

IFC Support to Health Public-Private Partnerships





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IFC Support to Health Public-Private Partnerships

HIGHLIGHTS OF IFC TRANSACTIONS IN PRIMARY CARE,
HOSPITALS, CLINICAL SERVICES & SPECIALIZED SERVICES



From the Directors

Access to affordable, quality healthcare is critical to economic growth and development. As governments struggle to contain deficits, yet increase access to healthcare, private sector resources and expertise can complement traditional public sector approaches. The challenge is to engage private partners effectively so that public benefits can be optimized.

IFC works with governments and the private sector to increase access to high quality healthcare for people of lower and middle incomes. IFC's approach is two-fold: through its advisory services, IFC helps governments implement public-private partnerships and, through its investment activities, IFC finances private companies delivering healthcare services. This book highlights examples of both.

There are many benefits to enhanced public-private cooperation in the health sector. A well structured agreement with private operators will allow governments to more accurately plan their healthcare expenditures while increasing the impact of their budgets. For their part, individuals can look forward to better quality healthcare as a result of higher standards and improved management.

IFC Support to Health Public-Private Partnerships aims to show how public-private cooperation can work and to showcase innovative partnerships and the vital role that the private sector can play in meeting the need for more and higher quality healthcare in developing countries.



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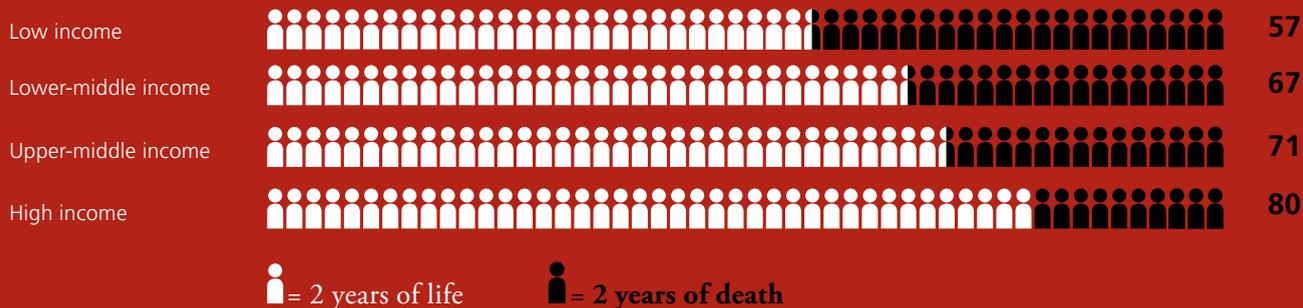
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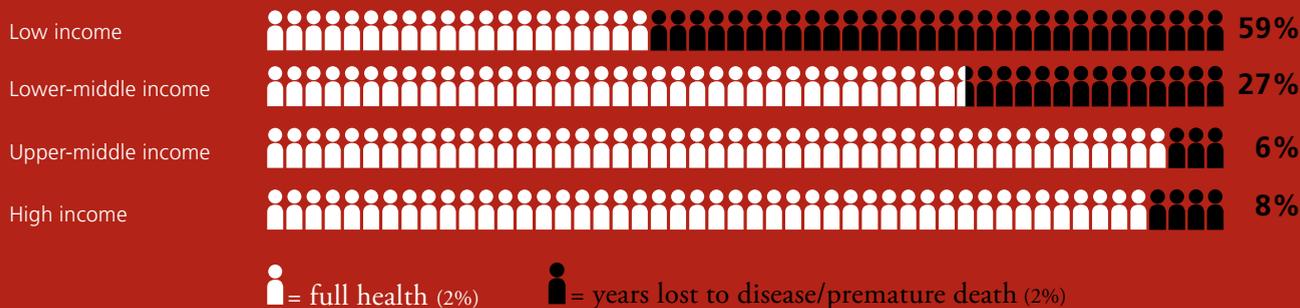
Life expectancy in low income countries is 23 years less than in high income ones

Country income



Many years of active life are lost due to disease or premature death

Country income



Low income countries spend substantially less on health as percentage of GDP



Challenges in health

Governments face increasing pressure on public finances for the provision of public services, particularly health. Healthcare spending presently exceeds \$4 trillion worldwide (9 percent of GDP globally), though amounts range from less than \$3 per person annually in some low-income countries in Africa, to \$6,250 per person annually (18 percent of GDP) in the USA. More than 30 countries spend less than \$20 per person annually on healthcare.

