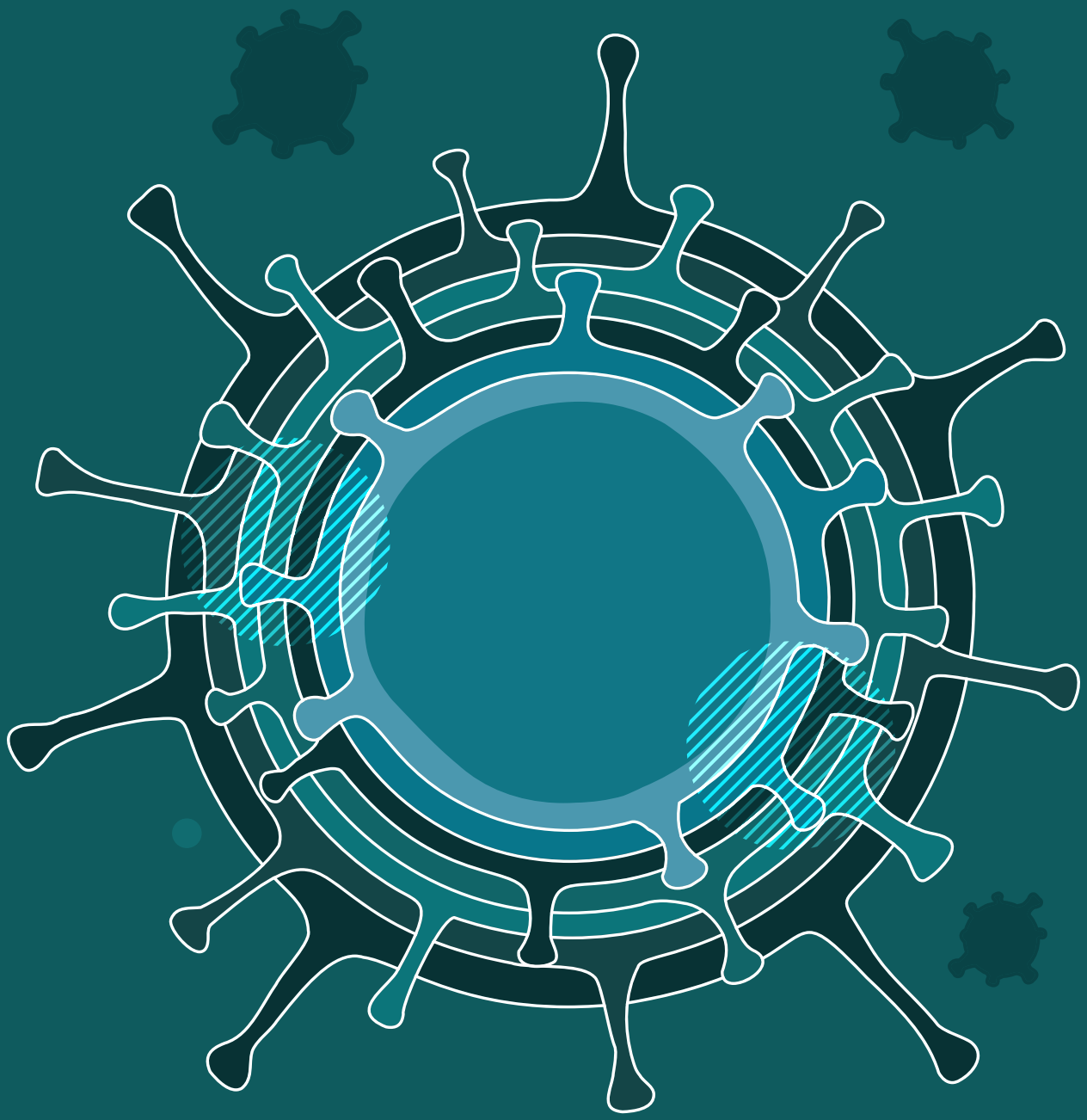

TACKLING COVID-19 IN AFRICA

A COLLECTION OF LESSONS ON STRATEGIC HEALTH PURCHASING

SPARC
STRATEGIC PURCHASING
AFRICA RESOURCE CENTER

"Health system resilience doesn't happen by chance but by a series of deliberate decisions"

Dr. Githinji Gitahi,
Global CEO
Amref Health Africa

Dedication

This booklet is dedicated to all Strategic Health Purchasing (SHP) policymakers and practitioners in sub-Saharan Africa for the critical role they play in implementing sound SHP policies and structures that help countries move closer to Universal Health Coverage (UHC).

Abbreviations

CERRHUD	Centre de Recherche en Reproduction Humaine et en Démographie
DRC	The Democratic Republic of the Congo
FORCE	The FORCE Community is a Network of African Health Systems Strengthening Practitioners committed to collaborative learning around a coaching approach to support country-led health systems strengthening processes to advance Universal Health Coverage
GIS	Geographical Information System
ICU	Intensive Care Unit
ISSER	Institute of Statistical, Social and Economic Research(ISSER)
KEMRI	Kenya Medical Research Institute
MOH	Ministry of Health
PFM	Public Finance Management
PHC	Primary Health Care
PPE	Personal Protective Equipment
SHP	Strategic Health Purchasing
SPARC	Strategic Purchasing Africa Resource Center
SSA	Sub-Saharan Africa
UHC	Universal Health Coverage

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Preface

Dr. Nkechi Olalere

February 2020...

Riding high on the success of the first in-person convening of our technical partners and the execution of an MOU with a country partner, we were knee-deep in preparations for country engagements and in-person meetings, when COVID-19 hit the continent. We watched the news closely, still making plans, but before too long, the continent was hit by a rash of border closures. By March, our plans for in-person meetings and travel for the foreseeable future were shot to pieces.

But, every crisis, in this case a pandemic, provides a learning opportunity. With this in mind, we reorganized and reached out to our community – our technical partners (eleven academic, research and policy institutions, and think tanks) and regional cadre of experts (one hundred and forty at the last count) to learn what policy questions, especially related to SHP, that policymakers were struggling with in the unprecedented times we found ourselves. From this community we crowdsourced more than fifty questions.

