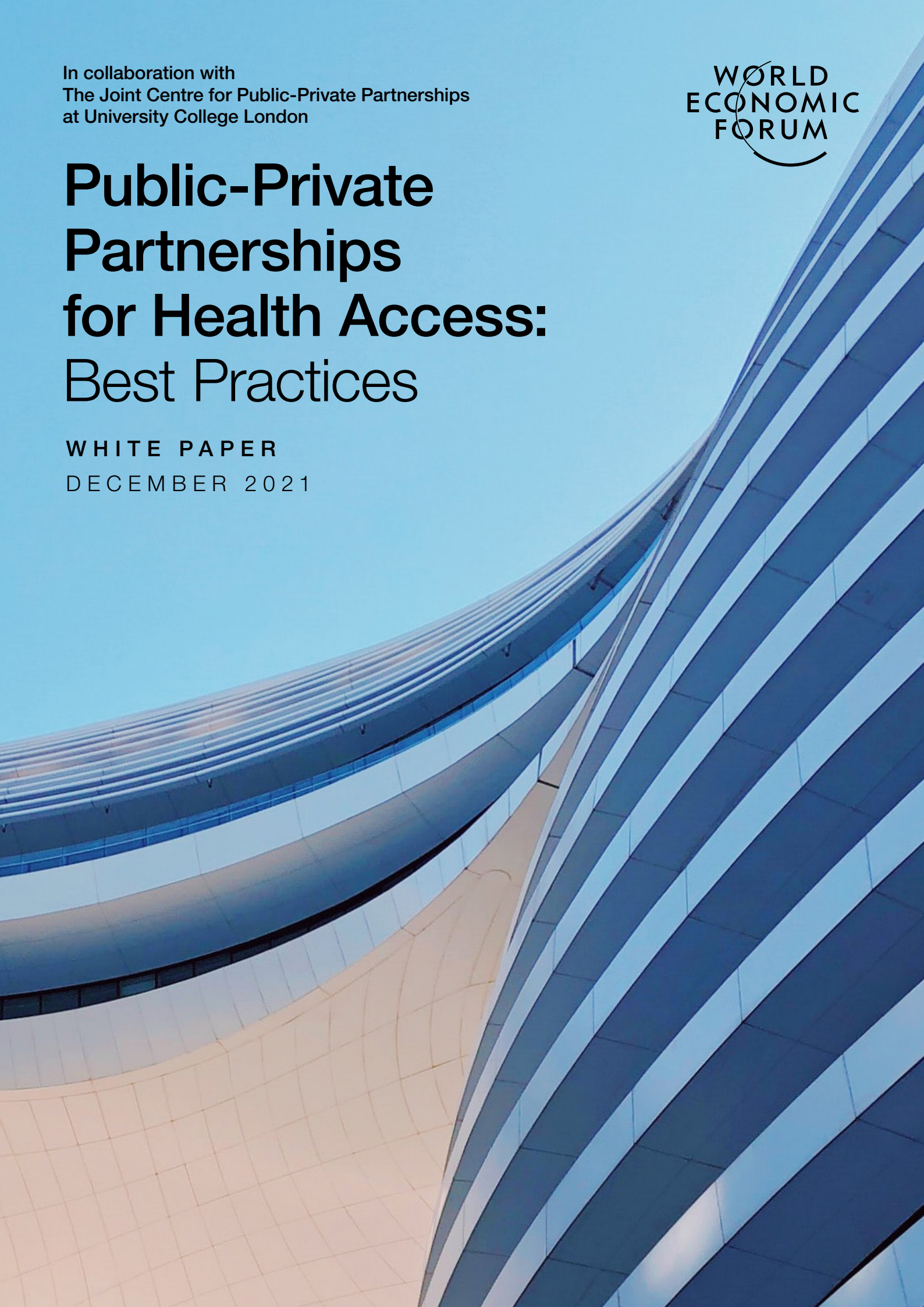


In collaboration with
The Joint Centre for Public-Private Partnerships
at University College London



Public-Private Partnerships for Health Access: Best Practices

WHITE PAPER
DECEMBER 2021



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Forewords



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At the World Economic Forum, we believe that co-operation between the public, private, academic and other sectors is crucial to address the world's most pressing needs and create lasting positive change. When it comes to health and healthcare, we engage stakeholders in new models of public-private collaboration to identify and scale up solutions for more resilient, efficient and equitable healthcare systems to keep populations healthy and deliver the best care. One inspiring example is the Coalition for Epidemic Preparedness Innovations (CEPI), which was launched at the Forum's Annual Meeting in Davos in 2017, as a response to the devastating Ebola outbreak in West Africa.



