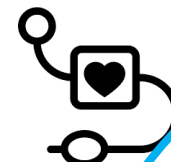
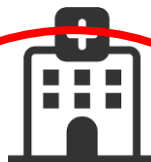


Public–private partnerships for health infrastructure & services: Lessons from the WHO European Region

Dr. Mark Hellowell

17 July 2024

Defining the terrain: three archetypes

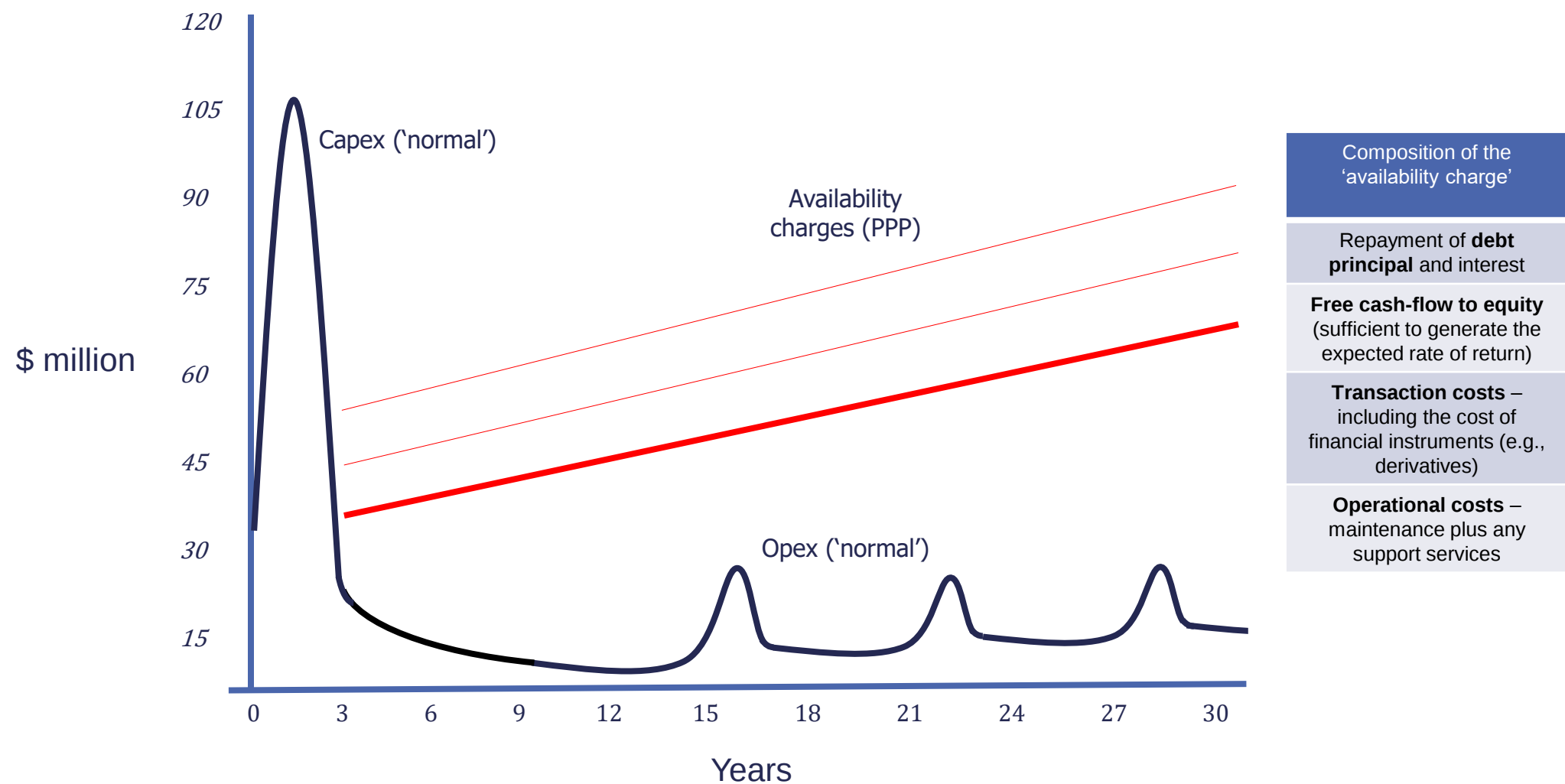


	Type 1. Contracts for infrastructure and related services (PFI)	Type 2. Contracts for services: 'service contracts'	Type 3. Contracts for services: 'entry contracts'
Output orientation	Infrastructure and related services (e.g., hospitals in Aktobe, Atyrau, Karaganda and Taraz in Kazakhstan)	Services (e.g., dialysis centres in Tashkent, Karakalpakstan, and Khorezm in Uzbekistan)	Services (e.g., purchasing PHC and acute care from private sector in Bulgaria, Georgia, and Ukraine)