We started a thought leadership series on SHP, and provided a virtual platform on Twitter and Zoom to unpack these questions and themes at our virtual engagements (Twitter chats and webinars), featuring a mix of policymakers and technical experts. The result is this rich collection of messages, lessons and information on how countries utilized their limited resources, with limited and constantly changing information on the virus, to make the best decisions for their countries.

We have collated these lessons in this collection, with the hope that they will support country/regional learning and provide a peek into how countries understood the challenges they faced and how they went about solving them. We also hope that this will help countries review their response and bridge knowledge gaps in country preparedness and response to better prepare the continent to prevent and/or confront the next pandemic better prepared and more efficiently.

Acknowledgements

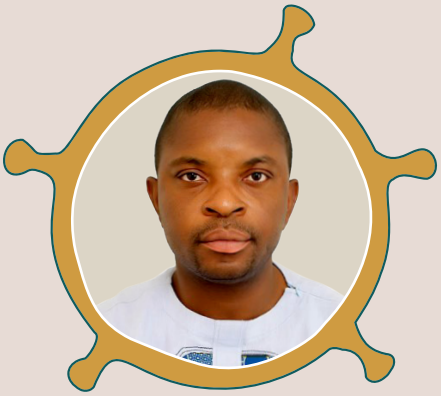
We would like to express our sincere gratitude to our technical partners and policymakers from Kenya, Benin, DRC, Rwanda, Nigeria, Ghana, South Africa, and Uganda for highlighting emerging issues related to SHP at the onset of the COVID-19 pandemic and sharing their experiences of how their countries responded to the crisis. These technical partners and policymakers include:

Dr. Mercy Mwangangi
Chief Administration Secretary of the Ministry of Health in Kenya

Dr. Edwine Barasa
Director of KEMRI-Wellcome Trust Research Program in Kenya

Dr. Solange Hakiba
Deputy Director General (Benefits), Rwanda Social Security Board

Dr. Nneka Orji
Technical Assistant to the Honorable Minister of Health in Nigeria



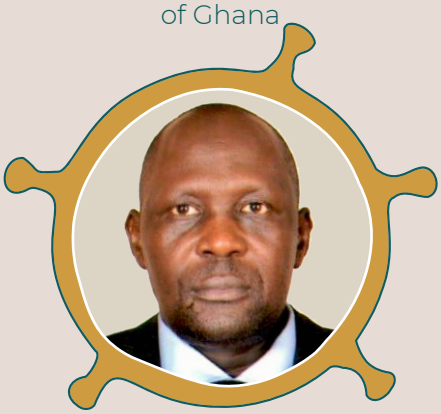
Dr. Emmanuel Odame
Director of Policy, Planning, Monitoring and Evaluation at the Ministry of Health in Ghana

Prof. Eugenia Associate
Professor in the Department of Economics, and Researcher in Health Economics at the Kwame Nkrumah University of Technology in Ghana

Dr. Ama Fenny
Health Economist and Research Fellow with the Institute of Statistical, Social and Economic Research (ISSER) at the University of Ghana

Prof. John Ataguba
Associate Professor and Director of Health Economics Unit, the University of Cape Town

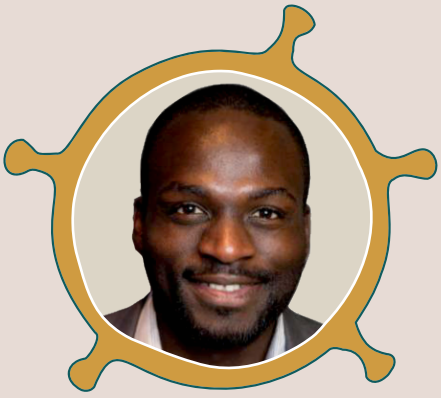
Prof. Freddie Ssengeooba
Health Policy, Makerere University, School of Public Health in Uganda



Tom Aliti
Commissioner Department of Health, Ministry of Health in Uganda

Grace Kiwanuka
Executive Director, Uganda Health Care Federation

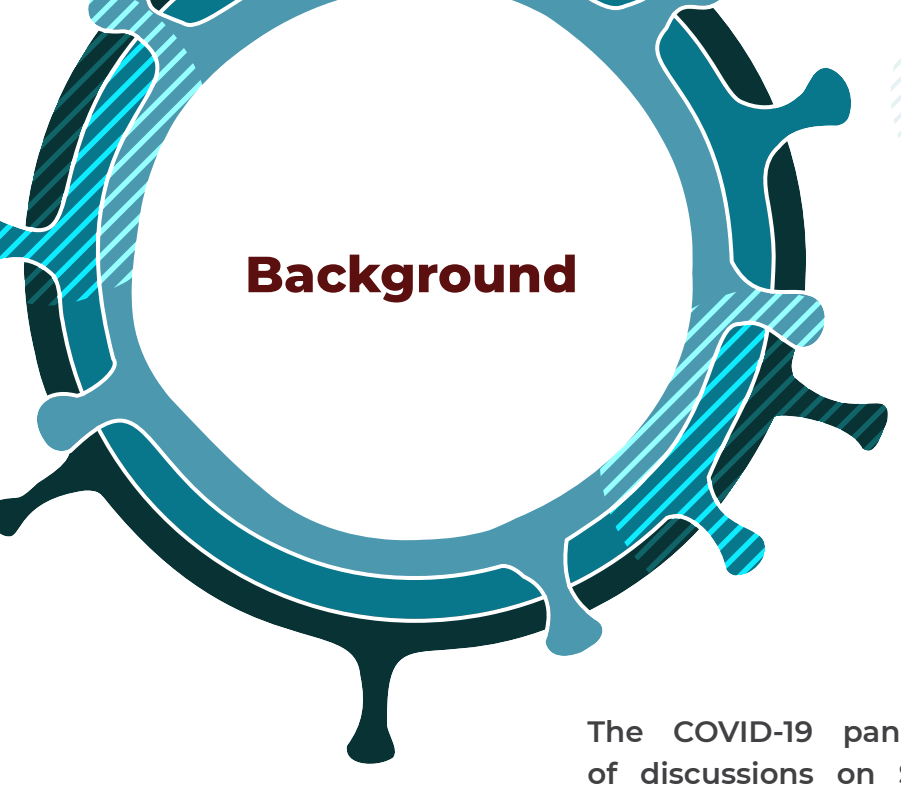
Dr. Roger Kamba
The Special Advisor to the President on UHC and COVID-19 response in DRC



