2026

HEALTH SOLUTIONS

SMART HEALTH SYSTEMS - FACILITY OPTIMISATION - CONTRACTING & PPP

CAPABILITIES AND CREDENTIALS

Health systems that *perform.* Investments that *endure.*

An advisory practice for partners and clients in health and capital investment: structuring private sector participation, public-private partnerships and the optimisation of health assets.

A CAPABILITIES PORTFOLIO, 2026

Contents.

Prepared for partners, clients and prospective collaborators of the firm. Live client engagements are described without naming the country, the client body or the financing partners.

At a *glance.*

A focused advisory practice for health systems, capital investment and private sector participation in health, built on senior practitioner experience and on six proprietary instruments.

WHO WE ARE

An independent health advisory, built for the next era of *capital deployment.*

Health Solutions is an independent advisory practice, Geneva and worldwide, founded in March 2026. It supports partners, clients and investors at the intersection of health systems and capital: structuring private sector participation, public-private partnerships and the optimisation of health and social infrastructure.

The practice grew out of twenty-five years of senior practitioner experience across the World Health Organization, the International Labour Organization, the European Commission, multilateral development banks and international consulting. It combines doctoral analytical depth in public-private partnerships with operational fluency in the markets, instruments and institutions that shape health investment.

Primary clients are multilateral development banks and international institutions. The practice also works directly with ministries of health, in Africa, in Small Island States and in Central Europe. Engagements are led at senior level throughout, drawing on a curated network of senior experts and on partner firms where multi-disciplinary capacity is required.

The questions our clients bring

Is this project mature enough to receive capital, and on what conditions? What must the facility contain, and what will it cost to build and to run? What has been appraised so far, and what remains open? How does an appraised project reach financial close? And how is value protected once the capital has been committed?

Geneva	March 2026	Boutique
AND WORLDWIDE	FOUNDED	SENIOR LED THROUGHOUT

THE PRACTICE IN NUMBERS

A small set of figures.

Four figures convey the shape of the firm.

25

YEARS OF PRACTITIONER EXPERIENCE

Across the World Health Organization, the International Labour Organization, development banks, EU institutions and international consulting, in more than seventy countries.

70+

COUNTRIES OF EXPERIENCE

Across low, middle and high income countries, and across the regions of the world.

6

PROPRIETARY INSTRUMENTS

CASH, VIBE, SCALE, VICI, RAPID and BRIDGE, covering the arc from upstream investment maturity to lifecycle optimisation, each built as a working digital tool.

10+

COUNTRIES OF INSTRUMENT DEPLOYMENT

National contexts in which the instrument suite, from CASH to BRIDGE, has been applied.

DISTINCTIVE PROPOSITION

Seven reasons clients *choose us.*

ONE

Senior practitioner depth

Engagements are led by a partner with twenty-five years of front-line responsibility across WHO, the ILO, the European Commission, multilateral development banks and international consulting. The work is neither delegated nor subcontracted.

TWO

Proprietary instruments

Six named methods, each built as a working digital tool, which compress upstream uncertainty for investors and produce structured, defensible evidence for capital decisions.

THREE

Public and private fluency

Command of how multilateral instruments, blended finance and partnership structures interact in health, derived from operating inside the institutions that design them.

FOUR

A curated network

Multi-disciplinary engagements assembled from senior individual experts and partner firms, each chosen for the specific demands of the assignment. There is no standing panel.

FIVE

Complex contracting in a sector that rarely holds it

Partnership and complex contracting expertise that joins legal command to operational and technical judgement and to commercial knowledge, applied in health, where that combination is seldom available in one place.

SIX

Business fluency with legal capability

A working command of both the commercial and the legal side of a transaction, held together by an understanding of the whole project and asset lifecycle.

SEVEN

Reach across systems and legal traditions

Experience of low, middle and high income countries across the regions of the world, of civil law and common law jurisdictions, and of health systems in widely different settings and configurations.

HEALTH SOLUTIONS

SMART HEALTH SYSTEMS · FACILITY OPTIMISATION · CONTRACTING AND PPP

Where health systems meet capital.

GENEVA AND WORLDWIDE · 2026

25	70+	6	10+
YEARS OF PRACTICE	COUNTRIES OF EXPERIENCE	PROPRIETARY INSTRUMENTS	COUNTRIES OF INSTRUMENT DEPLOYMENT
WHO Geneva, ILO Geneva, development banks, EU institutions and consulting, in seventy countries.	Low, middle and high income countries, across the regions of the world.	Each a method and a working digital tool, across the capital cycle.	National contexts in which the suite, from CASH to BRIDGE, has been applied.

