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Contexts and Contents

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Introduction

Public-private partnerships are at the top of the health sector agenda these days at the international level. There are many reasons why public-private partnerships are being pushed to address health related issues and concerns facing the World. Perhaps the most important of these reasons is the increasing recognition that neither public nor health care organizations, alone, are capable of solving the emerging health problems. There is a growing understanding at the international level that public-private relationships would enable different people and organizations to support each other by leveraging, combining and capitalizing on each-others complementary strengths and capabilities (Lasker, Weiss, Miller, 2001).

Public-private partnerships in health services delivery may also be seen as the logical corollary of the process of globalization that the World is witnessing today. Globalization has resulted in the growth and increasing influence of international non-government organizations in international health (Brown et al., 2000). One of the important concerns of these organizations is to resolve issues of health equity between the rich and the poor of the World. With globalization, new technologies come quickly to the market and spread across rich countries while the persistent lack of availability and access to these technologies in poor countries create a stark and tragic contrast. This gap in the availability and access to latest health technology can create dramatic differences in mortality and morbidity (Reich, 2002). Public-private partnerships in health services delivery is essential because of the limitations of the market to distribute health benefits accruing out of technological advancements in health and medicine to those who need them most - the poorest and the most deprived ones. When the market is not able to distribute health benefits to people who need them most, partnerships between public and private enterprises are often seen as offering innovative methods and approaches with a good chance of producing the desired outcomes at an affordable cost.

Recognizing the important role that public-private partnerships may play in meeting the health needs of the people, many public sector institutions have established partnerships with private sector enterprises.

The partnerships of academic institutions with private drugs and pharmaceutical companies for specific health related research activities is well known (Blumenthal, 1996). Similarly, there are attempts at the global level to evolve public-private partnerships to expand availability and access to drugs and vaccines in poor countries (“The need for public-private partnerships”, 2000; Harrison, 1999; Reich, 2000; Smith 2000). The World Health Organization has also expressed its preparedness for open and constructive relations with private sector and industry (World Health Organization, 1998).

What is true about public-private partnerships at the global level is also true at national, state and local levels. Traditionally health care delivery has been the propriety of popular governments throughout the World. Health of the people has always been and continues to be an important agenda of the welfare state. This welfare oriented wisdom, initiative and investments have been the basis of the evolution of public health care delivery system, the most important feature of which is the delivery of health services either free of cost or at a very highly subsidized cost. This populist approach of the provision of health services has however done considerable damage to the public health care delivery system. It has hindered the normal growth and development of the system and killed internal inertia and vitality. The stunted growth and development of the public health care delivery system, largely because of constraints in government budgetary allocations, have rendered services available through the system inefficient and ineffective. The credibility of the public health care system in meeting the health needs of the people, especially the poor and the deprived ones, has seriously been eroded. The worst sufferer of the situation is the poorest and the most deprived section of the society - the section which constitutes the major portion of the health needs of the community. Restoring the credibility of the public health care delivery system by improving the efficiency and effectiveness of public health care delivery services is perhaps the greatest challenge that the governments are facing today.

The private health care delivery system has always existed along side the public health care delivery system in almost all countries and societies. However, the role of the private sector in meeting the health

needs of the people has always been underestimated. It is already the largest provider of health services in some way (World Health Organization, 1999). In recent years, there has been some rapid expansion and growth of the private health care delivery system. Private health care delivery system is being viewed by the corporate sector as an exciting investment opportunity primarily because of the deterioration of the public health care delivery system. However, the contribution of the private health care delivery system in addressing the health issues and concerns has, at best, been limited because of a number of reasons. First, the private health care delivery system largely remains unregulated. It is largely governed by the market and so it is concentrated in areas where the people have the capacity to pay - cosmopolitan and metropolitan cities and big towns. Second the system is literally confined to the delivery of institution-based clinical services only; it does not provide a comprehensive health package to the people covering all preventive, promotive and curative aspects of health. The private health care delivery system has always existed in the society along with the public health care delivery system. However, in the past, the private health care delivery system was driven largely by charity and philanthropy. Today, the profit earning motive of the private health care delivery system has overtaken its charity and philanthropic orientation.

