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Partnering with the private sector in health cooperation

Annotated background literature

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First version for discussion.

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Table of Contents

| | |
|---|-----------|
| Introduction..... | 4 |
| Review findings | 4 |
| A. Review literature..... | 5 |
| Modalities of partnering with the private sector in health care..... | 5 |
| Modalities of partnering with the private sector in health care and other sectors | 10 |
| B. Review of key donor websites..... | 12 |

Introduction

Within the Backstopping mandate, the Swiss TPH was requested by SDC to support its preparations for the up-coming Global Health F2F meeting in March 2020 that will focus on the private sector as a partner. Specifically, it was asked to

- A. Review publications and grey literature to provide a list of 10-15 documents as background literature on “Partnering with the private sector in health cooperation”. Articles were to be selected informing on the modalities of public-private partnerships (PPPs), rather than on specific health development projects.
- B. Review the websites of at least four major public donor agencies: two bilateral and two multilateral.

The review was to be presented in a table format with notes and links.

This document is structured in two parts. Part A presents the review of the literature and is sub-divided into “modalities of partnering with the private sector in health care” and “modalities of partnering with the private sector in health care and other sectors”. This reflects the nature of the literature, in that many documents, especially those commissioned by donors, provide guidance and lessons learned from PPPs in a multi-sectoral way. Although some of the documents recommended in this review are not exclusively focused on the health sector, they offer value in process experience, tools and guidance to support successful PPP planning, implementation and results.

Review findings

While there is a large body of empirical literature on PPPs in high-income countries, there is much less information about them in low-income and middle-income countries (LMICs) and even less providing information on the healthcare sector. The review process revealed the literature on modalities of PPPs within the health sector to be quite sparse, and counter-intuitively, given the greater impetus towards Sustainable Development Goal 3 (SDG 3), the majority of academic literature was more than 10 years old. For this reason, where older articles have been included in the recommended literature, it is because they are deemed to have a current value in informing and providing tools to support SDC as it considers the modalities through which it will engage with the private sector in line with the Federal Council's Dispatch for international cooperation 2021-2024

Search results for websites, notably that of DFID /UKAID yielded multiple documents including guides for PPP implementation. Within the healthcare sector, rather than DFID producing materials from LMICs, many related to its National Health Service. However, those deemed to provide useful information and guidance on PPP modalities that can be used within LMIC settings are listed here.

A. Review literature.

Modalities of partnering with the private sector in health care

| | Reference | Description | Link |
|---|---|---|---|
| 1 | Hellowell, M. 2017. Are public–private partnerships the future of healthcare delivery in sub-Saharan Africa? Lessons from Lesotho. <i>BMJ Global Health</i> Volume 4, Issue 2 | This article seeks to inform debates about the use of PPPs in sub-Saharan Africa by describing the planning and operation of an ambitious attempt to outsource new healthcare facilities and a broad range of clinical services. in Maseru, Lesotho. It highlights several beneficial impacts including the achievement of high clinical standards, alongside a range of key challenges - in particular, the higher-than-anticipated costs to the Ministry of Health. Governments have budget-related incentives to promote the use of PPPs—even in cases in which they may threaten financial sustainability in the long term. To address this, future proposals for PPPs need to be exposed to more effective scrutiny and challenge, taking into account state capacity to proficiently manage and pay for contracted services. | https://gh.bmj.com/content/4/2/e001217 |
| 2 | Ashkin, R.* 20016 Fully engaging the private sector in health systems development * <i>team leader on the DFID-funded Private Sector Innovation Programme for Health</i> | The health care market ecosystem is complicated by the fact that the private sector is subdivided into three distinct subsectors: nongovernmental organizations, faith-based organizations, and for-profit, commercial, entities. The commercial private sector tends to take a different view of sustainability than the other categories of players, but this view may not be well understood by the health development community. This view is largely set by the capital markets where commercial players access finance. Many investors increasingly demand socially responsible and sustainable investments, which make the health sector attractive to the private sector. The care and treatment for NCDs, which has been neglected in LMICs, is a fertile opportunity for commercial private sector involvement, but needs to be approached in a way that recognizes private sector incentives. Ashkin argues that numerous private sector health care programs are little more than direct interventions employing the private sector as a delivery mechanism. If there is an externally set, top-down agenda with a direct intervention modality (usually accompanied by grant funding), the private sector will be happy to participate, but the players will essentially be government contractors, employing the donor’s money and following the donor’s agenda to achieve impact — but not developing sustainable market systems. As it is easier for investors to get superior returns at the top of the market than at the bottom, consideration needs to be given to how we get the commercial sector to embrace a pro-poor agenda. Ashkin argues that the understanding the right business model that produces a win-win: profitable for business while delivering quality, accessible, affordable care to underserved | https://www.devex.com/news/fully-engaging-the-private-sector-in-health-systems-development-88883 |

