



Diplomacy  
Dialogue



# ***Private Sector Engagement for Strong Health Systems? –G2H2***

## **Policy options for Social Infrastructure Development**

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# Different Infrastructure Investments

(Yescombe, Public Private Partnerships, 2013)

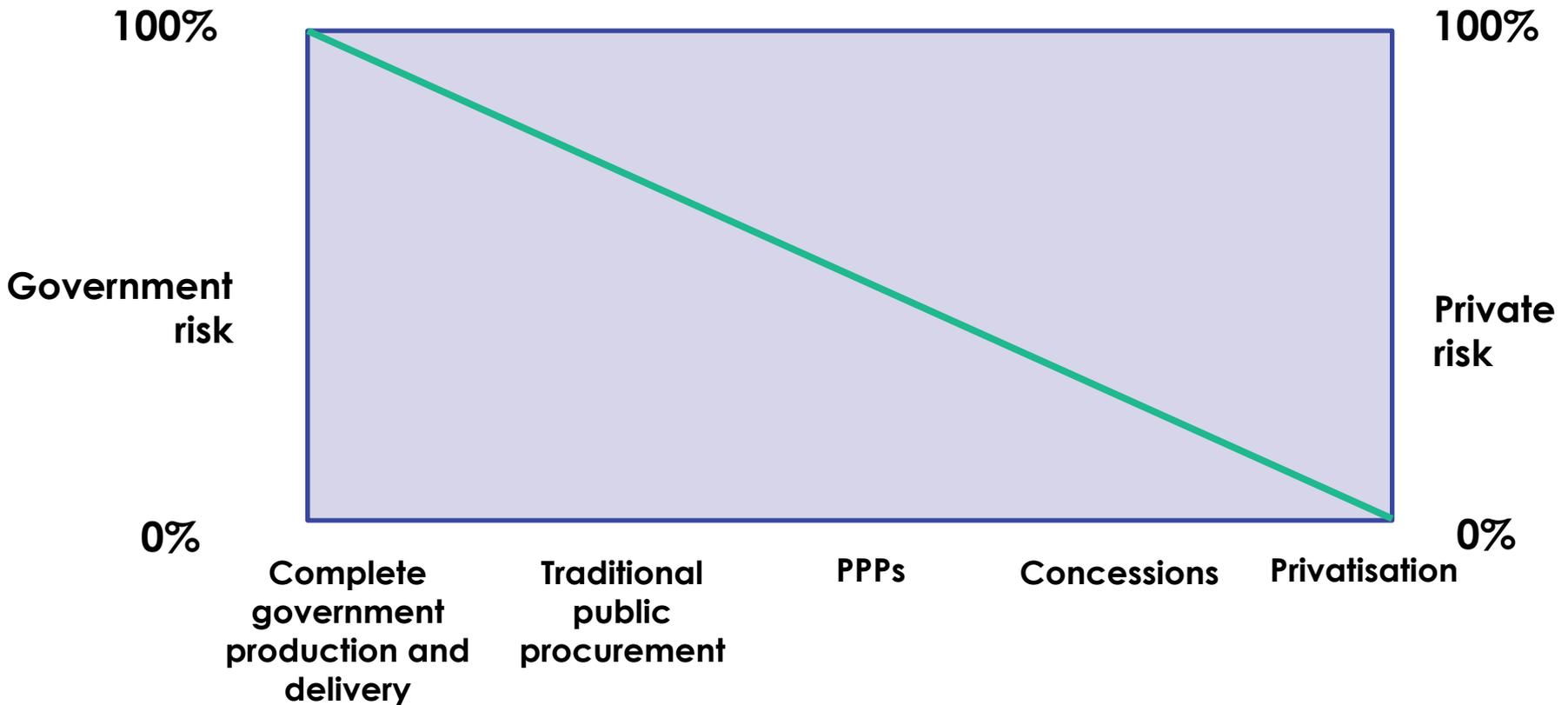


**Physical Infrastructure:** transportation facilities and utility networks (for water, sewage, electricity, telecom etc.) - i.e. infrastructure considered essential for day-to-day economic activity