Given the state of public and private health care delivery system, it is argued that the public-private partnerships in health care delivery can contribute significantly in improving the efficiency and effectiveness of public health care services thereby restoring the credibility of the public health care delivery system and can revive the philanthropic orientation of the private health care delivery system. It is argued that public-private partnerships can produce innovative strategies and positive consequences for well-defined public health goals. They can create powerful mechanisms for addressing difficult problems by leveraging the ideas, resources and expertise of different partners.

At the same time, the current understanding about public-private partnerships is very limited. The vision, values, interests and approaches of the public health care delivery system are radically different from the private system, at least at present. It is not very clear at present how can

the two very different type of organizations come together to address and resolve essential health related problems and issues? The rules of the game for public-private partnerships are very ambiguous and fluid. There is no single formula or approach to promote public-private partnerships. Similarly, some type of regulatory mechanism that ensures that public-private partnerships in health care delivery leads to a win-win situation in terms of meeting the felt health needs of the majority people is yet to be evolved.

This paper attempts to concretize the concept of public-private partnerships in health care delivery, particularly at the local level - the interface with the people at large. The paper starts with a discussion on the definition and diversity of public-partnerships as they are related to health services delivery.

Basis of Public-private Partnerships in Health

Traditionally, delivery of a certain basic minimum set of health services to all has been regarded as a government concern. Although, the private health care delivery system has always existed in all societies, yet it has never been perceived as the front line deliverer of health services to the people. There is, however, enough empirical evidence to suggest that the government health services are inefficient, inequitable and do not deliver better health for the people (Birdsall, James, 1992). On the other hand, there has rarely been any serious attempt to involve the private sector in meeting the health needs of the people in a pragmatic manner.

The recent emphasis on public-private partnerships stresses that partnerships between the public sector and private sector is necessary to meet the health needs of the people of the state in an effective yet efficient manner and neither strict public nor strict private health care systems are appropriate. This consensus about the need of public-private partnerships in health care delivery is based on the following observations:

The public health care system has not been able to provide quality health care services. The inefficiency of the public health care delivery system in meeting people's health needs is well known. The governments are presumed to act in the public interest. In practice, however, most of

the government decisions are dictated by bureaucratic biases and political preferences. The public health care system lacks direct accountability. They suffer from low level of innovation especially where the infrastructure and supervisory systems are weak (Mitchell, 1986). Inadequate training of health care services providers, insufficient supply of drugs, lack of necessary equipments and supply and poor systems for monitoring and holding health care providers are some of the major obstacles in improving the quality of public health services.

Limited availability of resources for the expansion and growth of public health care delivery system. The public health care delivery system is largely funded out of government budgetary allocations. However, because of financial constraints, government budgetary allocations are not sufficient enough to meet the resources need of the expansion and development of the system. Additional resources are need not only for infusing latest medical technology into the public health care delivery system but also for the expansion of the system to meet the ever increase health needs of the continuously increasing population.

Limited impact of the private health care delivery system. The private health care delivery system has a long history of meeting the health needs of the people. However, the experience shows that the impact of the system on the health of the people is at best limited. There are many reasons. The private health care delivery system is targeted primarily to those who are in a position to pay for health services whereas majority of health problems are concentrated in those sections of the population whose capability of paying for health services is extremely limited. Moreover, services available through the private health care system are largely curative. The system pays only a residual attention to preventive and promotive health services.

Absence of an effective regulatory system. In order to ensure the quality of health services, regulation of health care delivery system, either private or public, is a must. However, a transparent, efficient and effective regulatory system is currently missing. There are certain regulations and laws enacted by the government but they are enforced in a lop-sided manner. One problem with these regulations and laws is that treat the public and private health care delivery system differently. The indifference

of the government to effectively regulate the health care delivery system has resulted in a number of mal-practices. The private health care delivery system is largely unaccountable to the type and quality of health services that it provides to the people.

Lack of information about the demand and supply of health care services. The efficiency and effectiveness of the health care delivery system, either public or private, depends in large measures on the health seeking behaviours of the population being served. The utilization of health systems and the nature of health outcomes depend, crucially, on such factors as location of health care delivery facilities, the type of services provided, the cost of services provided, etc. At present, both the quantity and quality of this information is either in exceedingly short supply or is not readily available to poor people and illiterate people who need this information most.

