

THE ROLE OF PUBLIC PRIVATE PARTNERSHIP ON STRENGTHENING THE HEALTH SYSTEMS IN DEVELOPING COUNTRIES - THE CASE OF KOSOVO AND ALBANIA

Naser Rugova ¹, Besmira Manaj ² and Martin Henze ³

¹ PhD, University for Business and Technology, Prishtina, Kosovo.
Email: naser.rugova@ubt-uni.net

² PhD, University Clermont Auvergne, France. Email: besmiramanaj@gmail.com

³ CEO, GSK Stragey International, Chairman of the Infrastructure and Mobility Commission of the Economic Council of the CDU, Berlin.
Email: martin.henze@gsk-sh.de

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Abstract

Introduction - Low- and middle-income countries in the Western Balkans Region that continue to go through challenging periods of political and socio-economic transition face similar challenges in their capacity to improve population health. Kosovo and Albania continue to face such challenges, of the nature of inadequate policies, infrastructure in the public sector, stable financing and the lack of necessary capacities to provide quality health services that meet the needs of citizens. Lack of Health Information System in the health system of Kosovo and largely in the whole territory of Albania, inadequate health infrastructure, out-of-pocket payments of about 40%, lack of modern health equipment and technology and long waits for specific treatments at any level where solutions are mostly not provided, impose pragmatic solutions with affordable costs on the part of decision-making institutions in both countries. The beginning of the implementation of this new approach and technical-managerial platform Public Private Partnership (PPP) in some sectors of the health systems of both countries is being seen as an alternative which might neutralize these challenges of the health systems of both countries. **Aim** - of this paper is to make a comprehensive analysis considering the impact of the application of PPPs in the health sector of the two countries for strengthening, raising the quality and reforming process according to the contemporary trends of the health systems in both countries. **Research methodology** - is based on a mixed approach, using a qualitative method and semi-structured interviews with managers of different health system institutions as research tools, as well as the comparative method for both countries and specific sectors of the health systems at the secondary and tertiary levels of the sector. **Results** - from the findings of this research, it results that in some specific sectors of the health systems of both countries, the application of PPPs is seen as a real and necessary solution when it is well managed and implemented in raising the quality of health services and protecting patients from financial risk. **Conclusions** - we estimate that the application of PPPs in a certain sector of the health systems of both countries strengthens the health systems, raises the quality of health services, reduces costs and reduces the financial risk for patients but it has to be managed correctly.

Keywords: Public-Private Partnerships, Healthcare, Developing Countries, Kosovo, Albania, Health Systems.

INTRODUCTION

The ambitious and much-commented PPP projects appeared in a period completely unprepared for the Albanian economy, which continues to be fragile both technically and functionally. Undoubtedly, PPP could theoretically be a key moment of implementation if a correct management would occur, but even these are not easy to manage in the conditions when the public debt is in numbers where there has been no progress and for such a fragile and unstable economy like ours, lowering it should be a priority. Also, many of the connoisseurs of macroeconomic details or modest expertise are unclear at certain moments regarding some financial indicators in the long term.

Considering that the works presented are more necessary, in addition to the euphoria of the country's development, if we think a little deeper about the infrastructural benefits that are in fact undeniable, in fiscal terms and the macroeconomic indicators have some question marks about the economic and financial progress that have characterized these PPP projects. In Albania, based on the (Law No. 125/2013 on Concessions and Public-Private Partnership), as are many projects, it is one of the most discussed the projects of medical tools in hospitals or medical control, which have turned out to be very controversial, and what raised many discussions is that have not fulfilled any of the objectives, but they turned out to be unsuccessful. Currently, the sterilization concession is under the treatment of the justice institutions for further investigation

Data from the Health Insurance Fund results last year, funds for the hospital reached 29.4 billion ALL, (ALL - The official currency of Albania- Lek) the amount of money that went to finance three PPP contracts reached 4.1 billion ALL or 14% of the hospital's budget. The cost of PPP contracts exceeded the primary hospital value. For example, the data that the cost of drugs for hospitals was 3.6 billion ALL or about 13% lower than PPP funds of the hospital service.

In hospital services, three PPP contracts are in operation, that of sterilization, dialysis and laboratory. In 2022, contracts for the sterilization of work equipment and finances with 1.7 billion ALL; that of dialysis with 835 million ALL and that of the laboratory with 1.6 billion ALL. (Monitor 2023).

