

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 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.

REFERENCES

- Abednego, M.P. and Ogunlana, S.O. (2006) 'Good Project Governance for Proper Risk Allocation in Public-Private Partnerships in Indonesia', *International Journal of Project Management*, Vol. 24, no. 7, pp. 622-634.
- Acharya B, Lee J. and Moon H. (2022). Preference heterogeneity of local government for implementing ICT infrastructure and services through public-private partnership mechanism
- Ackerman, F. and Eden, C. (2011) 'Strategic Management of Stakeholders: Theory and Practice', *Long Range Planning*, Vol. 44, no. 3, pp. 179-196.
- Adams, J., Young, A. and Zhihong, W. (2006) 'Public Private Partnerships in China: Systems, Constraints and Future Prospects', *International Journal of Public Sector Management*, Vol.19, no.4, pp. 384-396.
- Adongo, W. (2012). *Factors influencing implementation of public-private partnerships in Kenya* (Doctoral dissertation, University of Nairobi).
- Akbiyikli, R., Eaton, D. and Turner, A. (2006) 'Project Finance and the Private Finance Initiative (PFI)', *Journal of Structured Finance*, vol. 12, no. 2, pp. 67-75.
- Akintoye, A. (2009) 'PPP's for Physical Infrastructure in Developing Countries', in *Policy, Finance and Management for Public – Private Partnerships*, (eds), A. Akintoye & M. Beck, Wiley – Blackwell, West Sussex, pp. 123-144.
- Akomea-Frimpong, I., Jin, X., Osei-Kyei, R., & Kukah, A. S. (2023). Public-private partnerships for sustainable infrastructure development in Ghana: a systematic review and recommendations. *Smart and Sustainable Built Environment*, 12(2), 237-257.
- Al-Hanawi M.K.,Almubark S.,Qattan M. N.A. Cenkier A. and Kosycarz A. E(2020).Barriers to the implementation of public-private partnerships in the healthcare sector in the Kingdom of Saudi Arabia
- Al-Hanawi MK, Alsharqi O, Almazrou S, Vaidya K (2018) Healthcare finance in the Kingdom of Saudi Arabia: a qualitative study of householders' attitudes. *Applied health economics and health policy* 16: 55–64. 10.1007/s40258-017-0353-7 [PMC free article] [PubMed] [CrossRef] [Google Scholar]
- Al-Hanawi MK, Qattan AM (2019) An Analysis of Public-Private Partnerships and Sustainable Health Care Provision in the Kingdom of Saudi Arabia. *Health services insights* 12: 1–10. [PMC free article] [PubMed] [Google Scholar]
- Al-Hanawi MK, Vaidya K, Alsharqi O, Onwujekwe O (2018) Investigating the willingness to pay for a contributory National Health Insurance Scheme in Saudi Arabia: a cross-sectional stated preference approach.

Applied health economics and health policy 16: 259–271. 10.1007/s40258-017-0366-2 [PMC free article] [PubMed] [CrossRef] [Google Scholar]

Alinaitwe, H. (200. Contractors' Perspective on Critical Factors for Successful Implementation of Private Public Partnerships in Construction Projects in Uganda. Second International Conference on Advances in Engineering and Technology:

Alinaitwe, H. and Ayesiga, R. (2013). Success factors for the implementation of Public-Private Partnerships in the Construction Industry in Uganda. *Journal of Construction in Developing Countries*, 18(2):1-14.

Alinaitwe, H., & Ayesiga, R. (2013). Success factors for the implementation of public-private partnerships in the construction industry in Uganda. *Journal of Construction in Developing Countries*, 18(2), 1-10.

Alinaitwe, H., Apolot, R. and Tindiwensi, D. (2013). Investigation into the causes of delays and cost overruns in Uganda's public sector construction projects. *Journal of Construction in Developing Countries*, 18(2):33-47.

Allen Consulting Group. (2007). Performance of PPPs and Traditional Procurement in Australia. Report to Infrastructure Partnerships Australia. Melbourne: Allen Consulting Group.

Almalki A. and Al-Hanawi K.M. (2018). Public Private Partnerships and Collaboration in the Health Sector in the Kingdom of Saudi Arabia: A Qualitative Study. Private Partnership in Zambia. Google Scholar accessed 04/04/2021. Airoidi, M., Chua, J., Gerbert, P., Justus, J. & Rilo, R. (2013). Bridging the gap: Meeting the infrastructure challenge with Public-Private Partnerships. Boston, Boston Consulting Group.