Defining Public-private Partnerships

There is no universally accepted definition of public-private partnerships in health services delivery. Because of their very nature, public-private partnerships are always very fluid. They keep on changing according to the health care needs of the people. In fact, defining public-private partnerships in health care delivery creates more ambiguities than clarity. Still, for operational purposes, public-private partnerships in health services delivery may be defined as (Paoletto, 2000):

“collaborative activities among interested groups, based on mutual recognition of respective strengths and weaknesses, working towards common agreed objectives developed through effective and timely communication.”

The above definition suggests that there are at least four essential components of public-private relationships:

- (1) common objectives - public-private partnerships are effective only when partners agree on common objectives. The objectives are ideally developed through a process of communication that is acceptable to all partners involved.
- (2) agreement among the partners to undertake activities for the fulfilment of common activities.

- (3) activities that building upon the strengths of individual partners.
- (4) actions that overcome the weaknesses of the partners - overcoming apparent weaknesses may involve sharing of expertise, knowledge and experience by one or more partners. It also means first recognizing the weaknesses.

Actors in the process of partnership may include national government, local government, non-government organizations, research groups, development institutions, philanthropic organizations, corporate agencies, etc. Defining partners is probably and so obviously the most critical element in the success and sustainability of public-private partnerships in health services delivery. Partnerships may involve a range of partners with different rights and responsibilities. There are a number of important issues related to partnership structures including the processes through which partnerships are formed, the ways in which different organizations relate to each other, and the broader policy implications of public-private partnerships (Reich, 2002).

Many kinds of public-private partnerships in the delivery of health care has emerged in recent years. These partnerships can be grouped into the following categories:

1. Partnerships for disease control - product development
2. Partnerships for disease control - product distribution
3. Partnerships for health systems strengthening including health systems research and of health management information system
4. Partnerships for coordinating health programmes
5. Partnerships for product donations
6. Partnerships for the delivery of health services.

An important conceptual element in defining the public-private partnerships in health services delivery is to distinguish between financing of health services and provision of health services (Bloom, Craig, Mitchell, 2000). Figure 1 shows the range of possible involvement of public and private organizations in financing and in provisioning health care services. Imaginative public-private partnerships offer especially exciting potential, as they allow the strength of each sector to be harnessed.

Figure 1: Different types of public-private partnerships in the delivery of health services.

	Public sector provisioning of services	Private sector provisioning of services
Public financing	Public health care delivery system	Contracts Health insurance
Private financing	User fees Autonomous hospitals	Private hospitals and nursing homes

Figure 1 suggests that public private partnerships can broadly be grouped into two categories:

Public funding-private provision of health services. Interest in the public funding with private delivery of health services stems from the government obligation to ensure that health services are available to the entire population. The underlying assumption in this type of partnerships is that the quality and efficiency of health services delivered by the private sector will be better than if they are provided by the government directly. Contracting and insurance are most common models of this type of public-private partnership. Other models include government funding of supplies for priority programmes and activities that are administered by private practitioners and funding of private practitioners to set up private clinics in remote or under served areas. In Indonesia, for example, the government funded private midwives to set up clinics that provided family planning services (Mitchell, 2000). The advantage of this model is that there is no recurrent cost to the government, once a clinic is set up, the midwife or the doctor manages the clinic out of its own earnings.

There are three critical issues in promoting this type of partnerships. The first is a clear specification of expectations in terms of outputs and costs. The second is a transparent, well defined, contracting system while the third is clearly laid down mechanism for monitoring compliance. This system must have provisions for non-compliance.

Private funding-public provision of health services. There are fewer models of private funding of public health care services delivery because

private individuals are normally reluctant to fund government services beyond paying taxes. However, a big exception to this is the institution of user fees in public health facilities. In the environment of budgetary constraints, user fees are becoming important resources for the public health care delivery system to improve quality of services particularly when fees are kept and administered locally. However, charging of fees also mean that some services are not available to poorest of the poor even through the public health care delivery system. To avoid such a situation, all fee mechanisms have a provision to waive user charges for the poorest section of the community although the system rarely works efficiently.

