



Myanmar Ministry of Health and Sports

*Public Private Dialogue
to respond to COVID-19 and
be prepared for any future epidemic/pandemic*

14 July 2020

Working Relationship *Prior* to COVID-19

- Limited engagement between public and private sector ***before*** COVID-19.
- Engagement was mostly punitive and focused on sanctioning private sector.
- Created an environment of mistrust and fragmentation.

With onset of COVID-19 pandemic:

- Private sector recognized the responsibility and need to participate in the emergency response plan to flatten the curve.
- Together, the private sector donated an unprecedented amount of goods and develop plans to repurpose for COVID-19.
- Created space to talk to public sector on how to work together to tackle the pandemic.

Challenges to Public-Private Collaboration Emerging from SWOT Analysis

These conditions existed **before** COVID-19 and created a bottleneck and contributed to the fragmented response:

1. Policy and regulations do not allow private hospitals to perform any testing, tracking, tracing or treating COVID-19 patients.
2. No coordinating mechanism to refer/counter refer patients between public and private facilities.
3. In the main, private staff are not trained nor are facilities repurposed to respond to the pandemic.
4. No funding or pricing mechanism to compensate the private sector for the treatment of MOHS patients as a result of overflow due to a surge.
5. Private sector was not engaged in the modelling of surge management through density reduction, capacity release and capacity build.

MOHS recognizes the need to remove the bottleneck so as to pave the way for collaboration to effectively and efficiently manage the response (on space, staff, supplies and systems) to any emerging epidemic or pandemic and beyond...including the possible re-emergence of Covid-19 once the borders are opened (as witnessed in many other countries).

Strategic Framework for PPP to Respond and Manage COVID-19 + Post COVID-19

