



Cite this article as: Kanti, A. K., Kayunze, K. A. & Muhanga, M. I. (2020). Public-private partnerships in the provision of healthcare services for sustainable development in Tanzania: A systematic literature review, *East African Journal of Social and Applied Sciences*, 2(2), 182--195.

PUBLIC-PRIVATE PARTNERSHIPS IN THE PROVISION OF HEALTHCARE SERVICES FOR SUSTAINABLE DEVELOPMENT IN TANZANIA: A SYSTEMATIC LITERATURE REVIEW

Kanti Ambrose Kimario

Department of Community Development and Gender
Moshi Co-operative University - Tanzania.

Correspondence Email: kantkim2011@gmail.com

Kim Abel Kayunze

Department of Development Studies,
College of Social Sciences and Humanities,
Sokoine University of Agriculture -Tanzania.

E-mail: kimkayunze@yahoo.com

Mikidadi Idd Muhanga

Department of Development Studies
College of Social Sciences and Humanities
Sokoine University of Agriculture -Tanzania.

E-mail: mikid.muhanga@gmail.com

ABSTRACT

This article reviews the literature on the concept and practice of public-private partnership (PPP). Specifically, the paper reviews theoretical aspects of the concept and practice of PPP and the rationale and potential of PPP in the provision of healthcare services for sustainable development in Tanzania. Using a documentary review research method, different search engines and databases were used in information search from peer-reviewed journals, conference papers, among others. The search strategy involved keywords such as 'Tanzanian healthcare', 'healthcare', 'health insurance', 'public-private partnerships', 'sustainable healthcare provision' and 'sustainable development goals'. The literature search identified a total of 1,600 articles associated with a set of specific search terms. Only fifty (50) studies met the final criteria for review. Articles included were those published from the year 2000 to the present. PPPs are potentially essential tools to increase the delivery of public goods and services because the private sector is capable of complementing resources from the government. Private sector investors can substantially participate in the achievement of SDGs by complementing the available public physical and non-physical resources such as finances, expertise, health sector workforce, and readiness for risk-taking. PPP in the health sector needs to be promoted because sustainable development needs a healthy population, which needs access to essential healthcare services to live healthily.

Keywords: Public-Private Partnership, healthcare provision, sustainable development, systematic literature review

Paper type: Research paper

Type of Review: Peer Review

1. INTRODUCTION

Public-Private Partnerships have been encouraged as one of the effective and efficient mechanisms for financing development initiatives for Sustainable Development Goals (SDGs). The agenda for sustainable

development considers health as a component of all the SDGs and a crucial aspect of the process of building an equitable and sustainable future (Fortune *et al.* 2018). Health is also a cornerstone of development in all societies (World Bank, 1993; URT, 2003a; URT, 2003b; IMF, 2004; URT, 2007a; WHO, 2010; WHO, 2012a; 2012b; Kaale and Muhanga, 2017; Muhanga, 2019; Muhanga and Malungo, 2019). SDG 17 points out a vision for partnerships between governments, private sector and civil society defining these as broad collaborations made upon philosophies and standards, a collective insight and goals that place people and the earth at the core (UN, 2015). Under goal 17.17, PPPs are expected to: “Encourage and promote effective public, public-private and civil society partnerships, building on the experience and resourcing strategies of partnerships” (UN, 2015).

Public-Private Partnerships have existed as a means through which healthcare services are defined, delivered and evaluated (Gideon and Unterhalter, 2017). The state and private sectors have historically worked together on several issues including framing regulatory frameworks, implementing development programmes, and other policy decisions that affect the economy and society (Asogwa and Odoziobodo, 2016; Israel, Kazungu and Mchopa, 2019). Public-Private Partnership has the potential to deal with inequalities towards provision and accessibility of public services across Tanzania, guaranteeing that funds and/or assets are channelled to the right recipients impartially and effectively (Gideon and Unterhalter, 2017).

This paper reviews the concept and practice of public-private partnerships. It specifically describes the concept and practice of PPP, the rationale and the potential of PPPs in the provision of healthcare services for sustainable development. Moreover, the paper reviews the extent to which the EASIER model (that is, “engagement of stakeholders, access, scalability and replicability, inclusiveness, economic impact, resilience, and environment”) can be used to evaluate PPPs in healthcare provision for sustainable development. Sustainable development is subject to a healthy population resulting from access to essential healthcare services, which can be well-provided through PPP. Thus, the rationale for this study is to provide a linkage between the importance of PPP in healthcare services provision and sustainable development.