Dr. Hashim Hounkpatin
Centre de Recherche en Reproduction Humaine et en Démographie (CERRHUD) COVID-19 Response Initiatives Coordinator in Benin

Dr. Credo Adelphe Ahissou
Assistant Monitoring and Evaluation Officer, CERRHUD in Benin

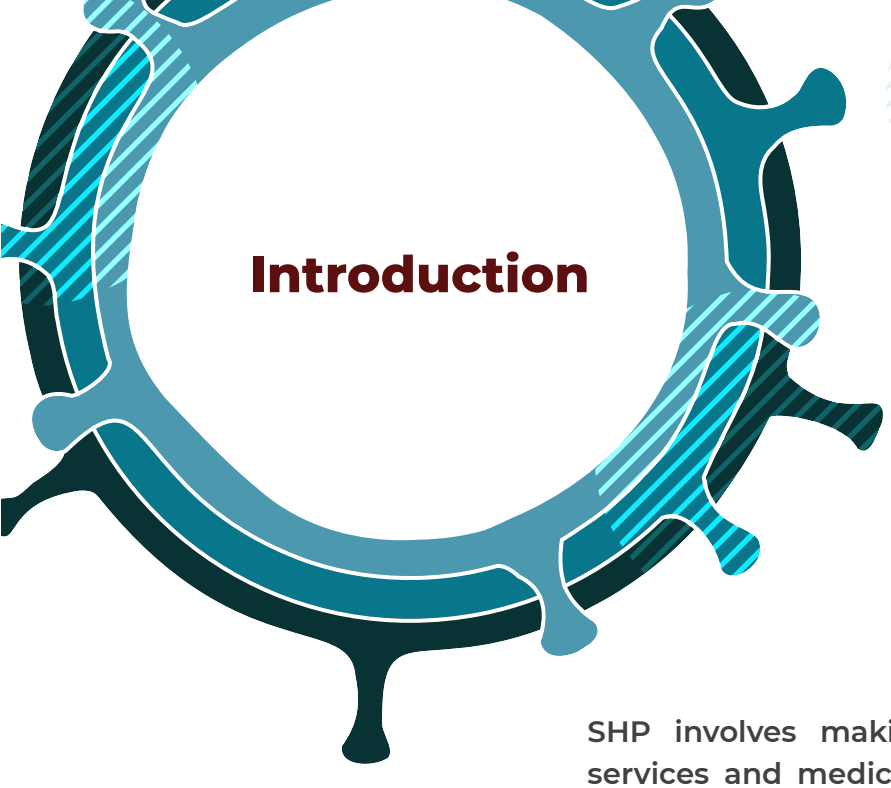
Our sincere gratitude also goes to Cheryl Cashin, Managing Director, Results For Development and Nat Otoo, Senior Fellow, Results for Development for their unwavering support and collaboration throughout this series.



Background

The COVID-19 pandemic accelerated the momentum of discussions on SHP around the globe. As a result of this, there was a keen interest from health systems strengthening practitioners, especially the SHP community and policymakers in Sub-Saharan Africa (SSA), to establish whether SHP was a relevant concept for COVID-19 response, specifically, how countries re/allocated funding for the COVID-19 response and change (s) in the purchasing arrangements that facilitated the quick flow of funds to the frontline for a more effective response. To facilitate discussions around this, SPARC activated a virtual platform for countries to share their practical experiences with SHP approaches during the pandemic.

This collection will highlight the knowledge and lessons generated from eight SSA countries, including Kenya, Benin, DRC, Rwanda, Nigeria, Ghana, South Africa and Uganda. It will also provide stakeholders and audiences with information that can increase their efficiency and effectiveness during a pandemic while encouraging them to build on the knowledge and understanding already generated from different countries.



Introduction

SHP involves making deliberate decisions about what services and medicines to buy. It also supports decision-making on how to contract with providers and pay them effectively, and how to ensure monitoring and accountability. SHP is therefore even more relevant during a pandemic because the demands on health system resources are significant, and the consequences of misallocation are severe. As the COVID-19 pandemic unfolded, countries had to navigate the delicate balancing act between responding decisively to the pandemic while also ensuring continuity of other essential health services that could easily be crowded out as governments diverted attention and resources to the pandemic response.

As a resource center for African countries, SPARC brought together policymakers and experts in the region to share their experiences about the effective use of SHP to make deliberate decisions about the optimal use of health resources as the COVID-19 pandemic evolved. SPARC tapped into its network of eleven technical partners in ten countries across the continent and its network of African health systems strengthening practitioners (FORCE Community[1]) to understand the key emerging issues related to SHP and how countries across the continent were responding to the pandemic. The SPARC team engaged these stakeholders in virtual interactive conversations via Twitter Chats[2] and webinars.

The key lessons from the virtual engagements have been synthesised and presented in this booklet to serve as a resource for decision making and formulation of sound SHP strategies and policies in the continent and beyond.

