

## A Critical Narrative Review of Public-Private Partnerships in The Health Sector in Selected Southern African Countries

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### Abstract

The aim of this paper is to provide a narrative literature review of Public-Private-Partnerships (PPPs) in selected Southern African countries with a particular focus on the health sector. The study reviewed that South Africa has extensively utilised PPPs in the development of the health sector. The common areas in which other Southern African countries have been successful is in collaborating on research and development in the health sector, particularly, in HIV-AIDS programmes. In respect of health infrastructure development under PPPs, most African countries, with the exception of South Africa, have not been successful. There is need for countries to rethink on what models of PPPs can work in their respective countries if modern infrastructure in the health sector can be developed at a relatively affordable cost.

**Keywords:** Public-Private Partnerships, PPPs, Zambia, Southern Africa, Zimbabwe, Lesotho, South Africa, PMTCT, BOTUSA project

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### INTRODUCTION

Public-private partnerships (PPPs) have emerged as a vital mechanism for fostering economic development and addressing infrastructure deficits in Southern African countries. In recent years, these nations have been grappling with the challenges of limited public resources and a growing demand for improved infrastructure and public services. As a response to these challenges, governments in Southern Africa have increasingly turned to PPPs as a means of mobilizing private sector expertise, capital, and efficiency to deliver essential public services and infrastructure projects. This paper delves into the dynamics of public-private partnerships in Southern African countries, examining their key drivers, benefits, challenges, and the ways in which they contribute to sustainable development.

PPPs in the Southern African context have gained traction due to their potential to tackle critical development issues, such as inadequate transportation networks, energy deficits, and healthcare disparities (Smith, 2019). By leveraging private sector innovation and funding, these partnerships aim to bridge infrastructure gaps and improve service delivery, thereby stimulating economic growth and enhancing the quality of life for citizens in the region.

The decision to embark on PPPs is often influenced by a range of factors, including fiscal constraints, the desire for enhanced service quality, and the need to attract private investment (Johnson et al., 2020). Additionally, the involvement of the private sector in infrastructure projects is thought to bring efficiency gains through streamlined project management and risk-sharing mechanisms (Brown & Hammer, 2018). Nevertheless, the implementation of PPPs in Southern Africa is not devoid of challenges. Issues related to regulatory frameworks, risk allocation, and the potential for unequal distribution of benefits require careful consideration to ensure the success and sustainability of these partnerships (Adams & Ferguson, 2017).

As governments in Southern Africa continue to explore and refine their approaches to PPPs, it is imperative to analyze the experiences of various countries in the region. By examining case studies of successful and unsuccessful partnerships, policymakers can gain valuable insights into effective strategies for project selection, risk mitigation, and stakeholder engagement (Osei-Kyei & Chan, 2018). This paper will delve into these aspects, shedding light on the nuances of PPPs in Southern African countries and their implications for regional development.

Public-private partnerships (PPPs) have gained prominence as a strategic approach to addressing healthcare challenges in Southern African countries. These nations face a complex set of healthcare issues, ranging from limited access to quality medical services and facilities to the burden of infectious diseases and inadequate healthcare infrastructure. In response to these challenges, governments in the region are increasingly turning to PPPs to leverage private sector resources, expertise, and innovation to improve healthcare delivery. This paper provides an exploration of the landscape of public-private partnerships in the health sector of Southern African countries, examining the drivers, advantages, challenges, and potential impact of such collaborations on healthcare outcomes and public welfare.

Southern African countries have witnessed the potential of PPPs to enhance healthcare access and quality. With constrained public budgets and growing healthcare demands, governments have recognized the value of partnering with the private sector to bridge gaps in healthcare infrastructure and service provision (Smith & Johnson, 2018). Through these partnerships, governments aim to enhance the availability and affordability of healthcare services while tapping into the private sector's operational efficiencies and investment capabilities.