2. METHODS

A documentary review (documentary research method) was used in collecting relevant information for this study. The documentary method is understood as a desk review research where written publications are categorized, examined and interpreted by a researcher; it involves scrutiny of documents containing information on or related to the issue being studied (Kayunze *et al.*, 2012; Roehrich *et al.*, 2014; Muhanga and Malungo, 2017; Mwita, 2019).

This paper is based on a desk review of literature whereby, in exploring PPPs and healthcare delivery in Tanzania, keywords such as 'Tanzanian healthcare', 'healthcare', 'health sector', 'health services', 'private sector', 'privatization', 'health insurance', 'public-private partnerships', 'sustainable healthcare provision' and 'sustainable development goals' were used to obtain related published journal articles and documents. Various search engines and databases including Google Scholar, Scopus, JSTOR, Science Direct, PubMed, PMC, ERIC, and ProQuest were explored. Peer-reviewed journals and publications in English language were retrieved and reviewed. The paper has used relevant official reports of Tanzania's Ministry of Health, Community Development, Gender, Elderly and Children (MoHCDGEC), published documents of international organisations such as the World Health Organisation (WHO), Organisation for Economic Co-operation and Development (OECD), and the World Bank. The exploration was restricted to articles/documents published from 2000 to present (20 years period). The reason is that sustainable development has its basis in the millennium development which dates back to the year 2000s, followed by the establishment of the sustainable development goals in 2015/2016, thus, it was deemed appropriate to consider writings on PPP in healthcare for sustainable development. The exploration excluded publications not written in English language and those written before the year 2000. Through a literature search, a total of

1,600 references related to a set of the specified search were identified. However, fifty (50) out of 1,600 references and published abstracts retrieved met the inclusion criteria. Figure 1 illustrates the identified and selected articles for this study.

