Public-Private Partnerships for Emerging Market Health

A briefing paper from the IFC Public-Private Partnership (PPP) Think Tank discussion at the 2019 Global Private Health Care Conference

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Creating Markets, Creating Opportunities

IFC's Global Private Health Care Conference took place in March 2019, with a primary aim to spark discussion and drive action around the private health sector and its role in meeting critical challenges in emerging markets. The theme of the 2019 conference was Disrupting the Present, Building the Future – Embracing Innovation to Deliver Results. Alongside the main conference sessions, invited policy experts, funders, innovators, representatives of the public sector and industry representatives from around the globe gathered for a think tank session to discuss current trends, challenges, and opportunities related to Public-Private Partnerships (PPPs), and more broadly, under what circumstances PPPs can bring sustainable and innovative value for health care in emerging markets. This briefing paper reflects key themes and important points from the discussion that took place, and leverages additional insights, research, and analysis to shine light on this important topic.

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This briefing paper was written by Amanda Stucke, with guidance from David Humphreys, both of The Economist Intelligence Unit (EIU) Healthcare team. It was written based on the expert opinions from participants of the think tank session, (in which the EIU had input on the themes being discussed, were in attendance, and engaged in the discussion) and additional desk research.

ABOUT IFC

IFC—a sister organization of the World Bank and member of the World Bank Group—is the largest global development institution focused on the private sector in emerging markets. We work with more than 2,000 businesses worldwide, using our capital, expertise, and influence to create markets and opportunities where they are needed most. In fiscal year 2019, we delivered more than $19 billion in long-term financing for developing countries, leveraging the power of the private sector to end extreme poverty and boost shared prosperity. For more information, visit www.ifc.org.

ABOUT EIU

The Economist Intelligence Unit is the research and analysis division of The Economist Group, the sister company to The Economist newspaper. Created in 1946, the EIU have over 70 years' experience in helping businesses, financial firms and governments to navigate the ever-changing global landscape.

Public-Private Partnerships for Emerging Market Health

More than half of the global population resides in emerging markets, where governments are under pressure to expand health services and coverage.[1] This occurs as ageing populations and a growing burden of chronic and non-communicable diseases place bigger demands on health systems.[2,3] Improving access to affordable, quality care to meet these demands requires fixing health infrastructure and service gaps and adding capacity for governments to maximize available resources to offset budget constraints and other barriers to development.[4] Public-private partnerships (PPPs) are one mechanism to help overcome financing gaps and budget constraints that limit investments. This can, in turn, increase health systems' capacity for providing quality and innovative care to those who need it.

The definition of a PPP is both dynamic and evolving. This is partly owing to the wide variation in their design across sectors, project sizes, and ownership structures. A study exploring 14 different multilateral organizations and national laws covering PPPs found that each used a slightly different definition to describe them.[5] One reason is that PPPs have evolved over the last three decades as global policy mechanisms that go beyond infrastructure, and they include such activities as economic development, service delivery, and more general project delivery.[6] The World Bank defines PPPs as "a long-term contract between a private party and a government entity, for providing a public asset or service, in which the private party bears significant risk and management responsibility through the life of the contract, and remuneration is linked to performance."[7]

The difference between traditional privatization or procurement and a PPP arrangement is that, in the latter case, responsibilities are typically divided between public and private entities, depending on which can best manage them. Increasingly, this also includes other stakeholders such as patients, NGOs, advocacy groups, academia, professional organizations, and faith-based organizations that may participate in the governance of PPP arrangements.[8] However, the design, construction, operation, financing, ownership and risk transfer associated with PPPs are often country-specific and vary widely. With concessions, the most common form of a PPP, the private sector provider exclusively operates and maintains (and in some cases constructs) infrastructure or services traditionally provisioned by the public sector, with compensation usually being provided directly by consumers with or without demand risk.[5] Another version of PPPs, called a private finance initiative (PFI), emerged in the United Kingdom around the 1980s, whereby a private party takes care of the upfront funding and is paid over time by the government to develop, operate, and maintain infrastructure under a certain level of service quality. This allows governments to leverage private funding to achieve faster infrastructure development and also requires adhering to strict rules surrounding public debt levels.[5]

Since the UK PFI model emerged, PPP models have made up an increasing share of all partnerships between the public and private sectors globally.[9] Different types of PPPs typically span infrastructure and equipment, services, or a combination of the two in an integrated model. They also include both public and private sector inputs such as land, expertise, and funding. Additionally, models vary depending on the level of risk that is assumed by each party, level of capital committed and by whom, the length of the partnership, how much negotiation and flexibility is allotted for, and how the private party will be compensated.[9] Increasingly, awareness about the potential benefits of taking into account a wider variety of stakeholders in PPP governance once established, such as non-governmental organizations (NGOs) and civil society, also adds to the variation among PPP models.[10]

