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UNECE PPP STANDARD FOR HEALTHCARE POLICY

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Contents

I Introduction

The Sustainable Development Goals ("SDG"s) were formally adopted in September 2015 as a global mandate to end poverty, fight inequality and injustice, and tackle climate change.

The SDGs identify a range of measures to transform the health and wellbeing of the world's population, along with an emphasis on the need for sustainable development [9.1, 12.1-12.6, 17.14, 17.15] and clear mechanisms for implementation.

SDG3 – "ensure healthy lives and promote wellbeing for all at all ages" is particularly relevant to the healthcare sector, but success in meeting others such as SDG4 (quality education), SDG5 (gender equality), SDG8 (decent work and economic growth), SDG9 (industry, innovation and infrastructure), SDG10 (reduced inequalities), SDG11 (sustainable cities and communities), SDG12 (responsible consumption and production), SDG13 (climate action), and SDG15 (life on land) all directly relate to the quality of healthcare systems, the way healthcare is delivered and how it is accessed by the world's citizens. To realise these goals, significant investment in the improvement of healthcare systems is needed.

To realise this, the 2030 Agenda recognises that successful delivery of the SDGs will depend on global partnerships and cooperation between public, private and civil society. The UNECE supports the use of global partnerships for sustainable development and has produced this Standard to provide guidance to governments considering the use of Public-Private Partnership ("PPP") programmes to deliver investment in healthcare systems and infrastructure as a way of meeting SDG3 and contribute towards satisfying the other SDGs. Within this Standard, cross references to the SDGs are shown in square brackets.

II Objectives of the Standard

If managed well, PPP projects can help governments tackle development needs by bringing sustainable investment, replicable processes and expertise to complex systems. PPP programmes can support the successful implementation of healthcare policy [3.1-3.9, 3a-3d, 5.6], to improve universal access to basic healthcare services [1b, 11.1], give patients the best care in an appropriate setting, and making healthcare staff feel valued and fulfilled. The production of this Standard is intended as a step towards universal implementation of the SDGs. The Standard is resource to assist governments in the successful utilisation of PPP as a means of increasing their access to investment for the delivery of needed facilities.

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 [1b] and provide universal access to healthcare for their population. Since the success of PPP programmes depends on the appropriate allocation of risks to the party best able to manage them, it is key that governments assess and build market capacity as necessary [12a, 17.1, 17.19].

It is also essential that any PPP programme has popular support and governments considering PPP programmes should first consult broadly with consumers, civil society and healthcare staff to ensure the programme will meet their needs in the best possible way [17.17].

III Scope of the Standard

This UNECE 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 or long term public sector commitments are made to private sector partners in relation to public healthcare programmes. 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, and programmes of public health

promotion, research, advocacy, regulation and training [4.3, 4.4]. The Standard does not apply to partnerships to deliver healthcare services (without the need for capital investment); real estate transactions; or leasing arrangements.

For the purpose of this Standard, the term PPP programme is defined as a framework or series of projects under which a public authority grants long term contracts (with a duration exceeding 10 years) to a private sector partner for the design, financing, construction or refurbishment and operation of healthcare service programmes or facilities. The term 'public authority' may include a government department, a statutory provider of health services, a regulator or a health insurer. The operation of those programmes or facilities may include the provision of services (which may include clinical services, the supply and operation of medical equipment, management and maintenance of the facilities and the provision of non-clinical services such as cleaning and catering). Under the terms of these contracts, the private sector partner will raise private capital to pay for the new facilities, which will be repaid by a lease or rental fee or a service concession from the public authority provided that the facilities and services meet a specified outcome standard.

The recommendations of the Standard are based on a UNECE project which took place between June 2014 and June 2015, managed by an international, multidisciplinary team of experts with experience of PPP programmes and sustainable development. The project comprised a review of published information, and responses to detailed questionnaires from public and private sector organisations with experience of programmes of this kind, whose contribution is gratefully acknowledged. Recommendations are aimed at national and provincial governments considering the delivery of PPP programmes in the healthcare sector.

We are very grateful for the active contribution of agencies in the countries listed in Annex 1 who contributed to the development of the Standard by responding to detailed questions on their own experience.

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 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 Healthcare PPP Centre of Excellence.

IV Sector Models

A Project Types and Examples of Healthcare PPPs

PPP projects in the healthcare sector may include the following:

- Development and operation of new buildings including hospitals, diagnostic centres, and local clinics;
- Supply and operation of information technology and medical equipment;
- The development and management of health insurance systems, and the commissioning and health service provision associated with them;
- Partnerships to develop new services, and to distribute drugs and medical equipment and devices; and
- The creation of research and training infrastructure that supports the delivery of healthcare, including the development and governance of institutions that will carry it out.

B Pros and cons of PPPs in the Healthcare Sector

Healthcare services are amongst the most complex and socially sensitive services that governments provide to their citizens.

The advantages of a PPP Programme in the healthcare sector is that investment in healthcare infrastructure and services can be delivered quickly and to specified standards, without resulting in high levels of government capital expenditure. Services are delivered to objective standards, or private providers suffer financial and operational penalties that can lead to contract termination.

The disadvantages of a PPP Programme in the healthcare sector generally result from inappropriately specified or executed contracts. They can include a lack of flexibility; inappropriate transfer of risk, leading to high costs or poor value for money; and a lack of transparency.

Successful PPP programmes in the healthcare sector have the following characteristics:

- They are well governed;
- They represent the best value for money of the realistic options available for improving population health;
- They exhibit a high degree of transparency and public accountability;
- They learn lessons effectively from project to project;
- They engage effectively with the population they serve; and
- They adapt well to changing technology, healthcare delivery plans and casemix,

Conversely, unsuccessful PPP programmes in the healthcare sector are characterised by poor governance and value for money, a lack of transparency and a rigid, inflexible approach.

PPP programmes tend to feature complex commercial and legal arrangements, so governments should be careful when developing the scope and delivery arrangements to avoid conflicts. The recommendations on the following pages provide guidance in the establishment of a healthcare PPP programme, which can be supported by advice from the specialist Centre of Excellence. References in the text are to the letter and number that appear in square brackets at the end of each recommendation.

III Healthcare PPP Policy Standards

A Integrated Approach to Healthcare Policy and PPPs

Ensure PPP policy and legislation is robust and consistent with other policies [A1]

Governments should have a formal policy for the provision of healthcare services to their population ("Healthcare Policy"), and a sustainable [9.1, 12.1-12.6, 17.14] long term strategy for delivering it ("Healthcare Strategy") [3.1-3.9, 3a-3d, 5.6, 17.15]. They should also prepare a development programme for the infrastructure that will support them ("Healthcare Infrastructure Development Programme"), within which a PPP programme may play a part. Both the Healthcare Strategy and the Healthcare Infrastructure Development Programme should be based on objective evidence of the supply and demand for healthcare services within the government's jurisdiction and set out the reasoning behind the quantity, quality, size, geographical and social distribution of healthcare facilities to be provided. The Healthcare Policy, Healthcare Strategy and Healthcare Infrastructure Development Programme should be consistent with World Health Organisation guidelines and government strategy and commitments to initiatives such as the SDGs [1b]. Particular attention should be given to ensuring equity of access to basic healthcare services for the whole population [11.1], actively ensuring that the health system is accessible to disadvantaged and vulnerable groups [1.3].

