



Public-Private Partnerships and Improved Health Service Delivery: Insights from Zimbabwe.

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Abstract

The paper examines the role Public-Private Partnerships (PPP's) in enhancing public health service delivery in Zimbabwe. The study adopted a qualitative research design in describing, explaining, and examining the role of PPP at Mutare Provincial Hospital. The research used various data collection methods which included key informant interviews, in-depth interviews and documentary search. Thematic and Content analysis was used to analyze the data collected using purposive sampling technique. The researcher was guided by a hypothesis which states that PPPs promote sound health service delivery in Zimbabwe. The findings of the study revealed that PPPs is an effective mechanism towards improved health service delivery in the public sector. However there a number of challenges being faced by public hospitals in promoting PPPs to ensure an efficient and effective health service delivery at public hospitals these includes: failure to separate politics and administration, lack of political will, and lack of co-ordination in some instances and lastly possible recommendations for improved health service delivery through PPPs through raising awareness on the value of PPPs, funding the health sector to be eligible to partner with other players to promote health service delivery and the need to embrace media to support and promote PPPs within the health sector. The research as established that PPPs promote sound health service delivery in Zimbabwe.

Key words: Public-Private Partnerships, Healthservice delivery, Zimbabwe

1. Introduction

In Zimbabwe, the public health system has generally been the largest health care provider with Mission hospitals and Non-Governmental Organizations (NGO's) playing a complementary role. In the 1980s Zimbabwe had one of the best healthcare systems in the sub-Saharan region (MoHCC, 2012). However, the 1990s saw a decline in these systems leaving the government of Zimbabwe resorting to Public-Private Partnerships (PPPs) to promote collaboration between the public health institutions and private players in the provision of best health care. Despite these partnerships, the performance of health service delivery institutions has continued to deteriorate over the years as witnessed by signals of administrative ineptitude on the part of city health authorities (Chikwature & Chikwature, 2019). As such, delivery of health services has remained a great challenge and this has in turn angered the expectant and cash-strapped citizenry. All the same, as the public health system was collapsing, private health institutions managed to soldier on and they managed to carry the burden placed upon them by the failure of the public sector, albeit at a high cost. It is against this background that the study seeks to examine the role PPPs in bringing back normalcy in the health sector in Zimbabwe and proffering recommendations on how best these partnerships can resuscitate the public health sector in Zimbabwe.



1.1 Literature Review

The World Bank (2013) defines PPPs as initiatives that establish a contract between a public agency and a private entity for the provision of services, facilities or equipment. It further points out that a PPP exists when members of the public sector partners with private sector players in pursuit of a common vision and goals. According to Michael Reich of the Harvard School of Public Health PPPs refers to a partnership involving one private for-profit organization and one public or non-profit organization that have agreed to share a common objective to create social value and to share the effort and benefits (Reich, 2002). Widdus (2001) reports that the term PPP is usually used to describe any form of public-private collaboration, making little or no distinction between the different forms of collaboration. The approach to PPPs in health will be improved by a common definition that opens up a wide range of partnership opportunities, does not stereotype the rich private sector as a cow to be milked, and stresses the importance of using formal agreements to specify joint responsibilities (Barnes 2011). Thus, from these definitions one can define PPPs as a formal agreement which clearly highlights the objectives, benefits and risks to be encountered by any of the parties in partnership.

In the context of this study, PPPs in healthcare refers to any formal collaboration between the public sector at any level (national and local governments, international donor agencies, bilateral government donors) and the non-public sector (commercial, nonprofit, and traditional healers, midwives, or herbalists) in order to jointly regulate, finance, or implement the delivery of health services, products, equipment, research, communications, or education (Barnes, 2011). Reich (2002) explains PPPs in health in 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.

In 2009 the government of Zimbabwe heralded PPPs as a possible avenue in resuscitating the ailing public hospitals. This led to the State's enactment of the supporting regulatory framework in the form of, the Public-Private Partnership Policy (2010), Public-Private Partnership Guidelines (2010), Public Private Partnership: Legislative Review for Zimbabwe (2010) and the Institutional Framework, Public-Private Partnership (2010). These were meant to spearhead the formation of PPPs within the various areas of the ailing economy (MoHCC, 2012). In 2015, The Joint Venture Act (JVA) (Chapter 22:22) was introduced. The JVA was adopted to support the existing PPP regulatory framework, thus smoothening the implementation of PPPs.

