EFFECTIVNESS OF POLICY INTERVENTION ON PUBLIC PRIVATE PARTNERSHIP FOR THE IMPROVEMENT OF HEALTH DELIVERY SERVICES: THE CASE OF ADDIS ABABA CITY ADMINISTRATION HEALTH BUREAU

Thesis Submitted to the School of Graduate Studies Addis Ababa University College of Business and Economics Department of Public Administration and Development Management in Partial Fulfillment of the requirements of Master of Arts in Public Management and Public Policy

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STATEMENT OF DECLARATION

I, Alemu Taddesse the undersigned, hereby declare that this is my original work and has not been presented to any other institution for a master's degree or anywhere else for academic purposes. Due acknowledgment is made of any material previously published and used as a reference.

Signature________________________

Date: June 2020

CERTIFICATE

This is to certify this study, Effectiveness of Policy Intervention on Public Private Partnership for the improvement of health delivery services in case of Addis Ababa City Administration Health Bureau, undertaken by Alemu Taddesse for the partial fulfillment of the requirements for the degree of Master of Arts in Public Management and Public Policy at Addis Ababa University College of Business and Economics, is an original work and not submitted earlier for nay degree either at this university or any other University.

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Acronyms

AAFSDRA	Addis Ababa Food, Food Safety and Drug Regulatory Agency
AAAPCO	Addis Ababa HIV/AIDS Prevention and Control Office
AACAHB	Addis Ababa City Administration Health Bureau
AIDS	Acquired Immunodeficiency Syndrome
ANC	Antenatal Care
ARM	Annual Review Meeting
ART	Antiretroviral Therapy
CDC	Center for Disease Control
DOTS	Directly Observed Therapy Short course
ECA	Economic Commission for Africa
EDHS	Ethiopian Demographic and Health Survey
EPI	Expanded Program on Immunization
FMoH	Federal Ministry of Health
HEP	Health Extension Package
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
HSDP	Health Sector Development Program
IMF	International Monetary Fund
MCH	Maternal and Child Health
MDG	Millennium Development Goals
MOU	Memorandum of Understanding
NGOs	Non-Governmental Organizations
NPM	New Public Management
PHCU	Primary Healthcare Unit
PHSP	Private Health Sector Program
PPD	Public Private Dialogue
PPM	Public Private Mix
PPP	Public Private Partnership
RHB	Regional Health Bureau

STDs	Sexually Transmitted Diseases
TB	Tuberculosis
UK	United Kingdom
UNDP	United Nations Development Program
USAID	Unites States Aid for International Development
WB	World Bank
WHO	World Health Organization
WorHO	Woreda Health Office

Abstract

This research paper seeks to provide an effectiveness of policy intervention on Public Private Partnership (PPP) for the improvement of health delivery services in Addis Ababa City Administration Health Bureau in improving health services delivery. Descriptive research method was applied as a methodology to address the research questions. 58 respondents were purposely involved in the study. The data were obtained through questionnaires, interviews, and documentary reviews. Data analyzed using Statistical Package for Social Sciences (SPSS). Qualitative approaches giving due emphasis to the nature of research questions under study.

The study indicated that, there was a strong opinion from the respondents on proclamation of article 1076 Feb.2018 for the engagement of private sectors in development programs. Consistently, the status and realities in the existing health system in Ethiopia calls for strong and more collaboration with the private health sector which should be informed by appropriately designed in leading and managing PPP health initiatives in designated way as supported by policy interventions..

The study recommends that, policy interventions for improving PPPs in health delivery services should be a collaborative effort among PPP key actors. Each actor also should make efforts on the principles of accountability and transparency. Governments, Addis Ababa city administration, must play a strong role for as better implementation of public private partnership policy execution and oversight on accountability, efficiency, effectiveness and equity in respect to policy and regulation, institutional capacity and procurement practices for the delivery of health services to the community even to the country level.

