

# *PPP Forum in the Health Sector* **Fostering Universal Health Care through PPPs**

*Synthesis and Call for Action*

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# Highlights - Opening and Keynote Speeches

- ✓ **ADB's strong and committed support** to the initiative of the government (DOH, PPC, LGUs) in **pursuing PPPs in universal health care**
- ✓ The **Universal Health Care Act (RA 11223)** is a **policy milestone in establishing the policy and institutional framework** but a lot remains to be done – the **IRR, the PPP-readiness of key health agencies**
- ✓ **DOH Sec. Duque:** Private sector role is critical, integration as a major challenge; Some initiatives are underway (*i.e. PPP Unit*) as well as real prospects (*i.e. 5 projects and 11 expressions of interest*); DOH needs help from technical experts and development partners; **We should mainstream PPP into the health sector** and forge more “trust” in these public-private partnerships, collaborations, complementation mechanisms.
- ✓ **Sen. Ejercito/Dr. Gepte:** Public health as advocacy; UHC to be complemented by other ongoing policy initiatives (priority bills); Local health services as priority; Health literacy as a continuing effort.



# Session 1 – Success Indicators and Challenges

- ✓ **UP Manila (Dr. Lam):** Main challenges – **integration at the local level, incentivizing private sector linkages, rationalizing multiple payers;** Assessment Tool and key indicators – *population, service delivery, coordination, governance, IT systems, performance results, funding, etc.*
- ✓ **DOH (Dir. Vera)** – Challenges: **low absorptive capacity; procurement issues (TOR/SOW crafting, procurement planning; budget cycle).** Ongoing initiatives to formalize IRR, capacity building, etc.
- ✓ **Bataan (Dr. Buccahan)** – **Ongoing build up of the provincial SDN** and its TWG; **patient registry (data, health profiles, access);** inventory of resources (staff, equipment, capacity); RHU coordination, etc.
- ✓ **SLMC (CEO Dela Peña)** – The UHC as a concern (payment flow) and an opportunity (*to facilitate expansion, filling in the gaps of public sector*); **digital transformation** (data, operational systems); **the process challenge** (dialogue, consultation, collaboration, etc)



## Session 2 – Role of PPP in UHC; Case Studies

- ✓ **ADB (Mr. Rao)** – The SDG context (public health, partnerships); how PPPs can help (*health spending, service delivery*); size and scale considerations; PPP benefits (*whole of life approach, accountability, VFM, capacity, latest technology*); types (*non-medical, medical, asset/infrastructure*); Manises PPP (public funding/ownership/control and private management)
- ✓ **GE (Kenya Case)** – Challenges: *complexity of health infra, costs/funding, shortage of human resources*; the MES as customized long term solution and a multi-life cycle transformation. Lessons: *solid project management and execution, local commitment, transferable/replicable, shift of mindsets*.
- ✓ **Asia Care Group (Valencia Case)** – Drivers (*rising demand, increasing costs, tightening budget, high population density*) similar to Phil situation. The Alzira Model as prototype. The Manises Integrated Health System (5 Valencia Models). Lessons: *stakeholder alignment, transparency, political will, capacity, regulation and governance*



## Session 3 – Enabling PPPs for Universal Health Care

**Rep Garcia:** Universal Health Care Bill/Act *focus on health seeking behavior of Filipinos, gaps in primary health facilities, holistic approach with private sector contribution from primary to level 3, better health promotion program*; the enhanced BOT Law IRR (and the proposed PPP Act) will reinforce the UHC; LGU Local PPP Codes will enable local health PPPs; PPPC to help/support pursuit of health PPPs

**DOH (Mr. Liwag):** DOH's PPP framework more in the context of the BOT Law; the need to clarify further the PPP options (and legal framework) for the health sector

**ADB (Mr. Servais):** Consider other not-for-profit private sector participation in health; start small in specific services where private sector can best provide support/value

**CRMC (Mr. Massoud):** focus on primary health care + prevention, outcomes and the entire continuum of care; measuring performance through systems, data capture.

**Paranas, Samar LGU (Mayor Babalcon):** good law but several challenges for provinces like Samar; LGUs are excited but there are local realities (distance, location, capacities, etc); IRR will clarify and provide more guidance on the mechanisms, options, etc.

**CLDH (CEO Cid):** misconception about profits of private hospitals; economies-of-scale prospects; understanding of the actual costs in healthcare provision



# Call for Action (Critical Next Steps)



## Establish (Clarify) Policy Framework

Finalize and Issue the Implementing Rules and Regulations (IRR)

- Reconcile with existing health sector policies and issuances relevant to private sector participation in the health sector (*i.e. BOT Law and IRR, JV Guidelines, The LGC and IRR, DILG-MC on LGU-PPPs, etc.*)
- Clearly delineate local PPPs (i.e. PPP authorities and options of the local governments) with national health sector contracting entities (DOH, GOCCs)
- Possible supplemental issuances (Department Order)
- *Anti health privatization/PPP bill (?)*



# Call for Action (Critical Next Steps)



## Institutional Readiness Preparation

- Build up DOH-PPP Unit's capacity as the lead PPP Resource Center of the health sector in coordination with the PPP Center
- PPP Center to support public health institutions (and LGUs) in pursuing health PPP options through technical assistance and capacity building
- *Inventory of numerous PPP and related capacity building provisions, case studies and other resources*



## Identify and Prioritize Health Sector Projects for PPP

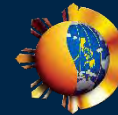
- DOH-PPP Unit and PPP Center to firm up existing health sector projects both solicited and unsolicited
- Establish a health sector pipeline in coordination with PPP Center



## Facilitate Project Preparation and Structuring Support

- Formalize possible PDMF support to selected projects
- Facilitate access to other resources available





# THANK YOU!

For further information, please visit:

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