In the last three decades, PPPs in public healthcare have gained great attention in the global health literature due to an increase in the number of PPP initiatives designed to address infectious and parasitic diseases affecting the very poor in developing countries (Barr, 2007; Buse & Walt, 2000b; Frost, Reich, & Fujisaki, 2002; Kickbusch & Lister, 2006; Meredith & Ziemba, 2007; Reich, 2000; Widdus, 2005). The public health agenda for the 21st century



has shown an increased level of engagement by non-governmental partners such as community agencies, grassroots leaders, businesses, media, and academic organizations (Rowitz, 2006).

Nowadays, government agents seem to recognize that it is necessary to involve a number of stakeholders in the pursuit of a healthy and sustainable society. Reich (2002) states that chief factor encouraging these partnerships is that neither side alone can achieve its specific goals, collaboration is unavoidable to solve certain problems. This points out that multi member partnerships, have recently become more popular, reflecting a recognition that some problems require many partners and complex organizational mechanisms to address all different aspects such as Cholera, TB and Malaria among other public health problems in Zimbabwe. Mitchell (2004) argues that there three primary reasons for partnerships have become a common force health care. These are a shift in philosophy about the roles of the private and public sector a recognition by both public sector of independence and a better understanding of how each party gains from the relationship. In summation, limited financial resources, rapid disease transmission across national boundaries, reduced governmental responsibilities to respond to complex social and behavioural challenges were deemed to be conducive to the establishment of PPPs in public health (Reich, 2000; Widdus, 2001, 2005). Zimbabwe National Chamber of Commerce Report (2009) summarises the advantages of PPPs in Zimbabwe as, the transfer of knowledge, management skills and introduction of new technology in public healthcare management. In addition, PPPs promotes and stimulates the inflows of foreign investments and job creation which in turn reduces poverty (ibid).

2. Materials and Methods

A research design is a basic plan that guides the data collection and analysis phases of the research project (Ginsburg 2011). It provides the framework that specifies the type of information to be collected, its sources and collection procedure (Kinnear & Taylor, 1996). The research was based on a case study design which is an empirical inquiry in which focus is on a contemporary phenomenon within its real-life context; specifically, a single case study design was adopted for this study. A case study research design is therefore concerned with specific predictions, narration of facts and characteristics concerning individuals, groups or situations, (Creswell, 2013). The utilization of a single case study research design assisted in getting information that was manageable. It is also experimental rather than using multiple case study designs, as it also narrows down the field of research.

This research was undertaken at Mutare Provincial Hospital in the Manicaland Province of Zimbabwe. The target population of the study was about sixty participants. In this research paper, the researcher adopted a purposive sampling technique as known as selective or subjective sampling. It is a form of non-probability sampling in which researchers rely on their own judgement when choosing members of the population to participate in their study (Palys, 2008). Purposive sampling is mostly used in cases where the specialty of an authority can be used to select a more representative sample that can bring accurate results than using other probability sampling techniques. As



such, in this study, the researcher relied on health professionals from different departments of the hospital to collect data.

For the purposes of this research, in depth interviews and key informant interviews were used to collect data. These two tools provided flexibility to explore new ideas and issues which were not anticipated during the research planning.

Data analysis is defined as a process of inspecting, cleansing, transforming and modelling data with the goal of discovering useful information, informing conclusions and supporting decisions making (Ader,2008). Content analysis was used where narrative analysis was needed for various sources such as interviews of respondents and observations from the field. Thematic analysis which allows researchers to identify the importance of the research question being studied, was also used. A thematic analysis strives to identify patterns of themes in interview data as it is a flexible method which can be used for both explorative studies and deductive studies such as the current study.

As an ethical oversight, the researcher obtained an approval letter from the Mutare Provincial Hospital management to conduct research. During data collection process, the researcher also considered ethics informing the research participants and getting their consent before gathering their opinions. The researcher also made consented efforts to protect the participants from any physical or mental stress associated with the study.

3. Results

Quality-of-service delivery at Mutare Provincial Hospital.

In a key informant interview with one of the male nurses at the hospital, it was revealed that

After the period of Economic meltdown in 2008 the hospital has been trying hard to get back to its feet though some efforts have been in vain. For over six years patients have been wearing unironed and hand washed clothes. The Hospital has tried to curb this problem by coming in partnership with the Crown Agency under USAID for the provision of better laundry services. The Crown Agency was only able to provide for a steam iron which till now is not functional due to the problems that exist between the donor and the contractor.