| | Reference | Description | Link |
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| | | consumers is the key element in determining modalities. Future focus needs to be on developing business models that meet investor expectations: a shift towards lower cost delivery models that enable economic viability and attract market capital. | |
| 3 | Hallo De Wolf A, Toebes B.2016 Assessing Private Sector Involvement in Health Care and Universal Health Coverage in Light of the Right to Health | This article considers PPPs in health from a rights perspective and argues that it is important to address private actors' involvement in light of the aim to achieve UHC. For example, private actors may not always have the incentives to deal with externalities that affect the availability, accessibility, acceptability, and quality (AAAQ) of health care services; they may not be in a position to provide "public goods"; or they may operate under imperfect information. Drawing on existing research and evidence, the article provides facts and trends regarding the role of private actors in the health sector. It addresses the tripartite relationship between UHC, private sector involvement, and the right to health, the authors stress the importance of effective monitoring, accountability, and participatory mechanisms. Regulatory measures that aim to steer the behaviour of private actors operating in the health sector should represent the AAAQ framework set out. It emphasises that if states are going to increasingly rely on private actors to provide health care services, regulations should ensure that there are sufficient numbers of providers in the geographical areas where they operate. Regulations should also ensure that private actors do not retreat from particular areas just because they are not, or no longer, financially rewarding and the authors review institutional and procedural elements of regulation, as well as the operationalizing the obligation to protect through monitoring, accountability, and participation. | https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5394993/ |
| 4 | Ferrinho, P., Van Lerberghe, W., Fronteira, I. et al. (2004). Dual practice in the health sector: review of the evidence. Hum Resour Health 2, 14 | To compensate for unrealistically low salaries, health workers in many countries combine salaried, public-sector clinical work with a fee-for-service private clientele. This dual practice is often a means by which health workers try to meet their survival needs, reflecting the inability of health ministries to ensure adequate salaries and is regarded by many outsiders to be a symptomatic of "unproductive", "poorly motivated", "inefficient", "client-unfriendly", "absent" or even "corrupt" working practices. This article examines the evidence on the nature and impact of this practice and the conflicts of interest that it presents. Importantly it reviews intervention to deal with dual practice and ... Most public responses fail to acknowledge that individual employees engaging in dual practice are reacting to the failures of the organizations in which they work. The article emphasises the need to understand the context and causes as well as the extent to which dual practice occurs within a system or institution. These form the basis of planning and implementing corrective measures. A though many governments have responded with prohibition of dual practice, when salary scales remain insufficient, this strategy has little success. In situations where it is difficult to keep staff performing adequately for want of decent salaries and working conditions, those who are supposed to enforce such a prohibition are usually in the same situation as those who have to be disciplined. As an isolated measure, restrictive legislation, when not blatantly ignored, only drives dual practice underground and makes it difficult to avoid or correct negative effects. | https://doi.org/10.1186/1478-4491-2-14 |