The sterilization concession in 5 years receives 57% of the contract value, payment from the budget:

The concession of sterilization of surgical tools and equipments, in public hospitals entered the fifth year of the contract (out of 10 years in total) as until now, the state budget has paid the company Sani Servis with 7.1 billion ALL, or 57% of the revised value of the contract of 12.3 billion ALL.

Official data from the Ministry of Finance show that the contract began to receive payments in 2017, while by the end of 2021, the state budget has paid this service with 57 million euros. The data show that the payments to the company have so far exceeded the investment value of 1.5 billion lek published in the contract by 4.7 times (Monitor 2021).

The Ministry of Finance, in the draft budget of 2021, reported that the full value of the sterilization concession contract is 12.3 billion ALL, but in the draft budget of 2020, finance together brought to the Assembly a table where it was said that the full value of the contract of sterilization is 16 billion ALL. (Monitor, 2023).

In Kosovo, there is a legal framework for PPP, including the health sector. This area is regulated by the Law on Public-Private Partnerships, which includes article 2, where the scope is defines: "The provisions of this law regulate Public-Private Partnerships for the provision of public services and/or public infrastructure in all economic sectors and social", including the health sector. (Law no. 04/L-045 on Public Private Partnership, 2011). The lack of the Health Information System and the non-implementation of health insurance are serious challenges for the health system of Kosovo. The political and socio-economic challenges of the last three decades have had a direct impact on the health system of Kosovo, which continues to be among the most fragile. in the Western Balkans. The lack of some tertiary level subspecialty

health services, spending a considerable budget for treatment abroad, the same expectations for patients for specific health services are some of the arguments that PPP in the field of health would be a good solution for the health system of Kosovo. Laboratory services, in radiology, emergency, maintenance and hospital waste management are a challenge in themselves for this sector.

LITERATURE REVIEW

Public private partnership (PPP) is considered as an efficient opportunity and solution not only in the economy, infrastructure projects and similar fields, but also in health industry, as it is known in the contemporary terminology of intersectoral investment in health systems.

Public-private partnerships (PPPs) are contractual arrangements between a public authority (which can be a local or a central government agency) and a private supplier for the delivery of some services, in which the latter takes responsibility for building or upgrading a piece of infrastructure that supports these services, makes arrangements towards the financing of the investment, and then manages and maintains this facility (Iossa & Martimort 2015).

In post-communist countries and in transition, as is the case with Albania and Kosovo, public-private partnership has been a matter of debate not only at political levels, but also among the academic circle and professionals in the fields, including the health field. In fact, what is public private partnership? A good working definition would include three points. First, these partnerships involve at least one private for-profit organization and at least one not-for-profit or public organization. Second, the partners have some shared objectives for the creation of social value, often for disadvantaged populations. Finally, the core partners agree to share both efforts and benefits (Reich, 2002). Public private partnership (PPP) refers to an arrangement between the government and the private sector, with the principal objective of providing public infrastructure, community facilities and other related services. Such long-term partnerships are characterised by a sharing of investments, risks, rewards and responsibilities for the mutual benefit of both parties involved (Ondategui-Parra, 2009).

The debate in economics on the role of the government vs. the private sector in the provision of goods and services has historically been focused on privatization. Privatization, consisting of the sale of state-owned firms or assets to private agents, implies an outright transfer of ownership (Fabre & Straub, 2021).

In the last two decades, a trend has been observed from developing countries that health infrastructure such as buildings but also maintenance and other services which the national government has contracted with a private partner to encourage providers to attract more patients and improve quality of the services they provide, or finding other forms of cooperation to increase the quality and efficiency of health services. Analysing the literature that covers PPPs in the health sector, we noticed that it is relatively unclear and leaves open dilemmas about what impact health PPPs have on advancing the health system and raising the quality of services. Also, the volume of literature on this field was relatively small, especially for countries in transition. Albania and Kosovo are also characterized by a lack of performance-based financing (PBF) evaluation in the health system. ((PBF) in the health sector is an effective, efficient and equitable approach to improving the performance of health systems in low-income and middle-income countries (LMICs), (Paul et al. 2018).

Distrust and dilemmas, especially in countries in transition, about the interest only in the profit of the company or private cooperative continue to weaken the determination to realize such partnerships in the field of health. Indeed, successful partnerships show that partnering must take account of and accommodate the profit motive. The risks that emerge from the company's need to promote its corporate interests and earn a profit through a PPP must be managed through careful crafting of agreements and negotiations throughout the life of the partnership (Barnes, 2011).