The policy and legislative framework for a PPP programme in the healthcare sector should be consistent with governments' Healthcare Policy [3.1-3.9, 3a-3d, 5.6] and economic and fiscal policy [1b, 8.1, 8.2, 9.2, 10.1-10.4]. A formal PPP policy assessment should be completed at the PPP programme's outset to identify potential conflicts between PPP policy and legislation and any established policies, regulations and legal frameworks including legislation and common law. An action plan should be developed identifying any enabling legislation (such as a PPP-specific law allowing governments to grant the appropriate concessions and assume debt in the event of termination) [16.3].

As part of this policy assessment, the tax and accounting treatment of healthcare PPP projects should be determined, because healthcare policy often requires availability-based payments unlike other sectors, where demand-based payment regimes are common. The government's taxation policy and guidance should be aligned with its PPP policy, but tax and accounting treatment should not drive the decision to implement a PPP programme.

A key consideration of the policy assessment should be the extent to which the PPP programme should include clinical services. If it will, the assessment should identify the specific objectives in doing so, the evidence that the PPP programme will achieve them and the most appropriate public counterparty to ensure the programme's viability. If the risk of clinical service activity volumes is expected to transfer to the private sector, the government should identify how payment (by public or private health insurers, or the service users) will be guaranteed.

The government should enact any legislation necessary to enable the PPP programme, which often includes PPP-specific laws and specific alignment with legislation covering the delivery of clinical services. Legislation should comply with the UNCITRAL Legislative Guide on Privately Financed Infrastructure Projects, and Model Legislative Provisions on Privately Financed Infrastructure Projects and should be permissive rather than restrictive [17.3, 17.5].

While the PPP policy assessment should provide a clear framework for the development of the policy it should not impose too much legislative rigidity early in the programme's life, in order that lessons from early projects can be adopted.

B The Delivery Plan – Project Selection and Prioritisation

Prepare an evidence-based delivery plan [A2]

In preparing for the healthcare PPP programme, governments should draw upon experience from other jurisdictions and the UNDP's Public-Private Partnerships for Service Delivery programme to develop a robust and evidence-based Healthcare PPP Delivery Plan. This is because healthcare PPP projects include a high degree of technical complexity and stakeholder engagement that is unusual for other sectors. The plan should set out the process to be followed in subsequent stages of the programme's life:

- Prior to the procurement of healthcare PPP projects, in developing a policy and legislative framework [1b, 12.7]; preparing standard documentation and guidance; carrying out a programme-wide feasibility assessment and value for money analysis; developing an approval process for Project Business Cases; consulting with potential lenders [10b] and other stakeholders; assessing market demand; and ensuring the right resources and training are available [4.3].
- During procurement, to ensure projects remain affordable, value for money, and consistent with the overall programme, policy and development strategy [1b, 17.4]; and to ensure the procurement process is fair and transparent [1.4, 12.7, 16.5-16.8].
- During construction, to ensure projects are delivered on time, to the specified standards and within budget and continue to meet their brief.
- Before and during commissioning of healthcare infrastructure, services and equipment to ensure that the staffing plan for the new healthcare facilities is achieved, and that healthcare and operational staff understand how to work efficiently in the new buildings to realise the project's objectives [5.4]; that the transition to the operational phase runs efficiently; that any cultural changes that are necessary are implemented; and that changes elsewhere within the same health economy are delivered in line with the Project Business Case.
- During the operational phase, to ensure that governance controls are in place, and that projects are managed transparently and efficiently, and continue to deliver optimal value for money; and that major maintenance work and any changes are managed efficiently and represent the best value for money.

The Healthcare PPP Delivery Plan should be considered a 'live' document, and be subject to strategic review at routine intervals aligned with the periodic review of Healthcare Strategy.

B1 Project Prioritisation

Carry out transparent business case assessments for each project [16.5-16.8] [B1]

Within the Healthcare PPP Delivery Plan, the government should develop an overall financial and economic model for the PPP programme that clearly sets out what it will cost and the objective criteria for the financial, social, environmental and economic benefits it will yield [8.1, 8.2, 9.2, 10.1-10.4]. Each project should be costed in outline terms prior to its commencement, and should only proceed to procurement if it is viable and affordable within the context of the Healthcare Infrastructure Development Programme and represents the best value for money of the realistically deliverable options [12.7, 17.4].

Project Business Cases should take a standard form and be subject to approval at key stages in their procurement and delivery against objective criteria as described under C2.

Develop a clear planning context for the PPP programme [11.3, 11a-11c] [C1]

Before starting a PPP programme, governments should develop a Healthcare Strategy and Healthcare Infrastructure Development Programme as described in A1. As a minimum these should include a health needs assessment to fully assess current and future supply and demand for healthcare services in the project or programme demographic area. They should assess and consider national and local health trends and demands, population risk factors, disease prevalence and demography-related medical care as well as the size and condition of the existing healthcare infrastructure.

The role of PPP within the Healthcare Infrastructure Development Programme should be defined in the Healthcare PPP Delivery Plan as described in A2, with a clear timescale for implementation. Having done so, the Healthcare Infrastructure Development Programme should be published alongside those aspects of the programme to be delivered using PPP or the process by which the suitability of PPP as a delivery vehicle will be assessed, including specified approval points for Project Business Cases at a strategic/initial, interim and final stage before construction begins [16.10].

Establish clear and objective approval processes [C2]

The Healthcare PPP Delivery Plan should include a process for stakeholder engagement and formal government approval of each PPP project at key stages in its development, to ensure that it:

- Is consistent with the Healthcare Infrastructure Development Programme and Healthcare PPP Delivery Plan;
- Is consistent with economic and fiscal policy [8.1, 8.2, 9.2, 10.1-10.4];
- Is affordable within budget [17.4];
- Has the support of stakeholders including patients and healthcare professionals;
- Represents the best value for money of the realistic options available; and
- Has a coherent and realistic delivery plan, built on market evidence.

These approvals should be granted as a minimum at the following stages:

- Following the identification of a proposed strategic solution, but before the development of a Project Business Case;
- Before procurement begins; and
- Before signing contracts with the preferred partner.

Establish a robust format for business cases [C3]

Projects within the PPP programme should each have a robust Project Business Case setting out the project's description, rationale, objectives and measures of success. Project Business Cases should follow a standard format, which is updated at each approval stage described above.

The format of Project Business Cases should consider of the economic, social, environmental, commercial and legal context and acceptability of the projects and compare the relative benefits and value for money represented by delivering them under the PPP programme against alternative options on a like-for-like basis.