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| | | <p>Closing the salary gap by raising public sector salaries to "fair" levels may not be enough to break the practice. As doctors and health workers may not be prepared to give up private practice and professional autonomy. Some reforms have allowed staff to work part-time in the public sector with reduced salaries and are free to pursue private practice in their own time. Other approaches have included reducing the bureaucracy of health services to reduce costs and enable health staff to be paid better salaries, although issues of continuing dual practice can take time to become abandoned.</p> <p>The review finds that incentives can be effective, linked with performance. Equally, improving the public sector work environment and instilling professional values are effective, when new modes of operation are developed in a participatory way.</p> <p>Regulation and enforcement are key factors in maintaining quality of care in the interface between the public and private health care sectors.</p> | |
| 5 | <p>Smith, E. Ruairi, B. & Zwi, A: 2004 Working with Private Sector Providers for Better Health Care: An Introductory Guide. ICFAI Journal of Infrastructure, June 2004</p> | <p>This guide was designed to support policy makers and program managers working in LMIC ministries of health to develop strategies for working in PPPs for better healthcare. It is grounded in facts that the behaviour for for-profit organizations is influenced by policy makers and the people who use the services. The guide also cites the need for a range of supportive, regulatory and incentive-based mechanisms to facilitate the healthcare system strengthening using private sector partnerships.</p> <p>The guide highlights the three key objectives: to work with the private sector:</p> <p>Coverage: The poor people in developing countries are mainly affected by the poor health infrastructure. The poor use the private sector capacity because of unavailability of the proper public health infrastructure or inefficient public health bodies. To improve the access to products and services with a public health benefit, especially for the poor, needs the wide coverage of the health system through the participation of the private bodies. The wider the coverage, the better will be the quality, which, in turn, helps in controlling the cost of the service but these can be possible only when the important subjects like policy making.</p> <p>Quality: The second objective is to limit the harmful practices in order to improve the technical quality of care because the healthcare service is heterogeneous in nature.</p> <p>Costs: Products and services must be provided at minimum cost, without compromising the quality of the service being provided. The guide elaborates 13 strategies to work out with the private sector for improved healthcare.</p> | <p>https://econwpa.ub.uni-muenchen.de/econ-wp/urb/papers/0506/0506003.pdf</p> |
| 6 | <p>WHO 2018. Technical series on primary health care: The private sector, universal health coverage and primary health care</p> | <p>This sets out WHO's perspective "Public financing is essential for countries to make sustainable progress towards universal health coverage. These funds need to be used efficiently and directed to priority populations and services to ensure equitable access to good-quality health services and financial protection for all. Countries should make use of all domestic resources as part of their efforts to achieving universal health coverage. The private sector may be a crucial</p> | <p>https://www.who.int/docs/default-source/primary-health-care-conference/private-sector.pdf?sfvrsn=36e53c69_2</p> |

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| | | <p>resource for countries' work on universal health coverage, but the risks of engaging the private sector should be strictly managed. Governments are the stewards of their health systems and should take steps to ensure that the private sector is managed and subject to regulatory controls that prevent negative private sector behaviour and the risk of market failure". It provides an overview of the important role of the private sector (non/for profit) in health systems in terms of providing goods and health services, particularly in primary care for UHC. Its position is that the private sector provides a mix of goods and services including: direct provision of health services (the focus of this document), medicines and medical products, financial products, training for the health workforce, information technology, infrastructure and support services (e.g. health facility management). As a result, most countries have "mixed health systems"—where a mix of public and private providers deliver health-related goods and services.</p> <p>Key issues:</p> <ul style="list-style-type: none"> • governance arrangements deployed to steer mixed delivery differ greatly from those used to manage public services. • in countries with well-established regulation of the private sector and good regulatory capacity, governments use a range of regulatory and financial policy tools to steer mixed delivery of health services in the public interest, for example, the use of capitation contracts to manage service access and service costs. • In contrast, in countries where the development of private sector regulation is limited and regulatory capacity is not strong, the private health sector and mixed health systems often do not voluntarily operate in a way that is consistent with a country's health goals and objectives. This problem goes back at least 25 years in the context of efforts to increase private sector involvement in health care. | |
| 7 | WHO 2017 Private sector engagement and Universal Health Coverage. 4 th Forum on HR for Health Nov 2017, Dublin. | This is a useful PowerPoint presentation that examines whether UHC can be reached by member states without PPPs. It explores the role of private sector in health care | https://www.who.int/hrh/Track-Engaging-with-the-private-sector-for-public-purpose-Clarke-15Nov-15h30-17h.pdf?ua=1 |
| 8 | PPP Reference Guide | <p>This Reference Guide provides the most relevant examples and resources on key PPP topics and helps readers navigate the substantial body of knowledge that has been generated globally by practitioners from governments, international development institutions, academia, and the private sector. It is not a toolkit or a step-by-step guidebook; nor does it cover the specifics of PPPs in any given country or sector. Rather, the Reference Guide aims to help government officials and other interested parties in answering following questions:</p> <ul style="list-style-type: none"> • What are PPPs, and why use them? | https://pppknowledgelab.org/ |