Susanne Andreae
Head of Health and
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COVID-19 has put the spotlight on the weaknesses of health systems across the world. These include a lack of sustainable financing, skilled workforces, access to diagnostics, medical equipment and therapies, and ability to leverage the private sector to support a coordinated response.



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The COVID-19 pandemic brought about a remarkable wave of cross-sector collaboration in healthcare. The private sector has worked alongside governments to create reliable tests for the virus, manufacture protective equipment at scale, implement transmission mitigation protocols and develop and distribute several safe and effective vaccines in record time.

This was the direct result of a unique set of incentives: with a deadly virus threatening to kill millions and disrupt large sectors of the economy, the private sector was – overnight – incentivized to support public health goals. Will this kind of collaboration continue in a post-pandemic world? How can effective cross-sector engagement become a mainstay of global health policy, rather than an exception? Which frameworks, systems and platforms exist for optimal partnerships in healthcare? How can the public sector continue to facilitate a conducive environment for companies, civil society organizations and non-profits to deliver innovative and efficient solutions for healthcare? How will it be possible to leverage and replicate best practices?

Public-private collaborations have proven their worth time and time again in public health; however, they can be very difficult to craft, sustain and scale. This white paper reviews the key success factors for multistakeholder collaboration and distills the best practices in creating impactful public-private partnerships (PPPs) from distinguished health experts. It aims to help ensure the world is better prepared for future crises and bring us one step closer to a healthy population on a healthy planet.

This paper presents 22 “best practices” for governments, companies and multilaterals that want to engage in cross-sector solutions to improve healthcare access. The best practices were developed through interviews and roundtable discussions with Learning Journey¹ participants, and are underpinned by teachings from the *Healthcare PPP Guide*, developed by the PPP Initiative.

For PPPs to be effective, there need to be incentives in place promoting thoughtful design and informed management of vested interests. Governments and corporations will need the support of professionals who understand the conditions that enable successful partnerships, and who are well trained in skills such as negotiation, political management, engagement of the public as a partner, financial structuring and stakeholder analysis. These best practices aim to empower both governments and companies to engage in PPPs more readily, more effectively and more sustainably in the years to come.

Executive summary

Public-private partnerships offer governments and the private sector a unique opportunity to achieve more with less.

The world today faces complex, large-scale healthcare challenges, including COVID-19, non-communicable diseases and ageing populations. They threaten people's lives, livelihoods and the long-term sustainability of national healthcare budgets. With the scale of these challenges continuing to mount, few viable solutions have emerged.

Public-private partnerships (PPPs) offer a solution. If they are to be effective, they must be scalable, sustainable and inclusive. PPPs have proven highly effective not only in healthcare, as with the Global Alliance for Vaccines and Immunization (Gavi), but in other infrastructure categories such as public utilities and transport. However, their potential as a means of delivering better, more accessible healthcare has been underused.

The best practices outlined below are designed to empower executives in both the public and private sectors to engage effectively in healthcare PPPs. Because they are flexible structures, the recommendations below must be applied differently to each unique set of circumstances and environs. Taken together, they provide executives with an analytical framework for understanding how PPPs work, and how they might work better.

The best practices span six categories:

- **Identifying the problem and the stakeholders** – PPPs must first identify a public-policy challenge that is suitable for PPP engagement, one that features a problem of consequence to both the public and private sectors and suggests a set of credible potential partners.
- **Navigating joint governance** – determining the exact manner in which governments and the private sector will share decision-making authority can be a significant challenge. Partners should devise and negotiate management structures that encourage accountability.
- **Aligning vested interests** – participants in a PPP should seek to move beyond conflicts of interest as a barrier to progress, and instead look upon each partner's vested interests as existing on a spectrum. These vested interests can be pushed into better alignment through effective incentive design.
- **Financing arrangements** – financing arrangements should seek to reduce moral hazard, ensuring that partners are consistently acting in the best interest of the partnership. This can be achieved by tying remuneration directly to outcomes.
- **Engaging the public as a partner** – in order to be effective, a PPP must ensure that the public is engaged as a partner, using a detailed, effective and regionally specific communications strategy.
- **Going to scale** – large-scale challenges demand at-scale solutions. PPPs should seek to avoid pilot projects, or where they are necessary, ensure that a plan is in place for going to scale.