Many low-income countries lack the facilities necessary to provide basic healthcare services and products. Most also face shortages of trained medical personnel. The consequence of this reality is stark. Average life expectancy in low income countries is 23 years less than in high income countries. Moreover, whereas individuals in upper-middle and high income nations may lose, on average, no more than 8 percent of their active lives to sickness, those in low income countries may lose up to 60 percent of their active lives.

Public sector budgets are often insufficient to provide the needed healthcare for their citizens to improve the situation. As a result, individuals in low income countries pay close to 60 percent more proportionately than those in upper-middle income countries in out-of-pocket health expenditures. This is an expenditure that citizens in developing countries can ill afford.

Public-private partnerships (PPPs) can provide an effective solution to improve the provision of basic healthcare services and the quality of existing health systems. Consequently, many governments are turning to the private sector to respond to public health care needs. As pioneer in the implementation of public-private partnerships in health, IFC has become the trusted advisor of many governments for innovative private-sector participation solutions.

Investing in Africa's health

Sub-Saharan Africa is home to 11 percent of the world's people and bears 24 percent of the global disease burden in human and financial costs. Yet the region accounts for less than one percent of global health spending and has only three percent of the world's health workers.

Fighting disease and saving lives in the region will require vastly improved health care options, especially for the poor. Harnessing the private sector to help achieve national health goals can help governments to achieve national health goals.

The IFC-World Bank \$1 billion Health in Africa Initiative focuses on new ways in which non-profit and for-profit health care organizations can serve people of all income levels, especially those living in isolated rural areas and urban slums. Investment opportunities include improving physical health infrastructure and increasing professional health staff. Based on trends in health care demands, the region needs an additional 500,000 hospital beds, 90,000 more physicians, half a million more nurses, and some 300,000 more community health workers. Modern pharmaceutical and medical supply production facilities are also in short supply.

A key component of IFC's long term health





investment strategy is the Africa Health Fund, a private equity fund targeting commitments of \$100-120 million. It is a joint collaboration between IFC, the Bill and Melinda Gates Foundation, the African Development Bank, and DEG—the German development finance institution. The fund, which will be measured not only on financial performance but also by its ability to cultivate businesses serving the poor, made its first investment of \$2.6 million in the Nairobi Women's Hospital in Kenya. More than half of the hospital's inpatient, outpatient, and specialized services will be provided to poor women and children.

The Africa Health Fund builds upon IFC's path-breaking report, *The Business of Health in Africa: Partnering with the Private Sector to Improve People's Lives*. The report found that the private sector already delivers about half of all health-related goods and services in Sub-Saharan Africa, and could provide up to 60 percent of the \$25-30 billion that will be needed to meet healthcare demands over the next decade.

IFC, the World Bank, and other partners will also produce—by early 2011—the first report on the region's healthcare investment climate as part of its strategy to strengthen and develop the environment for private healthcare. IFC is also seeking to improve access to long-term financing for smaller African health companies through local financial intermediaries.



KEY ADVANTAGES OF PUBLIC-PRIVATE PARTNERSHIPS IN HEALTH

- Access to new sources of private financing for upfront capital investments.
- Predictable budgetary commitments over the life of the contract and more efficient use of budgets.
- More efficient systems and building designs that can minimize life cycle costs.
- Higher quality service standards and ongoing training programs.
- Access to clinical skills that may be scarce or concentrated in the private sector.
- Access to the best industry practices, improved technologies, management expertise, and entrepreneurial talents.
- Regular maintenance and technology upgrades that might otherwise be unavailable.
- Top value for money as a result of the competitive bidding process and optimal risk allocation in the PPP contract.

Benefits of PPPs

PPPs allow governments to leverage the expertise of the private sector to improve the quality, accessibility and efficiency of public healthcare systems without burdening public finances. They also can complement public sector approaches to healthcare delivery.

Under a PPP, a government (or public health insurer) contracts with a private firm (for-profit or not-for-profit) to provide infrastructure and/or services to publicly-funded patients. PPPs can be tailored to meet specific needs, with the private operator's role ranging from facility management and non-clinical services (such as food or laundry), to specialized clinical services (such as laboratories or hemodialysis), to full hospital management including all clinical services.