The decision to foster PPPs in the healthcare sector is influenced by several factors, including the need for expanded healthcare services, a desire to reduce the disease burden, and the quest for innovative solutions (Williams et al., 2021). Successful healthcare PPPs in the region often involve collaborations between governments, private healthcare providers, non-governmental organizations, and international development agencies. These partnerships can take various forms, such as the construction and management of healthcare facilities, the provision of medical equipment and technology, and the implementation of disease prevention and control programs.

However, the implementation of healthcare PPPs in Southern Africa is not without challenges. Issues related to governance, regulation, financial sustainability, and equitable access to care require careful attention (Barker et al., 2019). The potential for profit-seeking behavior by private partners and concerns about the commodification of healthcare services underscore the need for well-designed contractual and regulatory frameworks. Additionally, effective engagement of local communities and stakeholders is crucial to ensure that PPPs align with the healthcare needs and preferences of the population (Mbozi & Chirwa, 2017).

As governments and stakeholders in Southern African countries navigate the complexities of healthcare PPPs, it is essential to draw insights from both successful and less successful partnerships. Learning from the experiences of countries that have effectively harnessed PPPs for healthcare can guide policy formulation and implementation strategies in the region (Mkandawire, 2016). By analyzing the nuances of these collaborations, policymakers can create a roadmap for harnessing the benefits of PPPs while mitigating potential pitfalls.

It is worth noting that public-private partnerships in the healthcare sector of Southern African countries offer a promising avenue for addressing pressing healthcare challenges. By capitalizing on the strengths of both the public and private sectors, these partnerships can contribute to improved healthcare access, quality, and overall health outcomes. However, careful consideration of regulatory frameworks, equitable access, and effective governance is crucial to ensure that these collaborations genuinely benefit the populations they serve

## CRITICAL REVIEW OF PPPS IN SELECTED AFRICAN COUNTRIES

The government of Zimbabwe has partnered with a local pharmaceutical company (NATPHARM manufacturers) to produce ARVs. Additionally, the government collaborates with a local pharmaceutical company and an international agency (European Union-Gov. of Zimbabwe-NATPHARM-local producers) for the purchase of essential medications. In addition, the government (Gov.) has partnered with a non-profit and the private sector to deliver services (hospitals both mission and private) in Zimbabwe's healthcare system. Additionally, it has collaborated with the private sector by setting up co-located health delivery models (for example, private wards in public hospitals like Parirenyatwa Hospital) (Mugwagwa and Banda 2020).

Additionally, South Africa has a PPP contribution in the area of health. By co-locating in clinical care management at Universitas and Pelonomi Hospital in the Free State Province and Humansdorp District Hospitals in the Eastern Cape Province, the government has partnered with the private sector. A 21-year concession agreement between Netcare, one of South Africa's largest private hospital groups, and the Free State Department of Health was signed in 2002. As part of the deal, Netcare agreed to renovate two public hospitals and lease space to build private hospitals inside of them.

In accordance with the contract, Netcare made use of the two hospitals in Bloemfontein's available space, effectively combining private and public healthcare facilities. The two hospitals' service communities and the provincial government have benefited from this arrangement. The two hospitals' physical infrastructure, fixtures, and equipment were all upgraded thanks to capital investments made by Netcare. Netcare also pays the monthly charges for the formerly unoccupied space. The government receives a monthly rental payment in addition to a percentage of the monthly revenue from the private hospital.

Additionally, Netcare covers its fair share of overhead expenses like water and electricity. The government must use the fees it receives to maintain the hospitals in accordance with the terms of the agreement. The hospitals included in the concession agreement are substantial academic medical centers with a combined capacity of 1000 beds, including the Universitas Hospital in Bloemfontein and the Pelonomi Hospital in the nearby Pelonomi Township. The Pelonomi community, which previously lacked a private hospital and whose residents fall into the bottom 20 percent of income bracket, has seen a significant improvement in access to and the quality of healthcare thanks to the Netcare agreement. Additionally, it has collaborated with the private sector on asset financing, maintenance, and management projects, like The Inkosi Albert Luthuli Central Hospital in the province of KwaZulu Natal. For example, the government and Biovac Institute have a public-private equity partnership for the production of vaccines and sera. This is another illustration of PPP in South African health (Mugwagwa and Banda, 2020).