Almalki M, FitzGerald G, Clark M (2011) Health care system in Saudi Arabia: an overview. *Eastern Mediterranean Health Journal* 17: 784–793. 10.26719/2011.17.10.784 [PubMed] [CrossRef] [Google Scholar]

Almarri, K., & Abu-Hijleh, B. (2017). Critical success factors for public private partnerships in the UAE construction industry-a comparative analysis between the UAE and the UK. *Journal of Engineering, Project, and Production Management*, 7(1), 21-32.

American Psychological Association. (2010). Publication Manual of the American Psychological Association (6th Ed.). Washington, DC: Author.

Anders, L.A. and Gausch, J.L. (2008) 'Negotiating & Renegotiating PPPs and Concessions', in *Public Investment and Public Private Partnerships: Addressing Infrastructure Challenges and managing Financial Risks*, G. Schwartz, A. Corbacho & K. Funke (eds), Palgrave Macmillan, Hampshire, pp. 197-227.

Anderson, K.S. (2002) 'National, International and Transnational Constructs of New Public Management', in *New Public Management: The Transformation of Ideas and Practices*, T. Christensen and P. Laegreid (eds), Ashgate Publishing Limited, Hampshire, pp. 43-72.

Appuhami, R., Perera, S. and Perera, H. (2011) 'Coercive Policy Diffusion in a Developing Country: The Case of Public - Private Partnerships in Sri Lanka', *Journal of Contemporary Asia*, Vol. 41, No. 3, pp. 431-451.

Araújo, S. and D. Sutherland (2010), *Public-Private Partnerships and Investment in Infrastructure*, OECD Economics Department Working Papers, No. 803, OECD Publishing;

Argaw M.D., Woldegiorgis A.G.Y., Abate D.T., and Abebe M.E. (2016). *Malaria journal*, 2Improved malaria case management in formal private sector through public private partnership in Ethiopia: retrospective descriptive study

Asasira J. and Ahimbisibwe F., (2018). Public-Private Partnership in Health care and its Impact on health outcomes: Evidence from Ruharo Mission Hospital in Uganda.

Assudani, R. and Kloppenborg, T.J. (2010) 'Managing Stakeholders for Project Management Success: an Emergent Model of Stakeholders', *Journal of General Management*, Vol. 35, no. 3, pp. 67-80.

- Awodele, O.A. (2012). Framework for managing risk in privately financed market projects in Nigeria. Unpublished doctoral dissertation. Heriot-Watt.
- Awuku, S. A., Bennadji, A., Muhammad-Sukki, F., & Sellami, N. (2021). Promoting the Solar Industry in Ghana through Effective Public-Private Partnership (PPP): Some Lessons from South Africa and Morocco. *Energies*, 15(1), 17-27.
- Adams, T., & Ferguson, A. (2017). Public-private partnerships in sub-Saharan Africa: Some lessons from past experience. *Journal of Development Studies*, 53(4), 513-527.
- Barker, C., Mphasa, C., & Masiya, T. (2019). Public-private partnerships in healthcare: A comparative study of South Africa and Botswana. *International Journal of Public Administration*, 42(3), 232-245.
- Brown, A., & Hammer, S. (2018). Public-private partnerships for infrastructure development: A review of international experiences. *Journal of Infrastructure Development*, 10(2), 107-121.
- Johnson, L., Smith, H., & Williams, D. (2020). Public-private partnerships in sub-Saharan Africa: A systematic review of literature. *Journal of African Business*, 21(4), 496-518.
- Osei-Kyei, R., & Chan, A. P. (2018). Review of studies on the critical success factors for public-private partnership (PPP) projects from 1990 to 2013. *International Journal of Project Management*, 36(7), 1033-1049.
- Mbozi, H., & Chirwa, B. (2017). Public-private partnerships in health service delivery in Malawi. *BMC Health Services Research*, 17(1), 672.
- Mkandawire, T. (2016). The political economy of health services provision in Malawi. *Global Social Policy*, 16(2), 153-169.
- Mutambo, N., Mwange, A., Manda, R., Chiseyeng'i, J., Mashiri, G., & Bwalya, J. (2022). Principles and Practices of Strategy for Effective and Efficient Performance of Business Organisations
- Mwange, A. (2017). Exploring Levels of Financial Literacy Among University of Zambia Final Year Students. *EPH-International Journal of Business & Management Science*, 3(1), 39-28.
- Mwange, A. (2022). An empirical investigation of the impact of monetary policy on economic growth in Zambia.
- Mwange, A., Kasongola, P., & Meyiwa, A. (2022). An Assessment of the Effect of Mobile Money Services on the Profitability of the Banking Sector in Zambia. *Economics and Business Quarterly Reviews*, 5(3).
- Pretorius L. G. and Madimutsa C. (2018). Public-private partnerships and industrial relations in the public sector in Zambia. Google Scholar accessed 04/04/2021.
- Rajput, R., & Gunnigan, L. (2010). Comparison of Indian PPP Construction Industry and European PPP Construction Industry: Process, Thresholds and Implementation. In *W092-Special Track 18th CIB World Building Congress May 2010 Salford, United Kingdom* (p. 208).
- Ranganadhan S. (2018). Public-Private Partnership in Health Sector - Opportunities for better
- Rangel, T., Vassallo, J. M., & Arenas, B. (2012). Effectiveness of safety-based incentives in Public Private Partnerships: Evidence from the case of Spain. *Transportation research part A: policy and practice*, 46(8), 1166-1176.
- Rashed, M., Alam, M. M., & Toriman, M. (2017). Considerable issues for sustainable public-private partnership (PPP) project. *Rashed, MA and Alam, MM and Mohd Ekhwan*, 57-65.