1 WHO WE ARE

An independent advisory practice founded in March 2026, working where health systems meet capital. Led at senior level throughout, in public and health law, with doctoral-level expertise in partnerships and complex contracting.

- **Clients.** Development banks and international institutions, and ministries of health in Africa, Small Island States and Central Europe.
- **Model.** A focused boutique, drawing on a worldwide network of specialist experts, engaged assignment by assignment.
- **Institutional capacity.** Delivered with partner firms in health infrastructure, health economics and legal structuring.

2 WHERE OUR EXPERTISE IS IN DEMAND

- Is this project viable, bankable and sound in its risks?
- Is it mature enough to receive capital, and on what conditions?
- What must the facility contain, and what will it cost to build and to run?
- What has been appraised so far, and what remains open?
- How does an appraised project move into planning, with financing secured?
- How is value protected across the operating life of the asset?

3 SCOPE OF WORK AND ENGAGEMENT

Five domains

Structuring health investments and partnerships
Partnerships, blended finance and concessions: transaction design, allocation of risk and revenue, contractual architecture.

Planning and appraising health infrastructure
Hospitals, primary care networks and laboratories, from first appraisal to the last day of asset life.

Engaging the private sector in health
The terms on which pharmaceutical, diagnostic, technology and facility operators enter public systems.

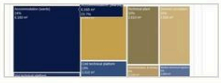
Government engagement and investor commitment
Institutional ownership, ministerial and treasury approvals, and entry into development bank pipelines.

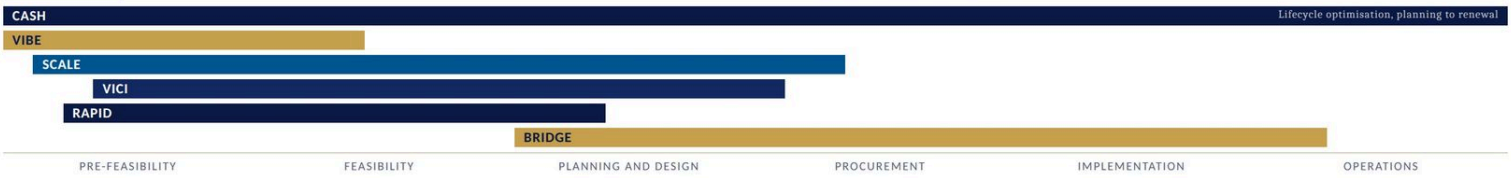
Health system preparedness and resilience
The capacity of a system to absorb pressure and keep functioning, read through the five elements below.

Financing · Governance · Legal framework · Infrastructure · Service delivery

4 THE INSTRUMENT SUITE

Six proprietary methods, each a working digital tool

VIBE	**Viability, Identification of risks, Bankability, Engineering of overall project** A 360 point maturity diagnostic, taken before the cost of a feasibility study.		OUTPUT Composite index, per-area classification, evidence trail
SCALE	**Simplified Checklist for Assets Lifecycle Effectiveness** Four upstream phases, twenty-five components, one hundred and three elements.		OUTPUT Weighted readiness by phase, support flags, dated report
VICI	**Visualiser for Infrastructure and Capital Investment projects** Schedule of accommodation, classification, and cost by function and by lot.		OUTPUT Cost build-up, plot coverage test, PDF and CSV export
RAPID	**Rapid Appraisal for Project Investment and Development** Eleven components, with a gap matrix, risk register and financing timeline.		OUTPUT Appraisal dashboard and a typeset decision brief
BRIDGE	**Bridging Readiness, Investment Development and Government Engagement** Twelve work packages across four strands, appraisal to planning with financing secured.		OUTPUT Roll-out dashboard, package registers, document store
CASH	**Capital Assets Solutions for Health** Lifecycle optimisation across six stages, planning to renewal.		OUTPUT Asset register, lifecycle cost model, investment roadmap



5 WHO WE WORK FOR

Development banks
Multilateral and bilateral, including the EIB, AfDB, IsDB, World Bank and ADB.

International institutions
The European Commission and United Nations health programmes.

Ministries of health and finance
Africa, Small Island States and Central Europe.

Investors and operators
Sponsors, funders and operators of health assets.

6 WHAT WE PRODUCE

Decision briefs
For boards and credit committees

Cost and surface models
Traceable to one source

Diagnostics
Scored, evidenced, repeatable

Single sheet briefs
A whole project on one page

7 CAPABILITY IN EVIDENCE

Selected assignments

National Health Reference Laboratory · Eastern Africa
Technical and economic feasibility: service configuration, infrastructure requirements, investment scenarios, legal analysis and sustainability.

