Welcome to the UNECE newsletter for October 2015. This edition is focused on the work by UNECE to develop standard guidance ("Standards") for the use of Public-Private Partnerships. Partnerships as a means of enabling development will be a key focus of the Sustainable Development Goals, and UNECE is developing a programme of work to support governments in their successful implementation. In this edition of the newsletter, we explore UNECE’s recent work in developing a Standard for PPP policy in the healthcare sector.

In addition, there is coverage of a new format for cooperation in the Philippines which will see the ADEC Innovation Foundation with the support of the Philippine Government, providing support for the UNECE affiliated International Specialist Centre of Excellence for PPP in Health. This Centre amongst other things will support the work of various international Project Teams, PPP and Healthcare, ‘last building standing concept’ in the aftermath of a natural disaster, telemedicine and PPP organizational strengthening of hospitals.
The United Nations Economic Commission for Europe (UNECE) is developing a UN Standard to provide guidance to governments planning to use Public-Private Partnerships (PPP) to develop their healthcare infrastructure, improving access to good quality healthcare for their populations.

The Sustainable Development Goals (SDGs) identify a range of measures to promote healthy lives and well-being for the world’s population, along with an emphasis on the need for sustainable development and clear mechanisms for implementation. Recognising that there is a significant need for investment by governments to achieve these objectives, UNECE supports the use of global partnerships for sustainable development. The Project Team was established under the auspices of the UNECE International PPP Centre of Excellence to produce a Standard specifically relating to the use of PPPs to achieve SDG3: “Ensure healthy lives and promote wellbeing for all at all ages”. This is one of the first projects to adopt the 7-stage open and transparent UNECE PPP standard development process shown below.

“If managed well, PPP programmes can help governments tackle development needs by bringing sustainable investment and expertise to complex systems, supporting the successful implementation of healthcare policy, improving access to basic healthcare services, giving patients the best care in an appropriate setting, and making healthcare staff feel valued and fulfilled. There are many models of PPP in the healthcare sector worldwide. The challenge for governments developing a PPP programme is to ensure their PPP policy is consistent with their healthcare policies and delivery strategy, and allows them to provide good quality universal coverage, helping them to achieve the Sustainable Development Goals, alleviate poverty and provide universal access to healthcare for their population.

The Standard offers guidance on best practice in relation to the development and implementation of PPP programmes in the healthcare sector, under which capital investment in healthcare infrastructure (hospitals, clinics, etc.) and systems such as medical equipment and information / communication technology (ICT) are funded using commercial finance repaid over a long-term concession period. Projects delivered in this way range from acute hospitals, mental healthcare facilities and community clinics, diagnostic and treatment centres to outreach services such as dialysis and radiotherapy centres.

“We recognised the need for some standardisation in the development of partnerships for complex partnerships” says Geoffrey Hamilton, Chief of the PPP programme at UNECE. “There is a clear need for governments to share guidance and best practice in responding to the clear need for hospitals, clinics, diagnostic facilities and other healthcare infrastructure, and it is particularly important that the guidance is sustainable and relevant to small and medium sized economies. That is why we formulated a transparent process for the development of Standards, and have made sure that each project team includes representation from countries with the greatest development need as well as the most developed economies where PPP projects are more common.”

The seven stages of the open and transparent UNECE PPP standard development process

1. Project initiation by the intergovernmental process
2. Stakeholders’ mobilisation to prepare the first draft of the standard
3. Developing the initial draft with stakeholders’ feedback
4. Public Review
5. Endorsement by the TOS PPP Bureau and TOS PPP
6. Approval by CICPPP
7. Maintenance of standards
Celso Manangan leads the UNECE affiliated International Specialist Centre of Excellence for PPP in Health in the Philippines. “Our experience in the use of PPP to improve access to haemodialysis in the Philippines is a good example of how private sector expertise and investment can be used to successfully improve outcomes for patients” he says. “About 20% of those treated under the programme qualify for Quantified Free Service, a substantial improvement in access for our poorest people.” The Centre of Excellence will maintain the Standard once it has been formally approved, which will involve the maintenance of a website giving free impartial advice and links to published information about the implementation of PPP, and access to global specialists.

