**Progressing towards UHC – How do Public-Private Partnerships fit into the picture ?**

**Overview – Rationale and scope**

With Universal Health Coverage (UHC) gaining impetus as the overarching framework to progress towards equitable, fair access to quality, adequate care for everyone, the tantalizing question remains: how to design UHC-prone policies in such a way that not only financial protection is ensured for everyone, but high-performance service delivery is also possible. Against this background, the underlying issue pertaining to UHC related to governance, institutions and the effective, agile stewardship of transformative, resilient health systems that can deliver appropriate care to everyone.

In this context, engaging the private sector to ensure that the variety of stakeholders involved in the delivery of care are streamlined and supportive of defined public health needs is instrumental and in some cases key to efficiency in progressing toward UHC. This is the case when public health authorities need to tap into private sector expertise that is lacking in the public sector (e.g. management of facilities, supply chain development) or densifying networks of health infrastructures and facilities whenever health care services deployment is lagging behind plan.

One of means of engaging private sector on public health strategy compliant objectives is through complex contracting arrangements branded « public-private partnerships » or PPPs. Behind the branded term is a set of contracting instruments that enables private sector participation in public service delivery or facilitation of a stream of services in relation with the provision of infrastructures, clinical and non clinical (e.g. ancillary) services, equipments, care, or a mix of these services.

The variety of PPPs models requires clarification as to the core components of these innovative contracts, which can be summarized as cooperative ventures between public and private sector stakeholders aimed at best addressing a clearly defined public need through the appropriate allocation of resources, risks and rewards.

While the term PPP has been coined to designate long term (average duration of PPP contracts is 25 to 30 years) aggregate contracts based on risk sharing between public and private sectors, materialized by payments based on predefined performance objectives, the range of contracts illustrate versatile possibilities often represented by an « alphabet soup » of accronyms which encapsulate the services provided (e.g. the most famous type of infrastructure PPP being the DBFOM, which stands for Design Build Finance Operate and Maintain).

PPPs can potentially unlock efficiency gains for the public sector in management of services and/or infrastructures in health. If managed well and with proper guidance, they empower health systems stewards with the capacity to benefit from knowledge and skill transfers, bring added performance in health infrastructure and services availability and quality. However, the conditionalities for PPPs to positively contribute to UHC require additional research, evidence of good practices and capacity building for public health managers.

This session will explore how PPPs and broader rules of engagement with the private health sector can effectively contribute to better performing and transformative health systems that deliver value for money and strive for UHC.

It will delineate models of PPPs adapted to match the needs of the health sector based on case studies and experiences of « goods and bads ».

It will recommend and provide guidance as to how design, implement, manage and adjust PPPs over the project duration or life cycle.

It will tap into the operational knowledge of WHO in-house legal and PPP specialists as well as institutitional and governance experts to recommend the best use of complex contracts from a neutral broker’s perspective and to fit the needs of public health decision makers and stewards.