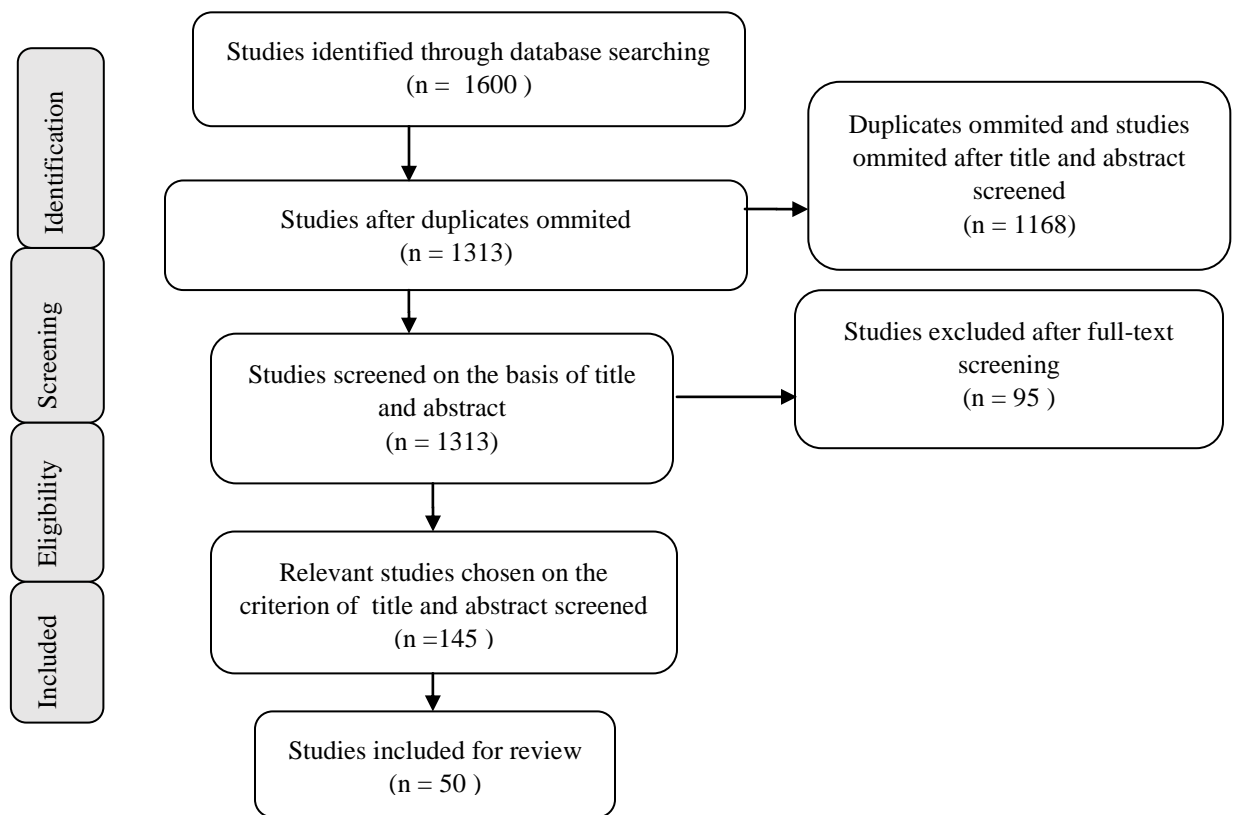


Figure 1: Systematic Review Process

3. FINDINGS FROM THE REVIEWED LITERATURE

3.1 Definition of PPP

The public-Private partnership has been defined differently by different authors across countries as they adopt a PPP model befitting their specific contexts. The following are some of the definitions of PPP:

The World Bank, Asian Development and American Development Bank, (2014), cited in World Bank Group, (2016:3) has defined PPP as a “long-term contract between a private party and a government entity, for providing a public asset or service, in which the private party bears significant risk and management responsibility, and remuneration is linked to performance”. This definition emphasizes the long-term contractual agreements (ranging from 15 – 30 years) between the public and private actor.

Nathan Associates (2017:11) refer to PPP as “an initiative whereby a government transfers exclusive rights for developing and/or operating an infrastructure facility to a private operator or investor under certain conditions for a fixed period”. In this definition, the private actor consents to deliver public goods and services with an expectation of certain financial gains while the role of the public sector remains to be purchasing of the services rendered at the same time creating a conducive atmosphere for the PPP endeavours to be of success.

Public-private partnership (PPP) refers to a range of co-operative engagements between the state and private sectors. Generally, PPP in health can be defined as any formal arrangement between a government and a

private entity established to provide health services (Marek *et al.*, 2005, cited in Fabre and Straub, 2019:7). Such arrangements are a means to involve the private sector in delivering public goods or services and/or obtaining the use of resources essential to delivering public goods and services.

According to Meier *et al.* (2013) and Abuzaineh (2018), there are four distinguishing features of PPPs. These include the long-term contractual agreements (commonly more than five years minimum), more risk-bearing by the private sector, an agreement centred on jointly accepted performance indicators, and state ownership of the assets (facilities and equipment) when the contract is terminated.

From the above definitions, it can be deduced that PPP involves contractual agreements (based on mutually agreed upon objectives) between public and private sectors/entities in providing public goods/services whereby the private sector bears significant risks (Titoria and Mohandas, 2019). The transfer of risk from the public to the private sector is linked with the transfer of rights for developing/operating an infrastructure facility, in this context, involving the provision of health services to the public.

3.2 Operationalisation of PPPs related activities

PPPs operate through contractual agreements between two parties, one being public and the other being private-for-profit or private-not-for profit in the provision of public goods/services. However, the contractual agreements must be accompanied by good management practices for them to perform well. Klijn and Koppenjan (2016) assert that to enhance proper management and performance of PPPs, one needs to go beyond the contractual agreements of PPPs. This will enable the monitoring of PPP performance associated with management and/or governance practices involved with PPP contracts.