The key advantages of PPPs are that they combine the different skills and resources of various partners in innovative ways and allow for the sharing of risks and responsibilities. This ensures governments benefit from the experience and expertise of the private sector, and allows them to focus instead on policy, planning and regulation by delegating administrative and day-to-day operations.



Design & construction

Detailed designs, building construction, medical equipment, capital financing.



Non-clinical services

IT equipment & services, maintenance, food, laundry, cleaning, billing.



Management

Management of entire facility or network of hospitals and/or clinics.



Primary care

Primary care, public health, vaccinations, maternal & child care.



Clinical support services

Lab analysis, diagnostic tests, medical equipment maintenance, and other support services.



Specialized clinical services

Dialysis, radiotherapy, day surgery, other specialist services.

Working with IFC

IFC is the only multilateral institution offering direct PPP transaction advisory assistance to governments and advising them on projects that are designed to provide high quality, efficient services for the public. IFC's health PPPs help governments expand health care services in underserved areas and leverage more and better services for the public funds being spent, ultimately improving access to better healthcare services.

In assisting governments, IFC works closely with officials to identify potential transactions that will optimize health benefits at affordable rates. This enables governments to select those projects that best meet their needs. IFC then structures the transaction to maximize public benefits and balance the needs of governments, investors and patients. In addition, IFC is uniquely positioned to mobilize donor financing.

Donor funds can be used to pay a portion of advisory costs or to provide output-based funding to help during implementation. Finally, IFC's projects include strict performance standards and accountability to ensure that governments—and patients—receive the high quality of services they have contracted.

IFC is also the world's largest multilateral investor in the private health care sector in emerging markets. By investing in the healthcare sector, IFC is contributing to improved access to high quality healthcare for people of all income levels, including the poor.



IFC IS A RECOGNIZED LEADER IN HEALTH PUBLIC-PRIVATE PARTNERSHIPS

- Reputation for objectivity, neutrality, and transparency.
- Success in garnering public support and enhancing credibility with quality investors.
- Ability to balance the objectives of the government, the needs of patients, and the bankability of the project while achieving social and development objectives.
- Long track-record of successful public-private partnerships and related transactions.





IFC health PPPs in action

IFC's assistance to the health sector in developing countries continues to grow in all regions. As of September 2010, we were advising client governments in the establishment, financing and management of four new hospitals, as well as the construction/renovation, equipment and operation of six specialized diagnostic and treatment facilities.

In Egypt, IFC is advising on the first health PPPs that will establish two new teaching hospitals and centers of excellence. These PPP hospitals—which involve designing, constructing, financing, equipping, and managing the facilities—will result in the new Smouha 200-bed gynecology/obstetrics hospital with a state-of-the-art blood bank and the new Mowassat 223-bed hospital for neurosurgery and urology.

In Mexico, IFC is advising ISSEMyM (the state employees' health insurer) on PPPs for the construction, financing and facilities management of two new 120-bed hospitals in Tlalnepantla and Toluca. These hospitals will relieve overcrowding and service fast growing urban areas.

IFC is also assisting in Uzbekistan with the nation's first PPP in health. This PPP involves the design, construction, equipping, financing and operation of four diagnostic centers in the capital Tashkent and the regions of Fergana, Navoi and Samarkand. The centers will offer diagnostic imaging, laboratory tests, and specialist outpatient care to an estimated 300,000 people a year, including low-income patients.

Similarly, in Moldova, IFC is implementing two PPPs, one for the construction, equipment and operation of a radiotherapy center for cancer patients; and another one for the renovation, equipment and operation of a diagnostic imaging center in the country's major referral hospital. These services will be free for patients.





IFC's experience

Since 1989, IFC has advised on more than 275 projects involving the private provision of public services in 87 countries. In the health sector, IFC's completed and active public-private partnerships cover a broad range of health facilities and services, including:

- primary care clinics,
- specialized clinical services such as dialysis and cataract treatments,
- new public secondary and tertiary hospitals,
- clinical laboratory and diagnostic services, and
- other support services.