In developing the format for Project Business Cases to be adopted, governments should draw on experience from other jurisdictions as described under A2. Project Business Cases should clearly set out the objectives, measurable benefits or outcomes and key success factors for each project, the role of each of the institutions that will participate, and the allocation of risks between them.

Project Business Cases should be subject to independent audit or review of the assumptions underlying them at key points in their development. Upon completion and commissioning of the projects, the actual benefits or outcomes and key success factors should be assessed against those in the Project Business Case approved prior to Financial Close, and this information should published to provide lessons for future projects and improve market confidence in the PPP programme [16.10].

Each Project Business Case should include a detailed transition plan setting out arrangements for the transfer of services to the new facilities and/or service arrangements.

Project Business Cases themselves should be published except where information they contain would be prejudicial to the competitiveness of tenders [16.10].

Use clear and objective output-based specifications [C4]

By the time projects are approved to begin procurement, each Project Business Case should feature output-based specifications (identifying what the government actually wants from delivery of the project services, rather than how they are to be performed) that set the performance standards for the project. These should be directly related to the government's Healthcare Infrastructure Development Programme and Healthcare Strategy, and any national standards for healthcare facilities. They

should be capable of objective measurement, with clear and realistic contractual sanctions on the private sector partner if they are not achieved.

Standard output specifications should be developed, initially based on lessons from other jurisdictions as described under A2 but then developed based on experience from pilot projects. Output specifications should be clearly defined and measurable, and only relate to issues that genuinely affect the ability of the authority to deliver public services in accordance with the Healthcare Strategy.

B2 Project Feasibility and Viability

Ensure the programme will enable competitive project financing [B2]

In planning the PPP programme and as part of the consultation described under A3, governments should carry out a formal assessment of potential sources of finance including local and international commercial debt, international financial institutions (including Development Finance Institutions and Export Credit Agencies), government debt and the local and international capital markets [17.3, 17.5]. Due diligence should be carried out to assess what obstacles exist to the use of multiple potential sources of funding for each project, and how they will be overcome. Specific issues to be considered include the capacity and sophistication of local contractors, the capacity and quality of the insurance market, and the robustness of the contract structure and legal framework underpinning it. Where fiscal, economic, taxation and other policies could constrain the availability of competitive finance, consideration should be given to aligning them with PPP policy or procuring the programme in a different way [8.1, 8.2, 9.2, 10.1-10.4, 17.13].

Each PPP project should be fiscally independent, and other than the arrangements agreed when contracts are signed they should only be subsidised where there is demonstrable value for money in doing so.

Develop a standardised 'shadow' cost model against which to compare value [B3]

Government should develop a robust and locally relevant system of capital and operating cost benchmarks. This system should be used to establish transparent evidence that each PPP project represents the best possible value for money as compared to alternative ways of achieving its objectives – particularly the direct delivery of the same projects by the public sector [16.5-16.8]. If insufficient information is available, a system for making that comparison should be agreed as part of the Healthcare PPP Delivery Plan described in A2. The system should allow direct, like-for-like comparison of all whole project life costs including insurance, maintenance regimes, and historic evidence of public sector management of the delivery and maintenance of capital projects of a similar size. Where there is insufficient evidence to make a direct comparison, data should be gathered from equivalent economies or sectors and transparent allowances made to ensure the system is appropriate to the size and scope of the healthcare PPP programme.

The system should be developed in consultation with local and international contractors and service providers, supported by suitably qualified advisors, as part of engagement with potential tenderers described more fully in Section E. Where tenderers depart significantly from benchmarked pricing, project teams should ensure they understand whether any project-specific reasons have driven pricing to ensure the project scope is likely to deliver the best value for money.

The cost system should reflect the requirements of national standards and policies for government and private healthcare facilities and any regulations, legislation or guidance on their use. It should be regularly indexed against published indices and to reflect pricing on similar recent projects.

Offer robust payment security that guarantees debt repayment [B4]

PPP projects represent a long term public sector commitment. The government should maximise value for money by offering bidders and investors formal instruments that provide long term guarantees that payments will be made, and that a consistent approach will be taken to concession management – while still transferring the risk of delivery and operation of projects to specified outcome standards to the private sector.

The PPP programme should be structured in such a way as to allow senior debt and other long term commitments such as interest rate swaps to be assumed by government in the event of a project failure leading to termination (less any costs that can be recovered from other parties), and to compensate the private sector investors and service providers if projects are terminated through no fault of their own. The terms under which senior debt is assumed should be a matter of policy following a risk assessment once the consultation described in A3 is completed, but should incentivise senior lenders to step in if junior (subordinated debt and equity) investors default.

Payments may achieve this through sovereign guarantees, insurance, reserves, co-payment commitments or other means but governments should obtain formal feedback on the proposed payment security arrangements from a range of potential lenders as described under A3 [10b, 17.3, 17.5].

Establish robust long term governance structures and processes [B5]

As part of the development of the Healthcare PPP Delivery Plan, government should ensure that long term budget provision is made for the governance and management of the programme throughout its term, as part of its long term financial planning for the national and local healthcare economy [16.8]. Payments under PPP project agreements should be clearly hypothecated and independent of political influence and the agreements themselves should feature mechanisms for dispute resolution which are politically independent.

Develop an economic framework for fiscal commitments [B6]

A framework should be established to manage government commitments arising from the PPP programme, including fiscal commitments such as ongoing subsidies or payments, and contingent liabilities such as guarantees [8.1, 8.2, 9.2, 10.1-10.4, 17.4]. The framework should be dynamic and include review mechanisms which allow the government to evaluate government support agreements and exposure to liabilities under the PPP programme in the context of the rest of their economy.

B3 Project Reference Solution(s)

Consider the use of a 'Reference Solution' [C5]

The Healthcare PPP Delivery Plan and process for the development of Project Business Cases should include consideration of the advantages and disadvantages of developing a Reference Solution as part of the development of the Project Business Case. Reference Solutions are design and implementation solutions developed by the public sector before procurement begins, and can be helpful in articulating the scope and specification of projects, and better understanding likely costs and risks. Any Reference Solution should clearly identify how it meets the PPP programme's objectives, particularly service quality and performance improvements if clinical services are included in the programme. They should be shared with tenderers, except where information they contain is likely to compromise the competitiveness of tenders or restrict their ability to present alternative solutions that achieve the specified outcomes.

Reference Solutions should include a protocol to determine the point to which work on a Reference Solution is completed ahead of procurement, which offers the best balance between the need to clarify the project's needs and expectations, and the ability of tenderers to offer alternative solutions which meet the project's requirements. If project teams elect to develop a Reference Solution, they should appoint suitably qualified specialists, designers and advisors to develop a Reference Solution before the procurement phase commences.