Primary health care facilities · Jordan
Facility typology, service modelling and infrastructure norms, with the strategic outline case and the outline business case.

Private sector participation in health · European Commission
Public health institutes and health security through a One Health approach, as regards private sector participation opportunities.

General hospital project · Indian Ocean
Appraisal, pre-feasibility and feasibility studies, and transaction advisory towards financing.

II

Five *domains.*

Five problem-led practice areas, each anchored in senior practitioner experience and supported, where relevant, by the proprietary instruments.

WHERE WE MAKE THE DIFFERENCE

Five domains of work.

i.

Structuring health investments and partnerships

Where capital meets institutions

Advisory on public-private partnerships, blended finance, concession arrangements and other complex contracting instruments in health. Engagements cover transaction design, the allocation of risk and revenue, contractual architecture, and the upstream conditions that determine whether a transaction reaches financial close and operates soundly thereafter.

ii.

Planning and appraising health infrastructure

From the first investment question to the last day of asset life

Hospitals, primary care networks, laboratories and logistics platforms. Early stage appraisal, technical and economic feasibility, schedule of accommodation, capital and operating cost, design review, and the optimisation of operating asset portfolios. Anchored by CASH, deployed across more than ten countries.

iii.

Engaging the private sector in health

Mobilising commercial capacity for public health objectives

Market shaping advisory at the interface between health programmes and private actors: pharmaceutical and diagnostic firms, health technology companies, infrastructure developers and facility operators. Includes current engagement on the European Commission Team Europe Initiative covering EU, African Union and Africa CDC collaboration.

iv.

Government engagement and investor commitment

Bridging authorities and the institutions that finance them

Support to public authorities in building institutional ownership, securing ministerial and treasury approvals, and carrying a project into the pipelines of multilateral development banks. Covers the positioning of proposals within development bank and development finance instruments, European Union external action in health and United Nations health programmes, and the dialogue that turns funder interest into firm commitment.

v.

Health system preparedness and resilience

System performance, not emergency response

The capacity of a health system to absorb pressure and continue to function. The work covers financing, governance, legal framework, infrastructure and service delivery, and treats these five elements as the determinants of health system performance. It concerns the system itself. The management of emergencies falls outside the practice.

Financing	Governance	Legal framework	Infrastructure	Service delivery
REVENUE, ALLOCATION, PURCHASING	STEWARDSHIP, ACCOUNTABILITY	PUBLIC LAW, CONTRACTING	ASSETS, EQUIPMENT, UTILITIES	MODELS OF CARE, WORKFORCE