Ultimately, PPPs may bring new opportunities for efficiency, mobilization of private capital and expertise, and even service delivery innovation, especially as they continue to become a more regular component of the policy landscape across sectors.[10] However, many examples of successes with PPP arrangements come from developed markets. Traditional constraints related to resources and capacity in emerging markets can make it difficult to manage the costly and complex procurement and long-term nature of PPPs. But this may be overcome with proactive planning, management, and wide engagement. This briefing paper seeks to illuminate these and other considerations alongside best practices related to PPPs and their potential to increase access to high-quality care in emerging markets:

- *Designing a successful PPP in the health sector;*
- *Measuring and defining success;*
- *Creating an enabling environment for PPPs.*

KEY CONSIDERATIONS FOR WELL-DESIGNED PPPS IN THE HEALTH SECTOR

While PPPs are most commonly used as a mechanism for infrastructure projects in such sectors as transportation, water, and energy, increasing attention is being given to this model in social infrastructure sectors like health care and education.[9] For example, governments have turned to PPP models to improve the operation of health services, leverage private investment, formalize arrangements with non-profit partners, access managerial resources and health expertise, and generally identify new ways of operating.[8,11] Other specialized forms of long-term public-private arrangements have been used for the operation and maintenance of health equipment. The World Health Organization (WHO) established the Commission on Intellectual Property Rights, Innovation and Public Health (CIPIH) in 2003, which noted that PPPs were seen as an effective way to take advantage of the relative benefits of the public and private sector, without overburdening either party, and to address the need to create incentives to develop treatments for diseases that largely affect developing markets specifically.[12]

Despite wide variability in PPP structure and participating stakeholders, PPPs in the health sector typically fall into one of three categories: health services, health infrastructure, or an integrated model of the two.

Though more complex, the integrated model is the most common form of PPP in health care, where a private provider, or a consortium of private providers, is contracted to deliver both services and infrastructure to a defined population, particularly under the form of relatively short and narrowly defined engagement (i.e., a 10-year concession for the construction and provision of a single health service unit).9 Some are larger and more complex, such as a 20-year concession for a multi-tiered health

PPPs in the health sector

PPP Model	Common Term	Definition/ Explanation	Examples
Health services	Operating contract, performance-based contract (concession, lease)	Private party provides publicly funded health services in a publicly owned facility.	General hospital services, specialized services (i.e., dialysis), diagnostics and imaging, package of essential services
Health infrastructure	Design, build, finance, operate, maintain (DBFOM); build, own, operate, transfer (BOOT); UK PFI model	A public agency contracts a private party to provide a facility, with health services within the facility usually provided by the public sector.	General hospitals, primary and tertiary care clinics
Integrated model (services + infrastructure)	Twin accommodation, clinical services joint venture, franchising, PFI+	A private party builds or leases a facility and provides free or subsidized health services to a defined population.	General hospital and services, laboratories and lab services, primary care centers and services

system. The shorter engagements are more common in emerging markets, but the latter type offers more flexibility to manage case mix and appropriate levels of care from the private sector perspective. There is also a midway between fully integrated models and pure infrastructure models. In Turkey, for example, some of the support medical services are also transferred to the private sector while core medical services remain with the public sector.

In low- and middle-income countries, it is common for public and private health systems to operate in parallel, with little overlap and largely independent infrastructure, patient populations, and financing. However, in integrated health systems, such as those found in Organisation for Economic Co-operation and Development (OECD) countries, ownership and management of service providers may be public or private, but the financing, regulation, and patient populations may overlap.[14] PPPs may form a blueprint for low- and middle-income countries to encourage increased collaboration between the public and private sectors and optimize resources for health provision. In addition to health system development, PPPs can also be used for more specific health goals, including development of treatments for diseases that commonly affect vulnerable populations, reaching patients in rural areas and engaging private sector providers in consistent education and training.[15-18]

There are varying opinions on where and how a PPP should be used, and what makes them effective. Existing examples of PPPs include complexity that can be difficult to manage, are sometimes more costly, and may be affected by seemingly conflicting interests among the public and private sectors when the scope of the PPP and the incentives included in the remuneration regime are not clearly defined.[5,19] Health-related PPPs are also complicated by the fact that health care is dynamic and quality is primarily determined by human capital. It requires a holistic, flexible approach, which is difficult to account for in a relatively narrow, long-term PPP scope.[5] In part due to these challenges, a systematic review of 46 papers on PPPs in the health sector published between 1990 and 2011 found significant uncertainty about the overall effectiveness, efficiency and convenience of PPPs to reach health goals.20 Similarly, a study looking at the success of PPPs as it relates to health promotion found that, though many authors endorse the approach, there is lack of evidence to support the effectiveness of PPPs for this purpose.[21] Stronger evaluation of the efficacy and outcomes of PPPs needs to be generated to reduce this uncertainty, particularly in emerging markets.