As of March 2010, IFC provided more than \$1 billion in financing to 86 private healthcare projects in 33 developing countries. The projects had a total value of \$3.6 billion. IFC has also mobilized an additional \$86 million from participant banks for its health sector investments. Twenty-seven IFC health projects (31 percent) were in IDA countries. IFC-supported healthcare facilities treat about 5.5 million patients each year and employ about 36,000 people in emerging markets.

This section showcases some of IFC's most recent healthcare projects, demonstrating how public-private collaboration generates significant public benefits that would be difficult to achieve if either partner worked alone. It also illustrates how PPPs can provide innovative solutions to health care challenges around the world.



Ministry of Health and Social Welfare
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Primary care

Lesotho clinics

The poor condition of government health clinics in Maseru, Lesotho's capital city, was affecting the region's entire health system. These community-based clinics, originally built to relieve pressure on the main public hospital, were increasingly bypassed by residents who knew that the aging facilities were poorly staffed and frequently short of medical supplies and functioning equipment. Instead, residents were going directly to the main hospital for basic services, burdening a specialized facility that was already overwhelmed. Often, a patient's condition worsened and treatable conditions became more serious, costly and difficult to address because of delays in obtaining medical care.

The Lesotho Government, advised by IFC, established the region's first full public-private health partnership for the private operation of the public clinics as well as a new \$100 million national referral hospital (see related story on page 20). The concession to design, build, finance, and fully operate the facilities was won by the Tsepong consortium led by Netcare, South Africa's largest private healthcare provider, together with local women-owned businesses, expatriate and local healthcare providers, and other investors. In addition to renovating and equipping the clinics, the consortium is training staff and expanding services to further strengthen public health services.

The new clinics began providing services to public patients in May 2010, with support from the Global Partnership on Output Based Aid (GPOBA).



Specialized services

Romania dialysis

Romania's national health system could not keep up with the growing demand for dialysis services. Not only was there a backlog of patients, but there was also a critical shortage of trained personnel and existing facilities were outdated and inadequate.

In 2003, IFC and the Government of Romania began a pilot program to convert dialysis clinics at eight public hospitals to private management and operation. Under the PPP contract, the private operator assumed full responsibility for renovating and equipping facilities; purchasing, maintaining and operating the equipment; procuring all medical supplies; recruiting, training, and managing staff; and treating public patients according to new dialysis standards.

The tender resulted in the award of the eight centers to four major international companies. An independent evaluation of the project—which served one in four dialysis patients in the country—showed that the privately-managed clinics delivered higher-quality and less expensive care to the public than their publicly-managed counterparts. The PPPs generated €28.6 million in private investment in dialysis treatment and clinics.



Magrabi Cataract Care, Egypt

Cataracts are one of the leading causes of blindness worldwide. In many developing nations in the Middle East, long exposure to ultra-violet light has made cataracts especially prevalent. For many people living in remote rural areas in the region, surgery is often a costly and unattainable treatment option.

Recognizing the urgent need for high quality eye care for people of all income levels, IFC and Saudi Arabia's Magrabi Hospitals formed a unique partnership to provide world-class cataract care and ophthalmology services for the rural poor in Egypt. With the help of a \$45 million IFC financing package, Magrabi sends medical teams to remote villages three times a week to examine and diagnose hundreds of poor patients. The eye camp "caravan" focuses on responding to eye diseases such as cataracts early enough to prevent blindness. Medications are provided free of charge and cases requiring surgery are referred to the Magrabi Eye Hospital in Cairo.

The IFC financing package also supported the construction of three new low-cost eye hospitals and four eye referral centers in the country. The new hospitals offer a half million eye exams and 50,000 surgeries a year, while creating 1,000 new jobs for skilled health care professionals. By expanding access to affordable private eye care, the project serves as a model for improving private ophthalmology services in the region without burdening public health systems.







The gift of sight

Saleh Zaki Khalifa, a 49 year-old blacksmith in Egypt, was diagnosed last year with cataracts in both eyes. As his eyesight grew worse, Saleh was unable to work to provide for his three young children. For the past eight months, his wife has been working to help him support their family making only 70 Egyptian pounds a month (about \$12.50), which is barely enough to pay the rent for their apartment in a small village north of Cairo.

“I can’t work. I can’t even walk by myself,” said Saleh. “My 12-year-old son Mustafa is leading the way for me.” Besides accompanying his father everywhere, Mustafa started working during the summer vacation in order to help support his family.