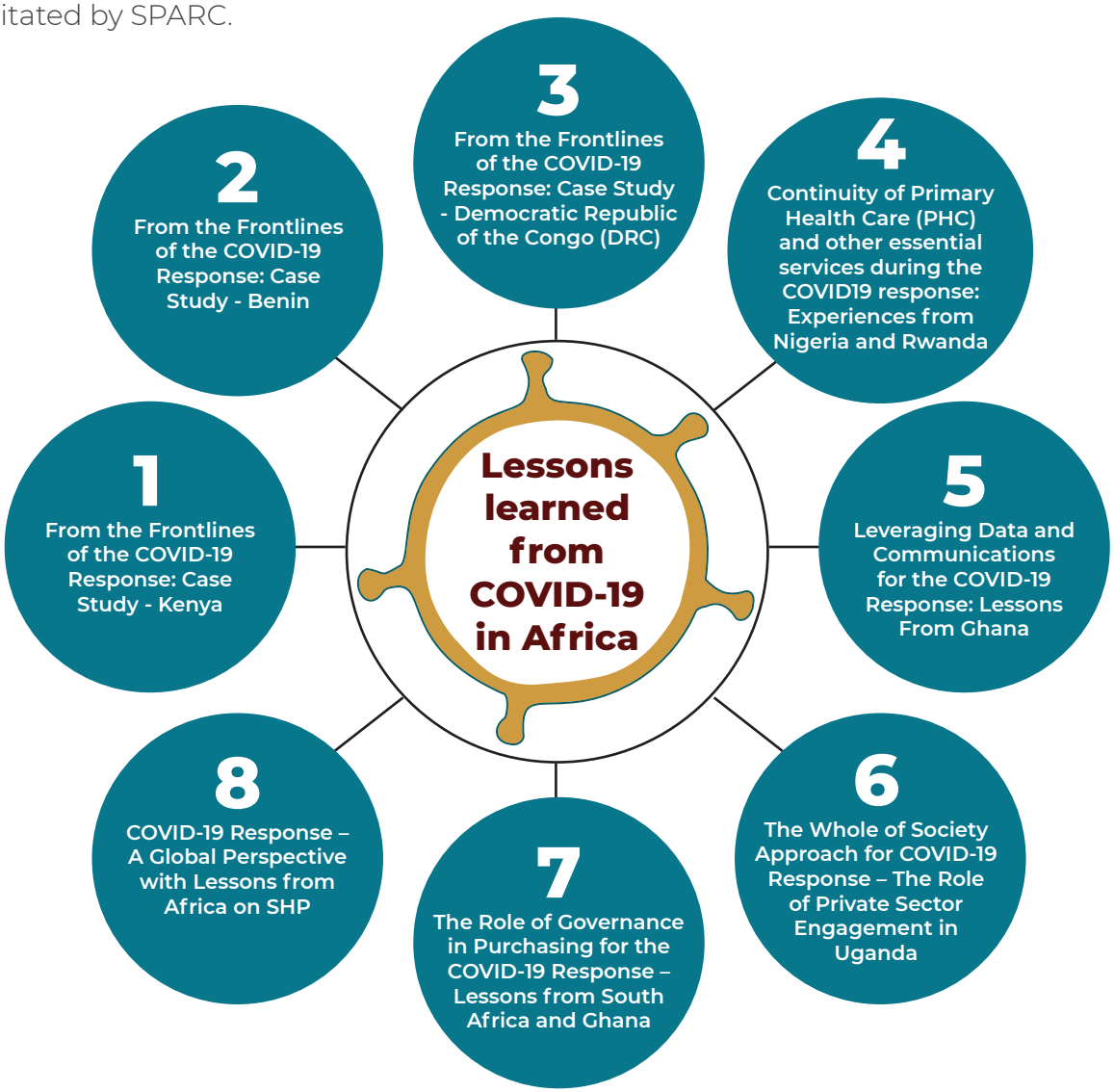
1 The FORCE Community is a Network of African Health Systems Strengthening Practitioners committed to collaborative learning around a coaching approach to support country-led health systems strengthening processes to advance UHC.

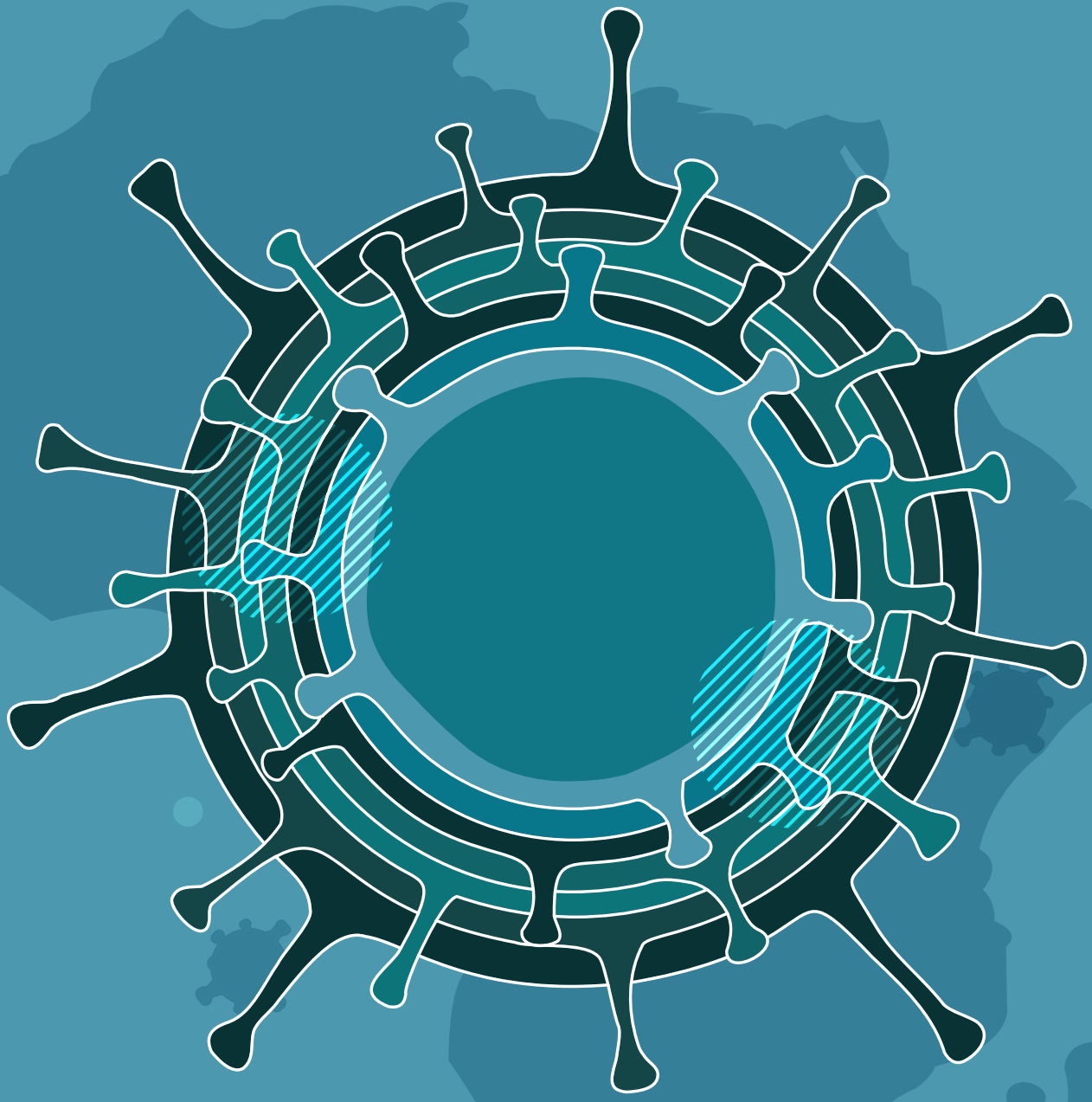
2 **Twitter chats** are public conversations organised around a specific topic on **Twitter.** These moderated discussions take place at a predetermined time, with a predetermined hashtag. The hashtag for SPARC Twitter chats is #SPARCchat