In many cases, emerging markets face more challenges in delivering high-quality health care, often linked to fewer resources and less developed infrastructure. However, despite these barriers, discussion participants consistently suggested that PPPs are not necessarily more likely to fail in developing economies because of these challenges. Instead, factors like clarity and definition of the objective, along with dynamic government leadership and commitment, are far more important. In this sense, an effort to develop institutional capacity around PPPs in emerging markets is critical to ensuring that they can be successful. This often requires the support of the international community. This capacity includes the ability of the public party to develop a clear contract with defined outcomes, set a transparent tender process, establish effective procedures to monitor success, and be able to impose penalties if the private entity under-performs.[5, 13]

MEASURING AND DEFINING PPP SUCCESS: NOTES FROM THE FIELD

PPPs often require a careful balance of risk, capacity, costs, innovation and integration into the wider health sector.[4] In order to maintain alignment within a PPP, the primary objective should be intently focused on improvement in both quality and efficiency of services provided, and

Building a successful PPP in the health sector
KEY ELEMENTS

Emerging markets are likely to rely on PPPs as health care demands continue to grow beyond the scope of what the public sector can provide.[10] This includes the demand for both infrastructure and services that can manage the shifting needs of aging populations, and the needs of larger proportions of populations facing non-communicable diseases, among other factors.[2,3] As such, it is important to note the key drivers of effective PPPs, including accurately defining the need and primary objective, identifying optimal and sustainable funding and payment mechanisms, managing an effective and transparent tendering and award process, keeping close alignment and active governance throughout the contract period, and running a successful handover process.

Before a PPP is even proposed, accurately defining the problem to be addressed is perhaps the single most influential factor in determining whether a PPP will be successful. As one think tank participant noted, *"a PPP should not be the end goal. The conversation should not revolve around 'we want to make a PPP', but should be 'we want to solve this, and we think a PPP might provide the best value for money to do so.'"* This requires a proactive and effective stakeholder engagement strategy, which manages both external and internal communication about the challenge at hand, and the purpose and intent of the PPP as a mechanism to solve it. The importance of this is highlighted by the fact that lack of alignment among stakeholders is cited as a main cause for issues that occur across PPPs.[4]

The major advantage of PPPs, and why governments may consider them to be more beneficial over other forms of procurement, revolves around creating a lower-risk adjusted cost of providing services to the public.[13] This is achieved by transferring some risks to the private sector, as they are best equipped to address them in an efficient manner. Meaningful risk transfer often depends on both the private and public parties taking on some risk to drive collective commitment to the success of the PPP. In this way, the ability of the public sector to achieve value for money depends on the public and private sectors being able to effectively identify and price risks accurately.

To appropriately qualify risk, discussion participants noted that government consultation with investors and other stakeholders needs to be intensive and robust before going to the market for possible solutions. This should include a value-for-money analysis, though this can be challenging considering limited data in emerging markets. To support these activities, The World Bank Group and the International Monetary Fund developed a PPP Fiscal Risk Assessment Model to help client governments identify and maximize fiscal space for PPP arrangements.[9] In addition to risk, the overall operational cost of a project must be assessed and planned for over the life of the PPP and take into account all expenses associated with tendering, execution, and monitoring of the project up front . The public entity must also be able to specify their objectives in the contract and design and enforce a payment mechanism that links remuneration to these goals.[13] Without doing this, it can be challenging for governments to identify all of the funding mechanisms that could make a particular PPP project attractive for the actors best-placed to provide the service.

Once the value assessment has been established, governments and their advisors must have the capacity to manage the complexities involved in PPP-related procurement. Private companies and other stakeholders equally have a responsibility to position themselves as a good partner for development and social impact. This process should be designed to ensure appropriate levels of competition between bidders to encourage cost containment.[13] On the other hand, particularly among integrated models, it is unlikely that a single provider would be able to deliver all services, and requires participation from multiple bidders.

secondarily on alleviating some of the demand on upfront public funding for infrastructure development.[5] More specifically, PPPs should be designed to create better outcomes and value for the patient, reduce out-of-pocket spending and increase access to higher-quality services. Achieving these three primary goals is critical to ensuring that public entities can show value for money in health sector development.

