

TO:

Muhammad Pate, Global Director Health, Nutrition and Population (HNP), and Director of the Global Financing Facility (GFF)

Mamta Murthi, Vice President, Human Development, World Bank Group

CC:

David Malpass, President of the World Bank Group

Makhtar Diop, IFC Managing Director and Executive Vice President

Imad Fakhoury, Director Infrastructure Finance, PPPs and Guarantees (IPG) Group

World Bank Executive Directors

## **“Urgent call to the World Bank Group to strengthen public health financing and refrain from promoting public-private partnerships in health care”**

24 March, 2021

The Covid-19 pandemic has shown that [public investment in health](#) is urgent and crucial for states' obligations to fulfil the right to health for all. The World Bank as well as the World Bank-hosted Global Financing Facility, have been contributors to countries' health systems strengthening efforts with a view on urgent health challenges. However, some aspects of the World Bank contribution to development assistance deeply concern us. In line with the '[Maximizing Finance for Development Strategy](#)', the World Bank Group has been promoting Public-Private Partnerships (PPPs) with commercial companies as a preferred development strategy, including in healthcare, alongside with investments in private healthcare.

We, Wemos and co-signing organisations, strongly urge the World Bank Group to focus on strengthening public health financing, and refrain from promoting PPPs in healthcare because of the associated risks to the public purse in the long run and the risk of worsening existing inequalities.

### ***Evidence-based concerns on PPPs in healthcare***

The enclosed position paper '[Risky Business: the promotion of Public-Private Partnerships in healthcare](#)' (Wemos, 2021) and its [Executive Summary](#) analyses the current evidence on the effectiveness of PPPs in healthcare. It indicates that promoting healthcare PPPs in low- and middle-income countries often has a negative effect on achieving equal access to quality key health services for everyone. PPPs in healthcare are more expensive and riskier than public provision, thus contributing to the burden of debt and potentially diverting scarce public resources away from primary healthcare and other urgent needs in the health system. Moreover, PPPs show limited success in addressing access to healthcare of the poorest and most vulnerable populations, and the inflexible PPP contracts constrain already stretched health budgets that need to be responsive to public health needs and crises. Earlier papers have also critically reviewed PPPs in healthcare, such as those published by [ISER](#), [Jubilee Debt Campaign](#), [Latindadd & Eurodad](#), [ODG](#), and [Oxfam](#).

### ***Critical review of PPPs across social sectors***

The use of PPPs across sectors has widely been assessed and discouraged by official institutions (such as the [European Court of Auditors](#)), scholars and researchers (see 2021 book edited by [Gideon and Unterhalter](#)), human rights institutions (such as the [African Commission on Peoples' Rights](#)), and civil society organisations (as in the 2017 [PPP manifesto](#) and the 2020 [briefing of the Gender & Development Network](#)). In fact, due to the high cost and complexity of PPPs, European countries like [Spain](#) and [the UK](#), which previously invested in PPPs in healthcare, are now abandoning this type of arrangement.

### ***A 'public first' approach to health financing***

As concerned civil society, we call on the World Bank Group, its member countries, and the World Bank-hosted Global Financing Facility to adopt a 'public first' approach to healthcare. This approach implies using all possible ways to expand public resources for health, including official development resources, before resorting to private financing and commercial solutions. As reiterated in the WHO's [evidence-based guidance on health financing](#): to progress towards Universal Health Coverage and health security, policymakers should prioritise public over private financing in healthcare. Actors in development assistance, including the World Bank Group, can support low- and middle-income countries in strengthening the public purse for health and public healthcare provision. This can be achieved, among others, through technical and financial assistance that is free of commercial interest, [tackling tax avoidance](#) and through [debt cancellation](#). This way these countries would truly be supported to realise the right to health and achieve universal and equitable access to healthcare. A first step of this approach would be to stop promoting PPPs as a strategy for healthcare delivery and financing, as long as there is no independent, detailed and locally validated body of evidence that shows a lasting positive impact on fiscal space for health, efficiency, and equitable access.

We would very much appreciate a response on these asks at your earliest convenience, so we can discuss them in more detail.

Thank you for considering this request.

Yours sincerely, on behalf of the undersigned,

Mariëlle Bemelmans  
*Director Wemos*

### **Co-signing Organizations:**

1. Birkbeck, University of London - United Kingdom
2. Health Accountability Consortium - Sierra Leone
3. Wote Youth Development Projects - Kenya
4. Water, Sanitation and Hygiene Network (WASH-Net) - Sierra Leone
5. Youth Partnership for Peace and Development (YPPD) - Sierra Leone
6. Innovative Alliance for Public Health - India
7. Indigenous Peoples Global Forum for Sustainable Development (IPFforSD, International Indigenous Platform) - Global
8. Emony Yefwe International - Kenya
9. Alliance of Women Advocating for Change Uganda - Uganda
10. Afrihealth Optonet Association (CSOs Network) - Nigeria
11. Public Services International - Global
12. Dr Uzo Adirieje Foundation (DUZAFUND) - Nigeria
13. Viva Salud - Belgium
14. Global Justice Now - United Kingdom
15. Our Lady of Perpetual Help Initiative - Nigeria
16. Southern and Eastern Africa Trade Information and Negotiations Institute (SEATINI) - Uganda
17. Centre for Health Science and Law (CHSL) - Canada
18. Human Rights Research Documentation Center (HURIC) - Uganda
19. People's Health Movement Uganda Chapter - Uganda
20. Gestos (soropositividade, comunicação, gênero) - Brazil
21. Medical IMPACT - Mexico