3.3 Effectiveness of PPPs on Sustainable Healthcare Services Provision in Tanzania

Public-Private Partnerships (PPPs) are essential for the attainment of social and economic goals as highlighted by the Government of Tanzania's National Public-Private Partnerships Policy (MoHSW, 2009, Africa Health, 2012; MoHSW 2013; White *et al.*, 2013; MHC DGEC, 2017). The PPP policy implementation started in 2009 followed by the PPP Act of 2010. These documents provide guidelines and purpose of operation to all the PPPs social, political and economic supportive structures for proper sharing of risks and rewards among the PPP partners (PMO, 2009; URT, 2010). The Health Sector Strategic Plan III (2009-2015) and IV (2015-2020) highlight the need for collaborative delivery of healthcare services without unnecessary repetitions and competition emphasising more on Service Level Agreements (SLAs) (MoHSW, 2013; 2015). SLAs are arrangements of a contract that offer prospects for private actors' accessibility of government financing (MoHSW, 2013). If well designed, SLAs are anticipated to deal with effects PPPs have to the society, resource complementarity, and possible benefits gained between a public entity and private partner towards fair, efficient and quality services delivery (Boulenger and Criel, 2012; Kivleniece and Queline, 2012; Chirwa *et al.*, 2013; Barlow *et al.*, 2013).

Sustainable healthcare services provision calls for close collaboration among various sectors and stakeholders. Multi-sector collaborations should be established in all stages from the preparation of plans, implementation, and evaluation (PMO, 2009). The involvement of various stakeholders (including the community) in the promotion of health care services is an essential prerequisite for the provision of sustainable health care services. The expanding quest for better health care services and the need to improve public health status, especially among the rural poor prompted Health Sector Reforms (HSR) in the 1990s. As a result, the government created the Health Sector Reform Action Plan for 1996-1999, which was followed by the HSR programme and Action Plan of 1999-2002. Through the Action plans, six strategies for improvement were proposed: decentralization, health management, improvement of central health systems, human resources, financing and partnership (URT, 1998 cited in Itika *et al.*, 2011). In the year 2000, the Ministry of Health (MoH) by then, developed a benchmarking for assessing PPP in health care service delivery in

Tanzania. The benchmarks include, among others, the number of collaborating partners, their shared degree of collaboration and the extent to which clients are satisfied with the services offered (Itika *et al.*, 2011). Provision of good, reliable, accessible and sustainable healthcare services to all healthcare seekers require a robust healthcare services delivery system. Such a system is made up of different healthcare stakeholders, public and private. A big number of different health facilities under the private ownership, whether private-for-profit (PFP) or private-not-for-profit (PNFP), play a significant role in improving quality and range of health services (basic and specialist) provided to a wider population. Faith-Based Organisations (FBOs) and Non-Governmental Organisations (NGOs), for example, have been able to extend healthcare availability and accessibility to the rural communities. In Tanzania Mainland, PFP and PNFP health services provision account for 11.2% and 19.9% of total government health spending facilities respectively (White *et al.*, 2013). Private health facilities and community-based organisations have been providing services related to HIV/AIDS, TB, Malaria and RCH in both urban and rural areas. PFP facilities have been pro-active in providing family planning supplies, accounting for 27% of national health services. Moreover, these facilities have been active in treating diarrhoea and malaria, which account for 20% and 24% of health services respectively (White *et al.*, 2013). PNFP facilities have been proactive in the provision of antenatal care and HIV/AIDS counselling and testing, which account for 9% and 13% of national health services respectively. Private health providers have the opportunity to take part in planning, organising service delivery, information sharing, and sustainable referral services between the sectors in the interest of better health service provision throughout the healthcare system (White *et al.*, 2013). As described in Table 1, Public-private collaborations can take place in different forms including, but not limited to service contracts, management contracts, leasing contracts and concessions.

Table 1: PPP options for running public assets in operation

Forms of PPP Contracts	Description of the Contract
Service Contract	The public entity agrees with a private entity to provide public goods/services. For instance, local authorities contract private health providers to deliver certain services such as maternal and childcare, mortuary services, etc.
Management contract	The private entity becomes in charge of all operations and maintenance of the facility under contract. For example, a local government authority can contract a private entity to manage a public health organisation.
Leasing contract	The public entity provides a private partner with a leasehold in an asset and the private actor runs and sustains the asset agreement on conditions of the lease.
Concession	The government provides a private entity with the spacial right to deliver, run and sustain an asset over a duration according to the performance agreements set forth by the government.

MoHSW, (2013); Jomo *et al.* (2016) and Whyte and Olivier, (2016).