Additionally, Botswana has some PPPs in the healthcare industry, such as the Public-Private Research and Innovation Generation Partnership, such as the Harvard-Botswana HIV/AIDS Vaccine Partnership. Another example of PPP in the health sector is the BOTUSA project, which brings together the US Centres for Disease Control and Control of Global AIDS, the Botswana Ministry of Health, and the Global AIDS Programme in prevention mother-to-child transmission (PMTCT), which is now incorporated into the national HIV program. An example of a public-private partnership in the health sector is the Botswana Vaccine Institute, which is a collaboration between the government of Botswana and a private livestock pharmaceutical company (Merial-Sanofi) (Mugwagwa & Banda 2020).

Namibia's public-private partnerships (PPPs) in the health sector include Equip Health and the Ministry of Health for an experimental clinical trial on pre-exposure prophylaxis (PrEP) using Gilead's Truvada. Another PPP project in health is the infrastructure design and development between ACHAP and the Ministry of Health for the infrastructure development of clinics and HIV health facilities. Additionally, a public-private partnership exists in the delivery of health services, such as the partnership between pharmacies, MOHSS, NABCOA, and the Namibia Institute of Pathology for diagnostics access and screening services (Mugwagwa and Banda, 2020).

The aforementioned examples show that there are various PPP arrangements where partners come from non-governmental organizations (NGOs), donor organizations, industry, and other for-profit and non-profit enterprises, academia, and social enterprises that collaborate with governments to address specific maladies, intra-system issues, as a means of achieving a better and more responsive health system. Mugwagwa and Banda 2020.

PPPs were investigated in Lesotho to see if they were a practical choice for building health infrastructure in developing nations. Due to its high complexity and broad range of underlying challenges, the PPP model for health infrastructure projects in developing countries is not suggested, according to the evidence. As a result, the author advised governments of developing nations to take part in smaller and less difficult PPP projects in order to gain the knowledge and experience necessary for undertaking large-scale PPP projects for health infrastructure (Michael, 2016).

For policymakers trying to increase access to healthcare for underprivileged groups, the commercialization of health care poses a number of difficulties. Despite the fact that they typically enjoy better health and are more likely to live longer than poorer people, the wealthier segments of a population tend to use healthcare services the most. The market mechanisms connected to commercialization, such as user fees or private insurance, only serve to reinforce this pattern. These disadvantage the poor by making ability to pay the main factor used to determine resource allocation and health care use within a population rather than medical necessity. Additionally, those stakeholders in the health system that gain from commercialization (such as insurers, for-profit providers, and wealthy patients) are likely to be opposed to any initiatives that jeopardize their privileges (Wadee and Gilson, 2005). Zambia is still lagging behind most of these countries in the health sector, despite the fact that several Southern African nations have PPPs. Without conducting a study, it is impossible to determine whether the factors influencing the establishment of PPP in the health sector are different in these nations from those that exist in Zambia.

### **Public Private Partnerships in Health Sector in Zambia**

In Zambia, the national health services model has long served as the foundation for the country's health system, which offers everyone access to care at no or minimal cost. The primary provider of health care has historically been the government, and in a 1998 international comparison, Zambia stood out for having a relatively small formal private health care sector in comparison to other nations in the region. Zambia's public health care system has, however, been under pressure for a number of years. The public's confidence in the government as a healthcare provider has been damaged by the public health system's growing resource shortage. The private sector has expressed a willingness to work with the government. PPP can enhance the provision of health services in areas where the government currently does not reach (Mudenda et al. , 2007).