This study contributes to the theoretical discussions for the effectiveness of PPP policy intervention looks great attention for its implementations for a better services and health to the citizens to promote relationships.

Key words: public private partnership policy intervention for its effectiveness

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CHAPTER ONE

1. INTRODUCTION

The public sector plays a major role in society to deliver public services. In most economies, public expenditure forms a significant part of gross domestic product (GDP) and public sector entities are substantial employers and major capital market participants. Effective governance can improve management, leading to more effective implementation of the chosen interventions, better service delivery and ultimately better outcomes. People's lives are thereby improved. Public–private partnerships (PPPs), as cooperative institutional arrangements between public and private sectors, have received considerable attention over the past 40 years. PPP has been widely used in the fields of infrastructure and public services, such as transportation, water and sewage, energy, environment protection, public health, and others. Many countries and regions have been promoting PPP to overcome the traditional drawbacks of public procurement. The UK, Australia, Portugal, Spain, and other developed countries have witnessed a steady growth in the number of PPP projects (Hodge and Greve 2006).

PPP might very well be able to deal with the complex policies, projects, and public service issues to be faced. This is because PPP involves joint development and risk sharing between the partners, which are areas the traditional procurement processes failed to address. For instance, some research has found that many actors are far too preoccupied with their own procedures and internal issues to be able to act as effective partners (Klijn and Teisman 2003). Thus, the PPP phenomenon has attracted considerable attention from many scholars and many areas of interest, including disciplines ranging from Economics to Management Science and Public Administration (PA) (Spielman, Hartwich, and Grebmer 2010).

Developing countries are also using PPPs to build and operate their own infrastructures. The literature addressing PPP has also shown impressive growth. Some authors suggest that the PPP phenomenon has become a new form of governance (Osborne 2000). Many governments around the world are becoming more and more dependent on private actors for the implementation of public policies. However, this means governments need cooperation from various actors (Klijn and Teisman 2003).

In China, PPP has been existence in different forms since the late 1970s upon the reforms known as "Open door" introduced by Deng Xiaoping in 1978 (Adams, 2014). Chinese government has been investigating and promoting PPPs in the provision of public services to

meet the needs of public facilities and improve quality, service delivery and efficiency. Private companies are given subsidies by government or are paid fees under the concession depending on the balance of profits between the private company and the public sector (Adams et al., 2006; Ke, 2014).

In the Sub-Saharan Africa, according to Raman & Bjorkman (2009), the value of PPP has emerged as an important and effective model for achieving the sector goals through of various programs. Public Private Partnership in Healthcare (PPPH) is a collaborative relationship between the public and private sector for providing health services and infrastructure. Jeffrey (2011) defines PPPH as 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, communications, education and research.

The Federal Democratic Republic of Ethiopia PPP investment modality offers an opportunity to have access to public powers and competencies as well as significant influence on government decision-making about urban development, infrastructure, service delivery, and other development activities. Proclamation No. 1076/2018 on PPP states "Ethiopia has recently enacted a new Proclamation facilitating Public Private Partnerships (PPP), recognizing that the private sector is essential to support the country's economic growth and improve the quality of public services, particularly in infrastructure…". PPPs an all-inclusive planning and decision-making process is entrenched, clearly understood risks identified and shared, and functional capacities developed to maximize efficiency gains. Irrespective of the activity, area and/or project, international experience has shown that one crucial factor for PPP investment is whether the private partner can earn a profit from a satisfactory return on his investment or because there are enough public subsidies to make up for shortfalls in return on investments (Kwame A. 2011).

Addis Ababa was selected to the study with the nature of the city allocation as the federal government base as well as there are lots of disease burden. In addition to highly growth in population through migration and more highly qualified health services available as a referral form other region?