Incorporate robust business case risk allocation and value for money assessment [C6]

Project Business Cases should include a value for money analysis that compares the PPP model against the cost of delivering and operating the facility using alternative means. These should include an objective comparison with the likely cost and risk (including costs) of delivery using public sector resources, which is externally audited or reviewed. The process for doing so should draw on experience from other jurisdictions as described under A2 and should be supported by suitably experienced advisors under the oversight of the PPP Unit.

PPP contracts should specifically feature a simple and efficient process for making changes during the life of the concession. Standardised documents should include a change process which makes

the adaptation of PPP hospitals no more expensive in whole-life terms than equivalent traditionally procured infrastructure which is managed to the same standards. Project Business Cases should specifically consider the cost and operational implications of adapting services and facilities to changing healthcare needs.

B4 Market Consulation, Assessment and Engagement

Obtain formal support for the structure and policy from potential lenders [A3]

Having developed the Healthcare PPP Delivery Plan but before the proposed policy, legislation and governance is implemented, governments should seek formal feedback on their proposals from a representative range of potential funders with experience in the successful project financing of completed projects with similar characteristics to the proposed programme [10b, 17.3, 17.5]. Where investment is likely to be needed from international financial institutions, commercial lenders and institutional debt from other jurisdictions, they should be consulted on the proposed policy, legislation, standard documentation and guidance, structure and counterparties, governance and risk transfer [17.9].

The programme should be tailored in response to feedback from those potential funders, and actions taken in response should be published to provide potential bidders with reassurance that there is institutional support for the programme before the procurement of pilot projects begins [16.10]. Market engagement with the broader private sector should continue throughout the programme as described in section E, but specific engagement with potential lenders as PPP policy is formulated will ensure the programme can be funded [10b, 17.3, 17.5].

Realistically match capacity [E1]

In developing the PPP programme, the PPP Unit should formally consult with private sector contractors, service providers, investors and advisors, to:

- Assess market capacity to deliver the programme, and develop a programme of capacity building if necessary; and
- Ensure that there is capacity and capability to accurately assess and accept the risks it is proposed will transfer to the private sector [12a, 17.1].

This engagement should take place during the development of the Healthcare PPP Delivery Plan in relation to its content; and in relation to specific projects, private sector feedback should be obtained before procurement begins; once a preferred tenderer has been selected; and after contracts have been signed.

The scope of the programme and each project should only be finalised once a formal consultation has taken place, and the government should publish clear advice on the measures that have been taken to change the content, structure and risk allocation of the PPP programme in response to the consultation [16.10].

Consultees should include the following:

- Contractors;
- Facilities Management, clinical and equipment service providers;
- Designers;
- Sponsors / equity investors;
- Legal, financial, technical and insurance advisors;
- Senior lenders and, where appropriate, international financial institutions [10b, 17.9];
- Insurance and reinsurance companies;
- Stakeholders as described under D3; and
- Civil Society Organisations and patient/community groups [17.17].

Where gaps in capacity are identified, a formal capacity building programme should be established with clear aims and specific objectives in relation to the scale and/or scope of improvements needed to deliver the necessary capacity to implement the programme successfully. The PPP programme

should not be implemented until there is objective evidence that the capacity is available to deliver it [12a, 17.1, 17.19].

Draw on proven experience [E2]

In developing the Healthcare PPP Delivery Plan, governments should carry out a systematic analysis of best practice as it applies to their own needs, and ensure that the scope of the programme and the transfer of risks is consistent with realistic market capacity and the affordability of the programme to government [17.4]. The advisors they use in doing so should draw on demonstrable experience of successful delivery in proven markets.

Develop a predictable pipeline of projects [E3]

There should be a transparent process by which the scope of the PPP programme and specific projects are developed [16.5-16.8]. To allow both the public and private sector to establish competent and experienced teams, governments should publish realistic 5-year 'look-ahead' schedules identifying the projects they anticipate procuring over that term [16.10].

Implement pilot projects and apply learning from them [E4]

Before full-scale implementation of the PPP programme, a representative sample of pilot projects should be procured to test the proposed approach, structure and risk allocation. Before and after the procurement phase, feedback should be sought from the range of consultees set out in recommendation 1 who participate in the pilot programme and used to modify the approach, structure and risk allocation for the remainder of the programme [17.16].

Clearly set out risk transfer proposals [E5]

A formal schedule of risks and their allocation should be produced for the whole programme and for each PPP project as part of the Healthcare PPP Delivery Plan. The schedule should clearly set out how risks will be allocated between parties, and should be developed in consultation with the private sector consultees listed in E1. Where risks are to be insured, the schedule should clearly allocate responsibility for arranging insurances, processing claims and paying deductibles to help potential investors understand what costs and variables they should include in their assessment from the outset.

The schedule should be developed and managed by the PPP unit with a remit to ensure that it reflects market-wide commercial drivers, and agreement to depart from that risk allocation for project-specific or bidder-specific reasons should only be agreed with the authorisation of the PPP unit. It should be published each time it is updated and the key inputs included in the lifecycle management replacement funds [16.10].

The PPP Unit should understand what risks can be transferred to insurers, as parties will be more willing to accept a risk allocated to them if they know it can be insured, and it will help to more accurately price that risk.

C Legal Requirements (for the healthcare sector)

Establish a suite of standard procurement protocols and documentation [A6]

A process framework, built on proven precedent, should be established within the Healthcare PPP Delivery Plan for the sustainable scoping, approval, procurement [12.7], delivery and management of the PPP programme. This framework should include:

- Clear terms of reference for the governance and approval of the programme itself and individual projects at each stage, including clear criteria against which approval will be granted;
- Standard forms of Project Business Case for each project, objectively setting out their scope, objectives, timescales, measures of success and compliance with predetermined approval criteria;
- Standard processes for the management of procurement including standard forms of procurement documentation, procurement timescales and evaluation criteria and the scope for negotiation following selection of a preferred private partner [12.7];

- Standard processes for contract management and monitoring throughout the delivery and operational phase; and
- Standard contract documentation including clear guidelines for its use and the extent to which it can be varied to suit project-specific issues.

Implement robust and transparent programme governance [16.5-16.8] [F1]

The Healthcare PPP Delivery Plan should feature an institutional and regulatory framework which details the roles of various stakeholders in the procurement process. The PPP Unit responsible for implementation of the PPP programme should represent the government counterparty which is the contracting authority under the PPP contracts, with clear governance set out in the Healthcare PPP Delivery Plan as to accountability between the two. The Healthcare Strategy, Healthcare Infrastructure Development Programme and Healthcare PPP Delivery Plan should clearly set out which documents are to be available to the public, which should be the default for all but commercially sensitive information. The PPP Unit should ensure that the programme meets best practice in relation to the transparent procurement and management of projects, using independent specialists to review and audit the programme's compliance with national and international transparency and anti-corruption guidance [16.5, 16.8, 16a, 16b]. Governance processes should ensure that any conflicts of interest amongst public officials and organisations are openly declared and addressed.