In addition, Zambia, a lower-middle-income nation, faces serious health issues like high rates of maternal and neonatal mortality, malnutrition, cervical cancer, and a serious HIV/AIDS epidemic that disproportionately affects young girls and women. Due largely to the President's Emergency Plan for AIDS Relief (PEPFAR), the United States is the largest donor to Zambia's health sector. The United States has additionally assisted in the formation of a number of public-private partnerships (PPPs) over the past five years that are intended to improve the health of families and women (Fleischman et al. , 2016).

Despite these obstacles, Zambia has a very limited number of PPPs in the health sector, such as the Global Alliance for Vaccines initiative (GAVI) partnership with the Ministry of Health to promote the roll out of the pneumococcal vaccine. The establishment of supply chain and distribution regional hubs in Chipata, Mpika, Mansa, and Choma by Medical Stores Limited, with funding from the Global Fund, USAID, and European Union, is another example of a PPP in the health sector. Another illustration is the public-non-profit partnerships in training, diagnostics, preventative, curative, and palliative services, such as the partnership between Churches Health Association of Zambia (CHAZ) and the Government of Zambia in health financing, access to antiretroviral (ARV) drugs for HIV, and market access for diagnostics and treatments for care for HIV, TB, and Malaria (Mugwagwa and Banda 2020).

The COH III Project, run by Howard University, has partnered with the Livingstone General Hospital (LGH) and four private pharmacists to promote quality HIV care by involving the pharmacists in adherence counseling and treatment monitoring. Based on patient preference and willingness to be referred, the LGH ART pharmacist distributes consenting stable ART patients to pharmacies. Patients are given a schedule of pharmacy visits where the pharmacists provide medication/adherence counseling and monitor side effects. Patients who have problems with their medications or treatment are referred back to the LGH ART clinic for further evaluation. The findings demonstrate that the intervention has decreased the workload for the ART pharmacist, improved communication of treatment challenges, identified patients with medication-related issues, and decreased travel distances and waiting times. Better patient outcomes and increased adherence are the results of this. In settings with inadequate human resource capacity, the private pharmacists offer an opportunity to enhance the quality of HIV

interventions. However, in order to direct the process, the necessary legal and regulatory framework must be created (Fomundam et al. , 2014).

In a study conducted in Zambia by Fleischman et al. (2016) to determine how the U.S assess how partnerships with the private sector can increase the impact of U.S funding for global health, which is likely to plateau investments in the health of women and families. PPPs are complicated, but the results demonstrate that they can increase impact. As a result, PPPs can be quite varied, ranging from those that reflect shared value for commercial business to those with either the U. S government or a private foundation as a cofounder. Private sector involvement in health has developed, moving from philanthropy to corporate social responsibility to a shared value proposition that engages the private sector in ways that add value to its core business interests and goes beyond in-kind donations. While PPPs have a great deal of potential to expand the reach, potency, and sustainability of US global programmes, the significant promise of PPPs has not yet been fully realized in Zambia as it relates to global health programs.

The assistance of PEPFAR has been crucial to each of the PPPs, which will necessitate ongoing efforts to reduce disruptions brought on by changes in U. S technique. As the primary U. S. health intervention actor, PEPFAR has been the primary financier of each of the PPPs for health interventions in Zambia. The programs that PEPFAR and, to a much lesser extent, USAID's Maternal Newborn and Child Health (MNCH) program have already established are all built upon by SMGL, PRRR, and DREAMS, allowing these initiatives to get off the ground more quickly. However, the disparity in funding is striking; over the past few years, PEPFAR has supported Zambia with over \$300 million annually, whereas MNCH and family planning funding have each received about \$13 million. Public-Private Partnerships for Women's Health in Zambia Working with pre-existing partners has also resulted in the programs being almost entirely focused on PEPFAR priority areas, raising issues with the urban-rural divide (Fleischman et al. , 2016).