A user fee based public-private partnerships in the delivery of health services may be successfully promoted if

- The fees are collected and administered locally to improve quality of health services. The experience is that most people are willing to pay if they can see that funds are being used properly.
- The process of fee collection and its utilization is transparent so as to address people's concerns that fees are used for the intended purpose and there is no wasteful expenditure.
- The fees are not used as a substitute for public funding of the health care delivery services. Innovative use of user fees is necessary for the sustainability of the system.
- There should be a transparent and efficient system to provide services to those who cannot pay user fees.

Issues in Promoting Public-private Partnerships

There are a number of important issues that need careful thought and understanding for promoting successful public-private partnerships in improving the delivery of health services. Some of these issues are discussed at length below:

Understanding objectives of the health care delivery system. One of the essential requirement for promoting successful public-private partnerships is agreement on common objectives and goals. The ultimate objective of the any health care delivery system, either public or private, should be meeting the health needs of the people. Meeting the health

needs of the people has three dimensions - availability, access, and quality of health services. In this context, the health care system may be thought of as having the following key objectives:

- ✓ Delivering good quality health services
- ✓ Delivering health services efficiently
- ✓ Ensuring equity in availability and access to health care
- ✓ Ensuring sustainable financing of health care.

For successful partnership, it is necessary that a consensus is developed among the partners on the above four dimensions of health care delivery. More specifically, a common definition of quality, efficiency and equity of health services needs to be evolved that is acceptable to all partners involved in the partnership. The public and private providers may be motivated by different incentives and have different perceptions about the quality of health care services. Similarly, public and private interpretation of the term efficiency is basically different although there are some commonalities. On the other hand all health care delivery systems are biased towards the already-advantaged population groups. Reaching the unreached is perhaps the most important challenge to the public health care delivery system. By contrast, equity may not be a concern at all for the private health care delivery system.

Another important issue in promoting successful public-private partnerships in the delivery of health services is ensuring the sustainability of financing health services. Sustainable financing for health services requires projections of the quantum and the nature of the demand for health services in the years to come. An assessment of the quantum and the nature of health services in future can be based only by analyzing the future health needs of the people. Once again there may be differences in the views and preferences of the public and private sector over the projected patterns of health needs and projected demand for health services. The focus of the public sector may be on preventive and promotive health needs of the people while the private sector may be interested in the projected demand for curative services. Incidentally, both preventive and promotive and curative services are essential to meeting the health needs of the people. The private sector normally thinks in the short term only. Short-term solutions, however, create long-term

problems. On the other hand, long-term commitments in the public sector can be funded only in the short-term.

Defining the role of the public sector. In general, the public health care delivery system is blamed for the poor health status of the people and for all ills of the health care delivery system. This is expected as the government plays a major role in financing and providing health services, especially preventive and promotive health services. The government is also responsible for regulating the non-government health care delivery system. For promoting successful public-private partnership, it is important that the government defines its roles and responsibilities in ensuring availability, access and quality of health services to the people. Some of the areas in which the government should concentrate in promoting successful public-private partnership are

- Overcoming the limitations of the market in meeting the health needs of the people. There are conditions when the market cannot meet the health needs of the people or the market has only a limited capacity of meeting the felt health needs. In such a situation, the government must step-in. This is the situation when the social benefits of a particular service exceed the private benefits. As an example, children contract poliomyelitis unwittingly. By vaccinating children, government confers benefits to children vaccinated but also on those who may otherwise may be at risk of infection. A successful pulse-polio programme may result in herd immunity in the community which ultimately leads to total elimination of the disease.
- Providing safety nets for those citizens who are not in a position to pay market prices for health services. It is well known that in the developing countries like India, a substantial proportion of population does not have the capacity to pay market prices to meet their health needs. The private sector is hardly interested in meeting the health needs of these population groups as provision of health services for these people incurs monetary loss. For these people, the government is best-placed to ensure health services delivery by providing safety-nets. This can be done by either direct

provision of services or by creating appropriate incentives for the private sector to undertake the task.