In the same interview respondent also indicated that human resources have suffered from brain drain since 2008 the public sector have not recovered resulting in lack of specialists in some areas. For example, if one is to get a kidney operation that facility is only available in Harare. The Hospital also still lacks diagnostics tools and oxygen tanks for patients who will be in need of more oxygen to assist for their survival hence resulting in unexpected deaths.



In an in-depth interview with a respondent from the management at the hospital also revealed that the freezing of government posts has affected their operations as a hospital. Since the government a lot of medical nurses every year but after finishing their courses there are not employed because the government had frozen recruitment of public sector, claiming it have been taking much on the national budget. However not considering the burden of diseases such as HIV/AIDS and Cancer.

In an in-depth interview with a health Officer from one of the health councils in Zimbabwe, the research gathered that services at Mutare Provincial Hospital have generally improved. This has been evidenced by local hospitals and poly clinics is referring patients to Mutare Provincial Hospital to seek better health care services. Forinstance,in a case of Sakubva Hospital if the doctors at the maternity wing fail to deliver a maternity service to patients are then referred to the Mutare Provincial Hospital. This clearly shows better health service delivery at the hospital.

In an in-depth interview with the Provincial Medical Director, the research established that:

Quality of service delivery has exceptionally improved. Midwives in the maternity ward at Mutare Provincial Hospital are paid extra allowances by a private donor Crown Agency under USAID. health workers including the supporting staff from laundry, sewing and catering department from grade C5 to E2 receive an allowance which to some extent motivate the employees.

This confirms that the coming in of PPPs has increased the efficiency and effectiveness in the service delivery by the Hospital.

During a key informant interview with one of the members from the management for Mutare Provincial Hospital, the research gathered that food quality for patients and workers at the hospital has continued to be of poor quality. More so in most cases drugs are not easily available patients have to procure drugs from outside pharmacies. Furthermore, she highlighted that patient wards are overcrowded with some of the patients sleeping on the floor. This clearly shows that service delivery has continued to be of poor quality.

Adoption of PPPs in the health sector in Zimbabwe.

During an in-depth interview with one of the top officials at Mutare Provincial Hospital, it has been revealed that poor government funding in the health sector have fostered the adoption of PPPs at the hospital. Since there have been a continuous lack of adequate financial resources to sustain ongoing activities. The respondent also commented that health professionals giving services to public hospitals are also giving services to the private hospitals. Hence this contributed to the partnership since the doctors are in need of some of the hospital facilities to ensure the smooth operation of their surgeries. The case of the incinerator service is only available at Mutare Provincial Hospital, thereby fostering partnerships between the hospital and other private business players.



In the interview, it was gathered that:

Closer to six years patients have been wearing hand washed clothes and unironed clothes. Sometimes the hospital would take the laundry to Rusape which is about 83 km from Mutare hence those who will be on duty needed some Travelling and subsistence allowances which was an expense to the hospital. The hospital at times would take its laundry to Rajas cleaners which would charge the laundry per item they're by straining the budget for the hospital.

This then contributed to the adoption of PPPs with NechemPvt Ltd which would provide those services half the commercial price and after five years of operation they would hand over the machines to the Hospital.

During an in-depth interview with the hospital administrator, the researcher established that the absence of some facilities which might look unnecessary for the smooth functioning of the hospital have necessitated the adoption of these PPPs. For instance, mortuary services are not a major priority to the hospital but still there need of continual functioning of the cold deltas at the mortuary. Since the hospital mortuary was not in good shape that pushed for a partnership with a private player, *Passion Pvt Ltd* in September 2009, so as to improve hygiene at the mortuary.

The Hospital Administrator also revealed that the acute shortages of staff due to brain drain has pushed the hospital to adopt to public private partnerships so as to reduce the nurse patient ratio which have been continually rising especially patients living with HIV/Aids. The hospital sought in coming in partnership with private players National Aids Council and Family Aids Organization in the provision counseling services, ARVs and provision of diapers of those in serious conditions. This confirms that service delivery at the Hospital has improved.

The research clearly highlights that financial incapacities, lack of medical facilities for instance laundry machinery and mortuary services and shortage of health personnel have attributed to the adoption PPPs in public hospitals so as to ensure better health service delivery.