Introduction

The healthcare challenges that governments face in the 21st century are significant and myriad. Governments today must undertake significant restructuring of inequitable healthcare systems. They must identify how current systems produce inequities and find new, innovative ways to address these inequities. They must identify key levers and catalysts that can be used to improve outcomes efficiently and cost-effectively. And they must also consider the impact of climate change on health – a topic that, while it is beyond the scope of this paper, should be at the forefront of evolving healthcare priorities. Simply put, governments today are in need of large-scale solutions to large-scale challenges, and **public-private partnerships** (PPPs) offer a potential solution.

Collaboration between the public and private sectors is a fixture of 21st-century policy-making, but cross-sector engagement can take many forms: from simple dialogues to contractor-type relationships to outsourcing. Not every form of public-private collaboration represents a PPP. So what makes a PPP distinct from other forms of collaboration? A public-private partnership is a structure in which partners agree to share risks, resources and decision-making authority.²

Sharing risks: Successful PPPs require both public- and private-sector partners to share the risk posed by a venture. Though it is not necessary that both partners share equally in the risk, a successful partnership is one in which both partners are sufficiently incentivized to act in the best interests of the partnership.

Sharing resources: Effective PPPs also require that both partners share resources dedicated to the PPP. Resources need not be financial, although, as noted above, the sharing of risk usually involves some kind of financial exposure for both parties. Resources can also include regulatory authority, operational capacity, professional expertise, new innovations in technology or management, and even public credibility.

Sharing decision-making authority: Unlike typical government contracting arrangements, PPPs require some form of joint governance. In a well-designed PPP, the sharing of decision-making authority can yield innovative solutions. The process of negotiating how, exactly, partners will share this authority can be challenging, but a clear decision-making structure will yield a more resilient partnership.

The success or failure of a PPP should be determined based on three criteria: scale, sustainability and inclusivity.

Scale refers to the overall impact of a partnership on specific outcomes, both in terms of health and healthcare access. Given the massive scale of the challenges faced, the solutions must also be scalable.

Sustainability refers to the financial viability of a partnership in the long run. Unlike PPP models that are supported by user fees (a toll road is a common example), healthcare PPPs often cannot rely solely on users to underwrite the long-term viability of their partnership. However, by internalizing positive externalities (see Section 4.3) and establishing financial models that emphasize accountability, PPPs can reduce or eliminate the need for subsidies.

Inclusivity refers to the relative ability of all users to access the services or goods provided by a PPP. Typically, this refers to expanding access to include a country's poorest citizens – those who cannot afford to pay a market rate for care. However, questions of inclusivity can also expose more nuanced sociopolitical fault lines – e.g. the relative accessibility of care in rural (as opposed to urban) areas. A well-structured PPP should be inclusive, either by directly providing services for a country's poor, or at least by reducing the cost of providing services to the middle class, freeing up much-needed funding for poorer citizens.

But before determining how to structure a PPP, it will be helpful to first identify a suitable public-policy problem.

1

Framing the problem

A PPP must identify a clear problem and a set of key stakeholders.



1.1 Best practice 1: Identifying a suitable public-policy problem

PPPs are powerful tools, but they are not suited to every kind of public-policy problem. The challenge in question should be of consequence to both public and private interests. For the public sector, this means the problem should be either negatively affecting health outcomes or representing a significant liability on the public balance sheet. For the private sector, the problem should be one in which an opportunity exists to optimize returns, one in which inaction negatively affects returns,

which do not need to be financial. COVID-19, for example, fits this description perfectly. The virus presented both a threat to human life and significant financial cost to the public sector. And with the virus threatening to make the entire global economy grind to a halt, a wide variety of private-sector interests – including sectors not typically associated with healthcare such as airlines, manufacturing and hospitality – were suddenly incentivized to work to combat the virus.

1.2 | Best practice 2: Identifying partners

The problem should also suggest a set of credible partners with whom to engage. Does this policy problem suggest a private-sector partner with the ability to create significant change? Does it suggest a public-sector entity with sufficient capacity to see the project through? Of course, these questions

should be asked not just of partner institutions and companies, but also of the individuals “in the room”. Partners should ask of their counterpart: does this person have the authority to command resources? Does this person have the authority to secure approvals quickly and expeditiously?