For the purpose of the Standard, a PPP programme is defined as a framework or series of projects under which a public authority grants long term contracts to a private sector partner for the design, financing, construction or refurbishment and operation of healthcare facilities. Although the term ‘public authority’ is defined quite widely, the team did conclude that PPP programmes do include the provision of services ranging from direct clinical services, through quasi-clinical services such as imaging and pathology, to non-clinical services such as cleaning and catering. The Private Sector Partner must meet specified outcome standards to be paid.

“One of the key challenges we faced in developing the Standard was to establish a clear definition of the term “Public-Private Partnership” says Peter Ward, the project team leader. “There are so many different models of partnership that we needed to clearly define the project’s scope, and carry out an extensive review of schemes in over 50 countries to make sure that we had accurately identified the most important themes. To make that easier we broke the task down into six “themes” and allocated a smaller team to finding out about best practice in each, and they are reflected in the draft Standard.

The multidisciplinary project team comprised Peter as project team leader, Abu Rashed as Editor / Rapporteur, and some 30 other team members drawn from across the world with expertise in the implementation of PPP projects in the healthcare sector, and the challenges facing development programmes in small and medium sized economies (see team profiles). The team held monthly weblex meetings, and used an online portal to share information and notes of their meetings.

The Project team worked alongside the Centre of Excellence to produce the draft Standard, under the oversight of the UNECE Secretariat.

The Secretariat, Project Team and Centre of Excellence worked in an integrated way.
The development of the Standard began in June 2014 with the approval by the UNECE PPP Team of Specialists of a Project Proposal, with the support of the governments of Russia, Belarus, the Netherlands and Turkey. Early in the project, the team decided to develop detailed questionnaires for public and private sector participants in PPP programmes in the healthcare sector worldwide, and use the responses alongside published information as the evidence base for the recommendations in the Standard. Responses were received from about 50 public and private sector organisations with healthcare PPP experience including specialist government units in Australia, Bangladesh, Canada, France, Germany, India, Latvia, Pakistan, Portugal, the UK and Uruguay, whose contribution is gratefully acknowledged.

Each of the workstream teams analysed their responses alongside published information [see case studies] about lessons learned – both positive and negative - to produce the recommendations which appear in the standard which are aimed at national and provincial governments considering the delivery of PPP programmes in the healthcare sector.

Seven key principles emerged from the work carried out during the analysis phase, and particularly in feedback from both the public and private questionnaire respondents:

• The public interest must be paramount in any PPP programme
• There must be demonstrable value for public money
• The public sector must have sufficient commercial expertise to deliver the programme
• Public sponsors of PPP programmes must be accountable for the programme’s outcomes
• Any programme should be transparent and fair throughout its term
• The public sector should retain an appropriate level of control
• Measures of efficiency and effectiveness should be consistent and agreed up front

The overall programme to produce the draft Standard took about 12 months.

The full list of projects and programmes from which lessons and experience were considered based on published information in the development of the Standard is available on the project team website at [https://www2.unece.org/wiki/display/pppp/Health+Policy](https://www2.unece.org/wiki/display/pppp/Health+Policy) for governments seeking more detailed advice, experience and lessons learned from the delivery of PPP programmes. The Standard will be maintained by UNECE and the PPP Specialist Centre in the Philippines.

The recommendations in the draft Standard are summarised below:

• The need for a clearly developed healthcare policy & strategy, with a formal Healthcare Infrastructure Development Plan, of which PPP may form part
• A formal PPP Delivery Plan, subject to formal consultation
• Formation of a specialist PPP Unit, with defined roles during the:
  • Scoping & procurement phase
  • Delivery & operational phase
The United Nations Economic Commission for Europe (UNECE) has partnered with a Philippine group, ADEC Innovations Foundation, and agree to deepen cooperation between parties that will lead to an eventual Memorandum of Understanding (MOU) for the Manila-based International Specialist Centre of Excellence for PPP in Health.