III

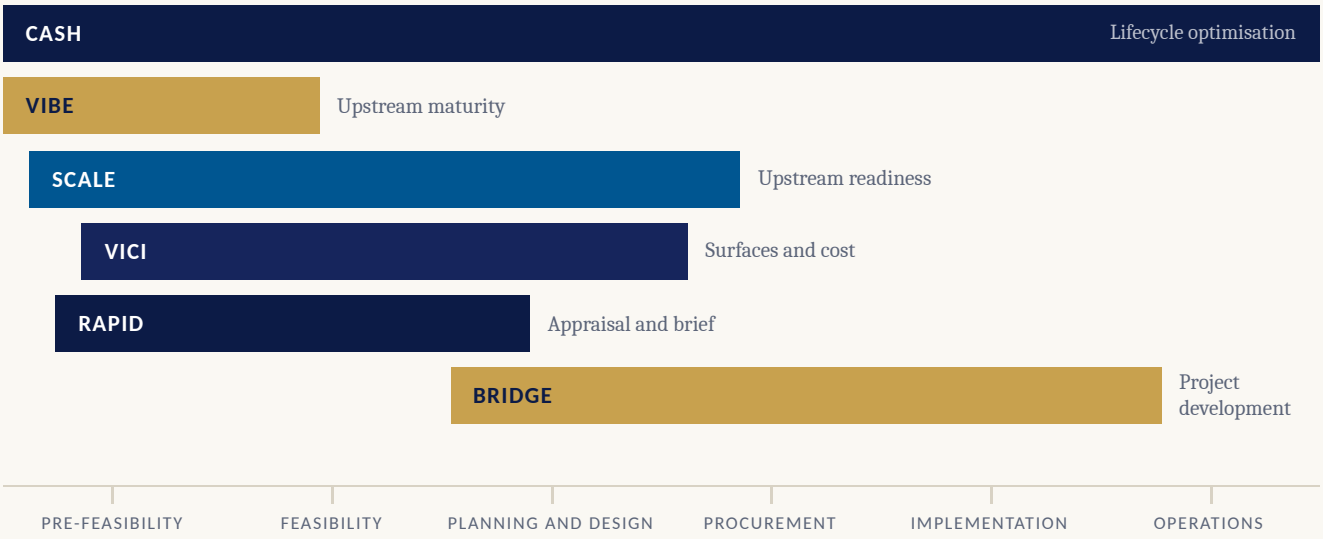
Six named *instruments.*

Designed to compress the upstream uncertainty that drives most cost and reputational risk in capital-intensive health investments, and to hold the project together afterwards.

INSTRUMENTS ACROSS THE CAPITAL CYCLE

From the earliest investment question to the *last day of asset life.*

Each instrument addresses a distinct decision moment. Taken together they cover the arc of a capital-intensive health investment, deployed individually or as a sequence on more complex transactions.



INSTRUMENT	DESIGNED FOR	OUTPUT
CASH	Asset owners and operators	Asset register, lifecycle cost model, optimisation pathways, phased investment roadmap
VIBE	Funders and investors	Composite maturity index out of 360, per-area classification, evidence trail, recommendation
SCALE	Project owners	Weighted upstream readiness by phase, support flags, dated readiness report
VICI	Sponsors, designers, cost consultants	Schedule of accommodation, cost build-up, plot coverage test, PDF and CSV export
RAPID	Investment committees	Appraisal dashboard, gap matrix, risk register, financing timeline, typeset decision brief
BRIDGE	Governments and financing partners	Roll-out dashboard, work package registers, document store, exportable report

Each instrument is a working digital tool as well as a method. Each records evidence, computes a position and exports a document for circulation. The tool is the machine and the project file is the project, so an assessment can be sent, versioned and reopened offline.

INSTRUMENTS ONE TO THREE

Maturity, readiness and *asset life.*

CASH

Capital Assets Solutions for Health.

DESIGNED FOR

Asset owners and operators

TRACK RECORD

More than ten countries

CASH addresses how value is protected once capital has been committed. It supports asset owners, operators and their financial sponsors across six lifecycle stages, from planning and programming through to decommissioning and renewal, and produces an asset register, a lifecycle cost model, prioritised optimisation pathways and a phased investment roadmap.

It is the most widely deployed of the six instruments, having supported facility planning, performance review and capital allocation in more than ten national contexts.

VIBE

Viability, Identification of risks, Bankability, Engineering of overall project.

DESIGNED FOR

Funders and investors

SCALE

Four areas, thirty-six criteria, 360 points

VIBE asks whether a project is ready for capital, and on what conditions. It is taken before a feasibility study is commissioned, scores the project across four weighted areas, and records for every criterion the evidence required, the score awarded, an analytical summary and a link to the source document.

Classification thresholds are set at 55 per cent for conditional and 75 per cent for investment ready. The assessment is repeatable, so movement between rounds becomes the record of progress.

SCALE

Simplified Checklist for Assets Lifecycle Effectiveness.

DESIGNED FOR

Project owners

STRUCTURE

4 phases, 25 components, 103 elements

SCALE sets out every component of the upstream phases, from pre-feasibility through feasibility and planning to design, and records where each element stands as started, in progress, finalised or not applicable. Progress is weighted, so a component does not have to close before the work inside it registers.

Two components act as gates. The clinical brief opens the strategic outline case. Construction readiness closes the upstream journey and confirms the project may proceed to works.

INSTRUMENTS FOUR TO SIX

Configuration, appraisal and *financial close.*

VICI

Visualiser for Infrastructure and Capital Investment projects.

DESIGNED FOR

Sponsors, designers, cost consultants

LANGUAGES

English and French

VICI holds the schedule of accommodation and turns it into the figures a funder asks for. Every department is assigned to a functional group, and every functional group maps by rule to a classification, so clinical, ancillary and circulation shares are derived by rule from the schedule.

Cost is assembled twice, by clinical function and by construction lot. A footprint and plot coverage test reports whether the scheme fits the parcel and the coverage limit that applies on the site.

RAPID

Rapid Appraisal for Project Investment and Development.

DESIGNED FOR

Investment committees

STRUCTURE

Eleven components with a gap matrix

RAPID delivers a full upstream appraisal at a fraction of the cost of a feasibility study, and states plainly what it has not covered. Completeness is driven by the gap matrix, and scope deferred to planning and design is excluded from the denominator.

