Volume 19 Issue 16
Originally issued as K4



Global Journal of Medical Research: K
Interdisciplinary
Volume 19 Issue 4 Version 1.0 Year 2019
Type: Double Blind Peer Reviewed International Research Journal
Publisher: Global Journals
Online ISSN: 2249-4618 & Print ISSN: 0975-5888

Rethinking Public-Private Partnerships (PPPs) in Healthcare: Integrating Social Impact into the Working Model

By Odhiambo David

Introduction- Public-Private Partnerships (PPPs) are collaborations between the public and private sector organizations i.e. for profit, not for profit, faith-based or NGOs. These engagements can be in the form of institutional arrangements ranging from simple collaboration, joint venture programs, direct contract lease and concessions among others (Mwageni, December 2006).

PPPs are forged with to meet a common need which either entity alone cannot be able to realize (Thadani, 2014). In most cases, they are designed to take advantage of the strengths of both parties in a structured arrangement i.e. better managerial competencies in the private sector and huge resource pool in the public sector to realize a common goal.

The benefits attributed to PPP's include improved physical access to services in under-served areas, efficiency in the use of health resources by leveraging technical and managerial competencies of the private sector, prevent impoverishment of the uninsured & marginalized individuals, equity in access to services not available in the public sector, improved health infrastructure, regulatory and oversight on health standards (Bjorkman, 2015). These benefits double as the partners' aspirations in such arrangements especially within the confines that health is a social need that falls within the premise of governments to ensure access while private entities have an interest for their business success.

GJMR-K Classification: *NLMC Code: W 84.6*



Strictly as per the compliance and regulations of:



© 2019. Odhiambo David. This is a research/review paper, distributed under the terms of the Creative Commons Attribution-Noncommercial 3.0 Unported License http://creativecommons.org/licenses/by-nc/3.0/), permitting all non commercial use, distribution, and reproduction inany medium, provided the original work is properly cited.

Rethinking Public-Private Partnerships (PPPs) in Healthcare: Integrating Social Impact into the Working Model

Odhiambo David

I. Introduction

Public-Private Partnerships (PPPs) are collaborations between the public and private sector organizations i.e. for profit, not for profit, faith-based or NGOs. These engagements can be in the form of institutional arrangements ranging from simple collaboration, joint venture programs, direct contract lease and concessions among others (Mwageni, December 2006).

PPPs are forged with to meet a common need which either entity alone cannot be able to realize (Thadani, 2014). In most cases, they are designed to take advantage of the strengths of both parties in a structured arrangement i.e. better managerial competencies in the private sector and huge resource pool in the public sector to realize a common goal.

The benefits attributed to PPP's include improved physical access to services in under-served areas, efficiency in the use of health resources by leveraging technical and managerial competencies of the private sector, prevent impoverishment of the uninsured& marginalized individuals, equity in access to services not available in the public sector, improved health infrastructure, regulatory and oversight on health standards (Bjorkman, 2015). These benefits double as the partners' aspirations in such arrangements especially within the confines that health is a social need that falls within the premise of governments to ensure access while private entities have an interest for their business success.

The key factors that drive governments to establish PPPs as argued by the Africa Health Forum Finance and Capacity and Results are:

i. The desire to improve the operation and performance of public health services and facilities and to expand access to improved quality services
ii. An opportunity to leverage private investment for the benefit of public services
iii. The desire to formalize arrangements with non-profit partners who deliver a substantial share of public services
iv. An increase in the potential partners for governments as the private healthcare sector matures (Africa Health Forum: Finance and Capacity for Results, 2013).

With these in sight, it's critical to assess the different models of engagement in PPP currently being employed and propose new models which would bridge the gap and fuel the transition to UHC since this is an ever desired most elusive target.

II. Public-Private Partnership Models in Healthcare

There are three main working PPP models in place which include:

i. Health services-only model where a private entity is given the mandate to operate and deliver publicly funded services to citizens in public facilities.
ii. Facility finance model in which a public agency contracts a private organization to design, build, and finance and operate a health program/facility. Health services within such a facility are mostly provided by the government
iii. Combined facility finance and health services model where a private entity builds or leases a facility and delivers free or subsidized healthcare services to a specific population as per the agreement. (Independent Evaluation Group: World Bank Group, 2016).