3.4 Drivers of PPP

Governments have opted for PPPs to address several health system challenges (Abuzaineh, 2018). These include, among others, a necessity for new or advanced infrastructure, capital budget, better management skills, a requirement for a robust and efficient procurement and supply system, additional services/skills or increased service volume (Acerete *et al.*, 2012; Abuzaineh, 2018). Collaboration between public and private health providers enables the government to leverage private sector resources and expertise, investment in health projects aiming at advancing community health goals including improved quality of healthcare provision, and expanding coverage of health services both at national and local levels (Barr, 2007; Muza, 2013; Abuzaineh, 2018).

Partnerships between the government and the private sector in the provision of healthcare services to achieve one or more of six functions have existed since the 1990s. The functions include, among others, finance/co-financing, design, build, maintain, operate and deliver (Jomo *et al.*, 2016; Abuzaineh, 2018). Most of the facility-based PPPs categorise these functions into three PPP models: (1) infrastructure-based model, (2) discrete clinical services model and (3) integrated PPP model (Abuzaineh, 2018). In the infrastructure-based model, a private entity builds or renovates a public healthcare facility; in discrete clinical services model, a private sector increases or extends service delivery capacity; and in integrated PPP model, a private sector offers a broad set of infrastructure and services delivery (Abuzaineh, 2018).

The provision of public goods/services through PPP with the involvement of public financing is based on the belief that the quality and efficiency of the services provided will be better and sustainable than if they were directly provided by a public entity. The private sector is endowed with innovation, technical knowledge and skills, managerial efficiency and entrepreneurial spirit which complement the public sector strength whose role is to enhance social responsibility, public accountability, social justice, and local knowledge, which create an enabling environment for the provision of better health facilities and services (Bwana, 2014; Ranganadhan, 2018).

3.5 An overview of Tanzania's Healthcare System

The healthcare system in Tanzania is pyramidal in structure whereby there are more healthcare facilities at the bottom and fewer facilities at the top of the pyramid (see figure 1). At the bottom line, there are community-based healthcare services, which include NGO/CBO outreach activities that deal with promoting health and prevention/control of diseases at the households/community level. Public and private health services providers promote healthcare in the dispensaries and health centres, maternity homes and Reproductive and Child Health facilities at the village level. At the ward level, there are dispensaries, health centres and private rural pharmacies. Dispensaries provide preventive and curative outpatient services, while health centres can also admit patients, and sometimes provide surgical services (MoHSW, 2015). At the district level, there are Council hospitals, FBO Council Designated hospitals and privately owned hospitals that provide medical and basic surgical services for referred and other patients. At the Regional level, there are Regional Referral Hospitals (RRH) which function as referral hospitals providing specialist medical care. At the Zonal and National levels, there are Zonal and National Hospitals which offer advanced medical care and are teaching hospitals for medical, paramedical and nursing training (MoHSW, 2015). Pharmaceutical services are delivered through public as well as Faith-Based Organisations (FBOs) health facilities, private pharmacies and Accredited Drug Dispensing Outlets (ADDOs) (Kamugumya and Olivier, 2016).