The dilemmas about PPPs in developing countries are also related to political, socio-economic stability, but also to the perception of public opinion that "why the state does not trust itself" but trusts NGOs and the private sector in an important sector such as health. Weaknesses and gaps in the health systems limit the achievement of desired outcomes from the interventions at various levels and therefore impede the attainment of the broader national and international health care goals (Ejaz et al. 2011). These dilemmas, weaknesses and gaps follow public-private partnerships even in developed countries with consolidated health systems.

But on the other hand, the WHO Office for Europe regarding PPPs in health assesses that: PPPs have led to good outcomes in terms of post-contractual cost-certainty, but also higher transaction and financing costs. Securing value for money means selecting the right projects, reflecting their degree of priority for the health system as a whole (allocative efficiency) and implementing these effectively (technical efficiency), (WHO, 2023). The model of how to implement a PPP in the health sector depends on the needs of the community/population at the local, regional or national level, whether a partnership is required for health services, health equipment or even the design, construction, financing and operation of health facilities for which government authorities have expressed interest.

According to the WHO Office for Europe and the reports and analyzes it has made and recommendations for national governments, it estimates that PPP in the health sector should be strategic government objectives and of course well planned. They will not constitute a strategy in themselves. Whether they impede or support the government's strategic objectives is an open question - they might, and they might not. PPPs can only enhance the allocative efficiency of health systems if they are embedded in a strategic plan for the provider network – one that defines its future scale and configuration – and one that is informed by, and integrated into, the (often evolving) organizational, financing and purchasing strategies of the health care system as a whole (WHO, 2023).

These estimates are derived from the latest WHO analysis and reports for the European region dedicated to low and middle income countries such as Kosovo and Albania. It is very important how the orientations, planning and strategic objectives of the national governments are to make better solutions in raising the quality of health services. Usually, sub-specialist and tertiary level services in developing countries like Kosovo and Albania have a need and are legitimate requests for the advancement of services. PPP practices at the hospital level have been successful in some countries, but for this model to be successful, some conditions are needed that guarantee the success of this partnership model, taking into account six PPP model dimensions: (i) Environment; (ii) Potential Benefits; (iii) Constant Measure; (iv) Evaluation; (v) Management; and (vi) Enhance Strengths.

The PPP model only applies case by case and under specific requirements that should be met cumulatively to provide additional value to healthcare's quality of service (Rodrigues, 2023).

Can these components be completed and incorporated in the models of these types of PPPs, it is difficult to ascertain that they can function in developing and transition countries such as Kosovo and Albania. Unclear legislation, bureaucratic procedures, but also the lack of expertise, continues to create mistrust in the public opinion regarding the successful implementation of these partnerships in countries in transition.

Despite growing support for the private sector involvement in the provision of public health services in Low- and Middle-Income Countries (LMICs), a lack of clear information on the future of the provision of such services restricts the ability of managers and policy-makers to assess how feasible integration between public and private actors may be in these countries (Fanelli et al, 2020),

There are three primary reasons that partnerships in health have become a major force in health care. These are a shift in philosophy about the roles of the private and public sectors; a recognition by both the public sector and private sectors of their interdependence; and a better understanding of how each party can gain from partnership (Mitchell, 2019). The challenges of harmonizing legislative, financial, technical aspects and the implementation of PPPs in health are also discussed in the special study report of the European Court of Auditors, which defines that implementing successful PPP projects requires considerable administrative capability that can be ensured only through suitable institutional and legal frameworks and long-lasting experience in the implementation of PPP projects. We found that these are currently available only in a limited number of EU Member States (European Court of Auditors, 2018). As in most low- and middle-income countries, both Kosovo and Albania are faced with a lack of drug supply, health care infrastructure, limited financial resources and modern equipment that increase the quality of health services in the public sector. Therefore, solutions and alternatives are necessary in this sector. For these reasons, private sector involvement in healthcare in LMICs can enable the most vulnerable citizens to have access to health care (Montagu et al, 2011).

METHODOLOGY

In countries whose data systems are not yet very consolidated and whose statistics are problematic, qualitative, comparative and quantitative methods were combined in an integrated way.

Qualitative methods are a meaningful indicator in this case, as they were applied to different interest groups who argue the PPP process from different technical and political-economic perspectives with regard to development strategies.

In order to achieve the highest possible credibility and the highest possible reliability and accuracy index for the personalised questionnaires, which are aimed at target groups that are directly or indirectly connected to the system, the qualitative method is intensive from several perspectives.