1.3 | Best practice 3: Determining the project’s scope

Scope refers to the defined features and functions of the project, and it is essential for partners to determine the scope of a PPP project from the outset.³ This is because even a project with limited scope can quickly become complicated and multifaced – and complex projects run the risk of becoming unachievable.

Increased scope can present new opportunities, of course, and it can increase a project’s overall impact. But PPPs without a clear, focused scope can become financially unwieldy, and are more likely to encounter bureaucratic hurdles (both governmental and corporate). Thus, it is essential for partners to work together to determine the ideal scope for the project, while understanding that this scope may evolve as the project achieves scale.

1.4 | Best practice 4: Conducting a stakeholder analysis

Stanford professor and political scientist Francis Fukuyama defines stakeholder analysis as the “mapping of actors who are concerned with the particular policy problem, either as supporters of a solution, or opponents who want to maintain the status quo”.⁴ This raises an important question: who are the stakeholders in a PPP?

At first glance, the answer would seem obvious: it is the partners themselves – generally one or more government entities and one or more private-sector companies. But in reality a PPP has many stakeholders, far beyond the core partners. These can include multilateral organizations, healthcare providers within the country, other corporations, other government ministries and even the general public. In conducting a stakeholder analysis, partners should consider the ramifications of a given

project for all of these groups and identify potential allies and potential roadblocks. As Fukuyama writes, “From an analysis of the power and interests of the different stakeholders, one can begin to build coalitions of proponents, and think about strategies for expanding the coalition and neutralizing those who are opposed.”⁵

As a process, stakeholder analysis is more qualitative than quantitative. Questions to be answered in a stakeholder analysis include: who has a stake in a given paradigm? What is that stake? And how can that stakeholder be incentivized to act in a way that benefits a common set of goals? A thorough stakeholder analysis should also look at one’s own institution and identify pockets of operational support, as well as potential barriers.

2

Navigating joint governance

Negotiating the exact terms under which a government and multiple stakeholders will share decision-making authority can be challenging.



PPPs are defined largely by the sharing of decision-making authority. In a well-managed PPP, this unique governance structure can yield innovative results, but negotiating the exact terms under which governments and companies will share decision-making authority can be a challenge in and of itself.

2.1 Best practice 5: Emphasizing accountability

Successful PPPs emphasize accountability and ensure both partners are always acting in the best interests of the partnership. Because PPPs are long-term endeavours, partners should negotiate a decision-making structure that will preserve trust and credibility even as the partnership evolves and the structure needs to change. This governance

structure must feature clear methods for arriving at decisions, and clear protocols for resolving disagreements. In order to isolate partnership risk, a PPP should generally be set up as an independent entity – one that insulates the decision-making within the partnership from the larger decision-making processes of its constituent organizations.

2.2 Best practice 6: Establishing strong central leadership

Effective PPPs should feature a clear leadership structure within the partnership, with an empowered leadership body at the centre of the decision-making structure. By vesting the accountability for the project in an empowered central governance structure, partners in a PPP can ensure that the

partnership is not deprioritized, underfunded or mired in complex approvals processes. Generally speaking, this central leadership structure should be composed of members of both the public and private sectors or – alternatively – a neutral third party. This reduces the potential for conflicts.

2.3 Best practice 7: Negotiating risks and opportunities

A joint governance structure will always need to be negotiated. Negotiation is perhaps the most important PPP skill, as it is the skill through which all best practices must be realized.⁶ However, negotiation does not need to be viewed as “zero-sum”. A successful PPP should maintain viable returns for all parties over the long run. To achieve this, partners should use “three-dimensional negotiation”, a subtle negotiation method originally developed at Harvard Business School.⁷ Three-dimensional negotiation is not an adversarial negotiation strategy. Rather, it is a method for creating an agreement that benefits all parties and ensures that a PPP remains sustainable in the long run. The three dimensions are tactics, deal design and set-up.

Tactics: The first dimension, tactics, refers to traditional “at the table” skills. Successful negotiations should work to broaden the zone of possible agreements, develop trust and focus on building resilient relationships.

Deal design: Successful deal design focuses on shared values and aligning vested interests. Partners should look beyond economic value to find potential areas of non-economic value, which are especially important when considering subsidy-dependent PPPs and healthcare. Non-economic value can include improved public-health outcomes, increased trust between sectors and even increased credibility with the general public.