- Reijneveld S.A. (2012). Public–private partnerships in public health research: does it work and if yes, how? *European Journal of Public Health* 22: 165–166. 10.1093/eurpub/ckr187 [PubMed] [CrossRef] [Google Scholar].
- Reijniers, J.J.A.M. (1994). ‘organization of Public- Private Partnership Projects: the Timely Prevention of Pitfalls’, *International Journal of project Management*, Vol. 12, no. 3, pp. 137-142
- Reim, C. (2009). Challenges to Public Private Partnerships. The Example of the London Underground PPPs. Unpublished doctoral dissertation, University of Potsdam.
- Review’, *Public administration Review*, Vol. 67, no. 3. PP. 545-558.
- Reyes-Tagle G. and Garbacik K. (2016). Policymakers' Decisions on Public-Private Partnership Use: The Role of Institutions and Fiscal Constraints Policycommons.net
- Rezouki E.S. and Hassan K.J. (2019). An Evaluation of Barriers obstructing the Applicability of Public Private Partnership (PPP) in Infrastructure Development a Department of Civil Engineering, College of Engineering, University of Baghdad, Baghdad, Iraq
- Rezouki E.S. and Hassan K.J. (2019). An Evaluation of Barriers obstructing the Applicability of Public Private Partnership (PPP) in Infrastructure Development.
- Rezouki, S. E., & Hassan, J. K. A. (2019). An evaluation of barriers obstructing the applicability of Public Private Partnership (PPP) in infrastructure development. *Civil Engineering Journal*, 5(12), 2643-2664.
- Rhodes, R.A.W. (2000). ‘The Governance Narrative: Key Findings and Lessons from the ESRC’s Whitehall Programme’, *Public Administration*, Vol. 78, no. 2, pp. 345-363.
- Robert O. and Chan P. C. (2017). Factors Attracting Private Sector Investments in Public Private Partnerships in Developing Countries: A Survey of International Experts.
- Robinson T.C., Williams L.F.,Orton L.,Moonan M.,O’Flaherty M. and Capewell S.(2012). Barriers to Partnership Working in Public health: A Qualitative Study.
- Robinson, M. (2015). From Old Public Administration to the New Public Service Implications for Public Sector Reform in Developing Countries. UNDP Global Centre for Public Service Excellence, 29 HengMuiKeng Terrace, 119620 Singapore.
- Roehrich J, Barlow JG, Wright S (2013). Delivering European healthcare infrastructure through public-private partnerships: The theory and practice of contracting and bundling In: Das TK, editor. *Managing Public-Private Strategic Alliances*. 1 ed: Information Age Publishing. [Google Scholar]
- Roehrich JK, Lewis MA, George G (2014). Are public–private partnerships a healthy option? A systematic literature review. *Social science & medicine* 113: 110–119. [PubMed] [Google Scholar].
- Rogers, E.M. (2003). *Diffusion of Innovation*, 5th Edn, Free Press, New York.
- Rosenau P.V. (2000). *Public-private policy partnerships*: MIT Press. [Google Scholar].
- Ruckert A. and Labonté R. (2014). Public–private partnerships (ppps) in global health: the good, the bad and the ugly. *Google Scholar* accessed 04/04/2021.
- Ruuska, I. and Teigland, R. (2009). ‘Ensuring Project Success Through collective Competence and Creative Conflict in Public- Private Partnerships- A Case Study of Bygga Villa, a Swedish Triple Helix e-Government Initiative’, *International Journal of Project Management*, vol. 27, pp. 323-334.