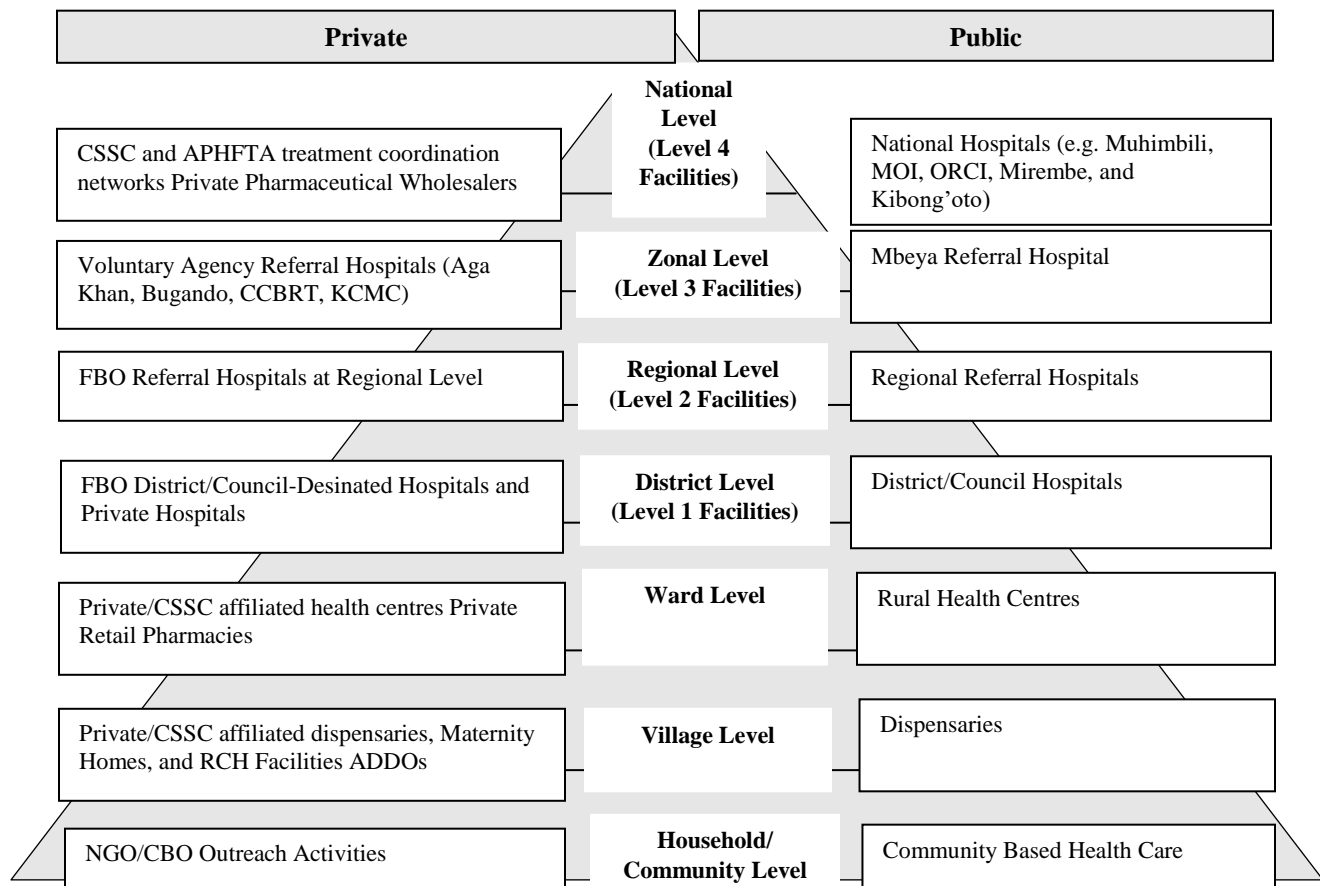


Figure 2: Tanzania Healthcare Structure

3.6 Public-Private Partnerships and Healthcare Services Availability and Accessibility

A review of literature by Swere (2016) on the challenges towards accessibility of health services in Tanzania mentions some obstacles to accessibility such as shortage of funds, inadequate well-trained health personnel, poor communication, and transport infrastructures. One of the author's recommendations to solve these challenges on accessibility is that the government should support the private sector involved in healthcare provision in terms of subsidies and reduce tax rates to facilitate engagement of more private partners in the healthcare services provision. This recommendation signals the need for PPP strengthening in Tanzania's health sector. The government has recognized and incorporated partnership model as one of the alternative models for healthcare service delivery by including government agencies (central and local), private sector, FBOs, CBOs, and the local community members to enhance significant financial, technical, material and logistical support to PPP arrangements (MOHSW, 2013). Thus, the government promised that private healthcare providers under certain service agreements are assured of access to public resources, to financial support through health programmes and access to procure medicines from the national Medical Stores Department (MSD) when the value for money can be achieved (MOHSW, 2013). This is a high government commitment and a great motivation for the private sector to partner with the government.

A case study by Mihayo (2016) on the role of PPP in improved healthcare services for older people in Morogoro Municipal Council found that PPP improved availability and access to health service seekers

through PPP with FBOs, especially in rural areas. As a result of PPP, maternal, child health services were reported to have improved (Tabatabai *et al.*, 2014). Conversely, Sanga (2013), conducted a study on the challenges facing the elderly in accessing health services in government health facilities in Moshi Municipality and found that older people do not benefit much from the exemption plan set for them by the government even in these public health facilities. He states that some of them do not obtain the medicines prescribed for them in the public health facilities unless they buy from private pharmacies. Generally, the author concluded that there was low access to healthcare facilities among older people in the public health facilities in Moshi Municipality, thus, there is a need to revisit the PPP service agreements for improvement.