Tackling COVID-19 in Africa

A Collection of Lessons On Strategic Health Purchasing Africa

The lessons learned from the COVID-19 Response in Africa have been grouped into eight broad categories representing the discussions from different Twitter chats and webinars facilitated by SPARC.





COVID-19 RESPONSE

1. From the Frontlines of the COVID-19 Response: Case Study - Kenya

SPARC held its Twitter chat on April 27, 2020. This chat focused on Kenya's experience using SHP approaches early in its COVID-19 response. Dr Mercy Mwangangi, the Chief Administration Secretary of the Ministry of Health and Dr Edwine Barasa, the Director of KEMRI-Wellcome Trust Research Program, shared their experiences and emerging lessons from the pandemic response, some of which are summarised below:

The relevance of SHP

SHP is even more relevant in pandemics because the demands on resources are more significant, and the need to optimise interventions, even more critical. For instance, how does a country select the required range of non-pharmaceutical and pharmaceutical interventions to counter COVID-19? These decisions in Kenya, relied on evidence of what worked and what delivered value for money, given the existing scarce resources. The Ministry of Health partnered with key players to develop purchasing arrangements for COVID-19 response, including an explicit definition of services, payment rates and mechanisms as shown below:

- **What to buy:** The government used evidence to explicitly define the range of COVID-19 services they would pay for, and engaged experts to define clear clinical guidelines and care pathways and design purchasing arrangements.
- **From whom to buy:** The government selected health service providers for COVID-19 patients to promote access and quality. To expand access, the government developed formal purchasing arrangements with the private sector.
- **How to buy:** The government gave careful thought to paying for COVID-19 services and at what rates to ensure affordability, sustainability, and maintenance of the right incentives for health providers.

To be fully effective, these SHP approaches should be combined with the provision of financial protection, creating a safety net for those without the capacity to pay, especially given the scarcity of resources during a pandemic.

Decision making

Critical decisions are taken in the early phases of a pandemic. It was found that adopting a 'whole-system' view was most advisable, as this advanced emergency preparedness by investing in health systems' underlying capacities. This approach meant prioritising investments in enhancing capacity for essential care before focusing on expensive critical care (e.g. setting up new ICUs).

Funding for the response

Pandemics call for budget flexibility to support resource allocation and initiate optimal funding flows. It also requires support for greater financial autonomy, allowing spending units such as health facilities to be agile in their response. Autonomy not only supports the use of funds to ensure adequate flow of supplies and medicines for the pandemic, but ensures the continuity of funding for routine essential services. This may require increasing flexibility in some public financial management (PFM) constraints through emergency measures.

In Kenya, a COVID-19 Emergency Response Fund was set up through a provision in the PFM Act 2012 to mobilise public and private resources, providing flexibility without diluting accountability.

Hospital surge capacity

While Kenya had about 60,000 hospital beds as at April 2020, only 58% of the hospital beds were in health facilities with oxygen. This constrained the nation's capacity to care for COVID-19 patients at scale. Hospital bed capacity varied across counties with some having substantial gaps. ICU capacity was also critically inadequate, with only 256 of 537 ICUs having ventilators, and only 22% of Kenya's population living within 2 hours of a facility with an ICU available. Staffing was an additional critical constraint.

As the pandemic unfolded, a study conducted by the KEMRI- Wellcome Trust Research Program recommended that the government prioritise investments in enhancing the capacity for essential care (e.g. investing in oxygen, pulse oximeters, other essential emergency breathing interventions, health workers, and personal protective equipment) before focusing on expensive critical care (e.g. setting up new ICUs). Prioritising investments in these capacities was more feasible and affordable and would have the most significant impact.

Selection of providers

Given the public sector's capacity constraints, the government developed formal purchasing arrangements with the private sector to provide COVID-19 services. For the purchasing arrangements to work, the government, guided by evidence, explicitly defined the range of services they would pay for and at what rate while ensuring affordability, sustainability, and maintenance of the right incentives for health providers.

Early warning systems

The COVID-19 pandemic reiterated the need to monitor potential crowding out of essential services during public health emergencies, through early warning systems. Recommendations were made to monitor and analyse data from routine information systems on utilising essential services such as immunisation, malaria treatment, maternity services, etc., as a means of early detection of crowding out of these essential services. This could be reinforced by collaborations between the government and research/academic institutions to leverage surveillance platforms.

2. From the Frontlines of the COVID-19 Response: Case Study - Benin

Dr Credo Adelphe Ahissou and Dr Hashim Hounkpatin from SPARC's Technical Partner, CERRHUD in Benin, were speakers at the Force Community webinar to discuss their support to the government of Benin's COVID-19 response and what they learned from that engagement. Below is a synthesis of the critical lessons highlighted in the webinar:

COVID-19 requires a whole of society approach

In Benin, a whole-of-society approach was adopted to address the pandemic. This was useful in two ways:

1. Various committees drawing membership from the stakeholder groups were put in place to provide strategic direction aligned to the national response strategy.
2. The country leveraged this multi-stakeholder group to raise USD40 Million from the World Bank and USD3.7 Million from domestic resources (government and partners) to respond to the COVID-19 pandemic.