Set-up: An effective set-up ensures that the “right parties are approached in the right order to deal with the right issues, by the right means, at the right time, under the right set of expectations”.⁸ The “right parties” to a negotiation may not necessarily be those with the highest rank; it is often better to identify and influence the relevant issue-area experts – those whom executives are most likely to consult during the decision-making process. Set-up should also address the questions of sequence (whether it is advantageous to engage partners sequentially or simultaneously) and transparency (which parts of the process should be public and private).

3

Aligning vested interests

The public and private sectors may have different vested interests. But these interests can be aligned through effective incentive design.



3.1 | **Best practice 8: Understanding vested interests**

What are the vested interests of each partner in a PPP? A private-sector partner may see itself as having numerous goals and objectives, such as improving patient health or developing treatments for incurable diseases. As a business, it is also bound to deliver on these goals within the framework of a profitable enterprise. Thus, while longer-term investments in public health can be part of a business strategy, these investments are financially viable only if they are incorporated in a sustainable business model with a positive return on investment.

In the public sector, incentives are different. The public sector typically places greater emphasis on political considerations – serving the public good, establishing and maintaining working coalitions with which to govern, and implementing a policy agenda as voted by the electorate. However, operating within a country's government framework, with limited resource availability, can be seen to lead to significant political disagreements about how healthcare should be administered. The public sector's vested interests include managing any such disagreements and building popular consensus.

3.2 | **Best practice 9: Moving beyond conflicts of interest**

Conflicts of interest arise any time a partner is incentivized to act in a way that harms the partnership. Of course, conflicts of this nature are fairly common in PPPs, as total compatibility between the public and private sectors – each with its own diverse and complex set of interests – can be difficult to achieve. But, as many Learning Journey participants reported, blanket prohibitions

against conflicts of interest are too restrictive and counterproductive in maximizing public-health outcomes. Representatives of both the public and private sectors have expressed an eagerness to move beyond the binary categorization of conflicts of interest – that is, conflicted vs. unconflicted – and towards a more nuanced paradigm.

3.3 | **Best practice 10: Managing vested interests as a spectrum**

In the private sector, many industries – even those not explicitly related to healthcare – can significantly influence healthcare outcomes. Not all of these industries influence outcomes for the better. Some industries – for example, tobacco – have a clear negative impact on healthcare outcomes. Others – such as the wellness and fitness industries – have a primarily positive impact. For many companies, some elements of their business model may improve health outcomes, others may not. By understanding vested interests as a spectrum,

governments and the private sector can begin to devise incentive structures that capitalize on areas of alignment and isolate areas of misalignment.

While contracts can be designed to address specific areas of misalignment, a more holistic approach creates incentives that encourage aligned behaviour within the partnership and discourage misaligned behaviour. This is discussed in more detail in Section 4.

3.4 | **Best practice 11: Accepting a range of returns**

Participants in the Learning Journey, from the public and private sectors alike, accepted the importance of positive returns as a component in PPP structures. The need for a fair return on investment, it was agreed, does not represent a conflict of

interest in and of itself. For vested interests to be well aligned, a PPP should consider a range of returns, while still maximizing public value. And for a PPP to be sustainable in the long run, that balance must also be maintained in the long run.

4

Financing arrangements

The ideal financial structure for a PPP should align vested interests, optimize returns and reinforce a shared governance structure.



In many ways, a PPP's financial structure is the PPP itself. As useful as it can be to engage in good-faith dialogues across sectors and align vested interests to form a partnership, if those values are not reflected in the PPP's financial incentives, then the PPP is not stable or sustainable.

4.1 Best practice 12: Reducing moral hazard

In economics, “moral hazard” refers to a situation in which one party in a transaction assumes risk that negatively affects the other party. The term was famously used to refer to the multibillion-dollar bailouts of major banks following the 2008 financial crash; moral hazard was present because the bailouts ensured that banks had little incentive to avoid risky investments like those in mortgage-backed securities.⁹ But the concept of moral hazard can also be applied to healthcare PPPs. Even a simple PPP designed to – for example – provide healthcare services, can quickly result in undesirable incentives. A private-sector partner may be incentivized to cut costs, increasing returns at the expense of public-health outcomes. Conversely, a public-sector partner may be incentivized to cut costs elsewhere in the healthcare system, placing

an increased burden on the private sector to provide services. Financing arrangements can be devised to address these forms of moral hazard.

Typically, this relies on developing a sophisticated set of benchmarks for measuring success, and a financing structure that explicitly ties remuneration (for both partners) to these benchmarks. The metrics used to define success will obviously vary greatly from project to project. But the metrics should be specific enough to be quantifiable, and they should be indicative of the larger goals of the project. By tying remuneration to success in this way, partners can ensure that all participants in a PPP are motivated to act in the interest of the project.