Merits of PPPs in the health sector in Zimbabwe.

In a key informant interview with one of nurses from Mutare Provincial Hospital, it was mentioned that one of the benefits associated with the adoption of PPPs in public hospitals is that, it reduces the rate of borrowing funds required. In addition, renovations can be done under the operation of PPPs the case of the Circumcision Department, renovations have been done under the influence of partnering with the National Aids Council.

Documentary search also revealed that adoption of PPPs has reduced expenses since most of the material needed by the hospital is now being secured by the private players. For example, Mbada diamonds in partnership with the



hospital have managed to contribute about 65 000 USD in December 2013 for renovations on the infrastructure especially the children's ward and maternity ward. The private players also donated about 50 trolleys beds, 50 trolley bins and 50 wheelchairs. Therefore, one can conclude that the adoption of PPPs have resulted in improved service delivery at the hospital.

In an in-depth interview with one of the administrators stated that:

Public private partnerships that the hospital has assigned, have been able to remove costs especially on commodities like Sodium Hypochlorite and Coal that is used at the incinerator. Since these commodities are being provided for with the private players that are in partnership with the hospital. These private partners include Murambi clinic, Zimbabwe Revenue Authority (ZIMRA) and the Nechem arrangement which have been providing laundry services to the hospital. These private players do not pay anything in cash due to criteria that is there in the central government of Zimbabwe, which indicates that all moneys received by the hospital due to provision of services to any external player is taken to the exchequer office. That means the hospital would have not gained anything from the partnership if these private players are made to pay in cash.

This clearly shows that due to the PPPs the Hospital has been in a position to remove some costs on smaller commodities such as Sodium Hypochlorite and coal which was needed at the incinerator and at the same time increasing hygiene at the hospital since the Sodium Hypochlorite would be more than enough just to serve the incinerator only but to also keep up the other areas at the hospital in a clean environment.

In a key informant interview, the research established that the adoption of PPPs has ushered in a positive change to the hospital existence. As indicated by one of the key informants,

Due to the adoption of public private partnerships hospital has managed to improve its infrastructure repairing of bathroom facilities, repainting and procurement of medical equipment. New medical equipment has been purchased for the main theatre, Henceforth the main theatre is fully functional. Some of these partners also provide the hospital with fuel services for instance, Nechem provides about 200 liters of diesel to the hospital for its waste collection in town, where by only 50 liters is needed....

This clearly reflects that Mutare Provincial Hospital have really benefited from these PPPs thus improving service delivery at the hospital.

In key informant interview with an employee from laundry department it was obtained that PPPs have been of good use to the hospital. Since the partnership with Nechem Pvt Ltd entails that the company provides its machinery, detergents and personnel in the provision of the services. There by reducing the work load that has been there before. The partnership has made the hospital to be in a position of taking some laundry for Sakubva

Hospital to be done at Mutare Provincial Hospital. Thus, improving hygiene services in both public hospitals since there are no longer hand washed or line dry clothes as the situation before. Thus, PPPs have been in a position to improve enhanced hygiene services in public hospitals as the case of Sakubva District Hospital and Mutare Provincial hospital.



Figure 1: Laundry machinery that has been brought to the hospital through Nechem Pvt Ltd. (Source, Fieldwork)



Figure 2: The big ruler iron owned by Nechem Pvt Ltd (Source, Fieldwork)

Figures 1 and 2 shows the laundry machines that have been brought to the hospital through Nechem Pvt Ltd. These machines include the washing machine, dryer and one big ruler iron which have been of good use in the provision of improved laundry services for Sakubva Hospital and Mutare Provincial hospital.

In a key informant interview with one of the general employees at the hospital mortuary it was obtained that,

The partnership with Passion Funeral Services have really assisted in terms of achieving efficiency and effectiveness in the terms of the operation of the Mortuary machinery which include cold deltas. Ever since the partnership the Passion Funeral Services in September 2009. The hospital mortuary has been in good shape assisting the whole community not to collect smelly bodies, even of those that would have not been identified are also kept in the mortuary. In some cases where the hospital mortuary is full the hospital has a privilege of taking some of the bodies to Passion Funeral Parlor to avoid situation of overcrowding in the mortuary.

This shows an improvement in hygiene services at the Hospital thus indicating that PPPs have caused more good than harm since service delivery have improved.