Learning helps to avoid pitfalls

Benin initiated cross-country learning on all aspects of the COVID-19 pandemic management, e.g. treatment and general care of patients to avoid pitfalls during the response. Benin's Pharmaceutical Agency issued guidelines on the use of initially touted treatments and avoided ideas that were not in line with scientific evidence of its efficacy in COVID-19 patients, ultimately improving the quality of healthcare services in the country.

Engage experts from the onset

At the onset of the COVID-19 pandemic, Benin set up a scientific committee to guide the country's pandemic response. This committee provided evidence-based information on the efficacy of COVID-19 treatment and containment measures. The use of the scientific committee helped increase public buy-in to the government's response.

Be transparent in the spending of funds

Benin strengthened pre-existing national accountability measures and communicated the use of funds during the response. The government website consistently published the funds received from individuals and private organisations. Similarly, the Economic Crimes Court was mandated to deal with any misuse of pandemic funds.

Make flexible budget plans

Making the PFM Act flexible during the pandemic, helped Benin to ensure funds moved quickly and transparently to the frontline where they were required. The Ministry of Finance and the scientific committee had oversight of the mobilisation and deployment of funds.

Generate evidence

The COVID-19 pandemic revealed that SHP concepts were still not mainstream in Benin. This revelation emphasised the need for key stakeholders to support the government with data and tools to ensure the best use of limited funds in the pandemic response while maintaining other essential services.

Leverage regional bodies

Recommendations were made on the role that regional bodies like the African Union can play in reducing the learning curve and supporting member states with SHP approaches, crisis management, and resource mobilisation information to fast track responses now and in the future.

3. From the Frontlines of the COVID-19 Response: Case Study - Democratic Republic of the Congo (DRC)

As other countries battled the COVID-19 crisis, DRC fought a battle on three fronts. It dealt with a triple epidemic/pandemic - Ebola, measles and COVID-19. Led by the Special Advisor to the president on UHC and COVID-19 response, Dr Roger Kamba, the DRC country team shared the country's experience managing the three epi/pandemics in a webinar facilitated by SPARC in July 2020. The discussion ranged from governance arrangements to resource allocation and continuity of other essential services. Below are the key lessons on coping with epi/pandemics highlighted in the webinar.

Collaboration

A whole of government and society approach is needed to manage a pandemic effectively. The key stakeholders in DRC anticipated eventualities during the epi/pandemics. They worked with health facilities and other key stakeholders to ensure that the health response to the crises was efficient.

Flexible funding arrangements

When dealing with a pandemic, funding provision cannot follow the ordinary channels. In DRC, the government set up a solidarity fund to ensure adequate funding coordination from all partners and stakeholders.

Leveraging existing systems

Before the COVID-19 pandemic, the DRC government established an incident management system for quick intervention and response whenever medical officers reported an Ebola outbreak in a new area. The government applied this system to all health centres and utilised the same approach for the COVID-19 pandemic.

Community engagement is critical

Risk communication is effective, especially when coupled with community involvement. The DRC experience showed that the communities that were not involved in the communication initiatives for Ebola resisted the messages on behavior change and fared worse than engaged communities.

UHC reforms are key

The inequities observed with the epi/pandemic in DRC revealed the importance of UHC. There is a window of opportunity, not just for DRC, but for all countries to move beyond political rhetoric and build health system resilience and increasing healthcare access with financial protection. The future will reveal how well countries leveraged this window of opportunity.

Sustainable health financing

Operational costs for most DRC providers depended on out-of-pocket expenditure. The COVID-19 pandemic led to a decrease in this funding and affected providers' capacity to provide adequate care, revealing a need to explore sustainable funding sources.

4. Continuity of Primary Health Care (PHC) and Other Essential Services During the COVID-19 Response: Experiences from Nigeria and Rwanda

SHP focuses on prioritising PHC services and funding in countries. But during a pandemic, funds could be diverted, threatening the continuity of essential services.

During the COVID-19 pandemic, there were disruptions to the provision of other essential services due to supply-side challenges like re-purposing existing funds for the pandemic and demand-side issues like avoidance of health facility visits because of fear of contracting the virus. The second SPARC Twitter chat which held in May 2020, explored how countries were ensuring service continuity against this background. Dr Solange Hakiba, Deputy Director General (Benefits), Rwanda Social Security Board and Dr Nneka Orji, Technical Assistant to the Honorable Minister of Health in Nigeria, panelists for this chat, shared the following deep insights from their countries, on how to prevent crowding out of essential services while responding to the COVID-19 pandemic.

Protection of Primary Health Care

1. **Make a comprehensive, flexible plan to protect essential services.** Nigeria built on its experience from the Ebola outbreak of 2014 to develop an integrated action plan that ensured coordination and zero service disruptions, with room for correction as the pandemic unfolded.

2. **Build on existing strengths.** Rwanda relied on community health workers to link the community, local leaders, and health providers to share information and ensure that ambulance services reached everyone who needed immediate attention.

3. **Be innovative.** Rwanda's experience showed that online clinics' use helped address barriers to access due to lockdowns and fear of contracting COVID-19 in hospitals. Although not all conditions qualified for this, it increased the chances of PHC service continuity.

4. **Ensure COVID-19 services are covered, and governments pay providers to deliver them.** During the pandemic, Nigeria and Rwanda ensured their citizens had explicit coverage for COVID-19 services at no cost to beneficiaries.

5. **Fully engage frontline providers to be part of the response.** Some budget reallocations were necessary for the short term. Still, providers understood that it was a common responsibility to get funds to where the frontline workers needed them for both the COVID-19 response and routine services.

6. **Motivate healthcare workers.** In Nigeria, this took the form of insurance plans, including mental health support, provision of adequate PPEs and consistent communication with frontline health workers.