Basis of contract award	Competitive tenders	Competitive tenders	'Any qualified provider'
Nature of competition involved	...for the market	...for the market	...in the market
Length of contract (years)	15+	3-5	1-3
How service volume is determined	Contract	Contract	Market
Basis of public payment	'Availability charge'	Global budget or Activity-based payment	Activity-based payment
Basis of performance pressure	Private financing, risk-transfer, infra/maintenance 'bundling'	Contract specs., performance-adjusted payment, monitoring	(Regulated) market forces

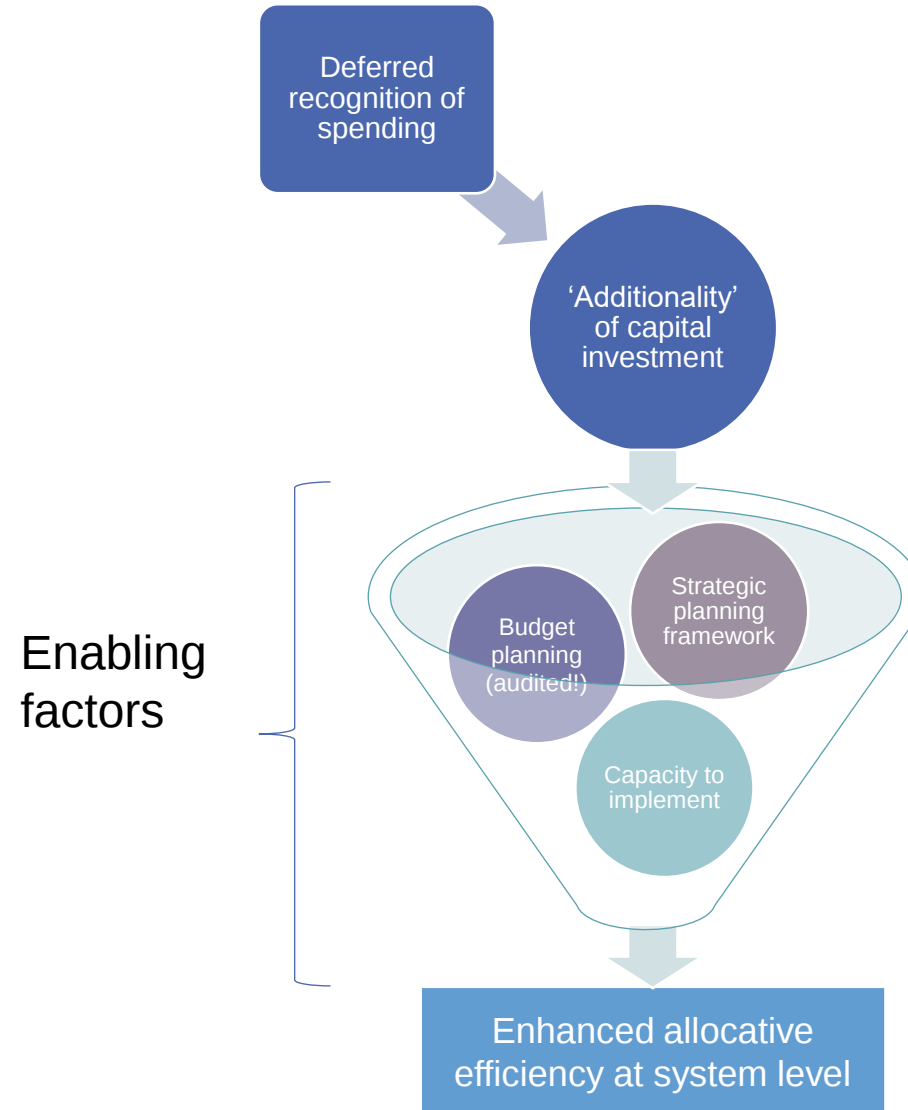
Type 1: Public-private partnerships for infrastructure and related services