| | Reference | Description | Link |
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| | | <ul style="list-style-type: none"> • What kind of policy, legal, and institutional framework is need to ensure PPPs achieve their stated objectives efficiently and effectively? • What is the process for developing and implementing a PPP project? <p>Provides webpage for different sectors including health. Briefly covers issues such as performance measurement, role of government. Provides additional links:</p> | |
| 9 | Neelam Sekhri, Richard Feachem and Angela Ni. 2011 Public-Private Integrated Partnerships Demonstrate the Potential to Improve Health Care Access, Quality and Efficiency | Describes the benefits and risks inherent in such integrated partnerships and present three case studies that demonstrate innovative design. We conclude that these partnerships have the potential to improve access, quality, and efficiency in health care. More such partnerships should be launched and rigorously evaluated, and their lessons should be widely shared to guide policy makers in the effective use of this model. | https://doi.org/10.1377/hlthaff.2010.0461 |
| 10 | Abuzaineh, N., Brashers, E., Foong, S., Feachem, R., Da Rita, P. 2018. PPPs in healthcare: Models, lessons and trends for the future. Healthcare public private partnership series, No. 4. San Francisco: The Global Health Group, Institute for Global Health Sciences, University of California, San Francisco and PwC. Produced in the United States of America. First Edition, January 2018. | <p>This report of models and lessons learned around healthcare public private partnership (PPP) projects documents innovative PPP models in health globally and sets out lessons learned to inform current and future healthcare partnerships. It assesses a spectrum of facility-based healthcare PPPs to develop a typology of common PPP business models and identifies leading practices and innovations in healthcare PPPs to develop supporting criteria for successful implementation. Focus is made on how governments have applied PPP business models in different settings, and lessons learned from these across a wide range of countries. The majority of facility-based PPPs fall into three models: 1. Infrastructure-based model – to build or refurbish public healthcare infrastructure 2. Discrete Clinical Services model – to add or expand service delivery capacity 3. Integrated PPP model – to provide a comprehensive package of infrastructure and service delivery. It examines the complexities of tendering PPP design projects, the typical structure of healthcare PPPs, lists the typical allocation of risk and responsibility across three healthcare PPP business models and sets out sample payment arrangements for Integrated PPP models.</p> <p>The report crystallises key enabling conditions for successful PPPs in healthcare as well as recommended best practices for the management, including legislative and policy frameworks that should be in place, to assist governments that are considering PPPs as a mechanism to strengthen health systems and infrastructure to achieve SDG3. This report also includes guidance on community stakeholder engagement. Importantly it illustrates clinical, access and quality and efficiency indicators by which healthcare PPPs can be measured and judged.</p> | https://globalhealthsciences.ucsf.edu/sites/globalhealthsciences.ucsf.edu/files/pub/ppp-report-series-business-model.pdf |
| 11 | Asian Development Bank Guidebook on How to Develop a PPP in Hospital Management. | This guide provides an overview of Developing a PPP in hospital management, and sets out steps for identification of stakeholders and their roles; development of an implementation plan for the PPP; development of a marketing/promotion plan; conducting procurement; and, | https://www.adb.org/sites/default/files/project- |