**Social Infrastructure:** schools, hospitals, libraries, prisons etc, (i.e. infrastructure considered essential for the structure of society)

Source: CSEND (2014), Monitoring of SDG Implementation Infrastructure and Methodology: Proposal for Action, [http://www.csend.org/images/articles/files/Monitoring\\_SDG\\_Infrastructure\\_\\_Methodology.pdf](http://www.csend.org/images/articles/files/Monitoring_SDG_Infrastructure__Methodology.pdf)

# PPP classified according to risk and mode of delivery



Source: OECD (2008), Public-Private Partnerships: In Pursuit of Risk Sharing and Value for Money, OECD Publishing, Paris. P.21.

# Policy Choices



1. Government finances and implements (provided tax income is sufficient, regular and equitable)
2. Traditional Procurement- private sector company bids and executes, (should be transparent, corruption free, professional)
3. PPPs – what kind? DBFO, BOO, BOOT, BOLB)  
Government competent in negotiating and managing private sector partner?
4. Privatisation- why?- market and government failure?- should not create private monopoly,
5. If PPP- should move from “Value for Money” to “Value for Money AND society” (SDGs: participation of stakeholders, inclusivity, transparent process).

# Option PPPs.. ?? What kind of PPP? Who takes more risks – government or private sector?



1. Build & transfer (BT)
2. Build-lease & transfer (BLT)
3. Build-operate-& transfer (BOT)
4. Build-own-& operate (BOO)
5. Build-transfer & operate (BTO)
6. Contract-add-&operate (CAO)
7. Develop-operate & transfer (DOT)
8. Rehabilitate-operate & transfer (ROT)
9. Rehabilitate-own-& operate (ROO)

Source: CSEND (2014), Monitoring of SDG Implementation Infrastructure and Methodology: Proposal for Action, [http://www.csend.org/images/articles/files/Monitoring\\_SDG\\_Infrastructure\\_Methodology.pdf](http://www.csend.org/images/articles/files/Monitoring_SDG_Infrastructure_Methodology.pdf)



# Models of public–private partnership in hospital provision



Model	Description
<b>Franchising</b>	Public authority contracts a private company to manage existing hospital
<b>DBFO (design, build, finance, operate)</b>	Private consortium designs facilities based on public authority's specified requirements, builds the facility, finances the capital cost and operates their facilities
<b>BOO (build, own, operate)</b>	Public authority purchases services for fixed period (say 30 years) after which ownership remains with private provider
<b>BOOT (build, own, operate, transfer)</b>	Public authority purchases services for fixed period after which ownership reverts to public authority
<b>BOLB (buy, own, lease back)</b>	Private contractor builds hospital; facility is leased back and managed by public authority
<b>Alzira model</b>	Private contractor builds and operates hospital, with contract to provide care for a defined population

(source: Martin McKee, Nigel Edwards, & Rifat Atun, 2006)



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# Evolution of PPP concept & practice



1. **Past: Value for Money** which means achieving the optimal combination of **benefits** and costs in delivering services users want. Many PPP programs require an assessment of whether a PPP is likely to **offer better value for the public than traditional public procurement**—often called value for money analysis. Results mixed

2. **New: Value for People/society-** UNECE. People-first Public-Private Partnerships (PPPs) **ensure that out of all stakeholders, 'people' are on the top.** People-first PPPs must expand in scale, speed, and spread with more people having access to better services at affordable prices. Results emerging

Source: CSEND (2014), Monitoring of SDG Implementation Infrastructure and Methodology: Proposal for Action, [http://www.csend.org/images/articles/files/Monitoring\\_SDG\\_Infrastructure\\_Methodology.pdf](http://www.csend.org/images/articles/files/Monitoring_SDG_Infrastructure_Methodology.pdf)

1. Key is to ensure that health and living conditions of population is improved
2. **If by public sector:** be it based on top performance, non-discriminatory, transparent, no corruption, science based and accountable
3. **If by private sector:** same as with a public sector solution but based on affordability and government regulatory oversight
4. **Future:** mixed, co-creation, also cooperatively owned, digitally supported and aligned with the SDGs and PfPPP



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# Thank you