The same model is confirmed to be a common case in facility-based PPPs as presented by PwC and Institute of Global Health Sciences in their Healthcare public-private partnerships series No. 4 (Abuzaineh, January 2018). This commonality confirms that most PPPs in health are limited to the provision of healthcare services and specifically with ensuring access through either facility development, service provision or financing of the same programs. The success of PPPs in healthcare to this stage are instrumental in shaping the next steps to be taken and this is affirmed by the discussions presented in the Africa Health Forum report (Africa Health Forum: Finance and Capacity for Results, 2013).

The Africa Health Forum report further presented categories of PPP models with key examples on where they have been successful;

Author: Founder, Ryculture Health and Social Innovation.
e-mail: davyodhiambo15@gmail.com

© 2019 Global Journals

Table 1

Category	Private sector responsibility	Public sector responsibility
Public Health Services PPP e.g. - Performance-Based Financing (PBF) - Riders for Health (Transport) - Food Fortification (Salt Iodization)	· Management of services under contract ·Provision of either clinical and nonclinical services ·Provision of healthcare products, especially pharmaceuticals, at agreed rates ·Employment of staff and manage new capital investment, depending on the contract	· Contracts a private sector entity for the provision of public services · Pays for, monitors and regulates services & contract compliance by the private entity · May engage with development partners for the project
Hospital Services PPP e.g. - Brazil: Sao Paulo Hospitals.	·Manage public hospital as per the contract · Provide clinical and nonclinical services ·Employ all staff and be responsible for new capital investment as defined in the contract	· Contract a private firm for the provision of public hospital services · Pays for, monitors and regulates services rendered by the private operator as per the contract terms · May engage development partners
Facilities-finance PPP e.g. - United Kingdom: Private Finance Initiative	· To finance, construct, and own a new public health facility then lease it back to the government	· Manage a privately developed hospital and make lease payments to the private developer
Combined Facilities and Services PPP e.g. - Lesotho: Queen' Mamohato Memorial Hospital and Clinics	· To finance, construct, and operate a new public hospital - To provide clinical or non-clinical services or both	· Reimburse private operator for capital investment and recurrent costs for the services provided; - Provide relevant public premises such as land
Co-location PPP e.g. - South Africa: Pelonomi & Universitas Hospitals	· Operate a private section or department of the public facility · Fulfillpayment and service access conditions as agreed in the contract; - Maintain public land or building used	· Manage public section for public patients - Manage relationship with the private unit such as sharing of overhead costs and equipment · Supervise the fulfillment of patient access and other conditions as agreed on in the contract

III. Proposals on PPP

In the new wave of action towards UHC, there is a need to reassess the structures and models that have been adopted in PPPs for health and revamp the offerings for impact. In this new approach, private sector players should assess their offerings in light of their social impact on the communities in which they intend to operate. However, these should not be confused for Corporate-social responsibility (CSR) activities as they constitute the core business being conducted by the different partners in such an arrangement. PPPs with social impact is at the core of the post-industrial revolution as postulated by Karl Marx even though it may not come in the form of revolutions as defined by him (Anthony Giddens, 2012).

Initiative for PPPs should not be constrained to emanate from the public sector but should be driven from any party that identifies a need area which would be served better through a PPP. In so doing, any party will have the responsibility of researching on the healthcare needs and emerging concerns, designing interventions and proposing partnerships to ensure there is efficiency in the delivery of the same services with maximum impact. With such a shift in focus, instead of private health insurance companies focusing extensively on better ways of offering covers for medical care to cushion clients from burdensome healthcare costs, they will restructure to have offerings on health promotion programs and support for the determinants of health such as nutrition.