In actuality, this may demonstrate that a large number of PPPs may fail to produce the intended public benefit, either as a result of poor implementation (including insufficient government regulation) or skewed incentives; and/or they may result in unintended consequences, such as the long-term reduction of government capacity (Rhodes, 1997). The incentives that drive actors to create and take part in PPPs depend on private sector benefits like reputation and profit as well as benefits from shared partners (like cost/risk sharing and innovation). The ultimate social objectives for which PPPs are intended might not, however, be supported by these. All PPPs aim to produce at least some benefits for the public and include standards that, in many cases, are reflective of good governance principles in order to justify public sector participation. Although their practice may occasionally fall short of the ideal, empirical evidence suggests that this is possible (Brinkerhoff and Brinkerhoff, 2011).

Although they can produce quick victories, ambitious targets and deadlines in PPPs can be challenging to scale and sustain. Girls and young women in their teen years make up a significant portion of Zambia's HIV/AIDS epidemic. The prevalence of cervical cancer in Zambia demands concentrated attention. Although a change in U.S. policy is necessary, service integration is crucial. S. mechanisms/approaches. PPPs alone won't be enough to keep health programs running in a recession. The effect Zambia's gloomy macroeconomic forecast will have on domestic resource mobilization for health casts doubt on the short-term outlook for health financing (Mwange, 2022). These problems will present additional difficulties for the health sector in Zambia due to the growing disparities between rich and poor, rural and urban areas (Fleischman et al. , 2016). Government must recognize that public-private partnerships are not all the same; those formed for particular development initiatives may have very different goals, operating procedures, organizational structures, and financial resources than those of other partnerships. In fact, the structure of a partnership will depend on a number of elements in the regional economic, social, and political environment. Additionally, the level of cooperation and agreement on goals and objectives will vary depending on the projects that are undertaken (Bovaird, 2004).

A significant health reform initiative has been launched by the Zambian Ministry of Health. To improve the country's health and advance toward the health-related Millennium Development Goals (MDGs) of the Millennium Declaration, which the country has adopted, the program includes new forms of cooperation, such as strengthening partnerships with the private sector. The Swedish government, which is quite new to the idea in Sweden, is simultaneously expanding private sector involvement in its international development cooperation strategies. In a study conducted to analyze this new idea known as Public Private Development Partnerships (PPDPs) in development cooperation, an ongoing project between Swedish and Zambian actors was examined (Mutambo, 2022). As a PPDP, the Swedish Zambian Health Partnership is likely to be successfully implemented if combined with the existing Saving Mothers Giving Life Public Private Partnership, according to the study's findings. However, because there isn't a comprehensive comparison available, it is difficult to assess the



effectiveness of PPDPs in development cooperation. Academic research is required to further analyze the potentials, constraints, and effects of these partnerships in order to fully evaluate the effectiveness of PPDPs. Nevertheless, PPDPs help foster inter-actor cooperation, which is regarded as a crucial element of the effectiveness of humanitarian action (Samsioe, 2013). This study emphasizes the importance of evaluating the PPP's potentials, constraints, and effects as well as the justification for investigating the factors that led to the establishment of PPP in Zambia's health sector.

In 2008, neither Zambia's national treatment guidelines nor the prevalence of paediatric asthma in the country were known. A pharmaceutical company, Zambian government officials, and medical professionals joined forces internationally to address asthma treatment deficiencies.

Two studies were conducted, one to gauge patient attitudes and behaviours and the other to gauge prevalence in the capital city of Lusaka. Health professionals and the general public were educated based on the information discovered. Government policy for the management of pediatric asthma was also updated using the data from the studies. The PPP's findings demonstrate that access to inhalers has increased, and the Zambian standard treatment recommendation for pediatric asthma has been updated to include steroid inhalers as a control treatment. To alter the treatment of pediatric asthma in Zambia, joint activities were therefore necessary. But in order to succeed, local sustainability is essential, and it might be necessary to adjust resources to reflect the severity of the disease (Wa Somwe et al. , 2015). This is a blatant illustration of how PPP can lower the disease burden in the nation, which highlights the need to identify the predisposing factors influencing the establishment of PPP in Zambia's health sector. The Global Fund, a public-private partnership that aims to raise money for interventions against HIV and AIDS, tuberculosis, and malaria, once decided to freeze grants for Zambia after discovering evidence of expenditure that could not be accounted for (Wilson, 2010). This decision served as a wake-up call for Zambia to enter into a number of PPP in the health sector (Mwange, 2017).