1.1 Statement of the problem

Public Private Partnerships (PPP) policy interventions in health service delivery plays vital role in the development and sustainability of quality health delivery. These needs understanding the roles and capacity of the public and private sector. while ensuring demand-driven service delivery to meet the needs of peoples and making service provision more efficient and financially sustainable to maintain equity among peoples of groups to have access to services. In view of this, the need for involving private sector either fully or partially supplementing public sector service delivery is being increasingly recommended in Ethiopia (UNDP,1/2015).

The population of Ethiopia is steadily increasing. Cognizant of the high fertility rate the government of Ethiopia is actively pursuing sexual and reproductive health services. The major health problems of the population remain largely preventable communicable diseases and nutritional problems. However, there is a change in the disease landscape towards an increase in the prevalence of non-communicable diseases, primarily in urban settings. By harnessing the existing engagement with the private sector, the government intends to spur the delivery of comprehensive and wellness oriented primary care services to address the above-mentioned health realities. This approach will enhance performance in health service coverage, expanding access and improving quality of services (FMOH 2013).

The above-mentioned health programs had enabled the country to reduce IMR, MMR, U5M and improvement in life expectancy of the population. In addition, Ethiopia has been successful in reducing disease burdens in TB, Malaria and HIV/AIDS and this had put the country on track towards the achievement of the health MDGs.

The major health problems of the country remain largely preventable communicable diseases and nutritional disorders. Despite major progresses have been made to improve the health status of the population in the last one and half decades, Ethiopia’s population still face a high rate of morbidity and mortality and the health status remains relatively poor. Figures on vital health indicators from DHS 2005 show a life expectancy of 54 years (53.4 years for male and 55.4 for female), and an IMR of 77/1000. Under-five mortality rate has been reduced to 101/1000 in 2010v and more than 90% of child deaths are due to pneumonia, diarrhea, malaria, neonatal problems, malnutrition and HIV/AIDS, and often a combination of these conditions. These are very high levels, though there has been a gradual decline in

these rates during the past 15years. In terms of women health, MMR has declined to 590/100,000 though it remains to be among the highest. The major causes of maternal death are obstructed/prolonged labor (13%), ruptured uterus (12%), severe pre-eclampsia/ eclampsia (11%) and malaria (9%). Moreover, 6% of all maternal deaths were attributable to complications from abortion. Following changes of Government in 1991, the Government produced the health policy which was the first of its kind in the country and was among several political and socio-economic transformation measures that were put in place. The translation of the health policy was followed by the formulation of four consecutive phases of comprehensive Health Sector Development Plans (HSDPs), the first phase of which was implemented starting in 1996/97. Both policy formulation as well as the development of the first HSDP have been the result of critical reviews and scrutiny of the nature, magnitude and root causes of the prevailing health problems of the country and the broader awareness of the newly emerging health problems in the country. The core elements of the health policy are democratization and decentralization of the health care system, development of the preventive, promotive and curative components of health care, assurance of accessibility of health care for all segments of the population and the promotion of private sector and NGOs participation in the health sector (FMoH 2010). .

The government of Ethiopia has passed a new proclamation No. 1076/2018" Feb. 2018. on public private partnership to engage private sectors to participate on the development programs at all sectors. The proclamation documents made it clear the government's intention to work closely with the private sector to involve in health services delivery for high impact services.

Despite the implementation of PPP initiatives by the government in health sector, the various models and the benefits of PPPs are still in their infancy of implementation in most areas and dissatisfaction. However, the nature of these partnerships and the evidence demonstrating the benefits and effectiveness has not described in detail. The study describes its effectiveness of policy intervention on PPP at health sector. Looking at the main challenge, the ways of addressing it and concluding with some specific recommendations.

1.2 Research questions

1) How policies on legal frameworks gives opportunity to regulate PPP health sector service of Addis Ababa Health Bureau?

2) How the institutional capacity in managing PPP initiatives for the improvement of health delivery services?

3) How being selected private sectors for partnership regarding procurement aspect.