- Strengthening health services regulation. Health services regulation plays a very important role in ensuring availability, access and quality of health services in the context of the health needs of the people. Regulation is also thought essential to control the cost of health services although such control is argued to have led to market distortions in the long run. Regulation of the cost of health services is also necessary where there is little competition, no parallel public provision, or where people are relatively poorly informed about their needs and quality of the service provision. Cost of drugs is an area where the potential for excess profits is high and cost control may be necessary.

The promotion of public-private partnerships in health services delivery is bound to result in an increased role and hence expansion of the private health care delivery system. The traditional regulatory structures that currently exist may not be effective in regulating the private sector in areas of access, cost containment and quality of services provides in terms of value for money. The existing regulatory structures are controlled and managed by the government which, itself, is a provider of health care. As such, the public health care delivery system largely remains immune to traditional regulatory controls and this immunity may be a bone of contention in promoting public-private partnerships in health services delivery.

Issues related to the development of a system of regulating health services delivery are discussed elsewhere (Mehrotra and Chaurasia, 2003). To be effective and successful, it is essential that the regulatory mechanism is transparent and unbiased to both public and private health care services and should have wide ranging judiciary powers and authority. An autonomous regulatory mechanism constituted through an Act passed by the legislature may be necessary for regulating the health care delivery system in the context of promoting successful public-private partnerships in health services delivery.

Defining the role of private sector. Defining the role of private sector in public-private partnerships in health services delivery is a more difficult proposition than defining the role of public sector. One reason is that the private sector itself consists of a number of sub-sectors which have their own independent identity and motives. One classification divides the private sector into two broad sub-sectors - for profit organizations and not-for-profit organizations. The not-for-profit organizations can be further sub-divided into organizations of democratically elected people's representatives such as Panchayat Raj Institutions and welfare and philanthropic organizations. Similarly, for-profit organizations may be divided into corporate institutions and private health care services providers like private doctors and private pathological laboratories, etc. On the other hand, the role of a private organization in health services delivery is determined largely by the mandate of the organization itself. For example, a private research organization may be interested in health systems research to improve the efficiency of health services delivery at the local level. On the other hand, a philanthropic organization may be interested in providing primary health care services to a specific group of the population either at free of cost or at a reduced cost. Similarly, a pharmaceutical company may distribute drugs either at free of cost or at a reduce rate to promote the product.

Some of the roles that the private sector can play in the delivery of health services include

- improving the quality of health services through market competition and through innovations
- improving customer services
- improving management standards
- investing in research and development
- developing new more efficient and effective services.

A Framework for Public-Private Partnerships

One approach to promoting public-private partnerships in health services delivery is to divide the health care delivery system into primary health care system, secondary health care system and the tertiary health care system and to identify the most appropriate type of partnership at the

three tiers according to the scheme presented in figure 1. It may be pointed out here that although the ultimate objective of the three tiers of the health care delivery system is the same - improving the health of the people, yet their intermediate or operational objectives are radically different. Similarly, the basic approach of health services delivery at the three tiers are also different. The basic scope of the primary health care delivery system is to ensure that a basic minimum set of health services are available to all sections of the community. The emphasis in this basic minimum set of health services is on preventive and promotive services rather than on the curative services. The essential mode of the delivery of primary health care activities is the outreach activities.

The basic scope of the secondary health care delivery system, on the other hand, is to provide referral support to the primary health care delivery system as primary health care services cannot meet all health needs of the people. Secondary health care services are institution based and the emphasis in these services is on the curative aspects of health care services. Since, the secondary level health services are institution based, improving the efficiency and effectiveness of the services available at secondary health care delivery institutions constitutes an important element of health services delivery.

The tertiary level health care delivery institutions are the apex institutions of the health care delivery system. Their primary function is research and development in the field of health care including development of new medical technologies and developing manpower for health services delivery. The public interface of these institutions is very limited as provision of health care services is not the primary objective of these institutions.

Given the radically different scope of public health care delivery institutions at its three tiers, alternative frameworks of public-private partnerships are necessary at different tiers of the system so as to improve the efficiency, effectiveness and quality of health care services. A description of public-private partnerships approaches that may be successfully implemented and sustained at different tiers of the public health care delivery system with limited institutional changes is given in figure 2.