- Sadeghi A, Barati O, Bastani P, Daneshjafari D, Etemadian M (2016) Strategies to develop and promote public-private partnerships (PPPs) in the provision of hospital services in Iran: a qualitative study. *Electronic physician* 8: 2208 10.19082/2208 [PMC free article] [PubMed] [CrossRef] [Google Scholar]
- Sadeghi A., Barati O., Bastani P., Jafari D.D., Etemadian M. (2016). Experiences of selected countries in the use of public-private partnership in hospital services provision
- Salim, W., & Negara, S. D. (2018). Infrastructure development under the Jokowi administration: Progress, challenges and policies. *Journal of Southeast Asian Economies*, 35(3), 386-401.
- Salmons, J. (2010). *Online interviews in real time*. Thousand Oaks, CA: Sage.
- Samsioe H. (2013). Swedish-Zambian Health Partnership - A case analysis of a potential Public-Private Development Partnership
- Sarmiento, J.M. and Renneboog, L. (2016). Anatomy of public-private partnerships: their creation, financing and renegotiations. *International Journal of Managing Projects in Business*, 9(1):94-122.
- Saunders, M. N., Saunders, M., Lewis, P., & Thornhill, A. (2020). *Research Methods for Business Students*. Pearson Education Limited, Harlow.
- Sekhri N., Feachem R. and Ni A. (2011). Public-Private Integrated Partnerships Demonstrate The Potential To Improve Health Care Access, Quality, And Efficiency. Google Scholar accessed 04/04/2021.
- Selltiz, C., Jahoda, M., Deutsch, M. and Cook, S.W. (1965). *Research Methods in Social Relations*. Revised Edition. New York: Holt, Rinehart & Winston.
- Semenova Z. A., Chistobaev, A. I. and Grudtcyn N. A. (2020). Management of the public-private partnership in health tourism
- Shantaram Baliga B., Ravikiran S.R., Rao S. S., Coutinho A., and Jain A. (2016). Public-Private Partnership in Health Care: A Comparative Cross-sectional Study of Perceived Quality of Care among Parents of Children Admitted in Two Government District-hospitals, Southern India Accessed on 31/08/2022
- Shaw M.D., Elger B. and Annaheim B. (2017). A means of improving public health in low- and middle-income countries? Benefits and challenges of international public-private partnerships. Google Scholar accessed 04/04/2021.
- Shetterly, R.D., Duan, C.J., Krishnamoorthy, A., Kronenburg, M. and Loutzenhiser, K. (2012). The impact of contract design on contractor performance—a second look. In *Conference Proceedings, at the International Public Procurement Conference Paper*, 5:996-1000.
- Shipan, C.R. and Volden, C. (2008) 'The Mechanism of Policy Diffusion', *American Journal of Political Science*, vol. 52, no. 4, pp. 840-857.
- Siemistycki, M. (2010). 'Delivering Transportation Infrastructure Through Public-Private Partnerships: Planning Concerns', *Journal of American Planning Association*, Vol. 76, no. 1, pp. 43-58.
- Silverman, D. (2011). *Interpreting Qualitative Data: A Guide to the Principles of Qualitative Research*, 4th edn. SAGE Publications Ltd., London.
- Silverman, D. (2011). *Qualitative Research*, 3rd edn., Sage Publications Limited, London.
- Simasiku AM (2021). Implementation of Public-Private Partnership in the Management of Trading places in Zambia: The case of the build-operate-and-transfer contract between city council and China Hainan
- Simasiku M.A. (2021). A dissertation submitted to the University of Zambia in partial fulfillment of the requirements of the degree of Master of Public Administration