The review of Project Business Cases should be carried out by a committee established by the PPP Unit with representation from government departments including those responsible for finance, planning and healthcare [11.3, 11a-11c]. The committee should also include representation from neutral agencies such as transparency specialists and academia where necessary to verify the transparency of the procurement and management of the projects, and should feature technical, financial, legal and commercial specialists as well as members with experience of the successful implementation of PPP transactions. The committee should review Project Business Cases by reference to the standardised procurement documentation, contract documentation and risk allocation schedules developed by the PPP Unit and described under A6.

Standardise the procurement process and procedures [F2]

The procurement process for PPP projects should be clearly set out in the Healthcare PPP Delivery Plan, and its governance should guarantee a high degree of objectivity and transparency in the invitation, receipt and evaluation of tenders. Qualitative and quantitative evaluation criteria, and their relative weighting, should be established with stakeholders prior to tenders being issued and should be made transparent to bidders when they are invited to tender. The Project team should employ competent and experienced technical, financial and legal advisors to assist in the tender evaluation. The protocols used for evaluating tenders should include a transparent process for assessing the relative cost of tenders with different risk allocation, and any selection criteria that would favour particular technology providers or other proprietary products or services that could restrict open competition should be avoided [17.10].

The procurement process should allow for interaction between the project team and tenderers, and if appropriate with the PPP Unit and stakeholders, to allow tenderers to tailor their solution to offer the best possible value for money to the public sector. Any such interaction must be managed in a way that gives all tenderers access to any potential change in specifications, scope or requirements of the project while maintaining the confidentiality of each tenderer's solutions. All tenderers should be offered fair and equal access to meetings with the procuring authority and other stakeholders, and after the tender any losing bidders should be given comprehensive feedback as to why their tender did not win [1.4].

The extent of dialogue during the procurement process and subsequent re-submission of refined proposals should be appropriate to the scope, type and complexity of the technical and commercial solutions and service delivery requirements. Sufficient time should be provided in the procurement process to allow detailed solutions to be submitted by tenderers, which keeps to a minimum any changes in scope or specification between the acceptance of a tender and the signature of contracts.

Evaluate tenders transparently and publish formal evidence of value for money [F3]

As part of its review and approval of the Project Business Case prior to signature of contracts for a project as described in C2, the government should conduct a value for money assessment. This assessment should be published to give the public evidence that delivering the project as a public-private partnership represents the best possible value for money [16.10].

Innovation and alternative solutions should be encouraged [9.5, 9b] during the tender stage but their scope and any consequential reallocation of risk against the preferred strategic solution or Reference Solution should be clearly defined before a preferred partner is appointed. Any constraints that could be placed on the competitiveness of funding should be identified before any alternative solution is accepted, and any relaxation of specifications or scope should be made clear during the procurement phase to all tenderers.

Certain objective criteria should be established before procurement begins which represent a pass/fail test in the suitability of a potential partner to deliver projects. The published evaluation criteria should make clear which aspects of tenders are pass/fail and which will be judged against weighted qualitative and quantitative criteria.

An evaluation report should be produced for each tender, objectively scoring tenders against the objective published criteria. The tender evaluation committee should have proven experience and expertise in evaluate similarly complex tenders and feature technical, commercial, financial and legal skills. Their conclusions should be subject to independent review by a specialist audit office or independent agency.

Promote Zero Tolerance to Corruption [F4]

The government should develop standard definitions of corrupt practices in public procurement and management, and ensure they are applied to the PPP programme. They should be published as a matter of policy [16.10], and the Healthcare PPP Delivery Plan should set out how they will be incorporated in the PPP programme. Tenderers for each project should be required to confirm their willingness to comply with anti-corruption policies and should be eliminated from a tender if they are unable to do so, or if there is evidence that they have exhibited corrupt practice. Acceptance of this principle should be a pass/fail tender requirement. Compliance with this policy for each Project Business Case should be the subject of an independent review and audit on behalf of the PPP Unit.

The following measures should be considered to minimise the risk of corruption:

- A requirement for tenderers to comply with a general policy on conflicts of interests including obligations to disclose and report potential corrupt practices, as well as remedies applicable to all participants and for dispute settlement;
- A mandatory code of conduct for any potential preferred provider;
- A set list of duties required of the preferred provider to be delivered as evidence of compliance with a code of conduct, aligned with public sector best interest standards and fiduciary duties;
- The use of statements of compliance and integrity to be signed by the bidders, subcontractors, consultants and any third party involved in the bidding process;
- Ongoing compliance guarantees by the successful tenderer, and their main contractors and sub-contractor;
- Disbarment from future PPP tenders by tenderers where evidence of corrupt practices is evident;
- Sanctions in the event of attempts to influence public officials or collude with other tenderers (either in relation to an individual tender, or multiple tenders);
- Preventative measures to hold public officials accountable and sanctions should preventive measures fail;
- Minimum and maximum preparation time for tenders at each stage;
- Internal control and audit systems; and
- Immunity for whistleblowers.

Record and publish procurement and management information [F5]

Project Business Cases should have clear and objective measures of value for money, and outputs compared to the base case before award of a contract. The Healthcare PPP Delivery Plan should include measures to encourage the recording and publication of procurement and management information for each project, in the interest of demonstrating long term value for money. The following measures should be considered:

- Publication of the Project Business Case, and specifically the Value for Money assessment, prior to signature of contracts;
- The publication of procurement evaluation reports (redacting commercial information with the consent of tenderers being sought prior to shortlisting);
- Publication of a procurement audit report following appointment of a preferred provider;
- Publication of feasibility studies and details of the proposed strategic solution or Reference Solution;
- Publication of details of any government financial support to projects and the PPP programme;
- Routine public engagement sessions during the operational phase by the PPP Unit, the project team and the private provider;
- Whenever major changes are made to a project or significant maintenance work is carried out, a review to confirm that this investment is consistent with the Healthcare Strategy and represents the best possible value for money for the public sector; and
- The publication of routine project management reports demonstrating that projects continue to represent value for money, including headline details of risk allocation and private sector returns.

D Institutional Requirements (for the healthcare sector)

Develop a focussed specialist office to manage the programme [A5]

A specialist unit, team or department ("the PPP Unit") should be established to manage the development and implementation of the programme, with support from the finance and healthcare ministries, and central and local government. The size of the unit should be appropriate to the anticipated volume of projects, but may also be accountable for PPP programmes in other sectors.

The PPP Unit should have clear terms of reference and act objectively in managing the programme to maximise value for money for the public. It should be funded by a long term budget that will sustain it through the delivery phase of the PPP programme and at least ten years into its operational phase.