Figure 3: Passion Funeral services located at Mutare Provincial hospital Premises. (Source, Fieldwork)

This clearly shows that the role the PPPs has exceptionally improved efficiency and effectiveness to the health sector. It increases quality of services provided by the health facilities; hence a good health system. It creates a good working environment for the health personnel resulting in good service delivery by the hospital.

Risks associated with adoption of PPPs at health institutions in Zimbabwe.

In an in-depth interview with one of the management employees, it was revealed that these PPPs are likely to cause more harm than good to the health sector. These PPPs can be in a position of giving room for public players not to think outside the box so as to ensure the smooth flow of their own operation rather they depend on these public private partnerships for them to operate effectively. Thus, PPPs can create dependency syndrome which affects own development of these public health institutions.

One of the respondents indicated that these PPPs can led to separation of staff and demoralizing of staff as well. The case of laundry department due to the coming in of Nechem to the department some the staff members were shifted to sewing department and catering services leaving only two hospital staff members working at the laundry. This have resulted into many complains to the Public Relations Officer some the workers highlighting that there are not happy with the shuffle to new departments since there have been used to the laundry work for



closer to ten years. This reflects that PPPs are prone to create conflicts at the work place which affects service delivery.

In a key informant interview with a health officer, working with the hospital, it was obtained that:

Public private partnerships there usually affect independency autonomy of the organization. This has been through the idea of all funds donated by PPPs are given specifying areas of concern not considering the desires of public player which is the hospital. For instance, 65 000 USD donated by a private partner Mbada Diamonds. All the money that received was directed for renovations in the maternity ward and the children's ward and no money were to be taken to any department even if there is need in those hospital departments.

This shows that PPPs affect autonomy in the management of the public hospitals.

In an in-depth interview held with one of management officials of the hospital, the research established that chances are very high for health workers to be involved in bribery and improper use of all commodities gained due to the PPPs. For example, at the incinerator services at the hospital, they have been an unclear use of sodium hypochlorite, coal and diesel that is being used there. So since then, the hospital administration has tried to measure waste against to all amount of sodium hypochlorite, coal and diesel needed so as to ensure transparency in the use all commodities gained due to these PPPs.

4. Discussion

The study has established that, services at public hospitals have continued to improve due to, the introduction of PPPs operations at public health institutions. This has been evidenced by the provision of allowances to employees, better medical facilities which includes: theatre equipment, bathroom facilities and repainting of the hospital. The World Bank (2013) identifies four key factors driving governments worldwide to the PPP model for health sector improvements, namely, the desire to improve the operation of public health services and facilities and expand access to high quality services, the opportunity to leverage private investment or the benefit of public services, the desire to formalize arrangements with non-profit partners, who deliver an important share of public services and more potential partners for governments as the private health care sector matures. While acknowledging the potential benefits of public funding and private delivery of health facilities and services. However, the research also established that some of the areas at these public hospitals have remained unattended to since the period of economic meltdown. The nurse patient ratio has remained too wide resulting into unexpected deaths. A lot of qualified personnel left the public sector 2007 -2008 to the private sector since



then, the health sector has not recovered. Since that period, the government has frozen the public sector recruitment without considering the disease burden of HIV/AIDS, Cancer hence coming in of new programs which needed more health personnel. Hence it is evident that situation of 2008 in Zimbabwe have negatively affected the operations of the health sector.

The research has also gathered that, financial incapacities, lack of medical equipment, poor laundry services and poor functioning mortuary equipment has contributed much to the adoption of PPPs by a number of public health institutions. It is from this background that the public hospitals have resorted to the adoption of PPPs, in a bid to improve health service delivery. Governments today face a broad range of complex healthcare challenges prompted by changing demographics, a growing burden of chronic diseases, escalating healthcare costs and rapidly changing healthcare technologies (Abuzaineh, Brashers, Foong, Feachem, Da Rita (2018).