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| | Knowledge Resources on PPP in Health: ADB Mandaluyong City Philippines November 2012 | implementation of the PPP. Tools are provided including: Determining Need for a PPP; Conducting Market Study/Research; Development of a Feasibility Study; List of Tasks for Developing a Business Plan; Notes on Social Marketing; Key Activities During the Bidding Process; Sample Contract Template on PPP in hospital management ; and Monitoring and Evaluation Form. | document/79124/41664-012-phi-tacr-01-a7.3.pdf |
| 12 | Simon, C. 2019. Three Examples of Public-Private Partnerships in Health Care for Latin America and the Caribbea. IDB Invest website accessed 20.1.2020 | This very short report briefly sets out three examples of healthcare PPs, to in Spain and one in Uruguay, together with lessons learned. | https://blogs.iadb.org/bidinvest/en/three-examples-of-public-private-partnerships-in-health-care-for-latin-america-and-the-caribbean/ |
| 13 | Katyal A, Singh PV, Bergkvist S, Samarth A, Rao M. 2015. Private sector participation in delivering tertiary health care: a dichotomy of access and affordability across two Indian states. Health Policy Plan. 2015;30 (Suppl 1):i23–31. | The governments of Andhra Pradesh (AP) and Maharashtra (MH), in India, attempted to improve people's access to hospital care by collaborating with the private sector. This article compares changes in access to, and affordability and efficiency of private and public hospital inpatient (IP) treatments between MH and AP from 2004 to 2012 and to assess whether the health financing innovations in one state resulted in larger or smaller benefits compared with the other. The average hospital inpatient expenditure for private hospital care increased in both states over time, but more so in MH. There was an increase in both utilization of and expenditure on nephrology treatment in private hospitals in AP. The duration of stay recorded in days for private hospitals has increased slightly in MH and declined in AP with a significant difference. The utilization of public hospitals reduced in AP and increased in MH, showing that the state of AP appears to have benefited more than MH in terms of improved access to care by involving the private sector. | https://www.ncbi.nlm.nih.gov/pubmed/25759452 |

Modalities of partnering with the private sector in health care and other sectors

| | Reference | Description | Link |
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| 14 | Global partnership for Effective Development Cooperation, 2019. Effective Private Sector Engagement through Development Co-operation for Sustainable Development: | This multi-sectoral background document for the 17th Steering Committee Meeting of the Global Partnership aims to inform a discussion an agreement on five draft principles for effective private sector engagement (PSE)through development co-operation, which will form the basis for refining the draft PSE guidelines (due to be launched at the GPEDC Senior Level Meeting in July 2019, but not located in this review) and next steps to operationalize the PSE principles and guidelines. | https://effectivecooperation.org/wp-content/uploads/2019/01/SCM17-Private-Sector-Engagement-Principles.pdf |

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| | Towards Principles and Guidelines. 17th Steering Committee Meeting 26-27 March 2019–Kampala, Uganda | | |
| 15 | Global partnership for Effective Development Cooperation, 2019. Effective Private Sector Engagement through Development Co-operation Issues paper for consultations | This document covers three “issue areas” 1: Leveraging the contributions of the development co-operation community 2: Making PSE through development co-operation work in programmes at the country level 3: Achieving sustainable results and accountability to scale up successful PSE efforts | http://effectivecooperation.org/wp-content/uploads/2018/11/PSE-Issue-Areas-Paper-for-Consultation.pdf |
| 16 | World Economic Forum Creating New Models. Innovative Public-Private Partnerships for Inclusive Development in Latin America | In this report, the members of the Global Agenda Council on Latin America have chosen to illustrate, through a series of brief case studies, the creativity and commitment displayed throughout the region in the design and execution of innovative public-private partnerships in areas such as education, health and environmental sustainability. | https://www.weforum.org/reports/creating-new-models-innovative-public-private-partnerships-inclusive-development-latin-america (case 7, digital health page 37-40) |