5. Leveraging Data and Communications for the COVID-19 Response: Lessons from Ghana

Data and communication management are critical enablers of SHP. In light of limited resources, countries can spend more efficiently when they rely on information and data flows to purchase 'best buys' based on their country contexts. The COVID-19 pandemic re-emphasised this need and threw up examples of countries that leveraged data and communication systems to mount an effective response.

SPARCchat III, which held in June 2020, explored how Ghana utilised data and communication capacities for its country response. The panelists for this chat included Dr Emmanuel Odame, Director of Policy, Planning, Monitoring and Evaluation at the Ministry of Health in Ghana, Professor Eugenia Amporfu, Associate Professor in the Department of Economics and researcher in Health Economics in the Kwame Nkrumah University of Technology and Dr Ama Fenny, Health Economist and Research Fellow with the Institute of Statistical, Social and Economic Research (ISSER) at the University of Ghana.

The following are the critical lessons summarised from the Twitter chat:

Communication with the public is critical

Data and communications are inter-related. The availability of reliable data ensured accuracy in updates to the public, which inspired public trust. Regular data updates helped to improve public confidence during the pandemic. The creative use of accurate and integrated data was critical to the effective management of the COVID-19 pandemic and communication with the country's public.

Integration of data

Ghana had many health sector data sources, but as in many countries, the data was fragmented. The COVID-19 pandemic crisis provided an opportunity for the government to deliberately work towards integrating different data sources, including a hospital information system, a geographic information system (GIS), and a service delivery application, given their interoperability. Work would also include providing disaggregated data at all levels.

Data privacy

The panelists emphasised that a move towards data integration must be accompanied by data privacy laws, because the range of personal data that systems and new applications collected, processed and shared was extensive and complicated for users to understand and accept.

6. The 'Whole of Society' Approach for COVID-19 Response – The Role of Private Sector Engagement in Uganda

The private sector is critical in many countries in Africa as it supports governments in delivering PHC.

Our technical partners' work showed that private sector engagement in service delivery was at its nascent stages in many countries, prior to the pandemic. The COVID-19 pandemic resulted in the private sector's movement from the fringes of service delivery into more mainstream participation. With SPARCchat IV, which held in July 2020, SPARC unpacked the role of the private sector in the pandemic response with the following panelists from Uganda: Professor Freddie Ssengeooba, Associate Professor of Health Economics and Health Systems Management at Makerere University, Tom Aliti, Commissioner Department of Health, Ministry of Health and Grace Kiwanuka, Executive Director at Uganda Health Care Federation.

The following are the key lessons from the private sector engagement in Uganda's health sector for the COVID-19 response.

Contributing to essential capacity

The private sector plays a critical role in the health sector, helping to close capacity gaps and ensuring that governments can maintain essential services during and after public health emergencies. In Uganda, the government noted that the private sector needed capacity strengthening for the COVID-19 response in areas like disease surveillance and access to capital to acquire necessary equipment and technology. The country's survey mapping of private providers was useful for understanding existing capacity and identifying capacity gaps.

Leading in innovation

As the COVID-19 pandemic unfolded in Uganda, the private sector adapted quickly and adopted new technology, telehealth and e-health, which could become the standard as patients increasingly seek care remotely.

Building trust is essential

It was important for Uganda to create a conducive environment built on trust for the private sector to engage. The country established an inclusive approach to dialogue with the private sector and co-created a policy framework and solutions. This played out practically with the private sector serving as co-chair of the ministry of health's technical working group on public-private partnerships in health. . Putting in place transparent contracting and purchasing frameworks that made roles, relationships, and expectations clear was an additional critical factor for building trust.

Making use of integrated data

Uganda captured private and public data from the facility and drug outlet levels into DHIS2. Interest in data reporting from the private providers was increased through improved interoperability of patient management information systems and DHIS2 on the one hand, and the improved ability of providers to interpret their data to inform service delivery and investment decisions at the facility level, on the other hand.

7. The Role of Governance in Purchasing for the COVID-19 Response – Lessons From South Africa and Ghana

Practical governance arrangements support SHP. Governance is an overarching health system function and is about "...ensuring strategic policy frameworks exist, and government combine this with effective oversight, coalition-building, regulation, attention to system-design and accountability. "

SPARCchat V, which held in August 2020, focused on the role of governance in purchasing for the COVID-19 pandemic. The panelists, Prof. John Ataguba, Associate Professor and Director of Health Economics Unit at the University of Cape Town and Nathaniel Otoo, Senior Fellow at Results for Development, shared examples of how governance and stewardship roles had been affected by the COVID-19 response. From this discussion, it was evident that the stewardship role of governance was in effect in the COVID-19 response, albeit to various degrees in African countries. Below are insights from that chat:

Make pandemic governance structures effective

Countries in sub-Saharan Africa utilised a mix of existing and new governance structures to respond to the pandemic. Still, they had to find the right balance between inclusiveness and not swelling membership numbers unnecessarily with delayed decision making.

Work within the law

Countries utilised existing legal structures and/or enacted emergency provisions to re/allocate funds as the pandemic progressed. Where conflicts with existing laws arose, the governments made exemptions. In South Africa, the 'COVID-19 Block Exemption for the Healthcare Sector, 2020' supported funding release for the response.

Be flexible but accountable

PFM constraints can delay funds flow, but the relaxation of limitations should not sacrifice accountability. Most countries' PFM acts allowed for establishing contingency/emergency funds to support the COVID-19 pandemic response.

Leverage existing purchasing structures

To mount a quick response to COVID-19 and facilitate efficient funds flow to the frontline, some countries created some new purchasing structures parallel with existing systems without leveraging the rich lessons learnt over the years.

Need for better coordination

Although most countries had multiple purchasers for the pandemic response, some countries like Kenya and Ghana coordinated their purchasing with good results. Others did not, leading to perverse provider incentives, e.g. cost-shifting.

Build back better

With emerging lessons from COVID-19 response, it is clear that pandemic governance systems need central coordination, role clarity, local flexibility, evidence, accountability, communication, trust, representativeness & responsiveness. Ideally, pandemic planning should be part of national development and health planning.