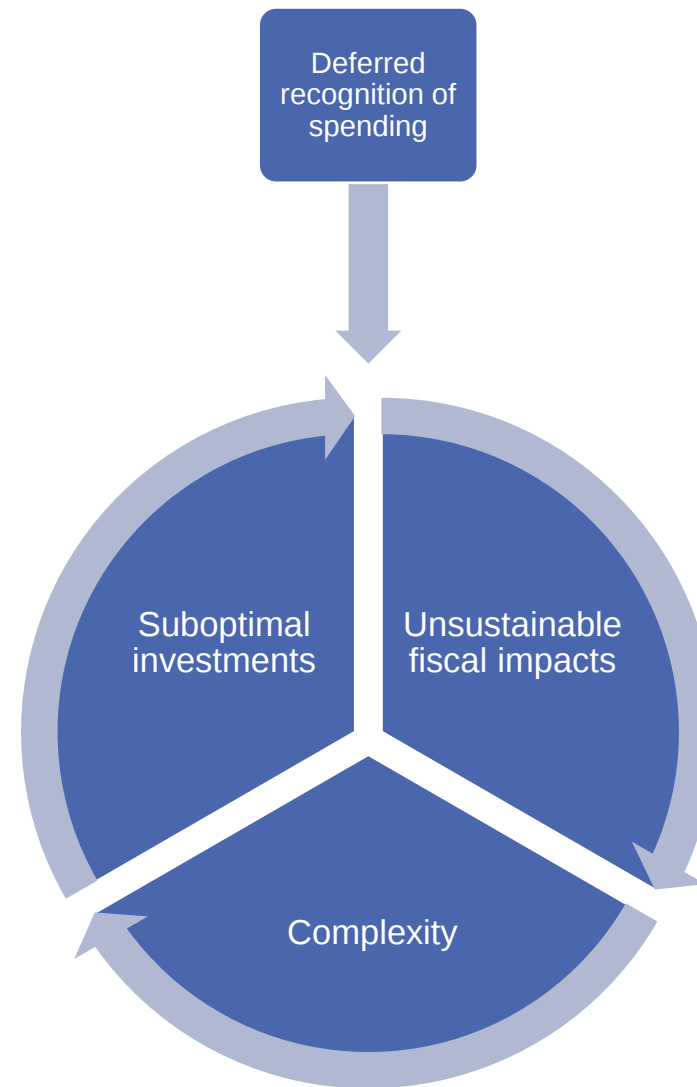
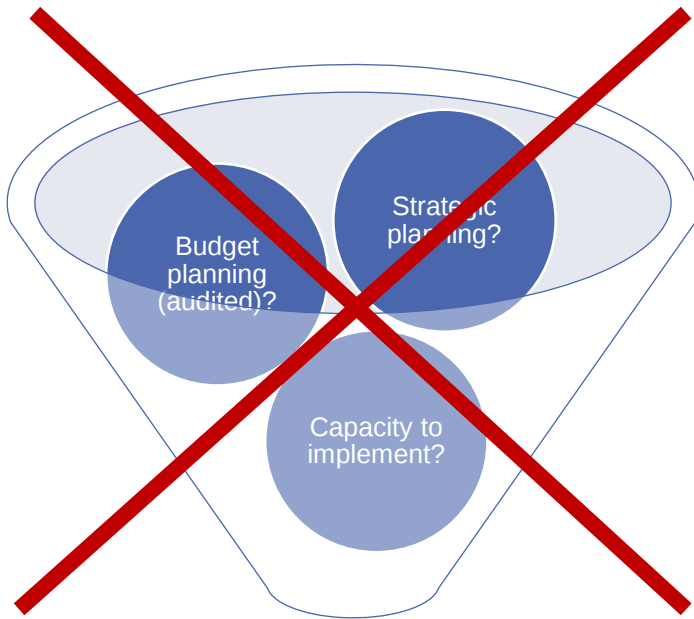
Illustrative nominal cash-flows: 'normal' procurement vs. PPP