Initially focussed on ensuring that the necessary policies, capacity, guidelines, regulations and legislation are in place to enable the programme, the PPP Unit should also:

- Act as the government or local authority's expert resource on the implementation of the programme;
- Provide programme leadership and manage the development and implementation of the programme, and promote the programme in a way that ensures it has widespread public understanding and support using professional communications expertise;
- Identify any obligations that will remain with the public sector (such as the recruitment, training [4.3, 4.4] and management of clinical staff to coincide with delivery of new facilities);
- Approve business cases and ensure they are consistent with the guidance in Section C;
- Ensure that arrangements are in place for administration of the contracts and management of any risks that remain with the public sector through the development, implementation and operational phases;
- Develop and implement a communication plan providing publicity around the programme and projects, and evidence of a clear and well managed pipeline of projects as described in E3 that is easily accessible and kept up to date.
- Ensure that sufficient resources and training [4.3] are in place to manage the programme as described in Section D;

- Manage any programme of capacity building as described in Section E, including the training of indigenous private sector delivery, funding, technical and risk management expertise [4.3, 12a, 17.1, 17.19];
- Production and maintenance of the risk allocation schedule described in E5; and
- Act as custodian of lessons learned from projects, and ensure that they are implemented in new projects [17.16].

The PPP Unit should contain the resources necessary to develop and implement the structure, processes, policies and legislation that will facilitate the programme and act as a regulator in ensuring that projects comply with PPP policy and the Healthcare Infrastructure Development Programme. The PPP Unit should be staffed by appropriately experienced and trained staff, supported by external professional advisors with proven evidence of success in delivering PPP projects in the healthcare sector into their operational phase. It should comprise members drawn from the healthcare and finance civil service, and include members with relevant, representative private sector expertise. It should include skills in the fields of law, finance, project management, healthcare and social and environmental policy, and technical specialists in the design, procurement, construction, commissioning and operation of healthcare facilities. It should specifically include professional healthcare staff [5.4] with experience of managing facilities similar to those to be delivered under the PPP programme. The government should assess the skills mix needed for the programme as described in E2, and recruit or engage appropriate professionals to fill any gaps.

E Knowledge Support and Advisor Requirements (for the healthcare sector)

Plan programme management resources and training [D2]

Prior to the implementation of a PPP programme, governments should develop a resource plan setting out the people and costs that will be needed to implement it successfully on behalf of the public sector. The timing and key skills needed for each role should be clearly identified, and suitable funding made available for the recruitment and continuing professional development of those staff [4.3, 4.4]. The resource plan should cover the development of PPP legislation and policy [1b], the scoping of the programme and production of Project Business Cases, the procurement of projects, their delivery and commissioning, and their operation in the steady state.

Teams need support in advance of a PPP programme to gain understanding and experience and to develop a clear vision of what they wish to achieve. Whilst consultants will support this, the culture and drive will come from leadership within the health and finance Ministries, the PPP Unit and project teams, who must be trained accordingly – particularly if they have not previously worked on PPP programmes or similarly complex projects. The Healthcare PPP Delivery Plan should feature clear plans for training staff, including the use of external courses, mentoring and practical learning from other jurisdictions in the application of lessons learned [17.16]. "Refresher" training should be mandated for all programme and project staff throughout the programme, to ensure that they keep abreast of PPP market developments and ensure that sustainable standard contract, risk, management and procurement methodologies are applied consistently [12.7].

A critical success factor in the delivery of PPP programmes is strong leadership. The government should identify and empower leaders within the PPP Unit and elsewhere within government to support strong partnerships with government departments, particularly those with responsibility for healthcare and finance. There should be a sustainable succession plan for the programme and project leadership, under which a training programme develops the leaders needed to deliver the programme successfully throughout its term [4.3, 4.4].

Each project team should have a designated leader, the Project Director. The Project Director is a critical role, whose experience and understanding of the PPP programme and processes and how they align with the Healthcare Strategy and Healthcare Infrastructure Development Programme are vital. Project Directors should have experience of a least one health PPP or major complex project previously and have received formal training in the objectives of the Healthcare Strategy.

The planning of resources and training for the transition of services into the new facilities and/or arrangements for healthcare service delivery is particularly important [4.3, 4.4]. The Project Business

Case should include detailed arrangements for the transition phase, and appropriate resources and training should be provided for its implementation.

Build strong, objective commercial understanding into project teams [D4]

Project teams should develop a clear understanding of the field of potential private sector firms that will potentially tender for the projects, and the commercial drivers of those firms. This should include their potential interaction (for example, the respective surety bonding expectations of contractors and lenders) to ensure that projects will be realistically deliverable. To do this they should draw on experience from other jurisdictions as described under A2 and make use of suitably experienced independent advisors who have participated in successful healthcare PPP projects previously and have an objective, demonstrable understanding of the way locally relevant commercial organisations operate; their appetite for risk and speculative costs; their commercial maturity; and their contractual expectations. To support this, project team members should actively engage in the market engagement programme described in E1.

F Consultation with Stakeholder Requirements (for the healthcare sector)

Ensure that there is political and civil service support [A4]

Before implementing the PPP programme the government should conduct a formal assessment of political and public sector / civil service support for the programme [17.17]. Any constraints, conditions and objections raised within each relevant government department and major political party should be addressed, resulting in formal support for the policy [1b] and legislation necessary to enable the programme to be delivered, emphasising the need for sustainable long term investment in healthcare facilities [9.1, 12.1-12.6, 17.14] through PPP.

The PPP programme should be sponsored at a senior level within the government and civil service, with key individuals identified to act as promoters of the programme across the public and private sectors [17.17]. The government should establish a legal system under which the programme will operate that is impartial and independent of political influence.

Ensure that the model and process is clearly understood by stakeholders [D3]

Clear understanding of the Healthcare Strategy and Healthcare Infrastructure Development Programme are essential in the early planning stages of a PPP programme [11.3, 11a-11c]. These should be linked to an understanding of the key risks inherent within a healthcare PPP project, especially if it includes clinical services. Where governments have a limited PPP track record, they should draw on experience from other jurisdictions as described under A2 and make use of suitably experienced advisors and multilateral agencies.

Before the PPP programme is implemented, a formal advocacy plan setting out how politicians, public/civil servants, patients, clinicians, other healthcare staff and any other stakeholders will be consulted in the development of the programme should be developed and discussed with those stakeholders [5.5, 5c, 17.17]. Where there are potential gaps or overlapping responsibilities in accountability among stakeholder groups, a plan should be developed to overcome them.

It is particularly important to communicate clearly with healthcare professional groups about the Healthcare Strategy and how it will improve population health, and the role of the PPP programme in delivering it.

With their knowledge of local conditions and traditions, local stakeholders are particularly important [17.15]. Their advice should be sought on how to adapt best practice to suit local needs, expectations and constraints.

Develop a robust induction and support programme for stakeholders [D5]

A stakeholder engagement plan should be developed for each project, incorporating plans for engagement with key clinical, management and public/civil service stakeholders (and any other stakeholders needing to participate in the development of the project and the preparation of the Project Business Case) [17.17]. Those stakeholders should be inducted, with training [4.3, 4.4] to clearly explain what their involvement will be and how it will influence the project's outcome, as well as

clearly defining the critical parameters that the project must operate within in terms of timescales, risk and affordability. The terms of reference and scope of their involvement should be clearly explained and formally agreed with them. As part of the development programme described under D2, each project team should receive training in the management of stakeholders, and specifically healthcare professionals, in order that project teams clearly understand their challenges and priorities.