4) How to enhance PPP for promoting health care services in Addis Ababa?

1.3 Objective of the study

1.3.1 General Objective

The general research objective was to assess PPP in improving health delivery services in the process of implementing PPP initiatives in health sector with a focus on policy regulatory framework, institutional capacity and procurement practices. More importantly was to identify appropriate policy interventions and specific actions that need to be taken by the key stakeholders in improving PPP initiatives.

In developing specific objectives, the key assumption was that PPPs improves health delivery services lie in the areas chosen for collaboration, how collaboration going on and the extent to which key stakeholders were prepared for partnerships. By using the same line of thought, the specific study objectives were

- To assess to what extent policy and legal framework enables PPP in health care
- To assess institutional capacity in managing and making corrective action on PPP initiatives for the improvement of health care.
- To assess procurement practices for PPP initiatives
- To suggest interventions necessary for the improvement of PPPs.

1.4 Significance of the study

This study provides valuable information plus knowledge to the government, academicians and private sector on the role of keeping records at the working place. The study also improves the performance of public servant as it provides useful information about the importance of public private partnership (PPP) in provision of better health services. as well, as the results of this study would be useful to various stakeholders to government as policy makers, health sector for implementation and for academic to further insight. Thus, this study aims to understand the effectiveness of policy interventions on PPP in Addis Ababa health bureau with the research question of: 'how policy intervention and practice of procurement to improve health delivery services at public and private hospitals in Addis Ababa?

1.4.1 To the Government

The findings from this study will be useful in guiding health policy makers and planners in developing more effective strategies for efficient allocation of resources in government supported facilities.

1.4.2 To Health Sector

The study generated first-hand information on the issue of PPP based on local experiences, meanings and perceptions. With the information generated, it is hoped that the lessons learnt can be transferred into institutional plans and strategies for effective action.

1.4.3 To Researchers

Result of the study would also interest to understand more in depth about public private partnership to improve citizens problems at all especially for health. The information from this study have potential in utilizing resources by engaging private sectors in health initiatives. The study will assist as a point of reference for future studies.

1.5 Limitation of the study

Corona virus pandemic is overturning work forces across the globe. Federal Government of Ethiopia enacted state of emergency to prevent the spreading of the virus at workplace. Hence, working from home makes difficult to get respondents at different facilities. However, with great effort and communications many of respondents filled the questioner.

One top of that, the sample size so too limited to make broad generalizations. the findings would still helpful in making meaningful contribution towards the implementation of public private partnership health care services at the country level.

1.6 Scope of the study

As discussed in statement of the problem, many causes that affect the management of PPP. This study mainly focuses on policy and regulatory framework, institutional capacity and procurement practice of PPP as a comparative advantage for AARHB for improving health delivery services. The research was thus confined to the PPP local authority office of Addis Ababa Health Bureau and whilst the conclusions would try to generalize to the higher level.

1.7 Definition of terms

According to FMoH 2013 annual report, the following terms used as a reference on public private partnership.

Public health Sector: those organizations in the health sector which are owned and managed by the government and financed by public resource

Private health Sector: those organizations and individuals working in health outside the direct control of state and government,

Private for-profit health providers: providers in the private health sectors established with the intention of profit making.

Partnership: relationship between two or more parties with clear terms and conditions to achieve mutually understood and agreed upon objectives following certain mechanisms

Public Private Partnership in Health: the bringing together of actors in the health sector, based on mutually agreed roles, responsibilities, risk sharing modalities and principles. It describes a spectrum of possible relationships between the public and private actors integrated planning, provision and monitoring of services.

Contract: legally binding agreement stating clearly the responsibilities of the parties to the contract, the range of services to be provided, the performance standards to be achieved, procedures for performance monitoring evaluation, terms of payment and penalties for non-performance. Formal partnerships: contracts, leasing and concessions franchising, and social marketing used as partnership models.