Figure 2: A public-private partnership model for the public health care delivery system			
Level	Basic objectives	Type of partnerships suggested	Rationale
Primary level	Universal availability of primary health care services.	Public funding with public provision of services.	Delivery of primary health care services, especially in rural and remote areas is a difficult proposition. The private health care delivery system does not have the necessary capacity and capability to ensure universal availability of and access to primary health care services. The government should primarily be responsible for the delivery of these services either free of cost or at a very subsidized cost so as to ensure universal use of these services.

Level	Basic objectives	Type of partnerships suggested	Rationale
Secondary level	<p>Referral support to primary health care services.</p> <p>Improving the efficiency and effectiveness of hospitals.</p>	Public funding and private provision of services.	<p>The primary concern at the secondary level is to improve the efficiency and effectiveness of hospitals. Involvement of the private sector in the management and upkeep of the hospitals may be very important. The government should contract out the secondary level hospital services to the private sector and additional resources generated in this manner should be invested in expanding and strengthening the primary health care delivery system to improve its efficiency and reach.</p>

Level	Basic objectives	Type of partnerships suggested	Rationale
Tertiary level	Health related research. Teaching and training of health services providers.	Private funding and public provision of services.	The tertiary level health care delivery institutions should be converted into autonomous organizations. These institutions should focus on research and development issues related to health services delivery. The autonomous status of these hospitals will help in private investment in these hospitals especially for research and development activities which have a direct relevance to advancement of medical technology and delivery of health services.

The framework proposed in figure 2 suggests that the delivery of primary health care services should be the sole responsibility of the government and the government must be responsible for both financing and provision of primary health care services. This is necessary as the delivery of primary health care services is not a profitable endeavour. The private sector is normally not willing to take up the responsibility of delivering the primary health care services primarily because of infrastructure and manpower requirements of the primary health care delivery system which is basically field based are different from the infrastructure and manpower requirements of the secondary health care system which is basically hospital based.

Finally, the framework presented in figure 2 calls for converting the tertiary level institutions of the public health care delivery system into autonomous institutions with a clear mandate of research and development of medical technology, procedures and processes for improving the efficiency and effectiveness of health care services. The tertiary level public health care institutions should develop into institutions of academic and research excellence. A technology development orientation of these institutions is argued to be necessary to secure private financing for the growth and development of these institutions independent of government budgetary allocations.

Partnerships and Governance of Public Health System

Governance can be defined as “the process whereby an organization or society steers itself” (Rosenau, 1995). Broadly speaking, governance comprises the systems of rules, norms, processes and institutions through which the power and decision making is exercised. Good governance is thought to be based upon: (1) representative legitimacy; (2) accountability; (3) competency and appropriateness; and (4) respect for due process (World Bank, 1994).

Promotion of public-private partnerships in health care delivery poses a major challenge in terms of the governance of the public health care delivery system. The risk is that competing interests of public and private sectors may lead to a worsening of the situation rather than improving the efficiency of the health care delivery system.

Ensuring good governance of the public health care delivery system in a public-private partnerships regime may require a strong regulatory system for the delivery of health services. Such a system does not exist at present. Development and institutionalization of such a system is one of the important requirements for the successful promotion of public private partnerships in health care delivery. Obviously, this system should not be controlled by the Government. It should be formed through some appropriate Act passed by the legislature and should be independent in its functioning. The unbiasedness and transparency of this regulatory mechanism will be a critical factor in successful promotion of public-private partnerships.

Conclusions

In the current era of globalization, public-private partnerships in health services delivery are going to stay. Public-private partnerships, when promoted in a systemic manner and regulated in a transparent, unbiased manner, have tremendous potential in meeting the health needs of the people in terms of improving the availability, access and quality of health care delivery services thereby ensuring lasting improvements in the health status of the people. At present, public private partnerships in health care delivery are virtually designer-free. An effective regulatory system is necessary to ensure good governance of the public health care delivery system without losing the energy and creativity that is bound to be generated by promoting partnerships between the public and private sector. This regulatory or good governance framework should be built on existing organizations, common values and agreed regimes (Kickbusch and Buse, 2000). Establishing criteria for acceptable partnerships and designing a legitimate oversight body will undoubtedly be a more challenging task than brining public and private actors together in meeting the pressing health needs of the people.

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