G Special issues related to the healthcare sector

Develop a coherent staffing & training policy [4.3, 4.4] [D1]

Prior to commencing procurement, the government should carry out a formal assessment of current and future staffing needs for any new services and facilities to be included in the programme, to meet the aims of the Healthcare Strategy [5.4, 12.7]. This should include the staff to be provided by the public sector to projects delivered under the PPP programme. In parallel with the development of the PPP projects, a programme of recruitment and training should be implemented to ensure that suitable staff are available when the facilities are completed. This should include an assessment of currently available staff and the likely pipeline of new staff recognising the importance of equal opportunities [5.4, 5.5]. Where there is a short term need for a substantial increase in skilled staff, government should comply with ILO guidance on the national and international movement of personnel and ensure that these plans are consistent with immigration regulations, and plans should be made to train sufficient staff to provide healthcare services sustainably in the long term [4.3, 4.4].

If the PPP programme includes clinical services, the risk of providing suitably trained staff would normally transfer to the private sector operator upon their appointment. There should be very clear protocols setting out the respective roles of government and the private sector in providing and subsidising training for staff, particularly clinical and operational staff [5.4, 5.5].

Where there is a requirement for staff to transfer from the public to the private sector under the PPP programme, it should include measures to protect their statutory rights and employment terms and conditions where appropriate under law [16.3].

Where the public sector intends to retain the provision of clinical (or other) services, they should ensure that the design of the PPP projects will not compromise the terms, conditions and statutory rights of the staff who deliver them [5.4, 5.5].

Carefully plan projects requiring staff transfer [D6]

An appropriate HR strategy should be developed for any projects requiring the transfer of clinical, management or Facilities Management staff from the public sector to the private sector or between private sector providers under the PPP programme, because its success can be affected by employees' statutory rights and by legal, cultural and political considerations. Specialist advisory support in developing the strategy may be required where transferring staff to private sector organizations is complex and there is a risk of an adverse impact on long term service delivery if the staff transfer is not managed effectively. This should include the development of specific support arrangements for staff whose role will change or relocate, and a communications strategy that enables staff engagement and explains clearly the programme's objectives, and how it will improve population healthcare.

Any transfer of clinical services requires a clear understanding of how the private sector partner will maintain quality of service delivery - including training [4.3, 4.4] - alongside the development of long term, sustainable staffing plans [9.1, 12.1-12.6, 17.14]. This must have support from the clinical and management teams who will work within the new facilities, and governments should ensure that project teams are supported by specialists with experience in this field who have successfully delivered staff transfers under PPP arrangements and understand the commercial objectives of potential service providers.

IV Indicators of Compliance (for the healthcare sector and SDGs)

The Indicators of Compliance for a Healthcare PPP programme relate directly to the Sustainable Development Goals. The relevant SDGs are listed in Annex 2, along with references to the specific recommendations to which they relate.

V Credits and References

The recommendations of the Standard are based on a UNECE project which took place between June 2014 and June 2015, managed by an international, multidisciplinary team of experts with experience of PPP programmes and sustainable development. The project comprised a review of published information, and responses to detailed questionnaires from public and private sector organisations with experience of programmes of this kind, whose contribution is gratefully acknowledged. Recommendations are aimed at national and provincial governments considering the delivery of PPP programmes in the healthcare sector.

We are very grateful for the active contribution of agencies in the countries listed in Annex 1 who contributed to the development of the Standard by responding to detailed questions on their own experience.

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 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 Healthcare PPP Centre of Excellence.

Annex 1 – Published healthcare PPP evidence base

Projects and programmes in the following countries were considered by the team developing the Standard as sources of lessons and experience based on published information.

- Australia
- Austria
- Bahrain
- Bangladesh
- Belgium
- Benin
- Brazil
- Canada
- Chile
- China
- Croatia
- Czech Republic
- Denmark
- Egypt
- Finland
- France
- Germany
- Ghana
- Greece
- Grenada
- Hungary
- India
- Ireland
- Italy
- Japan
- Kazakhstan
- Kenya
- Kuwait
- Lesotho
- Malaysia
- Mauritius
- Mexico Moldova
- Montenegro
- Netherlands
- Nigeria
- Norway
- Pakistan
- Peru
- Philippines
- Poland
- Portugal
- Puerto Rico
- Republic of Korea
- Romania
- Russian Federation
- Slovakia
- South Africa
- South Korea
- Spain
- Sweden
- Turkey
- Turks and Caicos
- United Arab Emirates
- United Kingdom
- United States of America
- Uzbekistan

Annex 2 – SDGs relevant to healthcare PPP policy Standard

SDGs relevant to healthcare PPP policy are listed below. The relevant Standard recommendation reference is given in square brackets.

1.3
Implement nationally appropriate social protection systems and measures for all, including floors, and by 2030 achieve substantial coverage of the poor and the vulnerable [A1]

1.4
By 2030, ensure that all men and women, in particular the poor and the vulnerable, have equal rights to economic resources, as well as access to basic services, ownership and control over land and other forms of property, inheritance, natural resources, appropriate new technology and financial services, including microfinance [F2, A2]

1.b
Create sound policy frameworks at the national, regional and international levels, based on pro-poor and gender-sensitive development strategies, to support accelerated investment in poverty eradication actions [Intro, A1, A2, D2]

3.1
By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births [Intro, A1]

3.2
By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births [Intro, A1]

3.3
By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases [Intro, A1]

3.4
By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being [Intro, A1]

3.5
Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol [Intro, A1]

3.6
By 2020, halve the number of global deaths and injuries from road traffic accidents [Intro, A1]

3.7
By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes [Intro, A1]

3.8
Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all [Intro, A1]

3.9
By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination [Intro, A1]

3.b
Support the research and development of vaccines and medicines for the communicable and non-communicable diseases that primarily affect developing countries, provide access to affordable essential medicines and vaccines, in accordance with the Doha Declaration on the TRIPS Agreement and Public Health, which affirms the right of developing countries to use to the full the provisions in the Agreement on Trade-Related Aspects of Intellectual Property Rights regarding flexibilities to protect public health, and, in particular, provide access to medicines for all [Intro, A1]

3.c
Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least developed countries and small island developing States [Intro, A1]

3.d
Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks [Intro, A1]

4.3
By 2030, ensure equal access for all women and men to affordable and quality technical, vocational and tertiary education, including university [Intro, A5, D1, D2]

4.4
By 2030, substantially increase the number of youth and adults who have relevant skills, including technical and vocational skills, for employment, decent jobs and entrepreneurship [Intro, A5, D1, D2]

5.4
Recognize and value unpaid care and domestic work through the provision of public services, infrastructure and social protection policies and the promotion of shared responsibility within the household and the family as nationally appropriate [A2, A5, D1]