When he was first diagnosed, Saleh went to a hospital but could not afford to pay for the surgery which cost 2,060 Egyptian pounds. Help came from an IFC-supported hospital (see project on page 16).

Saleh went to Magrabi Hospital after he was examined during one of the hospital’s “Caravan” outreach programs. These programs send 20 medical staff to poor areas in Egypt thrice a week to examine 300-400 people at each site. They focus on healing illnesses that could lead to blindness. After doctors at Magrabi examined Saleh, they confirmed that they could operate on both eyes.

“I was very relieved when I knew they could help me see again, because it means I will be able to support my family after we have been living on the help we get from others,” says Saleh.





Hospitals

Lesotho National Referral Hospital

Lesotho's main public hospital, the Queen Elizabeth II, is hampered by chronic shortages of medical staff and supplies as well as poor maintenance. An IFC baseline study found that services at the hospital were far worse than anticipated—most severely ill patients were not receiving even the most basic care.

With IFC's help, the government is implementing Africa's first full health PPP to build and operate a new 425-bed national referral hospital supported by a network of clinics in the greater Maseru area (see story on page 14). The facilities will be designed, built, financed, and operated (both clinical and non-clinical services) by the Tsepong consortium, led by Netcare of South Africa, together with local women-owned businesses, expatriate and local healthcare providers, and other investors.

The \$100 million state-of-the-art hospital will serve one-third of the population and be used as a major clinical teaching facility. Funds are being provided through commercial financing from the Development Bank of Southern Africa and a government contribution. GPOBA is also providing a \$6.25 million grant to support services at the new hospital as well as outpatient services at the new clinics.

More than 1,000 jobs in healthcare, health services, and construction are being created as a result of the project. Also, to ensure a lasting impact on the local economy, the consortium was required to include specific targets for local participation in the project's equity, management, subcontracting, and community development, with stated increases over the life of the concession. Performance is checked quarterly by an independent monitor, and predetermined penalties will be imposed if standards are not met.

Apollo Hospitals, India

Nearly 700 million people living in rural India lack access to quality healthcare because 80 percent of hospitals are located in large urban centers. With a \$50 million IFC financing package, Apollo Hospitals Enterprise Ltd., India's largest healthcare provider, is expanding its hospital network to provide specialized health services in smaller cities and semi-rural areas.

The company is setting up 15 tertiary-level healthcare facilities to provide oncology, radiology, neurosurgery, and other state-of-the-art medical services in underserved areas. Apollo Reach, the new low-cost hospital chain, will treat both low and high income patients; the higher fees paid by wealthier patients will make the hospitals profitable.

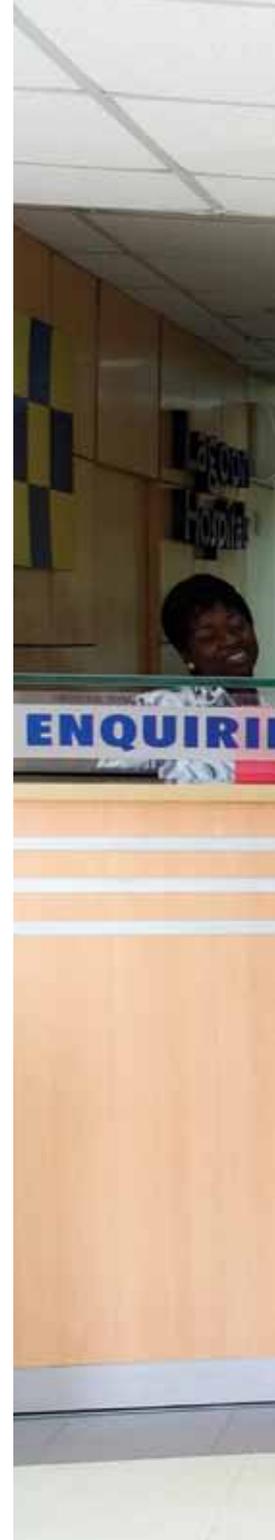
Apollo Reach showcases a viable business model for providing quality health care to all who need it. With services that cost up to 30 percent less than in larger urban hospitals, Apollo Reach brings highly trained doctors and nurses to underserved local communities. The network also provides employment opportunities for medical staff, technicians and other professionals.