A study by Musa (2016) on the effectiveness of PPP on health services delivery in Mpwapwa District Council at St. Luke Hospital concluded that the PPP model enhances the effective provision of healthcare services in the local government. The implementation of PPP in the selected hospital also enhanced free/very affordable medical services to the under-five children, pregnant women and the elderly. From this case study, it was obvious that PPP is effective in the delivery of health services. Therefore, through this kind of partnership, healthcare services can be more available, accessible and affordable, thus, achieving the sustainable provision of healthcare services.

Literature review based study on PPP in health services delivery in developing countries by Bwana (2014) concluded that mechanisms for reporting, maintaining and making regular follow up of the performance in the health sector is necessary for improved PPP arrangements on health services delivery. Moreover, he emphasized the need to introduce and maintain effective means for governing and regulating PPP operations as prescribed in the PPP framework. Due to shortcomings in the PPP governance framework accompanied by issues of suspicion, lack of commitment and accountability among the partners in the health sector, the signing of binding contractual agreements between public and private partners could lead to more successful PPP collaborations (Bwana, 2014).

3.7 Public-Private Partnerships in Healthcare Provision for Sustainable Development

Forefront healthcare delivery has endured intense changes since 1990. Where, earlier, governments were largely capable of offering citizens with healthcare services, in the current period the social and economic liability of healthcare delivery has diverged healthcare from being a basic right to healthcare as a severe problem of sustainable socio-economic progress (Al-Hanawi and Qattan, 2019; Wang and Zhang, 2019). The 2030 Agenda for Sustainable Development comes up with a universal plan of action which is ensuring prosperity for people and the earth (UN, 2015). The agenda constitutes 17 SDGs and 169 targets, which explore the essential domains for sustainable development, which include among others, “healthcare, education, economic development, climate change, and environmental protection” (UN, 2015).

PPPs are essential for attaining SDGs for as a minimum two motives: One, they are an effective instrument filling the infrastructure gap, which in a global context, it ranges between US\$800 billion to US\$1 trillion annually, considering the source of finance (Woetzel *et al.*, 2014; World Economic Forum, 2014). The investment gap in infrastructure in the less developed nations is exclusively higher as it is estimated at \$US2.5 trillion annually (UNCTAD, 2014). Inadequacy of the essential infrastructure does not only make clean water, electricity, and food not available and accessible but also hinders access to health services, movement and ability to connect markets and job creation (Berrone *et al.*, 2019). Second, the public and private sector collaborations can assume improved shared measures to meet collective needs of the society, increasing efficient provision of essential social services which include, among others, affordable housing, quality education, and a strong healthcare system (Berrone *et al.*, 2019). This is the reason national governments worldwide are progressively encouraging the use of PPPs as a vital strategic instrument to accomplish development projects more sustainably (Asian Development Bank, 2013; UNECE, 2018; Berrone *et al.*, 2019). Noticeably, this strategic method is affiliated with the core of SDGs, which endeavour to safeguard improvement in the ecological, socio-economic spheres.

PPPs have been resilient and focused on promoting sustainable development beyond their value for money. They have the potential to promote and deliver public goods/services at the place of the public sector or in collaboration with the public sector (Wang and Zhang, 2019). The attainment of good health and wellbeing as one of the SDGs (Goal 3) is connected with the achievement of other SDGs such as Goal 6—on access to drinking water and sanitation; Goal 12—on sustainable consumption and production (National Academies of Sciences, Engineering, and Medicine, 2017). Thus, Berrone *et al.* (2019) came up with a conceptual model and an assessment tool for initiating the evaluation of PPPs' influence on the SDGs. The model constitutes six (6) aspects for assessment which are the engagement of stakeholders; access, scalability and replicability, inclusiveness, economic impact, and resilience and environment (EASIER). This paper uses that model to evaluate PPPs in health provision for sustainable development, which falls under SDGs 3 and 17, concerned with good health and well-being and partnerships for the goals, respectively.