- Simmon, B.A. and Elkins, Z. (2004). 'The globalization of Liberalization: Policy Diffusion in the International Political Economy', *American Political Science Review*, vol. 98, n0. 1, pp. 171-18
- Singleton, Jr., R.A. and Straits, B.C. (2010). *Approaches to Social Research*, 5th edn., Oxford University Press Inc., New York.
- Sinjela K.M., Simangolwa W.M.W, Hehman L., Kamanga M., Mwambazi K.W and Sundewell J.(2022).Exploring for-profit healthcare providers' perceptions of inclusion in the Zambia National
- Smith, J., & Johnson, L. (2018). Public-private partnerships in healthcare in Africa. *International Journal of Health Governance*, 23(2), 83-91.
- Smith, N. (2019). Public-private partnerships and the role of multilateral development banks in Africa. *International Journal of Public Administration*, 42(3), 205-217.
- Smith, A.L. (2009). 'PPP Financing in the USA' in *Policy, Finance & Management for Public- Private Partnerships*, A. Akintoye and M. Beck (eds), Wiley – Blackwell, West Sussex, pp. 198-211.
- Smith, N. J. (2003). 'Appraisal, Risk and Uncertainty', Thomas Telford Ltd., London.
- Solheim-Kile, E., Lædre, O., Lohne, J., & Meland, Ø. H. (2014). Characteristics of public-private partnerships in Norway. *Kalsaas, BT, Koskela, L. & Saurin, TA*, 559-569.
- Somekh, B. and Lewin, C. (2011). *Theory and Methods in Social Research*, 2nd edn., Sage Publications Ltd., London.
- StatSoft, Inc. (2013). 'Electronic Statistics Textbook', Tulsa, OK: StatSoft. WEB [online], Available: <http://www.statsoft.com/textbook/> [Accessed: 01 August 2021].
- Steele, W., Hussey, K., & Dovers, S. (2017). What's critical about critical infrastructure?. *Urban Policy and Research*, 35(1), 74-86.
- Strydom, H. (2014). An evaluation of the purposes of research in social work. *Social Work/MaatskaplikeWerk*, 49(2).
- Supiot, A. (1996). Work and public/Private dichotomy. *International Labour Review*, 135:653-663.
- Sutton, C. (2011). 'Social Surveys: Design to Analysis', in *Social Research-Issues, Methods and Process*, T. May (eds), Open University press, Berkshire.
- Suzelle D. (2017). Factors for PPP project success in developing countries. Google Scholar accessed 04/04/2021.
- Takim, R., Ismail, K., Nawawi, A.H. and Jaafar, A. (2009). 'The Malaysian Private Finance Initiative and Value for Money'. *Asian Social Science*, vol. 5, no. 3, pp. 103-111.
- Tamošaitienė, J., Sarvari, H., Chan, D. W., & Cristofaro, M. (2020). Assessing the barriers and risks to private sector participation in infrastructure construction projects in developing countries of Middle East. *Sustainability*, 13(1), 153-163.
- Tan, W. (2007) *Principles of Project and Infrastructure Finance*, Taylor and Francis, USA.
- Tang, L., Shen, Q. and Cheng, E.W.L. (2010). 'A Review of Studies on Public-Private partnership Projects in the Construction Industry', *International Journal of Project Management*, vol, 28, pp. 683-694.
- Tashakkori, A. and Teddlie, C. (2008a). 'Introduction to Mixed Methods and Mixed Model Studies in the Social and Behavioral Science', in *The Mixed Methods Reader*, V.L.P., Clark & J.W. Creswell (eds), Sage Publications Inc., California.

Tashakkori, A. and Teddlie, C. (2008b). 'Quality of Inferences in Mixed Methods Research: Calling for an Integrative Framework', in *Advances in Mixed Methods Research*, M.M. Bergman (eds), SAGE Publications Ltd., London.

Taylor, F. (1911). *Principles and Methods of Scientific Management*, Harper Bros: New York

Teddlie, C., & Tashakkori, A. (2011). Mixed methods research. *The Sage handbook of qualitative research*, 4, 285-300.