4.2 Best practice 13: Redefining value creation

Financial structures should also take into account a more holistic view of value creation. “Value creation is the process by which partners can create value external to the assets they brought into the partnership. ... By using a PPP to optimize resources, reduce inefficiencies, and drive innovation, governments can engage in value creation.”¹⁰ But “value” should not be defined narrowly. While value can include financial returns, it may also include considerations of the public good, trust and credibility or equity

and inclusion. If a PPP can be used to improve healthcare outcomes, or change the incentives underpinning an inequitable healthcare system, it could be said to be engaging in a type of value creation, even if that value is difficult to quantify. Value creation is not so much a final step in the process of developing a PPP, but is the goal or objective of the process itself. Each step in the process, from stakeholder analysis to negotiation to communication, should be assessed by asking whether it creates value for the partnership.

4.3 Best practice 14: Internalizing positive externalities

Partners should strive to quantify and internalize the various forms of non-financial value into the financial structure of the partnership, through a process called “internalizing positive externalities”. Externalities arise when any type of economic activity creates side effects that have an impact on third parties beyond the buyer and seller. Externalities can be negative (a factory emitting air pollution that affects those who live nearby, for example), or positive (education that not only benefits the student but can also yield advances for society as a whole).

Healthcare, in particular, features numerous instances of positive externalities. The distribution of vaccines for contagious diseases such as COVID-19, for example, can benefit society at large (including those who do not get vaccinated) in the form of herd immunity and reduced rates of infection. Access to healthcare can not only improve the lives of those who receive the care but also increase economic productivity by ensuring that a country’s workforce is productive, and decrease healthcare expenditures by helping to prevent

future disease. Even the consumption of healthy foods contains a powerful positive externality in the form of decreased healthcare costs and increased worker productivity. Financing arrangements for PPPs should attempt to quantify and “internalize” the value associated with these externalities.

To do so, PPPs should seek – as above – to define value as broadly as possible, and design financial arrangements that ensure the full value of a project is being captured. A project to provide healthcare services through a PPP benefits both the public and private sectors, and a financial agreement should be reached that accounts for this value and its impact on both partners.

The task of actually quantifying the value associated with these kinds of externalities is beyond the scope of this paper, but ultimately the process of internalizing positive externalities can lead to more stable partnerships and can even transform financially infeasible projects into feasible ones.

5

Engaging the public as a partner

In any PPP, the general public represents a “third partner”, as either recipients of services or participants in solutions.



The general public is a crucial stakeholder in any healthcare PPP. If a partnership is to be successful, partners must convince the public to adopt key healthcare recommendations, or ensure that the public is sufficiently informed to access the services provided by the project. This may entail hiring communications professionals and

will almost always include the consideration of a communications strategy for engaging numerous key stakeholders. Of course, it must also be recognized that the public is not a monolith, and that different segments of the population will need to be engaged in different ways.

5.1 | **Best practice 15: Collaborating with the public**

Public engagement is essential to a PPP's success, and its importance has never been more apparent than during the COVID-19 pandemic. The challenge in implementing social-distancing measures and ensuring widespread vaccine uptake has demonstrated the importance of effective public engagement. The response to the COVID-19 pandemic has also revealed the complexity of engaging the public as a partner. Many countries have seen dramatic regional and cultural disparities in vaccine uptake, for example.

While some segments of the population were keen to be vaccinated, others were highly resistant. These discrepancies illustrate the importance of understanding the public not as a single entity but as a variety of overlapping segments with a broad range of cultural, social and political designations. An effective communications strategy accounts for this nuance – communications professionals should work to identify relevant segments of the population and develop plans to target each segment effectively.

5.2 | **Best practice 16: Identifying effective proxies**

Governments and large corporations might not be the most effective messengers when it comes to engaging the public. Government credibility varies from country to country and some individuals or groups are sceptical about or even mistrustful of government health directives. Given the vested interests of large healthcare corporations, some private-sector entities might also be deemed untrustworthy in the eyes of the general public. This problem is compounded by the vast amounts of disinformation available today.¹¹

In order to effectively engage the public, PPPs should enlist trustworthy proxies to act as messengers. Messengers can include trusted intermediaries of community leaders, educators or even local government officials, but generally speaking, they should be as local to their audience as possible. Again, this relies on communications professionals segmenting the population and identifying different messengers for each regional, socioeconomic and cultural group.