A method note underpins the appraisal, mapping plain-language headings to the canonical appraisal terminology used by development banks. The narrative and the visuals assemble into a single typeset document.

BRIDGE

Bridging Readiness, Investment Development and Government Engagement.

DESIGNED FOR

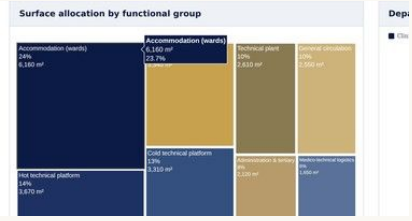
Governments and financing partners

STRUCTURE

Twelve work packages, four strands

BRIDGE governs the transition that follows appraisal, carrying the project from an appraised proposal into planning, with financial close secured. Twelve work packages run across four strands: support and secure, develop and strengthen, consult and prepare, bolster and sustain.

Progress is read from the evidence recorded in each package, and resolves to a named position on the roll-out, not to a bare percentage.



VICI · SURFACE ALLOCATION

RAPID · HEADLINE FIGURES

BRIDGE · THE MILESTONE RAIL

ILLUSTRATIVE QUALIFICATIONS

Selected illustrative *qualifications.*

Seven assignments, each led at senior level and drawing on the network of experts and partner firms.

Private sector engagement in EU, African Union and Africa CDC health security collaboration

European Commission, DG INTPA

Analytical reports on private sector participation in the Team Europe Initiative, covering seven case studies, a mapping of the financing architecture, and structured engagement with public and private interlocutors.

Rapid appraisal of a recent greenfield hospital project

World Health Organization

Application of the RAPID methodology to assess maturity, demand justification, options and feasibility flags for a proposed greenfield hospital of approximately two hundred beds. Outputs informed early-stage strategic decisions by the national and regional authorities. The client, the country and the financing partners are not identified.

Social infrastructure investment optimisation

Asian Development Bank, for a grouping of development banks

Analytical study on the optimisation of social infrastructure investment portfolios across development bank operations, drawing on the CASH methodology and on comparative analysis of investment instruments across the consortium.

VIBE assessment for a major health infrastructure project

A group of private investors

Application of the VIBE methodology to assess upstream maturity for a substantial health infrastructure investment, in support of an investment decision.

Pre-feasibility study, National Health Reference Laboratory

National health agency, Eastern Africa · with WHO, funded by the European Investment Bank

Pre-feasibility of a national health reference laboratory requiring restructuring, with the mandate and remit reassessed, alongside service configuration, infrastructure requirements, investment scenarios and operational sustainability.

National capacity in medical warehousing and medical oxygen

National health agency and national biomedical agency · with WHO

Assessment of national capacity in medical warehousing and in the production, storage and distribution of medical oxygen, with the investment and operating implications of each option.

Early evaluation of viability, risk and opportunity, large hospital partnership

A consortium of private operators

Early evaluation of the viability of a large hospital partnership, of the risks carried by the parties and of the opportunity the project represents, ahead of a decision to commit to detailed studies.

CAPABILITY IN EVIDENCE

Illustrative skill *deployment.*

The assignments below are set out as an indication of the range of work undertaken in health infrastructure, capital investment and complex contracting.

Project-finance DBFOM feasibility, relocation of a national referral hospital

Ministry of Health, South East Europe · European Investment Bank funded

Feasibility of a partnership arrangement to relocate a national referral hospital under a design, build, finance, operate and maintain structure, funded by the European Investment Bank. Assessment of best value for money, risk-sharing mechanisms and case scenarios, and the compatibility of the legal framework.

Partnership feasibility and design across Europe

Development banks, including the European Investment Bank, and private investors

Feasibility studies and structured partnerships across Central, Eastern and Western Europe: concessions, joint ventures, design-build-finance-operate-maintain and build-own-operate-transfer arrangements.

Health and facility master plans in more than fifteen countries

Governments and health authorities

Master plans, feasibility studies and partnership structures, including consortia for build-own-operate-transfer projects in the hospital sector and concession model feasibility for outsourced services.

Training programmes for PPP decision makers in health

European Commission

Design and delivery of training for public decision makers on partnership structures in health, with advisory services in the health sector in Vietnam and Morocco.

Working group on health financing and private sector participation

China · with WHO

Convening and facilitation of a practical working group on health financing and the terms on which private capacity participates in a public health system.