B. Review of key donor websites

| | Title | Description | Link |
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| GIZ | | | |
| 1 | Cooperation with the private sector for improved health services. Tanzanian-German Programme to Support Health – thematic area: Cooperation with the private sector | In this section, the GIZ provides information about a PPP project in Tanzania to improve cooperation between the public and private sectors to benefit people's access to quality healthcare, particularly in rural areas. Approach: In collaboration with other development partners, the project supports the Tanzanian Ministry of Health and Social Welfare in its public-private dialogue, the purpose of which is to help improve the delivery of healthcare services and increase access to them. It promotes the continued evaluation and development of existing partnerships. | https://www.giz.de/en/worldwide/20538.html and also http://www.tzdp.org.tz/dpg-website/sector-groups/cluster-2/health.html |
| 2 | Strategy and outlook: Strong Partnerships | Even though this is not a specific health related site, it provides information about GIZ posture and strategy around partnerships | https://reporting.giz.de/2018/our-strategic-direction/strategy-and-outlook/strong-partnerships/ |
| BMZ | | | |
| 3 | Hospital Partnerships – Partners Strengthen Health | The initiative "Hospital Partnerships - Partners strengthen Health" supports nearly 200 hospital partnerships in 51 countries with funding up to 50.000€ over the course of two years and the possibility of follow-up funding. The German Federal Ministry for Economic Cooperation and Development (BMZ) established the Hospital Partnerships Initiative in 2016 with the support of the Else Kröner-Fresenius Foundation. | http://health.bmz.de/where_we_work/global_regional/hospital_partnerships/index.html and also https://www.hospitalpartnerships.org/ |
| 4 | Building partnerships for women's and girls' health | This site provides information about a panel at the World Health Summit in Berlin on October 30, 2019, moderated by Prof. Jalid Sehoul, Director of the Department of Gynaecology at Charité - | http://health.bmz.de/events/Events_2019/building_partner |

| | Title | Description | Link |
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| | | <p>Universitätsmedizin Berlin. Representatives of the German government, international organizations, clinicians, academia and the private sector explored the types of partnerships that could help to ensure better access to health care for women, particularly in low-resource countries.</p> | <p>ships_womens_girls_health/index.html</p> |
| 5 | <p>Network of hospital partnerships adopts new strategic framework</p> | <p>Since 2002 ESTHER (Ensemble pour une Solidarité Thérapeutique Hospitalière En Réseau) has supported 350 partnerships in 40 countries across Africa, Asia, Latin America and the Middle East and trained over 50,000 health workers across many disciplines. Initiated in 2002 by the French Minister of Health, the Alliance has continuously moved from an informal to a more formal network. At a meeting on 15-16 April 2014 in Geneva, the members of the alliance finalised and adopted, for the first time, a joint strategic framework for the period 2015-2020 as well as a road map to implement this strategy.</p> | <p>http://health.bmz.de/what_we_do/Partnerships-for-global-health/Hospital_partnerships_ESTHER/European_ESTHER_Alliance/index.html</p> <p>and</p> <p>https://esther.eu/</p> <p>Strategic framework of the ESTHER alliance 2015-2020 at:</p> <p>http://health.bmz.de/what_we_do/Partnerships-for-global-health/Hospital_partnerships_ESTHER/European_ESTHER_Alliance/ESTHER_EEA_Strategic_Framework_Report_08_04_14.pdf</p> |
| | <p>Research articles by German-African university and hospital partnerships</p> | <p>Derived from the ESTHER partnership, this site provides information on results from the German-African university and hospital partnerships different countries involved. Each country has a dedicated section with more information.</p> | <p>http://health.bmz.de/what_we_do/Partnerships-for-global-health/Hospital_partnerships_ESTHER/Research_articles_by_German-</p> |

| | Title | Description | Link |
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| | | | African university and hospital partnerships/index.html |
| | How hospital partnerships can make a difference | This site reports the presentation of the initiative “hospital Partnerships” on the World Health Summit 2018 | http://health.bmz.de/events/Events_2018/reporting_from_world_health_summit_2018/hospital_partnerships_make_difference/index.html |
| UNDP | | | |
| | UNDP chief calls for broad research, innovative partnerships to achieve health, development goals | It explains the encouraging position of UNDP towards partnerships to achieve health goals worldwide and mentions 2 projects as an example (included in the links to the left) | https://www.undp.org/content/undp/en/home/presscenter/pressreleases/2013/01/31/undp-chief-calls-for-broad-research-innovative-partnerships-to-achieve-health-development-goals.html and (clean cooking alliance) https://www.cleancookingalliance.org/home/index.html and (be healthy, be mobile) https://www.itu.int/en/ITU-D/ICT-Applications/Documents/flyer-final-web.pdf |