This work was conducted as qualitative research, semi-structured interviews were conducted with managers of different health system institutions as research tools as

well as the comparative method for both countries and specific sectors of the health systems at the secondary and tertiary levels of the organisation.

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The work was carried out on the basis of primary data. The primary data was collected by interviewing staff and experts working in and managing public tertiary institutions in both countries. The data analysis method used is both qualitative and content analytical and comparative analysis is used as part of the analysis.

RESULTS

From the questionnaires of respondents surveyed in the case of Kosovo, regarding the impact and role of PPP in the health sector, from the leaders of the Ministry of Health, the Management Board of the University Clinical Hospital Service and the Directors of the six clinics that had the longest list of waiting for the treatment of patients, we received a response in favor of the application of PPP in the health system with a significant percentage of respondents.

Table 1 shows all Clinics of the University Clinical Hospital Service and the waiting list with the exact number of patients for the first 6 months of 2023.

Table 1: Waiting list, according to the six-month work report of 2023

No	Units that have patients registered on the waiting list	Units	The waiting list and the average duration for the realization of services in the clinics of the UCHSK												
			No. Total Pac. Waiting list	1 week	1 month	2 month s	3 month s	1-5 month s	1-6 month s	1-9 month s	1 year	2022	2021	2020	2019
1	Abdominal Surgery Clinic	566	12	95	103	142	212	2							
2	Orthopedic and Traumatology Clinic	1,737								329	428	333	246	401	
3	Clinic of Thoracic Surgery	286		36						30	220				
4	Clinic of Gastroenterology	50				30		20							
5	Eye Clinic	3,484		2,342		22		1,120							
6	Cardiology Clinic	1,720								1,720					
7	ENT clinic	270		94	35	35		55	33	18					
8	Plastic Surgery Clinic	217		20	60	87	50								
9	Clinic of Neurosurgery	24		22	2										
10	Clinic of Urology	108	19	87	2										
11	Clinic of Cardiac Surgery	43		20	23										
12	Children's Surgery Clinic	373						373							
13	Vascular Surgery Clinic	1,994					90	80	120	250	756	498	200		
14	Institute of Forensic Psychiatry	40				25		15							
15	Radiology Clinic	3,591	150	230			3,211								
16	Clinic of Neurology	1,702							1,702						
	Total	1,6205	31	2,946	225	341	3,563	1665	1,885	2,537	1,184	831	446	401	
	%		0.2%	18.2%	1.4%	2.1%	22.0%	10.3%	11.6%	15.7%	7.3%	5.1%	2.8%	2.5%	

Source: University Clinical Hospital Service of Kosovo

In the question, how do you assess the lack of implementation in practice of the Public Private Partnership in the health system of Kosovo? 88.9% assess it as having consequences and 11.1% of the surveyed managers and health experts assess it as harmful.

In the question of whether you think that the health system of Kosovo needs a Public Private Partnership in some specific areas? 100% of respondents answered yes.

What are the measures and actions of the Ministry of Health and the Board of SHSKUK in reducing or even removing the waiting list in some specialized branches of SHSKUK? 88.9% answered that they should be measures of a managerial and organizational nature, while 11.1% consider that the number of health professionals in these institutions should be increased.

In one of the main questions of this questionnaire, do you support the realization of the Public Private Partnership in the clinic you manage? 100% of respondents answered yes.

In the next question, what are the causes of the waiting list in such a long period of time in the clinic you manage? 55.6% consider them to be of a managerial nature, 33.3% of an organizational nature and 11.1% of other causes.

Another important question, what are the concrete actions and measures to reduce the waiting time of patients to receive adequate services in the clinic you manage? 77.8% answered that a new management concept is needed, while 11.1% consider increasing the number of specialists in the field and raising technical and technological capacities.

Do you rate the Public Private Partnership as useful in advancing health services and removing the waiting list? 88.9% answered yes and 11.1% partly.

Would you support the Public Private Partnership as a new and more efficient concept in managing and improving the quality of health services in the institution you manage? 100% of respondents answered yes.

Has Kosovo been delayed in the practical implementation of PPPs in some sectors of the health system where there are obvious weaknesses and deficiencies? 88.9% answered yes and 11.1% undefined.

Do you believe in the success of PPPs in the health system of Kosovo? 88.9% of clinic managers and leaders answered yes and 11.1% partially.

For Albania:

Considering both countries under the framework of European Integration and continuous attempts to reform institutions and public service have crucial similarities related technical capabilities and public policies the results are quite different as both governments experienced different approaches.