Standardisation of primary health care facilities

Jordan · with WHO

Upstream technical and strategic advice on a national programme: facility typology, service modelling and infrastructure norms.

Guide on health technology assessment

World Health Organization

Co-editor of the World Health Organization guide on health technology assessment.

Guide on inclusive health infrastructure

UNOPS · WHO

Substantive contribution to the United Nations Office for Project Services guide, bringing lifecycle and equity perspectives to facility planning and design.

Partnership instruments for social security and health decision makers

Vietnam

Capacity building on partnership instruments and contracting techniques for decision makers at the national social security agency and at ministry level.

Health system reform and programme delivery

Senegal, Vietnam, and European Commission funded programmes

Reform of the Social Security Code in Senegal and of old-age care legislation in Vietnam, with health system programmes delivered under European Commission funding in Croatia, Egypt, Morocco, Romania and Serbia.

CAPABILITY IN EVIDENCE

Public-private partnerships *in practice.*

Twenty years of partnership and complex contracting work in the health and social sectors, set out below by type of instrument.

Contracts and transactions

Operation and management services delivery agreement

General hospital, North Africa

Design and drafting of the partnership contract for the operation and management of a general hospital.

Joint venture for a health insurance card scheme

Ministry of Health, Southern Europe

Legal and contractual advisory services on the establishment of the joint venture set up to launch and operate the scheme.

Service delivery agreement, conversion of a military hospital

Minister for Health, South East Europe

Advice on partnership options for the transformation of a military hospital into a civil hospital, covering facility management and operation and maintenance models.

Consortia for build-own-operate-transfer projects

Hospital sector, worldwide

Formation of consortia for hospital sector projects, with concession model feasibility for outsourced services.

Feasibility, structuring and value for money

Territorial partnership arrangements in health

State governorate, Brazil

Analysis of emerging arrangements in ancillary and non-clinical partnerships, local asset backed vehicles and joint ventures supporting local government in healthcare.

Concession model feasibility, outpatient consultations

Not-for-profit private hospital, Western Europe

Feasibility of outsourcing outpatient consultations, with the contracting of healthcare professionals under a concession model.

Financial sustainability of vaccine and immunisation policy

Ministry of Health, Central Africa

Three-year budget plan and public procurement priorities, including private sector participation, capital investment and leasing arrangements.

International patient referral network strategy

Private healthcare network, Western Europe

Evaluation of a referral network strategy, covering healthcare provision and the terms of private sector participation.

Policy, legislation and capacity

Working document on private sector participation in social infrastructure

European Commission, Integrate Programme

Research and co-authorship on private sector participation, partnerships and investment in social infrastructure.

National old age master plan

Ministry of Health, South East Asia

Policy co-ordination, contracting with public and private providers, and partnership options for a consistent offer of health and social services in the capital region.

Health financing and contracting for private participation

Ministries of Health and Labour, West Africa

Advice on the financing and contracting arrangements through which private capacity strengthens the national health system.