22. Madhira Institute - Kenya
23. People's Health Movement Kenya (PHM Kenya) - Kenya
24. DAWN (Development Alternatives with Women for a New Era) - Fiji
25. Mumbo International - Kenya
26. Fresh Eyes - United Kingdom
27. Public Services International - Global
28. Union des Amis Socio Culturels d'Action en Developpement (UNASCAD) - Haiti
29. Society for Access to Quality Education - Pakistan
30. Medicus Mundi Spain - Spain
31. Muslim Family Counselling Services - Ghana
32. ActionAid International - South Africa
33. CNCD-11.11.11 - Belgium
34. Associação para a Cooperação Entre os Povos (ACEP) - Portugal
35. Reality of Aid, Asia Pacific - Philippines
36. Instituto 5 Elementos, Educação para a Sustentabilidade - Brasil
37. Golden change for concerned youth forum (GCCYF) - Nigeria
38. Public Health Concern Trust, NEPAL (PHECT-NEPAL) - Nepal
39. Society for International Development (SID) - Italy
40. IBFAN, International Baby Food Action Network - United Kingdom
41. PEAH, Policies for Equitable Access to Health - Italy
42. University of Bologna - Italy
43. Jubilee Scotland - Scotland
44. Diakonia - Sweden
45. Initiative for Health & Equity in Society - India
46. Mian Muhammad Bukhsh Trust (MMBT) - Pakistan
47. VSO, Voluntary Service Overseas - Ethiopia
48. Health Reform Foundation of Nigeria - Nigeria
49. Health NGO's Network (HENNET) - Kenya
50. White Ribbon Alliance - Pakistan
51. Rwanda NGOs Forum on HIV/AIDS and Health Promotion - Rwanda
52. Abubuwa Societal Development Initiative (ASDI) - Nigeria
53. INSIST - Indonesia
54. Centre for Human Rights and Development - Mongolia
55. North-East Affected Area Development Society (NEADS) - India
56. Center for Good Governance and Peace - Nepal
57. Social and Economic Policies Monitor (Al Marsad) - Occupied Palestine
58. Fondazione Centro Studi Allineare Sanità e Salute - Italy
59. STOPAIDS - United Kingdom
60. Associazione Medici per l'Ambiente, ISDE Italia - Italy
61. PIANGO - Fiji
62. Bank Information Center - United States
63. Consortium of Reproductive Health Associations (CORHA) - Ethiopia
64. Juba Samaj Kallayan Sangstha (JSKS) - Bangladesh
65. University of Sydney - India/Australia
66. Medicus Mundi International, Network Health for All - Switzerland/global
67. Initiative for Social and Economic Rights (ISER) - Uganda
68. Jan Arogya Abhiyan (Peoples Health Movement Maharashtra) - India
69. National Advocates for Health - Nigeria
70. Rescue the women foundation (REWOFO) - Nigeria
71. Human Rights Research Documentation (HURIC) - Uganda
72. Good Health Community Programmes - Kenya

73. People's Health Movement Uganda (PHMUGA) - Uganda
74. Nana Girls and Women Empowerment Initiatives - Nigeria
75. Catholic Health Association of Tamilnadu - India
76. Udayan Swabolombbee Sangstha (USS) - Bangladesh
77. RomaJust Roma Lawyers Association - România
78. SODECA - Kenya
79. United Nations' Massage Therapists International Federation - Ghana
80. International Union of Parents and Teachers Association - Ghana
81. Union Syndicale des Agriculteurs - Togo
82. Union Internationale des Voyageurs - Togo
83. International Union of Travellers - Ghana
84. Syndicat des Commerçants de Produits des Organiques et Industriels - Togo
85. STI/AIDS Network of Bangladesh (SANB) - Bangladesh
86. Akina Mama wa Afrika - Uganda
87. TORANG TRUST - India
88. Global Initiative for Economic, Social and Cultural Rights (GI-ESCR) - Global
89. African Forum and Network on Debt and Development - Zimbabwe
90. Centre for Health and Social Justice - India
91. Latindadd – Perú
92. Oxfam - Global
93. European Network on Debt and Development (Eurodad) – Belgium/Europe