8. COVID-19 Response – A Global Perspective with Lessons from Africa on SHP

This Twitter chat served as a round-up of key lessons learned from April 2020, when SPARC started the monthly SPARCchat series, focusing on SHP during the COVID-19 pandemic. This SPARCchat VI held in September 2020, featured Cheryl Cashin, Managing Director at Results for Development and Nat Otoo, Senior Fellow at Results for Development, and focused on synthesising key policy messages from previous editions of SPARCchat and emerging themes. Below is a summary of the key lessons from this discussion.

Invest in health system capacities

The pandemic re-emphasised the need to have a complete system view and invest in underlying health system capacities for a pandemic response. Countries should invest in and develop early warning systems to identify potential crowding out of essential services during public health emergencies.

Implement effective governance mechanisms

Countries should implement effective governance mechanisms that ensure transparency, accountability, stakeholder consultation, efficiency, quality and equity. Similarly, they should deploy effective communication systems and engage and strengthen the private sector to fill capacity gaps.

Prioritise evidence generation

There is need for countries to strengthen their capacity to generate and use evidence. It is also vital to engage frontline workers as part of the pandemic response and ensure that the required resources reach them promptly. Additionally, governments should place transparent purchasing frameworks that make roles, relationships, and expectations clear.

Build trust

Effective purchasing is a triple-win for purchasers entrusted with buying services on behalf of people, providers who get better signals and more flexibility in addition to the population who get more accessible, responsive services. It all starts with trust.

Leverage existing resources

Countries should start with what they have and strengthen from there during a pandemic. Governments should build on existing resources like providers already in the community and existing data systems.

Engage the private sector

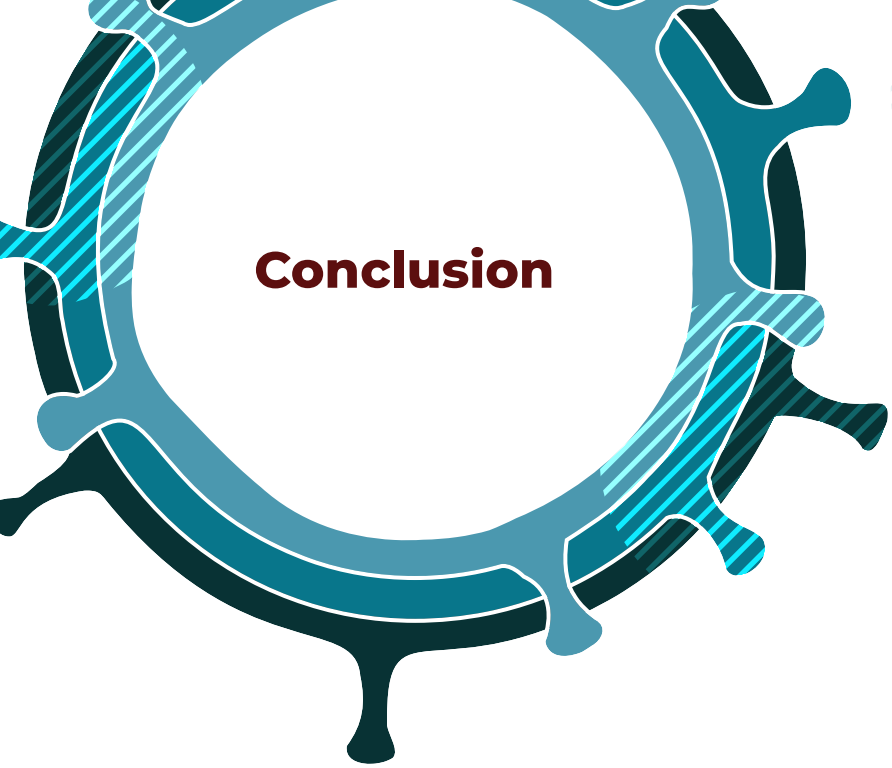
Countries should harness the private sector and fairly and transparently include private providers in the service provision pool to add the much-needed capacity and contribute to innovation.

Harness provider payments

Countries should use the powerful tool of provider payment more effectively to signal the system's priorities. This would direct funds toward those priorities with the right incentives and result in flexibility for providers to be efficient, innovative and responsive to their populations.

Learn and improve

Turn crises into opportunities to build on existing systems, learn, innovate, and strengthen transparency and build good governance muscles.



Conclusion

As the world faced a new normal and combated COVID-19, SPARC provided a platform for sharing lessons learned during and after the pandemic. We explored how countries were supported to priorities the pandemic without losing sight of other health system and larger macroeconomic challenges, that if ignored, could cripple a nation long after the pandemic is gone.

In discussion with representatives from different countries, three key areas kept coming up as key requirements for effective pandemic management across different countries:

- **The need for flexible PFM constraints, to allow speedy movement of funds to the frontlines.** However, this should always be balanced by the need for accountability and therefore suitable checks should be instituted and balanced by the need for speed,
- **Whole of society and whole of government approaches.** The pandemic revealed that the public sector does not have the capacity to take on a public health emergency independently. Different countries leveraged the private sector for additional capacity, the academia and other stakeholders for scientific advice, the community for the institutionalisation of preventive measures etc.
- **Building trust in the community is key and stimulatess community engagement.** To get the buy-in of all stakeholders, leadership should build trust through communication (using accurate data to communicate), transparency, accountability etc

These areas will form the focus of continued discussions on the SPARC virtual platforms and other bodies of work.

Although the chats occurred from April to September 2020 and the pandemic is still ongoing, lessons from this snapshot in time can support policy for the future. We will continue to unpack additional lessons from the pandemic on our platforms. For full details of these conversations, please click on this link SPARC Chat Curated Tweets

> The key to pursuing excellence is to embrace an organic, long-term learning process, and not to live in a shell of static, safe mediocrity. Usually, growth comes at the expense of previous comfort or safety.

Josh Waitzkin

Strategic Purchasing Africa Resource Center (SPARC),
Amref Wilson Airport, Lang'ata Road, Nairobi, Kenya.
Tel: +254 20 699 4000
E: info@sparc.africa
W: www.sparc.africa