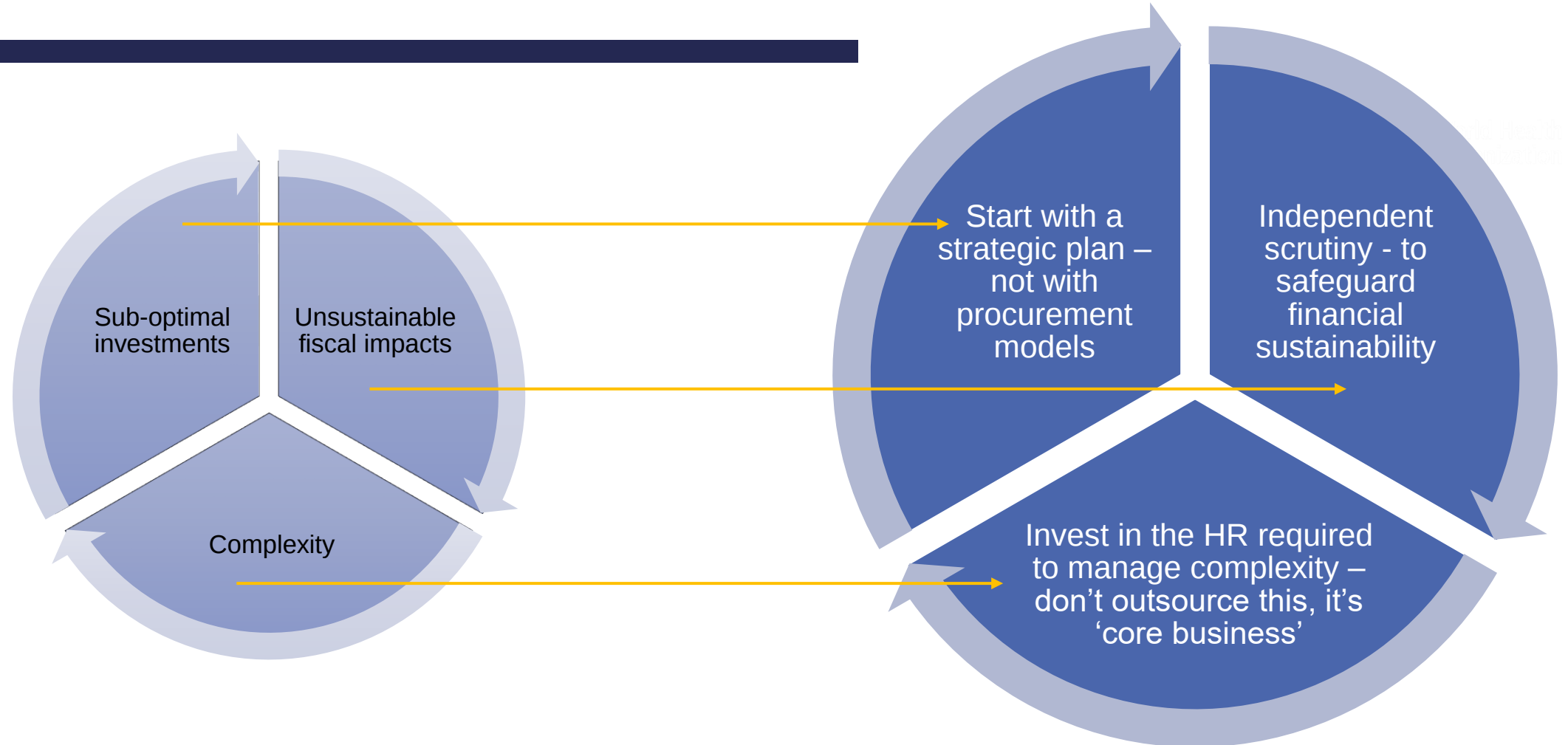
Potential benefits (efficiency at the health system level)...