To be more concrete in Albania have been announced the PPP projects mentioned above and the feedback provided by several actors related to our study is:

In the question, how do you assess the lack of implementation in practice of the Public Private Partnership in the health system of Albania? 67% consider it unnecessary and highly abusive, and 23 % of the surveyed policy maker's asses it a necessary tool to help public service especially after crisis of Covid-19.

In the question of whether you think that the health system of Kosovo needs a Public Private Partnership in some specific areas? 32% of respondents answered yes.

What are the measures and actions of the Ministry of Health in reducing or even removing the waiting list in some specialized local branches? 66% answered they should be additional staff (due to a huge emigration of medical professionals in Germany), while 24% consider that the management is problematic, and conditions

are very low standard related to old equipments, hygiene, bureaucratic delays due to lack of management.

In one of the main questions of this questionnaire, do you support the realization of the Public Private Partnership in the clinic you manage? 87 of respondents answered no.

In the next question, what are the causes of the waiting list in such a long period of time in the clinic you manage? 50% consider them to be staff shortage due to low salaries, refusal to work in other cities apart Tirana, 50% of a nepotism management, favouring on the list friendships and other connections before other citizens.

Do you rate the Public Private Partnership as useful in advancing health services and removing the waiting list? 100% No.

Would you support the Public Private Partnership as a new and more efficient concept in managing and improving the quality of health services in the institution you manage? 90% of respondents answered no and only 10 % representing institutional actors answered yes.

DISCUSSIONS

The assessments of the leaders of the Ministry of Health, the Management Board of the Clinical and University Hospital Service, the Managers of the Clinics with the longest waiting list at the tertiary level of the Kosovo health system are significantly in favor of the application of the Public Private Partnership in the institutions that they manage.

From a simple analysis of the questionnaires, it results that over 80% of the respondents estimate that Kosovo is late in the application of PPP in the health sector, then over 80% believe in the success of the application of PPP in the health system of Kosovo.

100% of the surveyed respondents support it as very useful in advancing health services and reducing to a minimum or even removing the waiting list from the health institutions they manage. These evaluations of the authorities of the health system and the managers of the tertiary level health institutions of the health system of Kosovo are an important input for the decision-makers but also the private health sector in Kosovo and international partners for investment opportunities in this sector since the legal infrastructure is complete in this area.

From our observation is not difficult to understand that internal management structure is not regulated based on sustainable long term strategy, but many other factors as:

- Financial instability;
- Frequent changes in many hierarchical levels of the system;
- Prioritising and focusing on the political crisis;
- Frequent conflicts and a high level of corruption impair the performance of the system and the efficiency of the projects;
- Lack of quality control and standardised room and equipment standards.

Another aspect to emphasise is the need to work with private players, as the lack of capacity is increasing due to the shortage of technicians and skilled workers and capital, as the tendency to leave the country is quite high and international competition is very exciting.

Apart from the fact that Albania is in a critical situation characterised by high public debt, PPP models are very helpful for the sector in this respect.

PPP projects are not a credit-based measure. According to EUROSTAT, the financing of PPP projects is not considered a credit-based or credit-like procurement instrument.

As a result, the financing of PPP projects does not form part of government expenditure in the balance sheet and thus enables government investment without becoming part of the state's or local authorities' debt accounts.

CONCLUSIONS

It is the general opinion and assessment of the leading authorities of the Ministry of Health, the Board of the Clinical and University Hospital Service and the clinic managers of the main tertiary institution in Kosovo that public-private partnerships in healthcare provide better and more efficient services, that Kosovo is lagging behind in the application of PPP in healthcare and that all clinic managers have expressed that they would support PPP in the clinics they manage.

Around 90% of respondents believe in the success of the application of PPPs in Kosovo's healthcare system.

The Republic of Kosovo and Albania need to invest more, faster and better. To do this, they need more industrial/entrepreneurial manufacturing expertise and financial strength. Public-Private Partnerships are instrumental in strengthening health systems in developing countries like Kosovo and Albania by facilitating infrastructure development, improving service delivery, fostering innovation, building capacity, ensuring financial sustainability, enhancing quality, and promoting inclusivity in healthcare provision. By harnessing the complementary strengths of the public and private sectors, PPPs can contribute to significant advancements in healthcare outcomes and overall population health in these countries.

As a result, we need to initiate more integrated partnership projects, i.e. PPPs.

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