Hygeia Nigeria Ltd., Nigeria

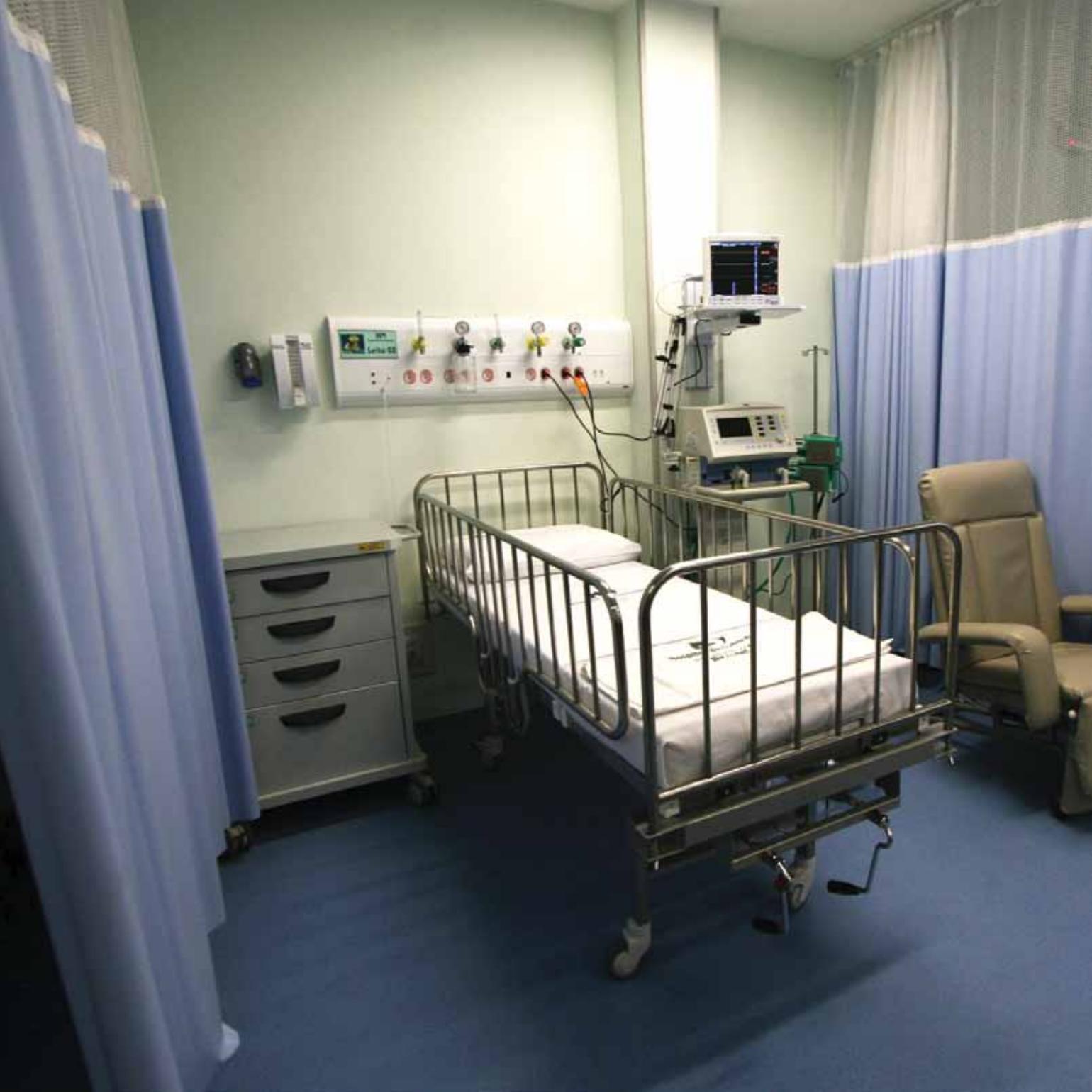
Hygeia Nigeria Ltd., a leading West African provider of integrated healthcare, has entered into a strategic financial partnership with IFC, Satya Capital, the Investment Fund for Health in Africa, and the Netherlands Development Finance Company (FMO) to raise the quality and access to private medical services.