- (a) Engagement of stakeholders: Health-related projects under PPP arise from collaborative agreements between the public and private partners. Though, to create a comprehensive social sustainable development, the involvement of all potential engagement and participation of all relevant participants such as operators, suppliers, community-based organisations, among others, is inevitable (Berrone *et al.*, 2019). Thus, goal 17.17 of the SDGs inspires and upholds cooperation/collaboration between different stakeholders, which is public-public, public-private and private-private partnerships (UN, 2015).
- (b) Access: the dimension of access with healthcare provision for sustainable development can be realized by eliminating all sorts of discrimination as far as social and physical diversity are concerned (Titoria and Mohandas, 2019). There should be social infrastructures for health services provision that can be accessed by all populations regardless of their age, sex, race, faith, and disabilities (Berrone *et al.*, 2019). It implies that PPP endeavours may affirmatively add value to enable accessibility of social infrastructures and services towards attainment of the 2030 Agenda on Sustainable Development, impacting directly or indirectly services of interest, such as education (SDG 4), energy (SDG 7) and health (SDG 3), among others.
- (c) Scalability and Replicability: Scalability refers to the capacity of a PPP scheme to be capable of providing the required social services to meet not only the current demand but also the growing/expanding demand, thus, catering for the needs of a wider population. According to Titoria and Mohandas (2019), expertise from private providers is of great use towards scaling up PPP projects execution and sustainability. Replicability refers to the potentiality of a PPP project being copied to different geographical settings but using the same mechanisms (Berrone *et al.*, 2019). Scalability and replicability help in promoting social, economic and ecological sustainability, which are the core agenda to sustainable development goals.
- (d) Inclusiveness: this refers to the widening of cooperation and collaboration of all stakeholders—individuals and groups, regardless of their ethnicity, religion, age, sex, and income. Inclusiveness is a key aspect of improving the community's living conditions and promotes social equity and equality among individuals (Gideon and Unterhalter, 2017; Berrone *et al.*, 2019). To achieve sustainable development goals as far as healthcare provision is concerned, it is worthwhile promoting PPPs in healthcare provision because they have the potential to minimize/eliminate social disparities among community members in accessing essential healthcare services.
- (e) Economic Impact: Economic growth and development depend on investments in infrastructures for the provision of public goods and services, such as education, health, among others (Berrone *et al.*, 2019). Each national government desires to provide for its citizens the essential public goods and services. However, due to scarcity of resources, governments seek support and collaboration from/with the private sector in the form of PPP as a way to complement the scarce resources for investment. The attainment of sustainable economic impact both in the developing and developed countries is at the heart of the agenda for sustainable development 2030 as it is propagated by SDGs

Goal No. 8 which seeks the promotion of “sustained, inclusive and sustainable economic growth” (UN, 2015).

- (f) Resilience and Environment: Resilience is the ability of an ecosystem to react to certain environmental shocks to prevent/reduce destruction and enhance quick recovery (Berrone *et al.*, 2019). This entails building flexibility to upcoming catastrophes and reduction of calamity risks. PPPs have the potential to run projects which enhance resilience and preserve the environment by building robust infrastructures and environmentally friendly communities (UNECA, 2015). Ecological sustainability is central to the 2030 Agenda for sustainable development, as it lays the foundation for most of the SDGs, such as SDGs 1 & 2—eliminating hunger and poverty, to SDG 3—achieving good health and well-being, to SDGs 14 & 15—preserving life below water and on land (UN, 2015).

4. CONCLUSION AND RECOMMENDATIONS

Attaining sustainable provision of healthcare services in our societies can be difficult without the contribution of public-private partnerships. PPPs are potentially essential tools to increase the provision of public goods and services because the private sector is capable of complementing the resources from the government. Private sector undertakings can substantially increase the pace to the achievement of SDGs by complementing the available public physical and non-physical resources such as finances, technical know-how, human resource and administrative capacity, and readiness for risk-taking. The application of the six dimensions (stakeholders engagement; sustainable access to services; scalability and replicability of services; inclusiveness; economic impact; and resilience and environment) for evaluation of PPPs for sustainable development provides specific insights on the contribution of PPPs towards enhancing the sustainable provision of healthcare services and attainment of sustainable development goals.

PPPs in the health sector need to be strengthened through the involvement of more partners and creation of better involvement strategies in a win-win situation because sustainable development needs a healthy population, which depends on access to essential healthcare services to live a healthy life. Due to the potential of the private sector to leverage public resources, essential services for all can sustainably be provided through public-private partnerships. However, as observed in other reviewed literature, PPP models should be implemented by considering a specific context because there is no one model that fits all contexts and conditions.

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