1.8 Organization of the paper

This study was organized in five chapters; Chapter one is introduction comprising of the background of the study, statement of the problem, purpose of the study, objectives, research questions, significance of the study and limitation of the study. Chapter Two will be literature review covering the introduction related empirical literature, theoretical framework and

conceptual framework. Chapter Three will research methodology covering the following; research design, target population, sample size and sampling procedure, research instruments, validity and reliability of the instruments, data analysis, ethical consideration and operational definition of variables. Chapter Four, presents data analysis and interpretation while Chapter Five will be the study summary, conclusions and recommendations.

CHAPTER TWO

PUBLIC PRIVATE PARTNERSHIP: LITERATURE REVIEW

2. 1 Theoretical Review of Public Service

The concept of public service delivery is highly related to the development of the public sector and its administrative machineries. In any research issue should be established within certain philosophical underpinning: the theory of welfare state and the theory of private markets competition (Eagle, 2005). The philosophical backgrounds are important to establish the discussion of public private partnership in service delivery in general the philosophical argument of the welfare state helps to understand how public services are designed, financed and provided (Batley and Larbi, 2004).

According to Lane (2000), the redistributive state essentially gives prominence to the promotion of equality in income and wealth by addressing the recognized needs of the relatively needy members of the society. The redistributive state that mainly uses different policy instruments focuses on ensuring relative equity in both social and economic aspects. However, as Hughes (2003), Pacek and Freeman (2014) argue, welfare states, at least in principle, work towards promoting service affordability and accessibility. Though established on the fundamental ideas of relocation and even though welfare functions are extensions of redistribution (Fisher, 1998), the specific concept of welfare state is essentially different. Welfare state is generally defined as a political economy in which the state plays relatively stronger role in the economy, which signifies a mixed economic structure instead of full deregulation of the economy and free market system (Flynn, 2007).

In its actual practice, following the development of modern public sector management, several arrangements that give remarkable room for the involvement of the private sector and non-governmental organizations are introduced. The assumption that it is only the government that can effectively and efficiently address the objective of welfare is being challenged recently. However, the body of literature was still shallow in the areas of addressing the welfare needs of citizens by actively involving non-state actors. Public private partnership, which was the focus of this study, still has a lot of unanswered questions about simultaneously addressing the welfare objective of the government and the profit-making objective of the private partner (World Bank Group 2018).

According to (Bolseta and et.al 2007), The theoretical and empirical literature about developmental states is scanty, the following are identified as the requirements for effective developmental states and their capacity to effectively and efficiently deliver public services such as health Developmental vision developed and shared to all levels of the state including to citizens.

- Strong political commitment at different levels of the government
- Creation of autonomous, merit based and motivated bureaucracy.
- Institutional capacities to initiate, develop, negotiate and agree on development interventions.
- Maintenance of strategic relations with all stakeholders
- Efficient and effective planning and coordinating center to align and harmonize development interventions.

The above statements generally imply that developmental states are not necessarily authoritarian states. Interestingly, the theoretical arguments about developmental states heavily emphasize the active role of non-state actors in general and the private sector. For instance, Bolseta (2007) argues that although developmental states exhibit a clear departure from neo-liberal ideology, cooperation between the government and the private sector is an essential requirement.

2.1.1. Concepts of Public Private Partnership

As any concept in public administration, public private partnership does not have universally accepted single definition. However, despite the variations in the perspectives and the scope of the issues covered in the definition, they all fundamentally mean the participation of the private sector in public sector issues. According to Akintoye and Beck (2009), public private partnership is defined as a continuous relationship between public and private organizations which involves a commitment for relatively longer time period, and a mutual sharing of the risks and rewards of the interaction. The definition given by Mitchell (2008) appears to be wider in scope. He defines PPP as collaboration among business, non-profit organizations and governments in which risks, resources, and skills are shared in initiatives that benefit each partner and the society at large. On the other hand, Akintoye et al. (2003) and Khanon (2010) define PPP as a supportive arrangement between the public and private sectors based on the capability of each partner that best meets clearly specified public needs through the careful distribution of resources, risks and benefits. The above definitions seem to have different perspectives on the concept of the private sector in the PPP definition. Inclusion or