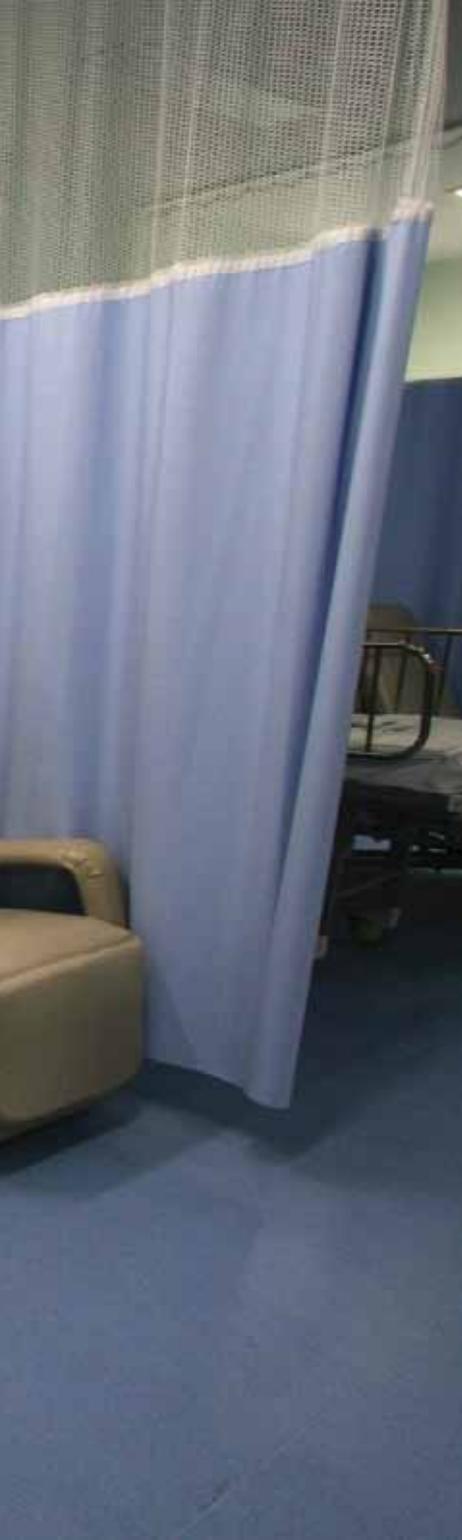
The partnership, a first of its kind in Nigeria, has resulted in a \$26 million fund to help the company increase the capacity and level of specialized medical services at three existing hospitals. The project will also help expand the information technology infrastructure of its health maintenance organization (HMO).

The need for high-quality medical services is acute in Nigeria where 74 percent of health expenditure is private, mainly in the form of out-of-pocket payments—a system that impoverishes individuals with no health insurance. IFC's support to Hygeia will widen access to healthcare and demonstrate best practice for administration and patient care.









Hospital do Subúrbio, Brazil

For more than a decade, the Bahia State Government has been at the forefront of innovative approaches to healthcare. In the 1990s, the State of Bahia (as well as São Paulo) contracted with several not-for-profit companies to manage new hospitals built and equipped by the State Government, under contracts not exceeding five years. While this model delivered good results, the legal restrictions on longer-term contracting precluded any private sector investment for new public facilities or equipment.

The establishment in 2004 of a PPP legal framework at the federal level (followed by the state level) allowed for longer-term PPP contracts. As a result, the Bahia State Government launched Brazil's first health PPP—a new emergency hospital, the Hospital do Subúrbio.

Under the PPP, the private operator will be responsible for equipping and managing the 298-bed hospital, which also includes a surgical center, clinic, medical laboratories, physical therapy unit, and pharmacy. In addition to traditional emergency care, the hospital will provide specialized treatment for trauma, orthopedic emergencies and other complex injuries.

The tender resulted in the PPP contract being awarded to the Promedica Dalkia consortium, which is expected to invest \$32 million for hospital equipment.

Brazil's largest health investment in 20 years, the Hospital do Subúrbio is a pioneering initiative that creates a new business model for providing high quality healthcare services to Brazil's poorest citizens. IFC advised the government on the transaction, in partnership with BNDES, the Brazilian Development Bank, and IDB, the Inter-American Development Bank.