Training of decision makers on partnership instruments

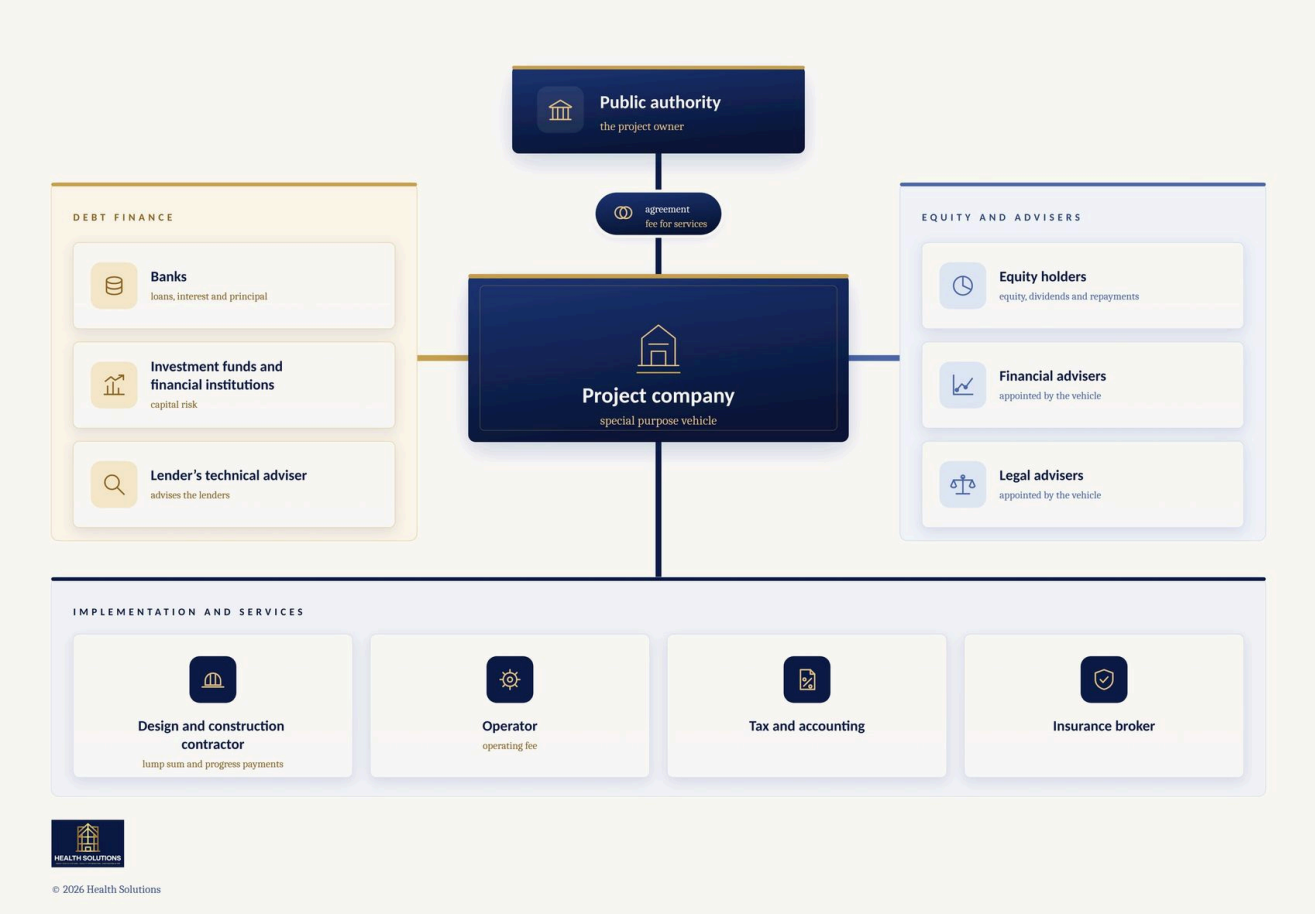
European Commission and WHO programmes

Workshops and training across Central and Eastern Europe, North Africa and South East Asia, and the induction of the vice-president of a national parliament in Latin America on partnership models for capital investment and public service modernisation.

HOW A PARTNERSHIP IS PUT TOGETHER

Who signs what, and what *flows between them.*

The public authority, the special purpose vehicle it contracts with, and the parties standing behind that vehicle. Health Solutions advises on every line in this diagram, from the agreement at the top to the operating and insurance arrangements at the foot.



Debt finance

Banks, investment funds and financial institutions, and the technical adviser appointed to the lenders. The terms on which debt is raised set the coverage ratios the project must meet for the life of the concession.

Equity and advisers

Equity holders and the financial and legal advisers appointed by the vehicle. Gearing, the expected return to equity and the tail period after full repayment are settled here.

Implementation and services

The design and construction contractor, the operator, and the tax, accounting and insurance counterparties. Payment mechanisms and availability regimes are drafted against these arrangements.

HOW WE DELIVER

Network of senior experts, and *partner firms.*

Each engagement is assembled from two complementary resources: senior individual experts who deploy alongside the practice, and partner firms that provide institutional capacity in clearly bounded domains.

Network of senior experts

- Specialised health architects, with hospital, laboratory and primary care experience in resource-constrained and high-complexity settings
- Civil and structural engineers, experienced in seismic, climate-resilient and tropical health facility design
- Financial analysts and modellers, covering lifecycle costing, PPP financial structuring and concession economics
- Health economists, specialising in cost-effectiveness, health technology assessment and financing instrument design
- Legal and procurement specialists, in PPP contracts, concession agreements and complex public procurement
- Public health and policy advisers, with operational experience in WHO programmes, EU external action and ministry implementation

Partner firms

SOUTH AFRICA

Benguela Health Ltd

Health infrastructure development and project delivery, with deep experience in sub-Saharan African health systems.

DENMARK

Triangulate Health Ltd

Health economics and health technology assessment, with Nordic experience and a strong analytical tradition.

ITALY

Design and architecture network

Designers and architects specialising in health infrastructure, from functional programming through to schematic and detailed design.