5.3 | **Best practice 17: Communicating success**

Partners must strive to communicate the successes of a PPP project to the public at large. Scepticism of PPPs is prevalent within the general public and among healthcare advocacy groups. But if a partnership is to work well, partners must be able to effectively communicate that success.

An effective communication strategy for PPPs should emphasize transparency throughout the PPP process – making sure information

about the project is widely available and that negotiations are conducted as publicly as is feasible. Communications strategies that emphasize outcomes at the expense of the process are vulnerable to criticism and scepticism. Of course, partners in a PPP should also strive to communicate the benefits of the project, such as improved outcomes or reduced costs. By including public engagement throughout the process, partners can build public trust more effectively.

6

Going to scale

Large-scale healthcare challenges demand at-scale solutions.



6.1 | Best practice 18: Pursuing scale

PPPs designed to go to scale should feature two key characteristics: replicability and sustainability. Replicability refers to a project's ability to be repeated across a variety of regional, cultural and economic contexts. Sustainability refers to a project's ability to sustain itself financially with either no subsidies or a manageable level of subsidy.

As has been discussed, the country and regional context is a significant consideration when designing a PPP. The socioeconomic, political and cultural conditions in which a PPP operates will have a significant impact on both the design of the project and its outcomes. This creates a challenge for replicability. Many projects that succeed in a given country, region or municipality will not succeed elsewhere. And yet, in order to be scalable, PPPs must be able to be duplicated across various contexts. How do we address this inconsistency?

Replicable projects must strike a balance between structural soundness and flexibility. As has been noted elsewhere in this white paper, PPPs are flexible, and this can be both a strength and a

weakness when it comes to scalability. Partners looking to replicate a PPP in a different regional context should not expect a one-to-one translation of the specifics of the partnership to be effective. However, if partners proceed from a structural understanding of the partnership – considering the alignment of vested interests, the internalization of positive externalities and the role of strong leadership – they can work to recreate the same structural underpinnings of the PPP without necessarily replicating each detail. In most cases, strategies for engaging the public will need to change in moving from one social context to another.

Sustainability is the other key determinant of a project's scalability, and, as has been discussed, is largely dependent on the alignment of vested interests and the maintenance of a financially viable business model. It is important to note, however, that sustainability may also be highly dependent on the country context – particularly the socioeconomic characteristics of a PPP's users. As such, sustainability may also be affected by attempts to replicate the PPP.

6.2 | Best practice 19: Avoiding pilot projects

The complexities associated with creating a PPP – navigating the governmental authorizing environment, obtaining approvals from corporate regulatory structures – can lead PPP practitioners to choose smaller-scale “pilot projects” over at-scale PPPs. Pilot projects offer several distinct advantages. They can be used to circumvent the dense approval processes and regulations associated with large-scale projects. And because they require less investment, they can be used to provide proof of concept for a larger project in the future.

But pilot projects also face limitations. Their restricted scale can often result in a failure to produce significant results, especially where large-scale healthcare challenges such as COVID-19

or non-communicable diseases are concerned. Because the impact of a pilot project can be so limited, it can be difficult even to measure the impact of the project on outcomes, such that successful pilot projects are difficult to differentiate from unsuccessful ones. Pilot projects can be a useful way to build support for a larger-scale project, but participants in a PPP should not think of them as an end point in and of themselves. Rather, pilots should be used as an intermediary step on the way to a larger-scale project. Importantly, this means that a pilot project should not be embarked upon without a clear plan in place to go to scale as quickly and efficiently as possible – including reasonable benchmarks for measuring whether the pilot has been successful.

6.3 Best practice 20: Building professional capacity

The best practices outlined above offer a set of guiding principles that, if adhered to, should ensure that a PPP project is successful. But actually creating effective partnerships requires professionals in both the public and private sectors with the skills to put these best practices into effect. It may be clear that a properly structured partnership should align vested interests by tying remuneration to success, but if the financial experts within a given government or corporation are unfamiliar with how to measure that success, or how to determine an appropriate consequence of failure, the partnership may struggle to achieve its goals. It may be evident that an effective PPP is one that engages the public as a partner, but if the partners lack a skilled communications team (or if that team is unfamiliar with PPPs), it will be difficult to engage the public.