PHILIPS

Artiva 1.5T





Clinical support

Romania radiology & laboratory services

In 2002, Romania's new Minister of Health requested IFC's assistance to reshape the country's healthcare system in order to encourage greater private sector participation. IFC prepared a three-part strategy, which included implementing PPPs across a broad range of healthcare services and facilities, adopting policy and institutional reforms to rationalize excess hospital capacity and improve performance, and establishing legal and regulatory measures to facilitate private health insurance.

The first health PPP transactions implemented under this strategy involved radiology services and in-house laboratory testing at Colentina Hospital, a major public hospital in Bucharest. The hospital specializes in neurology and neurosurgery and treats 40,000 patients and conducts 600,000 laboratory tests every year. Imaging/radiology equipment was inadequate and outdated, while in-house laboratories lacked sufficient supplies and modern equipment.

Under the PPP, a full range of radiology and imaging equipment was installed which resulted in improved services at a lower cost to the hospital. The PPP transaction was also unique as the private operator was allowed to provide imaging services to both private and public patients. Public patients (funded by the public hospital) enter via the hospital and are guaranteed priority treatment. Private patients enter the radiology center through an external entrance. The system has resulted in greater patient access to services at lower cost to the Ministry of Health.

Under the second PPP, significant funds were invested to upgrade and re-equip the laboratory, as well as for staff training, increasing the accuracy and efficiency of the hospital's laboratory and clinical services.

Andhra Pradesh diagnostic services

India's Andhra Pradesh state (with a population in excess of 75 million) has a large and diverse network of private health care providers. However, the tremendous potential of the private sector to serve the health needs of poor communities has not been tapped.

The Government's Department of Health and Family Welfare retained IFC to engage private sector partners in improving diagnostic services at four state medical college hospitals. In addition, IFC will develop a comprehensive policy framework for future public-private partnerships in health.

The pilot program will:

- Improve the diagnostic capabilities and specialist training at medical college hospitals in the towns of Kakinanda, Kurnool, Vishakhapatnam, and Warangal.
- Demonstrate how public-private partnerships help contain costs, provide innovative medical solutions, develop robust referral networks, and integrate with the evolving social health insurance framework.
- Establish good practices in developing public-private partnerships that are attractive to private partners and can be replicated in other state medical facilities.

The comprehensive policy framework will identify priority service areas, develop a strategy to guide private investments in health service delivery, and establish guidelines for PPP initiatives.









Conclusion

This publication highlights IFC's pioneering role in public-private partnerships in healthcare. Increasingly, private-sector participation is becoming a vital component in the provision of health services; PPPs can help governments find funding and expertise to improve and extend the quality and range of healthcare services to their populations.

PPPs in healthcare are a relatively new development and one in which IFC is playing a leading and innovative role. The examples provided showcase the range of services in IFC's successful healthcare PPPs—from construction and management to the most basic or specialized of services. However, healthcare PPP arrangements can go beyond those described. Some new areas for health PPPs include pharmaceutical and supply chain management, medical waste disposal and transport (ambulances, fleet management and distribution).

In all these areas, whether established or greenfield, IFC will continue to meet the needs of client governments and improve the social impact of health initiatives through transactions that provide greater benefits to those populations most in need.

Credits

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PHOTOGRAPHY

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OUR VISION IS

That people should have the opportunity to escape poverty and improve their lives.

OUR CORE CORPORATE VALUES ARE

- Excellence
- Commitment
- Integrity
- Teamwork

OUR PURPOSE IS

To create opportunity for people to escape poverty and improve their lives by:

- Promoting open and competitive markets in developing countries
- Supporting companies and other private sector partners where there is a gap
- Helping to generate productive jobs and deliver essential services to the underserved
- Catalyzing and mobilizing other sources of finance for private enterprise development

In order to achieve its purpose, IFC offers development impact solutions through: firm-level interventions (direct investments, advisory services and the Asset Management Company); standard-setting; and business enabling environment work.

This publication is printed using New Leaf Reincarnation matte, and Ecoprint inks and process. Printing 2500 copies in this way saved: 2693 pounds of virgin wood, 1335 pounds of greenhouse gases, 422 pounds of solid waste, 3961 gallons of liquid waste, 3 pounds of harmful chemicals, 1 cubic yard of landfill space, and 606 kWh of electricity.