exclusion of the not-for-profit sector in the definition of PPP is always an issue of debate among authors. Despite slight variations, however, it can be inferred from the definitions, that PPP arrangements are based on the willingness of the two parties. More importantly, the willingness on the part of government to involve the private sector in a contractual arrangement based on something more fundamental than short term and ad hoc interactions is an important requirement. As will be discussed later in this chapter, the willingness and commitment of the government to involve the private sector should be explicitly expressed in its national policy documents, which in certain ways reflect the political ideologies of working with the private sector. This is clear even in developing African courtiers such as Nigeria, South Africa, Ghana that have clearly articulated and explicitly defined national PPP policies that show the political and public policy space for partnership with the private sector (Government of Nigeria, 2005; Government of South Africa, 2004; Government of Ghana, 2011).

There are empirical evidences that the early stage of PPP can take the form of informal partnerships (IFC, 2011). Grimsey and Lewis (2007) indicate, single and ad hoc agreements to supply goods and services do not qualify PPP. Though the duration of PPP arrangements may vary among different projects or different types of services, most PPP projects have long-term durations of more than five years. In these contractual arrangements, resources from the public and private organizations are pooled and the responsibilities shared so that the efforts of the partners complement each other in the provision of public services (Akintoye et. al, 2003).

2.1.2. Philosophical Foundation of Public Service Delivery

Public Private Partnership is one of the approaches to public sector reform programs initiated as a result of the weaknesses in the traditional public administration. It is to be recalled that the past few years have testified several reforms in public sector governance and such reforms have been motivated by different internal and external factors. As the result of the weaknesses in the traditional public administration, Hughes (2003) underscores, low employee motivation in the public sector followed by low public sector efficiency and the citizen's lack of confidence in public service delivery, NPM emerged as an important alternative in public sector governance. The challenges in the public sector in terms of responding to the needs of the citizens have generally convinced government officials to look for service delivery approaches that are more market-friendly and efficient. As will be

discussed in detail in the next sections, PPP is one of the most prominent NPM approaches is getting popularity in the areas of infrastructure and service delivery.

2.1.3. Policies, Legal and Regulatory Frameworks

The introduction and application of PPP programs should be imbedded in the national policies and strategies of the government. PPP programs may not be effectively aligned to the national development programs in the absence of appropriate public policies that give room for the private sector collaboration and constructive regulation. The theoretical discussions of the policies, legal and regulatory frameworks governing PPP programs are discussed below.

Public policy is an attempt by a government to address a public issue by instituting laws, regulations, decisions, or actions pertinent to the problem at hand (Denhardt and Denhardt, 2009). More importantly, public policy indicates the intentions of the government to address public problems in certain ways. Akintoye and Beck (2009) argue that explicit policy should be issued by the government to set the direction for implementation of PPP programs. In the absence of clear public policies, government ministries will not have the mechanism to enable PPP ideas to materialize into concrete projects. According to Cheung (2009), PPP policies that align the PPP programs with the national development objectives are required. Adding to this, Musgrove (1996) also indicates that whether a given service should remain in the hands of the state or be turned over to other private organizations is an important public policy issue that implies the room for PPP projects. It can be inferred from the above argument that the more government gives room for the private sector participation in solving public problems, the more PPP programs can be considered as alternative delivery mechanisms and vice versa.