5.5
Ensure women's full and effective participation and equal opportunities for leadership at all levels of decision-making in political, economic and public life [D1, D3]

5.6
Ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences [Intro, A1]

5.c
Adopt and strengthen sound policies and enforceable legislation for the promotion of gender equality and the empowerment of all women and girls at all levels [D3]

8.1
Sustain per capita economic growth in accordance with national circumstances and, in particular, at least 7 per cent gross domestic product growth per annum in the least developed countries [A1, B1, B6, C2]

8.2
Achieve higher levels of economic productivity through diversification, technological upgrading and innovation, including through a focus on high-value added and labour-intensive sectors [A1, B1, B6, C2]

9.1
Develop quality, reliable, sustainable and resilient infrastructure, including regional and transborder infrastructure, to support economic development and human well-being, with a focus on affordable and equitable access for all [Intro, A1, A4, D6]

9.2
Promote inclusive and sustainable industrialization and, by 2030, significantly raise industry's share of employment and gross domestic product, in line with national circumstances, and double its share in least developed countries [A1, B1, B6, C2, D6]

9.5
Enhance scientific research, upgrade the technological capabilities of industrial sectors in all countries, in particular developing countries, including, by 2030, encouraging innovation and substantially increasing the number of research and development workers per 1 million people and public and private research and development spending [F3]

9.b

Support domestic technology development, research and innovation in developing countries, including by ensuring a conducive policy environment for, inter alia, industrial diversification and value addition to commodities [F3]

10.1
By 2030, progressively achieve and sustain income growth of the bottom 40 per cent of the population at a rate higher than the national average [A1, B1, B6, C2, D6]

10.2
By 2030, empower and promote the social, economic and political inclusion of all, irrespective of age, sex, disability, race, ethnicity, origin, religion or economic or other status [A1, B1, B6, C2, D6]

10.3
Ensure equal opportunity and reduce inequalities of outcome, including by eliminating discriminatory laws, policies and practices and promoting appropriate legislation, policies and action in this regard [A1, B1, B6, C2, D6]

10.4
Adopt policies, especially fiscal, wage and social protection policies, and progressively achieve greater equality [A1, B1, B6, C2, D6]

10.b
Encourage official development assistance and financial flows, including foreign direct investment, to States where the need is greatest, in particular least developed countries, African countries, small island developing States and landlocked developing countries, in accordance with their national plans and programmes [A2, A3, B4, E1]

11.1
By 2030, ensure access for all to adequate, safe and affordable housing and basic services and upgrade slums [Intro, A1]

11.3
By 2030, enhance inclusive and sustainable urbanization and capacity for participatory, integrated and sustainable human settlement planning and management in all countries [C1, D3, F1]

11.a
Support positive economic, social and environmental links between urban, per-urban and rural areas by strengthening national and regional development planning [C1, D3, F1]

11.b
By 2020, substantially increase the number of cities and human settlements adopting and implementing integrated policies and plans towards inclusion, resource efficiency, mitigation and adaptation to climate change, resilience to disasters, and develop and implement, in line with the Sendai Framework for Disaster Risk Reduction 2015-2030, holistic disaster risk management at all levels planning [C1, D3, F1]

11.c
Support least developed countries, including through financial and technical assistance, in building sustainable and resilient buildings utilizing local materials planning [C1, D3, F1]

12.1
Implement the 10-year framework of programmes on sustainable consumption and production, all countries taking action, with developed countries taking the lead, taking into account the development and capabilities of developing countries [Intro, A1, A4, A6]

12.2
By 2030, achieve the sustainable management and efficient use of natural resources [Intro, A1, A4, A6]

12.5
By 2030, substantially reduce waste generation through prevention, reduction, recycling and reuse [Intro, A1, A4, A6]

12.6

Encourage companies, especially large and transnational companies, to adopt sustainable practices and to integrate sustainability information into their reporting cycle [Intro, A1, A4, A6]

12.7
Promote public procurement practices that are sustainable, in accordance with national policies and priorities [A2, A6, B1, D1, D2]

12.a
Support developing countries to strengthen their scientific and technological capacity to move towards more sustainable patterns of consumption and production [Intro, A5, E1]

16.3
Promote the rule of law at the national and international levels and ensure equal access to justice for all [A1, D1]

16.5
Substantially reduce corruption and bribery in all their forms [A2, B1, B3, E1, F1-F5]

16.6
Develop effective, accountable and transparent institutions at all levels [A2, B1, B3, E1, F1-F5]

16.7
Ensure responsive, inclusive, participatory and representative decision-making at all levels [A2, B1, B3, E1, F1-F5]

16.8
Broaden and strengthen the participation of developing countries in the institutions of global governance [A2, B1, B3, B5, E1, F1-F5]

16.10
Ensure public access to information and protect fundamental freedoms, in accordance with national legislation and international agreements [A3, C1, C3, E1, E3, E5, F3, F4]

16.a
Strengthen relevant national institutions, including through international cooperation, for building capacity at all levels, in particular in developing countries, to prevent violence and combat terrorism and crime [F1]

16.b
Promote and enforce non-discriminatory laws and policies for sustainable development [F1]

17.1
Strengthen domestic resource mobilization, including through international support to developing countries, to improve domestic capacity for tax and other revenue collection [Intro, A5, E1]

17.3
Mobilize additional financial resources for developing countries from multiple sources [A1, B2, A3, B4]

17.4
Assist developing countries in attaining long-term debt sustainability through coordinated policies aimed at fostering debt financing, debt relief and debt restructuring, as appropriate, and address the external debt of highly indebted poor countries to reduce debt distress [A2, E2, B1, C2, B6]

17.5
Adopt and implement investment promotion regimes for least developed countries [A1, B2, A3, B4]

17.9
Enhance international support for implementing effective and targeted capacity-building in developing countries to support national plans to implement all the sustainable development goals, including through North-South, South-South and triangular cooperation [A3, E1]

17.10
Promote a universal, rules-based, open, non-discriminatory and equitable multilateral trading system under the World Trade Organization, including through the conclusion of negotiations under its Doha Development Agenda [F2]

17.13
Enhance global macroeconomic stability, including through policy coordination and policy coherence [B2]

17.14
Enhance policy coherence for sustainable development [Intro, A1, A4, A6]

17.15
Respect each country's policy space and leadership to establish and implement policies for poverty eradication and sustainable development [Intro, A1, D3]

17.16
Enhance the global partnership for sustainable development, complemented by multi-stakeholder partnerships that mobilize and share knowledge, expertise, technology and financial resources, to support the achievement of the sustainable development goals in all countries, in particular developing countries [A5, D2, E4]

17.17
Encourage and promote effective public, public-private and civil society partnerships, building on the experience and resourcing strategies of partnerships [Intro, A4, D3, D5, E1]

17.19
By 2030, build on existing initiatives to develop measurements of progress on sustainable development that complement gross domestic product, and support statistical capacity-building in developing countries [Intro, A5, E1]