A novel training curriculum to prevent and treat rheumatic heart disease (RHD) has been produced as a result of a public-private partnership to combat RHD in Zambia (Daouda et al. , 2018). Zambia implemented the national health insurance (NHI) in 2019 as part of a healthcare financing strategy to improve everyone's access to healthcare services. In terms of service providers under the NHI, the private healthcare industry can supplement public sector ones. As a result, the NHI Management Authority seeks to accredit for-profit private healthcare facilities within the NHI. Although it is crucial, there is insufficient evidence to determine what factors motivate private-for-profit healthcare providers to sign up for the NHI. In a study, it was determined how for-profit private hospitals, pharmacies, diagnostic centers, and offices for the blind and eyes perceived and experienced being covered by the NHI. The results show that providers are not well-informed about the NHI and that there is a need for them to be.

The NHI would be complemented by the participation of the providers, according to their positions and opinions on the accreditation procedure and payment structures. Additionally, they listed prerequisites for enrollment in the NHI, outlined benefits and drawbacks of doing so, and stated a desire for long-term approaches to running the program. The study's findings brought to light issues like educating healthcare professionals about the NHI and how their concerns about issues like payments can be used as information to enlighten mutually beneficial agreements between the NHI authority and healthcare professionals in order to leverage the private health sector. As the NHI works to include this group as health care providers in the program, private providers' concerns must be better understood and taken into account (Sinjela et al. , 2022). This study demonstrates how crucial it is to remember that PPPs are a financing tool, not a brand-new source of funding. In the PPP project, the private party will be compensated for its services by the public entity or directly by the facility's users.

The results of a study on PPPs in Zambia's health sector conducted by Yadav (2011) demonstrate that PPPs are required in that country. Zambia is a developing nation, but Yadav (2011) omitted the fact that governments in underdeveloped nations should take part in smaller, less difficult PPP projects in order to gain the knowledge and experience necessary for large-scale PPP health infrastructure projects. Even though Zambia has been told there is a need, there isn't a significant PPP health project there. Determining the obstacles to PPP health projects is therefore necessary (Mwange, Kasongola, and Meyiwa, 2022).

## CONCLUSION

Public-private partnerships in Southern African countries have emerged as a prominent strategy for addressing infrastructure and service delivery challenges. Through collaboration between governments and the private

sector, these partnerships have the potential to drive sustainable development, improve public services, and boost economic growth. However, careful attention must be paid to the design and implementation of PPPs to ensure that they align with the specific needs and contexts of each country in the region.

The main benefit of PPP is to provide better value-for-money to public authorities, which means cheaper and better services over the long term. PPP can also attract private sector financing given that investors can recover their investment from user charges. Southern African countries are yet to realise the key objectives of PPPs in the health sector which objectives include the following: to fulfill sustainable funding requirements in the supply of infrastructure through mobilization of private sector funds; and to improve the quantity, quality, and efficiency of services through healthy competition (Mwange, 2022). It worth noting that the notable challenges hindering the achievement of timely and responsive health infrastructure under the PPPs financing model include the following: different organizational cultures and goals between the partners; poor institutional environment and support; weak political and legal frameworks; unreliable mechanisms for sharing risk and responsibility; inadequate procedures for the selection of PPP partners; inconsistency between resource inputs and quality; inadequate monitoring and evaluation of PPP processes; lack of transparency; and the inherent nature of PPPs.

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