Public policies that allow for PPP initiatives underscores, should be thoroughly analyzed and researched. His argument is that as public services such as health and education are not commercial products, they tend to be heavily dependent on taxpayer's money. Thus, clear social, economic and political objectives should be identified and clarified. From this, it can be argued that mere economic efficiency should not drive the whole direction of PPP policies (Jakutyte (2012). In a similar line, Reynaers (2014) emphasizes that public interest goals such as social equity, inclusiveness, accessibility, transparency and accountability should be carefully considered when the participation of the private sector in service delivery in general and PPP projects are considered. Specifically, in developing countries, these social and political goals should be given due attention when public policies are designed to introduce

PPPs in service delivery and infrastructure development. The values and principles of the government should also be considered when PPP is opted for. According to UNECE (2008), in addition to the political ideologies of the incumbent party, the values that the government wants to promote in the country should also be given due consideration. An important question here is whether PPPs can be accommodated in any political system regardless of the political ideology that the incumbent government is advancing. Given that the concept of PPP initially originated from the NPM movements (Hughes, 2003), which was more of a neo-liberal thought, the feasibility of the concept to be utilized in political systems outside neo-liberal framework needs to be researched. Public policy about PPPs is a national issue rather than a specific department or government ministry. In this regard, Jamali (2004) highlights that PPP policies should involve all relevant public institutions and their specific units in such a way that the potentials for PPP initiatives in all the public sector entities of the government can be effectively accommodated in the PPP policy.

Once governments issue clear public policies that stipulate the intention and willingness of the public sector to work in collaboration with the private sector, the legal and regulatory environment should be specifically designed and communicated. According to Cheung (2009), secure, predictable, stable, consistent and commercially oriented legal and regulatory framework is essential prerequisites for the successful implementation of PPP projects. In a similar line, instead of promulgating excessively detailed and prescriptive procedures, national PPP legal frameworks should be as proactive and flexible as possible to accommodate the likely changes that may occur in sector specific PPP initiatives (Grimsey and Lewis, 2002). The implication of the argument is that the legal and regulatory frameworks should be more of enablers than constraints to the PPP initiatives. For instance, PPP laws should not place heavy legal constraints on investors. This clearly implies that the removal and streamlining of non-value adding approval procedures throughout the PPP process and the lifting of legal restrictions on the investors' rights to use the benefits of their investment should be considered carefully (UNECE, 2008). PPP laws, as Grimsey and Lewis (2007) argue, are not those laws with undue control mechanisms. Similarly, UNECE (2008) indicates that better laws are those that are knowable and secure, allowing the private partners to plan investment decisions and to adopt longer term as opposed to short-term perspectives when entering a market.

Other legal frameworks that are promulgated to govern and regulate functions such as investment, tax and customs, security, and contracts should also be predictable. Not only the

private partners but also financial institutions look mainly to the legal and contractual framework for protection and want to make sure that the legal environment is predictable. Domberger and Fernandez (1999), PPP legal frameworks should include legislations that clarify rights and obligations in PPP processes. Generic PPP laws are important in establishing strong foundation for sector specific PPP contracts. Elaborating on this, Wallarta (2002) and UNECE (2008) argue that private investors prefer common legislation as opposed to sector-specific rules. The justification is that generic laws that are issued at the national level involve numerous lenders and investors while specific legislation on sectors has a smaller constituency and is perceived as more vulnerable to change at the hand of the host government. However, it can be argued that sector specific PPP guidelines are also equally important in terms of regulating and standardizing PPP contracts and specific issues that may arise in the PPP projects.

National PPP legislations promote a common understanding of the main risks and allow consistency of approach. Elaborating this, Akintoye and Beck (2009) argue that approving national PPP laws before embarking on sector specific guidelines reduces the time and costs of negotiation by enabling all parties concerned to agree on a standard approach without extended negotiations. Moreover, national PPP legislations facilitate the dispute handling process in case some conflicts arise between the public and private partners. According to Buse and Harmer (2004) as litigations arising from PPP projects may be expensive and burdensome; the public sector can improve the framework in which commercial disputes are solved. In this regard, the commercial code alone may not effectively address the specific issues of PPP projects and hence calls for national PPP laws to provide legal solution to these disputes. It can also be argued that in the presence of well-established PPP legislation, the private partners will be less skeptical towards PPP initiatives and will have more confidence that the judiciary will enforce the laws and enforce contracts if they invest in PPP projects.