The five-year agreement between UNECE and ADEC Innovations Foundation aims to collate the world’s best practices for PPP in health to be used as a model for transformation standards. The draft Standard was presented at the UNECE PPP Team of Specialists meeting in London on 18 June, which follows the annual “PPP Days” seminars to be hosted by EBRD.

The Standard will now be reviewed by the UNECE Business Advisory Bureau, the Centre of Excellence, and the WHO before beginning the formal 60 day public review, which is stage 4 of the UNECE Standard Development Process.

The five-year agreement between UNECE and ADEC Innovations Foundation aims to collate the world’s best practices for PPP in health to be used as a model for transformation standards.

UNECE and ADEC Innovations Foundation signed the Joint Statement of Cooperation for the project on August 7 at the Manila Polo Club in Makati, Philippines.

Geoffrey Hamilton, Chief of UNECE’s Cooperation and Partnerships Section said that the year 2015 brings in a new challenge that requires a new format. This gives rise to what may be described as a tripartite relationship involving the UN, the Philippine government and ADEC, representing

- Strong political & civil service support
- An agreed, formal feasibility / ‘business case’ process agreed up front
- The use of output based specifications, and the potential for a reference solution
- Staff and stakeholder engagement, and a robust communications plan
- Formal capacity assessment and, if necessary a capacity building programme centered on a predictable pipeline
- Long-term governance structures, with transparent procurement, evaluation & monitoring processes
the private sector. He also noted that “ADEC is well positioned to do this. Its power of communication, teaching providing office in Geneva and PPP Specialist Centre in Manila the function that can make these goals absolutely realizable to make that quantum leap.”

James Donovan, Chairman of ADEC Innovations Foundation, supported Hamilton’s statement, saying that Filipinos can have much bigger impact aside from doing back-office work or sending highly-skilled people abroad. Through technology, Filipinos will be able to help craft international standards and gather best practices from around the world with this global mandate being given to the specialist centre based here in the Philippines.

Donovan, an American who received the United Nations Visionary Award in 2014, said he was “fortunate to land in the Philippines” 20 years ago and set up ADEC Innovations with his Filipina business partner Carol Esguerra, the Chief Financial Officer.

The company now has over 5,500 employees in Asia, Africa, Australia, North America, and Europe.

The signing ceremony between ADEC Innovations Foundation and UNECE was followed by a roundtable discussion on developing standards in global healthcare policy at Makati Shangri-la Hotel on August 10.

Aside from Hamilton and Donovan, the speakers included Dr. Enrique Ona, Former Philippine Secretary of Health; Atty. Alberto C. Agra, a Certified Public-Private Partnership Specialist; Dr. Hilton Y. Lam, Director of the Institute of Health Policy and Development; Dr. Teodoro Herbosa, Faculty Member of the UP Manila College of Medicine, and Architect and Urban Planner Felino “Jun” Palafox, Jr., among others.

Philippine health and law experts gathered in Makati City on August 10 for a roundtable discussion on uplifting health standards worldwide through Public Private Partnerships (PPP).

The discussion, hosted by the United Nations Economic Commission for Europe (UNECE) and ADEC Innovations Foundation, was conducted to gather insights on how PPP can be used to provide universal access to healthcare.

Earlier on August 7, three days before the roundtable discussion, UNECE and ADEC had signed a Joint Statement of Cooperation and agreed to deepen cooperation between parties that will lead to an eventual Memorandum of Understanding (MOU) for the Manila-based International Specialist Centre of Excellence for PPP in Health.

The roundtable discussion was the first official activity under the UNECE-ADEC partnership and was attended by experts among them were: Geoffrey Hamilton, UNECE Chief of the Cooperation and Partnership Section; James Donovan, Chairman of ADEC Innovations
Foundation; Dr. Enrique Ona, former Philippine Health Secretary; Atty. Alberto Agra, Certified Public-Private Partnership Specialist, and Architect Jun Palafox, and others.

Hamilton noted that the UN’s Sustainable Development Goals (SDGs) call for PPPs to address global problems, including health issues.

The SDGs, with 17 components, was officially launched in New York in September 2015. The SDGs will replace the eight Millennium Development Goals (MDGs) agreed to by the representatives from member states during the Millennium Summit in 2000.

