tropical Medicine. Although 17 sub-national laboratories were upgraded and certified within three months, it was clearly not enough. The continuous rise of cases across the archipelago can partly be attributed to not enough cases being detected, isolated, and prevented.

The expansion of COVID-19 testing capacity started out slow, disordered, and ultimately inadequate. Licensed laboratories were poorly distributed - some highly populated regions and provinces had no laboratories. There was no clear visibility on the capacity and supply levels of licensed laboratories. In the end, testing output barely reached an average of 5,000 a day, falling short of the country's goal of 8,000 tests a day by the end of April 2020.

Historically, the entrepreneurial mindset and capacity for innovation of the private sector in the Philippines has proven useful in the country's response to past disease outbreaks and persistent communicable diseases. The recently passed [Universal Health Care \(UHC\) Law](#) features provisions and institutional mechanisms that enable contracting, paying, and linking the private sector with government facilities and networks of providers. In the initial weeks of the COVID-19 epidemic, these lessons appear to have been forgotten. There was no concerted effort to tap the private sector in expanding COVID-19 testing. Private laboratories only started to be certified starting mid-April, and private sector support such as donations and innovations were not strategically organized.

A joining of forces of the public and private sector

In March 2020, the Asian Development Bank (ADB) offered to help the Department of Health (DOH) expand its testing capacity. ADB assisted Jose B. Lingad Memorial Hospital, a publicly owned hospital, in building [a testing facility that had a capacity of 3,000 tests per day](#). ADB mobilized international partners from China to bring in the technology and tapped a local private pharmaceutical company, UNILAB, to help in retro-fitting the facility. Simultaneously, a four-pronged strategy was developed by the DOH, with technical support from ThinkWell Philippines, to expand testing capacity: enhancing capacities of sub-national laboratories, licensing more testing centers, setting up big testing centers and pop-up laboratories, and integrating innovative testing approaches. From these stemmed the work on rallying and organizing private sector support, ultimately leading to the [formation of the Taskforce T3 \(Test, Trace, Treat\) on April 24](#).

Taskforce T3 is composed of a diverse group of individuals and institutions – government agencies, international organizations, expert groups, and private corporations in

pharmaceuticals and health service delivery. The core group is convened and led by the Deputy Chief Implementer for national COVID-19 response, with sub-groups led by DOH Assistant Secretaries, allowing quick decision-making and action implementation.

| TASKFORCE T3 (TEST, TRACE, TREAT) | | |
|--|--|--|
| LEAD | Deputy Chief Implementer for National COVID-19 Response | |
| Core Team | Department of Health Asian Development Bank ThinkWell Philippines McKinsey & Company Ayala Healthcare Holdings, Inc. Philippine Disaster Responses Foundation | |
| SUBGROUPS | Laboratory Licensing | Laboratory Supplies |
| Coordinator | ThinkWell Philippines | ThinkWell Philippines |
| Project Management | McKinsey & Company | McKinsey & Company |
| Public Sector | DOH Health Regulations Team DOH Health Facilities and Services Regulatory Bureau Research Institute for Topical Medicine | DOH Public Health Services Team DOH Health Facilities Development Bureau Research Institute for Tropical Medicine Department of Budget and Management |
| Private Sector | Philippine Disaster Responses Foundation Ayala Corporation Metro Pacific Hospital Holdings Inc. | Pharmaceutical Healthcare Association of the Philippines Philippine Disaster Responses Foundation Zuellig Pharma |

Figure 1. Taskforce T3 Core and Sub-groups

Visible gains and results

This multi-sectoral collaboration proved an effective catalyst. Licensing efficiency doubled, resulting in 49 [operational laboratories](#), [including GeneXpert facilities](#), with a rated capacity exceeding the targeted 30,000 tests per day for May 2020. To date, the rated testing capacity has already breached 50,000, with over 67 operational laboratories. The T3 formation directly contributed to these through prompt resource mobilization and capacity infusions, and indirectly through improved coordination and organization.

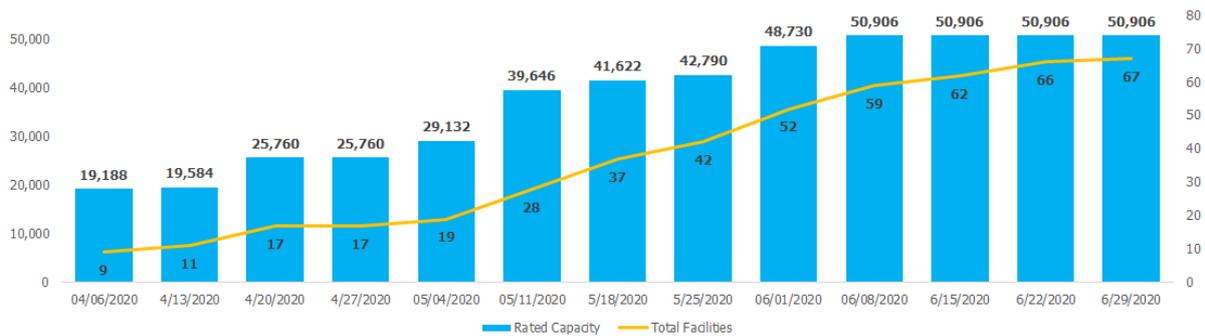


Figure 2. Rated Capacity and Licensed Testing Facilities

- T3 private sector partners and their networks promptly mobilized resources immediately needed by testing centers.** Infrastructure, equipment, and supplies donations were coordinated and channeled to laboratories most in need. Six automatic testing platforms were donated to four testing centers, increasing their capacities by more than threefold. Expertise and investments also poured in to build 11 pop-up laboratories, with eight already constructed.
- Private sector professionals on supply chain, logistics, and information technology (IT) were also tapped to help improve complementary systems for testing.** This expert team co-developed an IT-based inventory management platform with DOH to provide real-time monitoring of supplies in testing centers to facilitate responsive procurement of consumables. Supply chain and storage managers are helping improve logistics and distribution mechanisms to avoid depletion of supplies in testing centers. Dashboards that monitor these activities, including outputs and performance, were created as well.
- Formalized and regular communication channels set common strategies and targets for the public and private sector.** All T3 members committed to daily stand-up meetings. Here, private partners were able to dialogue with the regulatory bureau for licensing issues. The DOH operations team was also able to flag resource needs that the private sector helped resolve. In effect, this effectively kept track of efforts, identified gaps, and pushed accountabilities. Intergovernmental coordination with key agencies, such as the Office of Civil Defense and Department of Budget and Management, were also made more efficient here.

A continuing partnership beyond pandemics

The relationship between the public and private sector in the country has historically been imperfect and at best transactional. Most take the form of regulatory dynamics with government policies setting standards, or financing arrangements with the Philippine Health Insurance Corporation (PhilHealth) accrediting facilities and purchasing health services. Preconceptions on vested interests of private entities can be powerful, and bureaucratic government processes can seem unappealing. This results in a lack of visibility of each other's capacity and potential for collaboration.

The very nature of both public and private sectors allows for a more synergistic response as they bring to bear their respective strengths and adapt these to the context of the greater

challenges and needs confronted by our country, such as the COVID-19 pandemic. As the country continues to achieve UHC beyond this pandemic response, learnings from the success of this public-private partnership should be carried on. This potential for complementarity should be kept in mind and translated into actions in all reform endeavors towards achieving UHC and a resilient health system for all Filipinos.