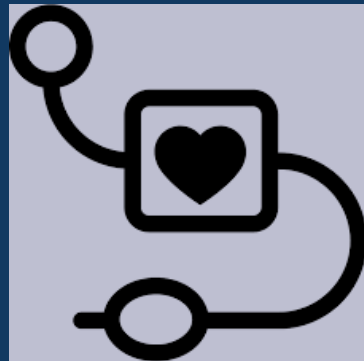
Risks



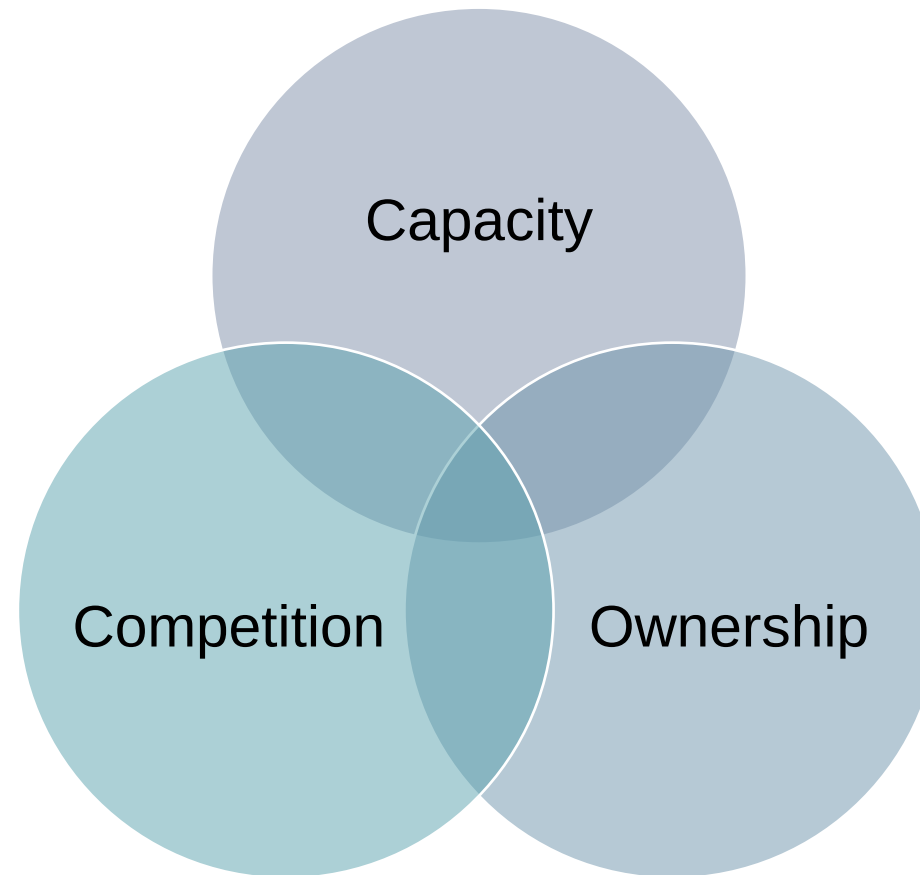
Mitigating risks



Type 2: Public-private partnerships for services (‘service contracts’ and ‘entry contracts’)



To include or not include...three potential benefits



Benefits, risks, and risk mitigation strategies (1)