WORLDWIDE

Senior technical network

Civil and structural engineers, building services engineers, cost consultants and financial modellers, engaged assignment by assignment.

FORTHCOMING WRITING

Perspectives.

Health Solutions publishes a small number of focused perspectives each year on questions at the intersection of health systems and capital. Five are in preparation.

Further perspectives, briefings and case studies are available on request.

i.

Public-private partnerships in health: still the only game in town?

A reassessment of the case for, and the limits of, partnership arrangements in health systems, twenty years after the first wave, against renewed fiscal constraint, structural under-investment in health infrastructure across emerging economies, and a generation of evidence on what works. This draws on academic research at doctoral level, on practical experience and on the current operational portfolio.

ii.

Megatrends in health: co-investment, technology and health system resilience

Three structural shifts shaping the next phase of investment in health systems: the mobilisation of development bank capital through co-investment platforms, the role of artificial intelligence and digital infrastructure as an entry point to health system resilience, and the changing economics of health system preparedness in a more contested geopolitical environment.

iii.

Viability economics, structures and transaction instruments for private investment in health delivery

How the economics of viability, the choice of structure and the available transaction instruments bear on private participation in health delivery. Written for investors and co-investors, it sets out how a position is de-risked and how a private contribution is held to deliver value for money and measurable health outcomes.

iv.

A facilitated network of private advisers in support of public capacity

How a curated network of private advisers brings insight and specialist expertise to public bodies carrying complex capital investment and health infrastructure projects, and how that support is organised so that public sector capability is built through every phase of the work.

v.

Bridges between public and private health stakeholders

The practical arrangements through which public and private health stakeholders work together on a capital project: what each side needs from the other at each stage, which instruments carry that exchange, and at what point in the project the terms are settled.

LEADERSHIP

Dr Gwenaël Dhaene

PhD · LLM · LLB · Managing Director

Managing Director of Health Solutions, and a specialist in public-private partnership design and optimisation for the health and social sectors. A public and health law specialist, working on partnerships and complex contracting since 2003.

Twenty-five years across the public and private sectors, some fifteen of them as a United Nations official, with engagements in more than seventy countries. From 2021 to 2026 he advised on capital investment and health infrastructure at World Health Organization headquarters in Geneva, leading the capital investment in health workstreams and arranging blended and concessional finance alongside the European Investment Bank, the African Development Bank, the Islamic Development Bank and the Inter-American Development Bank. From 2015 to 2021, at the Decide Health Decision Hub, he co-ordinated the global network for value for money in health and hosted the Organization Fair Pricing Forum.

Earlier he co-ordinated technical advice at the Centre for Excellence of the International Labour Organization in Geneva, led the public sector advisory practice for Europe, the Middle East and Africa at IHS Global, and conducted partnership feasibility and design work for development banks and private investors across Europe, Africa and Asia. He is the author of the six instruments described in this document.

Doctorate in public and health law, summa cum laude, Paris I Sorbonne, on public-private partnerships in health. LLM in public business law, Aix-Marseille. LLB in law, Kingston University, London.

Selected expertise

- Structuring of public-private partnerships, concessions and complex contracting instruments in health
- Lifecycle approach to health and social infrastructure: diagnostic, planning and optimisation
- Upstream capital investment, from pre-feasibility through feasibility to design
- Private sector participation in health, and the terms on which commercial capacity enters public systems
- Health system preparedness and resilience across financing, governance, legal framework, infrastructure and service delivery
- EU external action in health, United Nations health programmes and multilateral health financing architecture

70+	Europe	Africa and the Middle East	Asia-Pacific
COUNTRIES OF ENGAGEMENT	CENTRAL, EASTERN AND WESTERN	NORTH, WEST AND SUB-SAHARAN	AND SMALL ISLAND STATES

Education

Doctorate in public and health law, summa cum laude, Paris I Sorbonne, 2013, on public-private partnerships in health: performance and innovative contractual instruments. LLM in public business law, Aix-Marseille, 1999. LLB in law, Kingston University, London, 1998.

Languages

French and English to full professional fluency. Italian proficient. German to limited working proficiency.

Further material

Seminars, keynote addresses, publications and references are available on request.

HEALTH SOLUTIONS

SMART HEALTH SYSTEMS · FACILITY OPTIMISATION · CONTRACTING & PPP

Let us begin a *conversation.*

HEALTH SOLUTIONS · HEALTH-SOLUTIONS.WORLD

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AREAS OF WORK Geneva and worldwide

SCAN TO VISIT

Prepared for partners, clients and prospective collaborators of the firm.

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