Tedlie, C. and Tashakkori, A. (2010). 'Overview of contemporary Issues in Mixed Methods Research', in *Sage Handbook of Mixed Methods Research in Social & Behavioral Science*, A. Tashakkori & C. Tedlie (eds), Sage Publications, Inc., London.

Tedlie, C. and Tashakkori, A. (2012). 'Common Core Characteristics of Mixed Methods Research: A Review of Critical Issues and Call for Greater Convergence', *American Behavioral Scientist*, Vol. no. 56, no. 6, pp. 774-788.

The Global Fund. (2016). *The Global Fund Overview*. [Online]. Available: www.theglobalfund.org/.

The World Bank (2015). *What are Public Private Partnerships?* Washington D.C: The World Bank Group; Available from: <https://ppp.worldbank.org/public-private-partnership/overview/what-are-public-private-partnerships> [Accessed 25 December 2020] [Google Scholar]

Thiel, S.V., Pollitt, C. and Homburg, V. (2007). 'Conclusions', *New Public Management in Europe: Adaptations and Alternatives*, C. Pollitt, S.V. Thiel & V. Homburg (eds), Palgrave Macmillan, New York, pp. 196-203.

Thomas, A.B. (2004). *Research Skills for Management Studies*, Routledge, London.

Thomas, J. and Harden, A. (2008). Methods for the thematic synthesis of qualitative research in systematic reviews. *BMC medical research methodology*, 8(1):45.

Thomas, Ng. S., Wong, M.W. and Wong, M.W. (2012). 'Factors Influencing the Success of PPP at Feasibility Stage - A Tripartite Comparison Study in Hong Kong', *Habitat International*, Vol. 36, no. 4, pp.423-432.

Tombari J.G. (2017). *Public Private Partnership Mixes in Health Care Sector in Rwanda*. Google Scholar accessed 04/04/2021.

Towela K. (2019). *Factors Affecting Delivery of Quality Health Services In Zambia: The Case Of Mandevu Residential Area*.

Trebilcock M. and Rosenstock M. (2015). *Infrastructure Public-Private Partnerships in the Developing World: Lessons from Recent Experience*. Google Scholar accessed 04/04/2021.

Tshombe, L. M., Molokwane, T., Nduhura, A., & Nuwagaba, I. (2020). An Analysis of Public-Private Partnerships in East Africa. *Research in World Economy*, 11(5), 152-163.

UCLA (2014). *Annotated SPSS Factor Analysis*, Institute of Digital Research and Education – UCLA [online], Available: <http://www.ats.ucla.edu/stat/spss/output/factor1.htm>.

Uddin, W., Hudson, W. R., & Haas, R. (2013). *Public infrastructure asset management*. McGraw-Hill Education.

Udeagha, M. C., & Ngepah, N. (2023). Can public-private partnership investment in energy (PPPI) mitigate CO2 emissions in South Africa? Fresh evidence from the novel dynamic ARDL simulations approach. *Frontiers in Environmental Science*, 10, 1044605-615.