Some of the MDGs include eradicating poverty and hunger; promoting gender equality; combating HIV/AIDS; and ensuring environmental sustainability, among others.

On the other hand, the new SDGs foster participatory process that revitalize global partnership for sustainable development. The SDGs also strengthen the means of implementation through finance, technology, capacity building, policy and institutional coherence, multi-stakeholder partnerships, data, monitoring and accountability, among others.

Hamilton said the Philippines, through ADEC Innovations Foundation, will play a key role in the achievement of the SDGs related to health.

ADEC, a global impact investing company with businesses in the areas of sustainability, education, healthcare, technology, and data management, will oversee the Makati-based International Specialist Centre of Excellence for PPP in Health.

The main goal of the specialist centre is to collate best practices for PPP in health from around the world which would be the basis for global PPP standards.

Hamilton noted that all UN standards go through a rigid seven-step process of approval. As governments around the world have to comply by these standards, he said these should be “easily understood and easily tested.”

These standards should also possess two important characteristics: they should have a great impact on the general welfare of the people and be easy to replicate anywhere in the world.

Donovan, a recipient of the United Nations Visionary Award in 2014, said he is grateful that ADEC’s extensive experience in managing big data will be useful in the collation of health data from around the world.

Donovan set up ADEC in the Philippines 20 years ago with his Filipina business partner, Carol Esguerra, the Chief Financial Officer. The company now has 5,500 employees in Asia, Africa, Australia, North America, and Europe processing over 30 million transactions every month.
Alzira Hospital, Valencia, Spain

In 1999 the regional government of Valencia awarded a contract for the construction and operation of a new hospital, including the delivery of clinical services. By giving responsibility for a population’s full healthcare provision to a private provider, this approach allowed the regional government to provide free and universal integrated healthcare to a designated region within its budget despite some criticism that the project would benefit from a governance structure separating the roles of the concession holder and the Valencia community administration more clearly.

Private Finance Initiative, UK

Between 1997 and 2010 the UK’s National Health Service procured over 100 new hospitals and healthcare facilities, delivered through the Private Finance Initiative PPP. In 2011 the National Audit Office found that the PPP programme represented good value for money, but recommended that public sector authorities must ensure they obtain accurate performance data, recruit the right skills and resources to manage projects, objectively challenge procurement decisions and ensure that there is robust accountability within project teams.

Queen Mahamoto Hospital PPP, Lesotho

In 2006 the government of Lesotho launched a project to build a 425-bed national referral hospital to replace the main hospital in the capital, Maseru. The project also includes a gateway clinic and refurbishment of three primary care clinics, and the private management of facilities, equipment and clinical services. The new, modern hospital attracted patients in large numbers and reached maximum capacity very quickly, so the government needed to take urgent measures to redevelop their network of non-PPP facilities to relieve pressure on the PPP hospital and reduce its annual cost.

Hospital do Suburbio, Brazil

Following the establishment in 2004 of a federal PPP legal framework, the Hospital do Suburbio in Bahia was Brazil’s first health PPP. Completed in 2010, it is the biggest investment in Brazil’s healthcare system for 20 years.

National Health Insurance Scheme (NHIS), Ghana

In 2003, Ghana established NHIS as part of a medium term poverty reduction strategy. It offers nationally funded health insurance through District Health Insurance Schemes and despite challenges including complex governance and accreditation requirements, and a shortage of technical specialists NHIS now operates 145 District Schemes, significantly improving access to healthcare. It was cited by UNDP in 2010 as a model for south-south cooperation.
Basic Health Services, Afghanistan

Against a backdrop of prolonged civil strife, the Afghan health sector has used PPP to double the number of functioning primary healthcare facilities with basic health services now reaching all 34 provinces and infant mortality cut by 22%. Through public tenders, Non-Governmental Organisations were contracted to provide basic health services in three levels of facilities in exchange for lump-sum three year contracts with a performance bonus linked to specified performance targets.

