**Involving the private sector to covid-19 response.**

The COVID-19 pandemic has overwhelmed the health system all over the world. Many developing countries are ill-equipped to deal with the pandemic because of their weak health systems. WHO has therefore advised the government to take a whole of government and a whole of society approach in their covid-19 response. This involves working with actors in the private health sector and civil societies. Drawing on resources from the private sector is critical as the private sector has a wide variety of the non-state of the private providers in the health system, this is from large corporate hospitals to individual practitioners who could offer support in response to the pandemic.

Private organization therefore have a crucial role to play in helping the health systems and the society. This is by putting up resilience in the health systems during the pandemic. A resilient health system is one that is adequately prepared to maintain the normal routine functions and any emergency operations when faced by a pandemic. Kenya’s first response to the covid-19 pandemic was in March 2020.

During this pandemic period the private health sector supported the public health sector in various ways, so as to minimize the rates of infections. It has been able to do this by being involved in various containment activities like awareness campaigns, testing and offering vaccines.

The private health sector in the country is regarded as for the elite in the society while the public health sector is for the common “mwananchi.” This is because before covid-19 the elite would leave the country to get medical attention. With the recent events of covid-19 seeking medical care outside the country was restricted and they were therefore forced to seek treatment in the country. This has brought about its own challenges in the health sector as the country was not fully prepared.

The country’s health system has been in shambles for the longest time even before covid-19. This is because of the frequent strikes by workers in the health sector, expensive prescriptions, the unattained ratio of health practitioners to population, and unequal distribution of health facilities across the country have been the norm. These challenges have weakened efforts to achieve the 3rd objective of the Sustainable Development Goals (SDG) in Kenya, which seeks to ensure individuals benefit from healthy living and well-being despite the government’s vision of attaining this goal by 2022. Of importance, is the lack of access or unaffordable health insurance that has left many people at the mercy of relatives and friends whenever hospitalized. While dependency on close members of the family and friends has been a popular trend in dealing with the gaps in the health sector, such collective action can quickly be challenged by situations such as the COVID-19 pandemic.

The government of Kenya made changes to its national insurance scheme and introduced the National Hospital Insurance Fund (NHIF) cover in 1966 as a means of facilitating access to cheaper health in the country in line with the World Health Organization’s Universal health coverage goals. However, since it was introduced, the NHIF has struggled to cater to the growing population and the growing health care needs of Kenyan citizens.

The cost of COVID-19 testing in Kenya has not yet been included in the NHIF. Very few people are in areas that are receiving free COVID-19 testing with the rest having to pay an estimated cost of US$100 (Ksh 10 825.00). This is a difficult undertaking in a society where more than half of the population survives on less than US$2 (Ksh 216.31) a day.

Lessons from the COVID -19 pandemic should encourage the government to pull resources even if it means cutting entertainment budget and other less essential expenditures in government to expand the NHIF scheme to cover more people, more services, and treatments (which would include but not limited to COVID-19 testing and management). This would consequently result in the aversion of a looming crisis in the health care system for not only COVID-19 pandemic but also future epidemics that might affect the country.