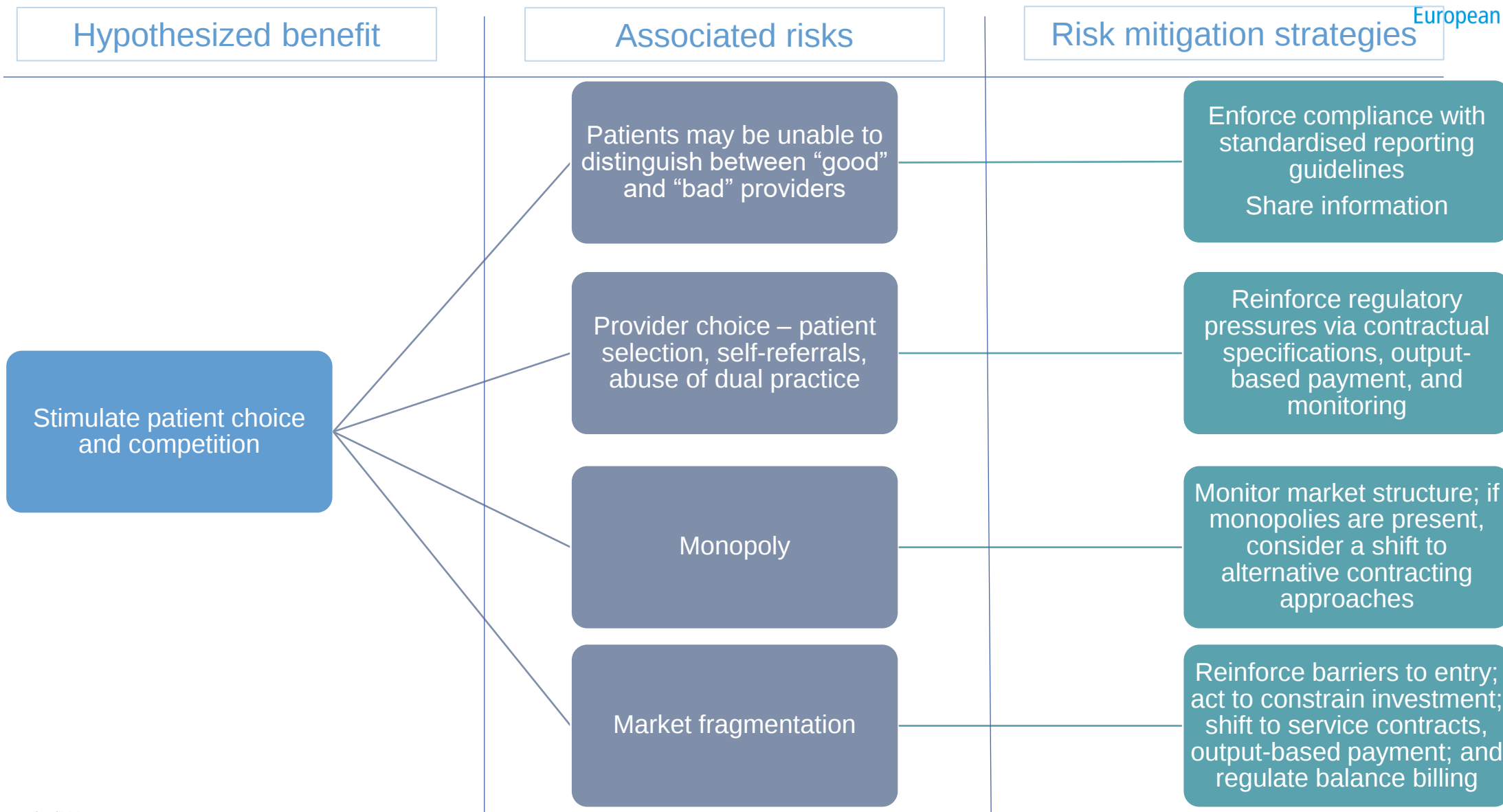
Impacts on service delivery structure and capacity

Hypothesized benefit	Associated risks	Risk mitigation strategies
Addressing capacity gaps	Capacity increases are hard to control – and may undermine network efficiency Service fragmentation – e.g., at the PHC level – can undermine continuous, integrated, team-based care	Limit ‘routine’ contracting to a ‘core’ network, using service contracts to fill gaps Enrichments to contractual criteria and specifications

Benefits, risks, and risk mitigation strategies (2)

Impacts on patient choice and provider incentives

European Region



Benefits, risks, and risk mitigation strategies (3)

Managing the opportunities and challenges of private ownership

Hypothesized benefit	Associated risks	Risk mitigation strategies
Harness the (potential) pro- efficiency incentives of private ownership	Commercial incentives amplify sensitivity to incentives – and, thus, to regulatory / contractual incompleteness	Build capacity by “starting small”, developing capabilities via small-scale (and selective) contracting for ‘simpler’ services
	Risks of opportunism may be exacerbated by certain forms of private ownership (e.g., ‘private equity’)	Notice that ownership matters! Regulate, or prohibit, PE ownership in the network
	“Influence activities” may distort policy decisions in the commercial interest	Ensure policy processes are open, inclusive; and promote transparency in budgeting, procurement and contracts

Conclusions