As soon as a PPP contract is in place, governments must play a leading role in ensuring quality and consistency of the delivery. This can be facilitated by defining effective performance and outcome indicators up front and including realistic strategies to achieve them in the planning process. However, measuring whether a PPP has successfully achieved its goals can be challenging and nuanced, in part due to the complexity of the configuration of partners and the various motivations of the stakeholders involved. In the past, indicators of success, and therefore remuneration, for the private partner had been significantly linked to cost minimization, but less so to service-enhancement.[4] However, one discussion participant noted that growing momentum to link payment for health services to patient outcomes through frameworks like value-based health care have created a potential blueprint for indicators that better measure quality of service.

Ineffective performance measurement, even in developed PPP markets such as Australia, have caused delivery and service quality challenges.[22] One study recommends evaluation at regular intervals across the lifecycle of a PPP (ex-ante, during procurement, during partnership, ex-post) to address this, and that this evaluation includes factors such as stakeholder satisfaction, processes, capabilities, and contribution.[22] It is important that these indicators are feasible to both measure and report on, and are embedded from the beginning of the process. Discussion participants noted experiences where evaluation criteria were developed after the tender process was completed, which can make it difficult for the private entity to comply throughout the contract period. In emerging markets, where existing monitoring and evaluation capabilities may be less-developed, international actors can play a role in guiding evaluation and assisting with capacity development.[19]

CREATING AN ENABLING ENVIRONMENT FOR HEALTH SECTOR PPPS

Ensuring that PPPs can meet key objectives related to quality, access, and cost-savings requires a transparent and conducive environment to operate in. This enabling environment can primarily come from a strong and informed public sector; as explained in one study, *"weak and poorly informed governments cannot remedy their own deficiencies by seeking to [yoke] the private sector to their own uncertain cart."*[19] Discussion participants from the private sector underlined that, in some emerging markets, the public sector would excessively rely on the private partner and try to allocate the bulk of risks to them. A balanced approach and open dialogue between the private and public party is seen as a key success factor.

Looking specifically at the enabling environment for PPPs for infrastructure, the Economist Intelligence Unit (EIU)'s Infrascope index identifies and evaluates countries on five key components: enabling laws and regulations, the institutional framework, operational maturity, investment and business climate, and financing facilities.[23] These criteria also apply to enabling PPPs in the health sector, as each element is critical to increasing the likelihood of success. Perhaps the most fundamental aspect of creating an enabling environment for PPPs includes a robust regulatory and legal framework, ideally with continuity across sectors. This framework can also play a role in ensuring competitive bidding that is critical to limiting additional costs created by PPPs.[5]

A set of global norms and principles should also be developed in order to bring efficiencies and effective knowledge sharing to PPP models.[19] One existing instrument in the health sector that may be helpful in this regard is a strong clinical accreditation process. Several organizations have also developed guiding principles and other recommendations more broadly for good PPP governance, transparent accounting and contracting to help achieve these aims.[5] Ensuring that risk is absorbed by the vehicle, including infrastructure for service provision that mitigates any inevitable changes to case mix or health law that could impact the operations of the PPP, can also boost quality.

Although strong public capacity to manage PPPs is important, organizational and social factors consisting of transparency, trust, cooperation, communication, public participation, and stakeholder involvement may be even stronger indicators of whether a PPP will be successful.[24] This includes long-term commitment to these factors that spans traditional political terms. A study looking specifically at elements of building stakeholder commitment within PPPs cited seven similar factors: building of trust; clearly defined objectives and roles; time commitment; transparency and candid information, particularly in relation to risk and benefit; contract flexibility; technical assistance or financial incentive behind procedural arrangements; and the awareness and acceptability of structural changes related to responsibility and decisions (power and authority).[25] Seeking wider and more meaningful participation across stakeholder groups outside of PPPs, including clinicians and patients, may lead to more of these organizational factors being in place.[10]

Effective communication can help enable continuity across stakeholders and is particularly important due to the long-term nature of PPPs. With contract lengths that typically last longer than political terms, and in light of high staff turnover in the health sector, knowledge management infrastructure can help to ensure smooth delivery across changes in personnel and leadership.[4] This also comes into play at the conclusion of a PPP, where the operation of a service or infrastructure developed through PPPs may be handed over to the public sector.

CONCLUSION

Ultimately, a PPP should not be the end goal, but may be one possible mechanism to reach important health objectives. As governments strive to fill health service gaps, PPPs are increasingly seen across both infrastructure development and service provision in emerging markets. Evidence and opinions vary about the overall efficacy of PPPs, particularly as successful partnerships rely upon a careful balance between risk, true capabilities, and achieving nuanced and sometimes-divergent objectives across different stakeholder groups. Determining whether a PPP has achieved success requires a broad view of desired outcomes and impact across systems and stakeholders. Countries can support PPPs by ensuring enabling regulation and infrastructure is in place, and that PPP models include a broad representation and integration of stakeholders in decision-making processes.

ENDNOTES

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