The upcoming avenues for massive PPP engagement are in the global health sphere and include:

i. Healthcare financing: With financial constraints that are limiting the ability of governments to cater to the healthcare needs of their citizenry. There is a need to find new frontiers for funding. Organizations such asGAVI, Co-Impact Lab, etc. are coming with new ways of mobilizing funds for interventions with impact and these should be benchmarks for healthcare financing as well. With most countries in the global south working towards structuring or restructuring their national health insurance schemes, PPPs should be focused on modalities of having comprehensive revenue management models which would ensure all facets of care are serviced i.e. preventive, health-promoting, curative, rehabilitative, palliative and infrastructural needs. This concept is currently under development and review by our team at Ryculture to come up with a Comprehensive Community-Based Health Insurance Scheme.

© 2019 Global Journals

ii. Immunization: there have been a re-emergence of outbreaks of disease which have been managed through vaccinations in the past such as the measlescase in the USA due to belief systems as witnessed with members of the Orthodox Church. Cases have also been witnessed as a result of lack of access to facilities in some developing countries. In the latter, PPPs with community pharmacies which are relatively more accessible to the public even in remote communities can help support the access to vaccines if structured to serve this gap, especially where geographical access has been a constraining factor. A partnership in this context would make the pharmacists serve a social need in the community while at the same time aiding governments in the provision of immunization services.

iii. Telemedicine: technology is becoming a part of our everyday lives even in the poorest of communities there is access to a mobile phone. This presents a great avenue to promote health where resource constraints have been an impediment. With a mobile phone patients can be able to secure consultations from qualified practitioners, access verified prescriptions, etc. However, for this to work, government policies, regulatory and structural interventions will be crucial in supporting the private sector in adopting such arrangements. Currently, this is taking root in Rwanda through the adoption of Babyl services which offers general practitioner consulting, prescription and referral systems via phone (Babylon Health Rwanda, 2019) and Japan (Kyodo, 2019).

IV. Conclusion

PPPs have helped ensure essential services which would otherwise not be provided by the public sector or the private sector alone are made available in an efficient manner to the public. This has been instrumental in promoting healthcare access especially in the low and middle-income countries (LMIC) as depicted by case analysis by the Africa Health Forum. However, in order to realize the goal of achieving UHC, we need to rethink our models for PPP with focus on the most pressing challenges, the available resources and the value we are bound to obtain from concerted investment in health through PPPs with a social conscience.

References Références Referencias

1. Abuzaineh, N. B. (January 2018). PPPs in healthcare: Models, lessons and trends for the future. Healthcare public-private partnership series, No. 4. San Francisco: The Global Health Group, Institute for Global Health Sciences, University of California, San Francisco and PwC.
2. Africa Health Forum: Finance and Capacity for Results. (2013). Public-Private Partnerships for Health: PPPs are Here and Growing. World Bank Group.
3. Anthony Giddens, M. D. (2012). Introduction to Sociology 8th Edition. New York, London: W. W. Norton & Company, Inc.
4. Babylon Health Rwanda. (2019, April 2). Babylon Health Rwanda. Retrieved from Babyl: www.Babyl.rw
5. Bjorkman, A. V. (2015). Public-Private Partnerships in Healthcare. In E. K. al., The Palgrave International Handbook of Healthcare Policy and Governance (pp. 376 -). Macmillan Publishers Limited.
6. Independent Evaluation Group: World Bank Group. (2016). Public-Private Partnerships in Health. Washington DC: World Bank Publications.
7. Kyodo. (2019, February 5). The Japan Times. Retrieved from The Japan Times-News: https://www.japantimes.co.jp/news/2019/02/05/national/japan-allow-online-medication-consultations-pharmacists-2020/#.XKYsWIOYE0M
8. 8. Mwageni, J. i. (December 2006). Towards an Effective Delivery of Public Services. African Association for Public Administration and Management. Arusha, Tanzania: Mzumbe University.
9. Thadani, K. B. (2014). Public-Private Partnership in the Health Sector: Boon or Bane. Procedia - Social and Behavioral Sciences, 307 - 316.

© 2019 Global Journals