- Välilä T. (2005). How expensive are cost savings? On the economics of public-private partnerships. *EIB papers* 10: 95–119. [Google Scholar]
- Vecchi V, Hellowell M, Della Croce R, Gatti S (2017). Government policies to enhance access to credit for infrastructure-based PPPs: an approach to classification and appraisal. *Public Money & Management* 37: 133–140. [Google Scholar]
- Verma, J.P. (2013). *Data Analysis in Management with SPSS Software*, Springer Science+Business Media, New Delhi.
- Verweij, S., & Satheesh, S. A. (2023). In search of the collaborative advantage of public-private partnerships: A comparative analysis of Dutch transport infrastructure projects. *Public Administration Review*, 83(3), 679-690.
- Vian T, McIntosh N, Grabowski A (2017). It Keeps Us from Putting Drugs in Pockets: How a Public-Private Partnership for Hospital Management May Help Curb Corruption. *The Permanente Journal* 21. [PMC free article] [PubMed] [Google Scholar]
- Wa Somwe S., Marsdeni J. E., Mateyo K., Senkwe N.M. Sotomayor-Ruiz M., Musuku J., Soriano B.J., Ancochea J. and Fishman C.M. (2015) Improving paediatric asthma care in Zambia. Accessed on 4/9/2022
- Wadee H. and Gilson L. (2005). The Search for Cross Subsidy in Segmented Health Systems: Can Private Wards in Public Hospitals Secure Equity Gains?
- Walston S, Al-Harbi Y, Al-Omar B (2008). The changing face of healthcare in Saudi Arabia. *Annals of Saudi medicine* 28: 243–250. 10.5144/0256-4947.2008.243 [PMC free article] [PubMed] [CrossRef] [Google Scholar]
- Warsen, R., Greve, C., Klijn, E. H., Koppenjan, J. F., & Siemiatycki, M. (2020). How do professionals perceive the governance of public–private partnerships? Evidence from Canada, the Netherlands and Denmark. *Public Administration*, 98(1), 124-139.
- Webb, R. and Paul, B. (2002). *Public Private Partnership: An Introduction*. Parliament of Australia: Canberra.
- Węgrzyn, J., & Wojewnik-Filipkowska, A. (2022). Stakeholder analysis and their attitude towards PPP success. *Sustainability*, 14(3), 1570-1580.
- Weihe, G. (2008). Research and Evaluation. Ordering Disorder-On the Perplexities of the Partnership Literature. *The Australian Journal of Public Administration*, 67 (4): 430– 442.
- Wellens J., Nitcheu M., Traore F., Tychon B. (2013). A public–private partnership experience in the management of an irrigation scheme using decision-support tools in Burkina Faso.
- Weththasinghe K.K., Gajendran T. , Brewer G. (2016). Barriers In Proper Implementation Of Public Private Partnerships (PPP) In Sri Lanka
- Weththasinghe, K., Gajendran, T., & Brewer, G. (2016, July). Barriers in proper implementation of public–private partnerships (PPP) in Sri Lanka. In *Proceedings of the 40th Australasian Universities Building Education Association (AUBEA) 2016 Conference*.
- Whitfield, D. (1992). *The Welfare State: Privatisation, De-regulation, Commercialisation of Public Services*. London: Pluto Press
- WHO (2006). *Country Cooperation Strategy for WHO and Saudi Arabia 2006–2011*. New York: World Health Organization [Google Scholar]
- WHO (2021). Public-private partnership scenario in the health care system of Pakistan
- Whyte B.E and Olivier J. (2016). Models of public–private engagement for health services delivery and financing in Southern Africa: a systematic review. Google Scholar accessed 04/04/2021.

- Wiedenmayer K., Mbwaswi R., Mfuko W., Mpuya E., Charles J., Chilunda F., Mbepera D. and Kapologwe N.(2019). Jazia prime vendor system- a public-private partnership to improve medicine availability in Tanzania: from pilot to scale.
- Williams, G. A., Howell, M., Durusu, D., & Rosenmöller, M. (2021). The role of public-private partnerships in healthcare in Europe. *Health Policy*, 125(6), 749-755.
- Willems, T. & Van Dooren, W. (2016). (De) Politicization Dynamics in Public–Private Partnerships (PPPs): Lessons from a comparison between UK and Flemish PPP policy. *Public Management Review*, 18(2):199-220.
- Wilson P. (2010). Global Fund freezes aid to Zambian health ministry
- World Bank. (2012). Public-Private Partnership Reference Guide, Version 1.0. [Online]. Available: www.worldbank.org.
- World Bank. (2012).With efficient Procurement, Government can deliver more with less. [Online]. Available: www.worldbank.org/.
- World Vision Zambia (2022). *Moyo Mini Hospital receives electricity*. [Online]. Available at: <https://www.fao.org/> [Accessed 7 July 2023]
- Wright, S., Barlow, J., & Roehrich, J. K. (2019). Public-private partnerships for health services: Construction, protection and rehabilitation of critical healthcare infrastructure in Europe. *Public Private Partnerships: Construction, Protection, and Rehabilitation of Critical Infrastructure*, 1(1), 125-151.
- Wu, H., & Leung, S. O. (2017). Can Likert scales be treated as interval scales? A Simulation study. *Journal of social service research*, 43(4), 527-532.
- Yadav C.S. (2011). Exploring Public Private Partnerships Public Private Partnerships in Zambia Focus: Tertiary Level Hospitals Focus: Tertiary Level Hospitals & Districts Districts Dissertation Submitted In Partial Fulfilment for Degree of: Masters of Public Health
- Yamamoto H. (2007).Multi-level Governance and Public Private Partnership: Theoretical Basis of Public Management
- Yang T., Long R.,Li W.,and Rehman S.(2016). Innovative Application of the Public–Private Partnership Model to the Electric Vehicle Charging Infrastructure in China
- Yang Y., Hou Y., Wang Y. (2013).On the Development of Public–Private Partnerships in Transitional Economies: An Explanatory Framework
- Yang, J., Shen, G.Q., Ho, M., Drew, D.S. & Xue, X. (2010) ‘Stakeholder Management in Construction: An Empirical Study to Address Research Gaps in Previous Studies’, *International Journal of Project Management*, (In Press: DOI- 10-1016/j.ijproman.2010.07.013).
- Yang, K. (2010) Making Sense of Statistical methods in Social Research, Sage Publications Limited, London.
- Yang, Y., Hou, Y. and Wang, Y. (2013) ‘On the Development of Public-Private Partnerships in Transitional Economies: An Explanatory Framework’, *Public Administration Review*, Vol. 73, No. 2, PP. 301-310.
- Ye, S. (2009) ‘Patterns of Financing PPP Projects’, in *Policy, Management and Finance of Public-Private Partnerships*, A. Akintoye & M. Beck (eds), Willey-Blackwell, West Sussex, pp. 181-196.
- Yeboah-Assiamah E., Asamoah K. and Kyeremeh T. A. (2017).Decades of public-private partnership in solid waste management: A literature analysis of key lessons drawn from Ghana and India
- Yescombe ER (2011) *Public-private partnerships: principles of policy and finance*: Elsevier. [Google Scholar]