National Kidney Transplant Institute (NKTI), Philippines

The Department of Health in the Philippines used a PPP project to deliver improved access to haemodialysis in 2003. Under a 10-year concession, the private partner used commercial finance to procure over 40 dialysis machines which operate 24 hours a day, 6 days a week and in 2012 provided over 45,000 treatment sessions.

Andhra Pradesh Radiology, India

The state government in Andhra Pradesh used a PPP to deliver upgraded diagnostic imaging and radiology facilities under a 7-year concession across four government hospitals and medical colleges. The project raised $6m in investment in equipment and facilities, improving access to diagnostic imaging and treatment for almost 100,000 people.

PROJECT TEAM PROFILES

- Jim Buchanan is a leading lawyer specialising in PPP/PFI projects with a particular focus on the health sector, based in the UAE. He leads Berwin Leighton Paisner’s health sector projects team and has worked on projects in a number of countries, including major medical equipment schemes. He was also seconded to the UK Department of Health, where he helped develop the UK’s standard form Project Agreement for PPP projects.
- Ekow Coleman is a Financial Analyst at the ministry of Finance and Economic Planning in Ghana and has studied and written about the challenges in financing infrastructure in emerging economies.
- Alexander Dolgov is a partner at Hogan Lovells in Moscow. He focuses on public-private partnerships and project finance in the infrastructure and energy sectors, and has led the negotiation of a number of healthcare PPP projects acting for lenders, sponsors and public authorities. In addition to his core PPP and infrastructure practice, he also has significant debt capital markets expertise.
- Tony Smith is a lawyer based in the UK, and has been a Lead Specialist in the United Nations PPP Team of Specialists for several years. He has served as the Head of the United Nations PPP Readiness Task Force and is also an Associate Expert of UNDP Asia Pacific and Patron of the Charity HEART (Helping Empower Africa to Regenerate Together).
- Jolanta Korzun is the main specialist with the Polish Finance Ministry in Warsaw and has led the development of policy for PPP projects in the healthcare sector, drawing on lessons.
from other countries including Holland and the UK and will bring great experience from her governmental role.

• **John Seed** is the Divisional Manager for Mott MacDonald’s Infrastructure Finance and Investment Division, which provides technical and procurement advice to public and private sector organisations in more than a dozen countries. John has over 12 years of PPP experience with a number of different contract structures and has played a major role in the development of business cases and due diligence on behalf of lenders.

• **Inon Schenker** is Senior Director for Public Health at Teva Pharmaceutical Industries. He has acted as a public health consultant to multiple governments and multilateral institutions including the UN and WHO and founded the Geneva Seminar on Health and Globalisation.

• **Bruno Pereira** is a leading PPP lawyer in Brazil. He has been involved in all the major PPP transactions and initiatives in Brazil to date and founded PPP Brasil, the leading national source of guidance and best practice on PPP programme implementation.

• **Despina Doxaki** is a partner at one of the leading law firms in Greece specialising in PPP and project financing. She has developed structured financing documentation for schemes ranging from real estate and hospital projects to public transport schemes, acting predominantly for lenders and developers.

• **Karen Prosser** trained as a radiographer and gained experience in a number of major UK teaching hospitals, and developed broad experience in managed medical equipment partnerships. She has managed this aspect of multiple major PPP projects with complex medical equipment needs across Europe, and is now Head of Healthcare for EC Harris in the Asia Pacific Region.

• **Nebojsa Todorovic** is the Deputy Minister of Health in Montenegro. He has held a number of senior roles within Montenegro’s public sector and led the development of strategic plans for education and social care reform as well as participating as a member for the Commission for European Integration.

• **Alessandro Abati** developed the Italian government’s PPP Unit and went on to provide advice to more than a dozen governments and state bodies about the development of PPP policy and practice on behalf of the UN, EU and other multilateral organisations. Tragically, Alessandro was killed in Kabul in May while advising the Government of Afghanistan on the development of their infrastructure programme, and the team’s work has been dedicated to his memory.

• **Waleska Guerrero Lemus** is the PPP Business Support Manager for Siemens in Germany, from where she provides specialist advice on managed equipment service PPP project delivered by Siemens across the world.