The results also show that PPPs have positive impact on the health system. As evidenced in the research that, public hospitals have been in a position to improve the mortuary services, incinerator services and laundry services as a result of these PPPs. This has been as a result of public hospitals partnering with private players in the provision of medical services. Focus has been gradually shifting towards the role of PPPs in alleviating the situation. As such, PPPs are increasingly being adopted internationally and public-private collaboration has been used to deliver health services in systems performing excellently around the globe World Bank, 2013). PPPs have been proven for their ability to harness the efficiencies and expertise of the private sector to service delivery (Abuzaineh et al., 2018). This leads to the improvement of public health services and facilities to increase the access to services of higher quality (Sarmah, 2009; Abuzaineh et al., 2018). The private sector also brings in the benefits of more capital investment and sharing of risk (USAID and Pakistan Initiative for Mothers and Newborns, 2006; Kosycarz, Nowakowska and Mikołajczyk, 2018). In direct contrast to privatization, the public accountability is maintained with PPPs. Hence the adoption of PPPs has resulted into the provision of better health facilities resulting into a good health system.

The study on the other hand, has asserted that, PPPs can be an avenue for creating dependency syndrome amongst hospital staff members. These PPPs can also demoralize of some the staff members since these PPPs usually focus on one department while other departments are being left out. These private players have also a tendency of controlling the partnership, undermining the independency autonomy of these public hospitals. This then results into the hospitals failing to craft its policies, programs, plans or projects to improve service delivery since all programs will be brought forward by the private players. This then results in a poor health system. World Bank (2013), however, notes that the path from publicly-run hospitals to privately-provided hospital services is not so well-known and can be challenging.



5. Conclusions

The constant failure of African governments to provide adequate services in the health sector to their people is well documented and can only be remedied through PPPs. Zimbabwe is one of the countries that have resorted to PPPs due to lack of resources to provide basic health care services to the citizenry. The principal objective of a PPP is improvement in the quality and efficiency of a given service to the citizens, while at the same time having the benefit of attracting private resources into public services, thereby allowing public money to be directed into other critical areas, thus alleviating long-term pressures on public finances. The most crucial benefits of PPPs are reducing the financial burden on the public sector and risk sharing between partners.

This research indicates that the quality of services at public health institutions in Zimbabwe have continued to improve. This has been evidenced by provision of allowances to employees, better medical facilities as evidenced by local hospitals referring patients for better service delivery. However, the nurse patient ratio has remained too wide resulting in unexpected death. Therefore, one can note that the poor economic system in Zimbabwe have negatively impacted on the health sector. The respondents posited that good governance is critical as it fosters a platform for innovation, productivity, trust, accountability, efficiency and predictability of the public health sector in Zimbabwe. There by improving health service delivery through PPPs.

The study on the other hand, has asserted that, PPPs can be an avenue for creating dependency syndrome within public health institutions. These public private partnerships can also demoralize of some the staff members since efforts at times are directed to one department within the hospital one department while other departments are being left out there by not giving room for innovation within hospital departments. These private players have also a tendency of controlling the partnership, undermining the independency autonomy of these public hospitals. This then results into the hospitals failing to craft its policies, programs, plans or projects to improve service delivery since all programs will be brought forward by the private players.

Overall, the research has established those PPPs in the health sector in Zimbabwe has brought in efficiency and effectiveness as PPPs allow the private players to cover the gap on behalf of the government on a mutual agreement. However, the private and the public sector must be willing to uphold the key tenets of good governance such as accountability, transparency, efficiency and effectiveness. Good governance is vital in ensuring improved service delivery in the health Sector in Zimbabwe through PPPs.

6. Recommendations

There is need of the government creating a credible institutional framework to ensure free bidding processes for the operation of PPPs in public health institutions in Zimbabwe. Hence there is need of educating all stakeholders on how these PPPs operates so as to ensure good health service delivery. This then facilitates a sound policy development and constructive discussion and debate on how these PPPs are to function in the health sector.



Ethical values should be considered by the public and private players in their partnership, so as to ensure smooth operation of these PPPs in the provision of goods and services in the public health institutions. These ethical values focus on issues to do with transparency, accountability, honesty and integrity in the operations of these PPPs in the health sector.

There is need of public health institutions to entrust these PPPs in the provision of services, rather than criticizing the operations of these PPPs. This can result in ineffectiveness hence the need of trust between the private player and the public player that are in the partnership.

It is important that financing mechanisms for the PPPs schemes be regularized.

Political commitment is one of the key elements for success of PPPs. This includes institutions governing the manner in which PPPs are going to be conducted, as well as the legislative framework governing the manner in which PPPs are going to operate. Legislation acts as both insurance and assurance to investors that the government will honor the contract.

There is need of developing of a formal procedure for the assessment of these PPPs in which focus must be on value for money rather the reduction of debts. There is also need of a continuous reviewing of contract.

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