- Yescombe, E.R. (2007). 'Public-Private Partnerships: Principles of Policy and Finance', Oxford: Elsevier.
- Yescombe, E.R. (2007). Public-Private Partnerships: Principles of Policy and Finance. Burlington MA: Butterworth-Heinemann.
- Yilmaz, K. (2013). Comparison of quantitative and qualitative research traditions: Epistemological, theoretical, and methodological differences. *European Journal of Education*, 48(2): 311-325.
- Yong, H.K. (2010) 'Public-Private Partnerships Policy and Practice; A Reference Guide', Commonwealth Secretariat: London.
- Yong, H.K. ed. (2010). Public-private partnerships policy and practice: A Reference guide. Commonwealth Secretariat.
- Yuan, J., Skibniewski, M.J., Li, Q. & Shan, J. (2010) 'The Driving Factors of China's Public Private Partnership Projects in Metropolitan Transportation Systems: Public Sector's Viewpoint', *Journal of Civil Engineering and Management*, Vol. 16, no. 1, pp. 5-18.
- Yuan, J., Zeng, A.Y., Skibniewski, M.J. & Li, Q. (2009) 'Selection of Performance Objectives and Key Performance Indicators in Public-Private Partnership projects to Achieve Value for Money', *Journal of Management and Economics*, Vol. 27, pp. 253-270.
- Zakharina O.V. , Korzhenko V.V. , Kovalenko N.V., Shashyna M.V., Tomashevskaya A.V., Mosiichuk I.V. (2020). Effective Public-Private Partnership Models and their Application in Public Policy Implementation*
- Zangouezhad, A., & Azar, A. (2014). How public-private partnership projects impact infrastructure industry for economic growth. *International Journal of Social Economics*, 41(10), 994-1010.
- Zhai, L., Xin, Y. & Cheng, C. (2009) 'Understanding the Value of Project Management from a Stakeholder's Perspective: Case Study of Mega Project Management', *Project Management Journal*, Vol. 40, no. 1, pp. 99-109.
- Zhang X. and AbouRisk (2006). *Determining Reasonable Concession Period for Private Sector Provision of Public Works and Service*.
- Zinyama, T., & Nhema, A. G. (2015). Public-private partnerships: critical review and lessons for Zimbabwe. *Public Policy and Administration Research*, 5(6), 1-10.
- Zverev, A. (2008) 'Legal Regimes for PPPs in Central and Eastern Europe', in *Public Investment and Public Private Partnerships: Addressing Infrastructure Challenges and managing Financial Risks*