• **Agnieszka Gajewska** is one of Poland’s leading PPP specialists with over 15 years experience advising on project financings in the Polish and CEE concession markets across a number of sectors. Prior to founding InfraLinx in 2009, she worked at DEPFA Bank’s Infrastructure Finance Unit arranging senior debt and equity for a number of projects, and before that advised a number of public bodies on PPP while at PWC. Agnieszka is author of the first comprehensive Polish book on PPP.

• **Andrew Briggs** is a leading PPP lawyer within the infrastructure team at Hogan Lovells in London. He has provided strategic advice to a wide range of public and private sector clients (including sponsors, lenders, public sector clients and service providers) on PPP projects over the last 18 years, and advised the UK NHS executive in drafting its standard form concession contract used for all UK PPP healthcare projects since 1998.
• **Anuj Chabra** is the Director of Project and Export Finance for Standard Chartered Bank in the MENA and South Asia regions, and has led on major transactions including the Eurasia tunnel in Turkey and major manufacturing and power projects across the Middle East.

• **Karan Mangroo** has successfully delivered major PPP projects under the UK Private Finance Initiative for Catalyst Lend Lease, one of the UK’s leading PPP project sponsors and equity investors in the healthcare sector. As well as healthcare projects, Karan has managed one of the UK’s most complex social infrastructure projects, involving the redevelopment of HM Treasury’s estate in London.

• **Abu Rashed** is currently advising the government in Bangladesh on implementation of PPP policy there and previously worked for IFC and the World Bank. He has advised a number of governments and agencies on the effective implementation of PPP programmes.

• **Pranav Mohan** is a physician who works for the IFC based in India, advising governments on health system enhancements, infrastructure developments and investment, health economics and policy in relation to public health, social health insurance and PPPs. He has advised a number of public authorities on strategic transactions which have given them access to debt and equity for strategic investment in the growth of services and infrastructure.

• **Paul Da Rita** leads IFC’s global healthcare PPP advisory business, which provides advice to many governments in emerging countries ranging from diagnostic centres, medical equipment, primary care and acute hospital projects. He was previously global leader for healthcare PPP projects for PWC, leading a number of large and complex healthcare PPP projects.

• **Abul Quasem** is the Deputy Governor of Bangladesh Bank. He has had a long career as a leader in the banking sector in Bangladesh, and has overseen the development of the long term Investment Promotion and Financing Facility (IPFF) as well as supporting the financing of SMEs and measures to tackle corruption.

• **Charles Egenti** is a Management Consultant based in Nigeria. Although plans for a broader PPP programme in the healthcare sector in Nigeria are at an early stage, one major PPP hospital project is operational. Charles has delivered major complex projects from a construction perspective, dealing with multiple stakeholders in the public and private sectors.

• **Barry Francis** is one of the leading PPP lawyers in the UK. He has advised a number of sponsors, lenders and authorities on projects under the UK’s Private Finance Initiative and a number of other joint venture and outsourcing transactions.

• **Bartosz Mysiorski** is the Vice Chairman of Centrum PPP in Poland. He has led a number of forums through which strategic PPP programmes are developed in Central and Eastern Europe and has compared lessons from PPP programmes in a number of different countries.

• **Nasser Massoud** is a PPP specialist and has worked on PPP transactions since 1994, including the Runcorn and Kidderminster Orthopaedic Centres (UK) and Zywiec Hospital (Poland). As Executive Board Director at InterHealth Canada he is responsible for PPP projects including clinical services, and previously held a senior executive position with Saraya Holdings in Dubai, a regional real estate developer and asset manager.
TEAM MEMBER FEEDBACK

Nasser Massoud is a PPP specialist and has worked on PPP transactions since 1994, including the Runcorn and Kidderminster Orthopaedic Centres (UK) and Zwyiec Hospital (Poland). As Executive Board Director at InterHealth Canada he is responsible for PPP projects including clinical services, and previously held a senior executive position with Saraya Holdings in Dubai, a regional real estate developer and asset manager.