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| | Global Fund Partnership with UNDP | It provides information about the partnership between UNDP and the Global Fund to support and strengthen national responses to HIV, TB and Malaria. Not exactly a PPP but nevertheless relevant. | https://www.europe.undp.org/content/geneva/en/home/partnerships/global-fund-partnership-with-undp.html |
| | Kenya SDG Partnership platform annual report 2018 | It describes the PPP in health, their results and further steps. | (Document name: Kenya SDG PP 2018 Annual Report.pdf, under the "Recent documents" section) Health related topics, pages 8-12) http://mptf.undp.org/factsheet/fund/KEN00 |
| WORLD BANK GROUP | | | |
| | Public-Private-Partnership Legal Resource Center | This site is a comprehensive microsite providing information on PPP specific projects. Its library can be filtered by "health" as a topic (see links on the right column), with results ranging from checklists to sample agreements and PPP reference material. | Library already filtered to health topics: https://ppp.worldbank.org/public-private-partnership/library_search?field=document_region_target_id=All&field=document_country_target_id=All&document_type_target_id=All&sectors_target_id=120&sort_by=created&sort_order=DESC |
| | PPP Knowledge Lab | This is a dedicated site from the World Bank to foster the use of public-private partnerships to design, build and deliver infrastructure mainly but it also touches directly the topic of health. It divides the information in sub-topics such as role of government, performance measurement, budget, affordability, and regulatory certainty. It also contains links to specific documents that exemplify the main topics. | https://pppknowledgelab.org/sectors/health |

| | Title | Description | Link |
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| DFID / UKAID | | | |
| | <p>Healthcare: Public Private Partnerships</p> <p>Published 18 December 2013</p> | <p>Concerns NHS broad range of PPPs from operating facilities and providing services on behalf of the public, to flexible methods of financing these services. PFI (Private Finance Initiative) is a particular method of financing capital investment which requires that the private sector design, build, finance and operate specific facilities.</p> <p>Countries developing their own PPP models using UK expertise</p> <ul style="list-style-type: none"> • Canada • Ireland • Portugal • Australia • Japan • Sweden | <p>https://www.gov.uk/government/publications/public-private-partnerships/</p> |
| | <p>Attracting Investors to African Public-Private Partnerships A Project Preparation Guide. The International Bank for Reconstruction and Development / The World Bank 2009</p> | <p>This guide, like many produced by or mandated by DFID is not exclusively health. It uses marketing language, but provides well structured guidance on issues including:</p> <ul style="list-style-type: none"> • Policy, investment, operating and legal framework considerations for PPPs. • Project Selection • Contractual structure • Project Preparation Process • Governance structure • Managing private sector interface. • Management • Quality Control • Role of advisors and when to use them. • Role of Development Finance Institutions, Regional Investors, and Donors. • Management of procurement phase etc. | <p>https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/187595/attracting_investors_to_african_public_private_partnerships.pdf</p> |
| | <p>HM Treasury Private Finance Initiative and Private Finance 2 projects: 2018 summary data</p> | <p>Provides useful data on volume procurement, equity return. etc</p> | <p>https://www.gov.uk/government/publications/private-finance-initiative-and-private-</p> |

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| | | | finance-2-projects-2018-summary-data https://assets.publishing.servi ce.gov.uk/government/uploa ds/system/uploads/attachme nt_data/file/805117/PFI_and _PF2_FINAL_PDF1.pdf |
| | Code of conduct for operational PFI/PPP contracts | Technical guide on public and private sector commitments -for-operationalising PPP contracts | https://www.gov.uk/governm ent/publications/code-of- conduct |
| | Nathan Associates February 2017 Economic and private sector professional evidence and applied knowledge service topic guide: Public-Private Partnerships. A Basic Introduction for Non-Specialists | Not health in particular, but a good guide on how to plan and work with PPPs. | https://assets.publishing.servi ce.gov.uk/media/5977576ee 5274a289a000031/Topic_Gu ide_Public- Private_Partnerships.pdf |