Currently, there are too few professionals in both sectors in possession of PPP skills, and even fewer who are seasoned in “PPP thinking” – that is, the critical thinking methods that can take the best practices and apply them to a specific project. This gap must be addressed if PPPs are to be deployed effectively.

Widespread implementation of in-depth PPP training programmes should be pursued by both sectors, likely in partnership with academic institutions or multilaterals. Given the high turnover of personnel in both sectors, it is essential that these programmes be institutionalized within both governments and the private sector, ensuring that the values of “PPP thinking” and the PPP skill set are not localized to a few professionals, but widespread enough to actually effect change.

6.4 Best practice 21: Identifying institutional catalysts for change

Of course, companies and governments cannot be expected to institutionalize the values and skills identified in this white paper on their own. And if PPPs are to be effective, it is essential that the values espoused in this paper be adopted widely, as opposed to on a case-by-case basis. Additionally, support for PPP projects in healthcare can be expected to build cumulatively as each successful project comes to fruition. Each project undertaken builds trust, skill sets and credibility for future projects.

This element of capacity-building must not be left to an ad-hoc project-by-project approach. Institutional catalysts – including academic institutions, governments, non-profits, foundations and multilaterals – should be engaged to facilitate such capacity-building. A more organized institutional approach could build trust and credibility among key players and provide a repository of relevant information and case studies. An institutional approach could also provide guidance on specific topics such as the aligning of vested interests and the creation of effective agreements.

6.5 Best practice 22: Strengthening government leadership

Capacity must be built within governments, as well. Because PPPs are so dependent on country context, it is essential that governments work to institutionalize their approach to partnerships, rather than approach each partnership on a case-by-case basis. Support for this may come from the institutional catalysts listed above, but without government officials who can be responsive to

local conditions, the institutionalization will struggle to translate locally. Governments should seek to localize PPP knowledge, processes and authority in a secretariat or other established office. This office should be responsible for approvals and resources, but also for acting as a knowledge base upon which to build more successful partnerships in the future.

Conclusion

The principles above should empower policy-makers to create and maintain effective and sustainable PPPs.

With all of the challenges that healthcare PPPs face, it is no wonder that governments and the private sector alike have often been apprehensive about engaging in them. The risks posed by PPPs are not insignificant, ranging from the financial to the operational to the political. But these risks can – and must – be managed. By following the best practices outlined above – aligning vested interests, creating financial structures that promote accountability, building capacity by training qualified professionals and engaging the public as a partner – governments and the private sector can work together to address the 21st century's most serious healthcare challenges. In short, though the risks may be significant, so, too, is the opportunity. PPPs promise improved healthcare outcomes, reduced reliance on subsidies and a dramatically accelerated pace of innovation. Using the best practices outlined above, success is possible.

Of course, no list of best practices alone can account for the wide variety of circumstances and conditions that may arise in developing a PPP. While these best practices may be useful for professionals looking to build capacity for PPPs or to engage directly in a PPP project, they should be seen as a conceptual framework upon which to build solutions – not as the solutions themselves.

Additionally, the need for capacity-building in the PPP space has never been greater, as we have heard throughout the Learning Journey. Both governments and the private sector must work to build capacity for cross-sector collaboration. Because PPPs are not one-size-fits-all, there is no protocol – no recipe or single set of steps – that can hope to single-handedly deliver professionals to a successful PPP. Rather, professionals must be well trained to engage with the frameworks, skills and best practices that underpin successful PPPs, and that training must be undertaken sooner rather than later. The stakes, unfortunately, are too high to wait.

The challenges faced demand bold new solutions. The COVID-19 pandemic has demonstrated that a whole-of-society approach to a significant healthcare crisis can generate innovative solutions at scale. While the COVID-19 pandemic is far from over, and many lives have been lost, this crisis has clearly shown the potential of PPPs to yield innovative, effective solutions to large-scale healthcare challenges. This type of collaboration across sectors can and should be replicated for other disease categories.

If we are to succeed in addressing not just the pandemic in the future but also the slower-moving crises of non-communicable diseases and ageing populations, we must engage in PPPs that can go to scale, sustain themselves in the long run and expand access to as many people as possible.

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Endnotes

1. The Learning Journey comprised a series of roundtable discussions that were designed to create an opportunity for the Forum's partners and constituents to explore lessons learned from the successes and failures experienced during the COVID-19 pandemic, which will contribute to best practices for the private sector's continued involvement in healthcare. The public and private sectors took part in dialogues on the future of PPPs in healthcare and successful case studies.
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