“Participating in the project team was a great opportunity to reflect on the experience I have in healthcare PPPs and to draw lessons from that into formulating a global Standard” he says. I have particularly enjoyed learning about other peoples’ experiences and seeing how it is possible to draw out common learning – the Standard will be a valuable reference point for countries embarking on a healthcare PPP programme or looking at ways to improve the delivery of their existing healthcare PPP programme.”

Karen Prosser recently joined Somerset Partnership NHS Foundation Trust, but prior to that was a partner at EC Harris leading Social Infrastructure development across Asia.

“As part of that role, I met a number of client organisations looking to use PPP as a model to enable wider delivery of quality healthcare to a wider population in their country. Having been part of PFI and PPP projects within UK, Europe and the Middle East, I was aware of the very different approaches taken and how they need to be adapted to the individual needs of each country. Being part of the team has been a fantastic way of gaining better understanding from the wide variety of experience it represents, and developing that into a document which can guide others to deliver the best solution for their needs. The ability to look across the development of PPP solutions worldwide has enabled us to think about issues such as getting the right quality and level of staffing and training to enable long term sustainable care to be delivered as well as how the development of appropriate buildings and funding will enable facilities to be built where quality services can be provided. Within a procurement process it can be easy to forget that a healthcare facility is an enabler to improving access to good quality care - what is required is a complete understanding of how governments can best ensure they have the right staff with right skills, working efficiently to provide high quality care to people that most need it. The Standard supports this in emphasising the need for a holistic approach to partnerships.”

Peter Ward led the project team in developing the draft Standard. Peter is the Director of Healthcare Projects at infrastructure investment firm John Laing and as a civil engineer previously spent 12 years developing public infrastructure in Ghana, Oman, Malaysia and the Caribbean. He is also a non-executive director of the Oxford University Hospitals NHS Trust, which manages one of the UK’s largest teaching hospitals.

“I have really enjoyed participating in the project. I was interested because I have seen such diverse approaches to PPP by different governments and authorities, and was aware of the challenges facing governments in improving universal access to good quality care, especially in low and middle income countries. Our engagement with public and private practitioners has helped me understand the reasons for that diversity, and the importance of having clear national policy and direction if a PPP programme is to be successful. I hope the recommendations
in the Standard are sufficiently broad in their application while still providing real, practical and pragmatic guidelines to governments wanting to adopt them.”

Sarah Osgerby provided support to the project team in developing the Standard, managing the collection of published evidence, lessons learned and responses from public and private sector specialists to the team’s questionnaires.

“It was very interesting to learn how the development of UN policy guidance takes place, and to understand how to build a robust body of evidence that will inform the Standard. Many of the people that have contributed are very senior in their field and have busy jobs, but it has been really encouraging to see how actively they have engaged with the project and volunteered their expertise. I do hope the Standard will be particularly helpful for smaller economies with programmes that might only include one or two major projects, who might not otherwise have access to such a large body of experience of how to manage them successfully.”

Celso Manangan is the Project Director of the UNECE affiliated International Specialist Centre of Excellence for PPP in Health, Philippines. He is responsible for overseeing the daily operations of the Centre in Manila.

“To a large extent, the project directly contributes to the Centre’s advocacy on PPP Healthcare Policy. With this initiative, the Specialist Centre will be able to provide support to the various requirements of the network of public and private stakeholders whom we will be communicating with regularly in the future to identify, collect and document best practices in health PPPs and on other health related plans and programs which will lead to the adoption and implementation of the Sustainable Development Goals (SDGs).

The process of involving the public sector stakeholders particularly in PPP Units worldwide proved very interesting. This gave us the confidence that with the development of the Standard, we will be able to network and collaborate globally. As this is a UN-led initiative, we are hopeful that the Standard will bring together Governments in improving awareness of best practice and realizing better outcomes from health PPP projects by following the Standard.

The introduction of the standard globally will be an important step for the Centre, especially in testing, implementing and monitoring its use in health PPP projects for both public and private sectors. In addition, the Standard will serve as an excellent resource for Governments in project planning, procurement, implementation and monitoring of their health PPP programmes.”

For any further questions and feedback please contact: ppp@unece.org