2.1.4. Institutional Capacity and Public Private Partnerships

Having appropriate policy and legal framework is not enough condition for the effective implementation of PPP in public service delivery. Practically, institutional capacity plays a significant role in determining the success and failure of PPP programs. According to Broadbent and Laughlin (2003) PPP projects involve several negotiations, contractual management and financial issues that are clearly diverse from the usual business transactions. For instance, as PPPs require skills that can identify the outputs of projects, institutional capacity should be developed to initiate, plan, implement and evaluate PPP projects with the

result to the citizens in mind. As Pasha and Nasar (2003) also argue, new skills that fit into this new governance must be developed for PPPs to be effectively implemented. Practically, institutional capacity plays a significant role in determining the success and failure of PPP programs. Requirements of institutional capacity and procurement system.

According to UNECE (2008), result orientation, among other things, involves setting specifications and targets that the private partner has to accomplish in order for the payment to be made and to monitor the performance of the partner and predict any risks that threaten the delivery of the project. The public sector's capacity to identify and nurture private partners from different industries is also essential to the success of PPP initiatives. In this regard, IFC (2012) indicates that governments may not have the capacity and skills to introduce and implement PPP approaches particularly at the early stage. It, therefore, recommends governments to look for outside technical support at the introduction stage of the PPP approach.

Some countries have PPP units at national, local and specific organization levels. The national PPP units do not usually conduct the projects but provide the policy, technical, legal and other support mechanisms to local authorities and government institutions that have the dependability of initiating the projects (Link, 2006). Having PPP units within the public sector is essential in terms of enhancing the capacity of government institutions and helps them effectively manage the whole PPP process from the development of the initial project initiation to the bid evaluation process and signing of contracts. Spiering and Dewulf (2006) point out that in some countries PPP units are staffed with highly experienced PPP professionals who actively consult managers on the technical aspects of PPP projects such as financial and legal issues. Delivering public services through PPP may have relatively higher transaction costs.

According to Wang (2000), the leadership role of the PPP units can only be effectively played if the units are staffed with properly qualified PPP experts and these experts are fully motivated. In other words, attracting, retaining and effectively utilizing highly qualified experts is a key challenge for the public sector. The institutional capacity building process of the public sector should, therefore, essentially include human capital management strategies to develop and utilize key experts who are usually obtained from the competitive labor market. Further stressing this an argument by Wallatra (2002) implies that the failure to have

highly qualified staff in the PPP units will ultimately lead to poorly designed and managed PPP projects in individual government ministries.

2.1.5. Procurement Systems in PPPs

Right from the beginning, the elementary concept of PPP is an approach to the procurement of public services and infrastructure (Akintoye, Beck and Hardcastle, 2003). Good procurement system adds value to the institutional capacity, if it fulfills some aspects of good governance that will be discussed under this section. Procurement in a functioning system is based on the principles of competition and merit. According to Shaw (2004), transparency in PPP procurement means ensuring that information about the PPP procurement and contract management regime and individual PPP opportunities are made available to all interested parties. PPP procurement system is said to be transparent, if all the relevant stakeholders and particularly the private sector partners have relatively open access to information related to the PPP process. Pasha and Nasar (2003) also add that transparency calls for procurement policies and practices that are seen to be fair in all respects, with full information available and openly accessible. It can be fairly argued that transparent PPP procurement system promotes competitive procurement process in which governments select private partners based on their relative competence and economic benefits for the public at large. Further stressing the need for transparency, UNECE (2008) underlines that in the PPP procurement process, partner evaluation and contract award criteria should be made known to all interested competitors in advance for each individual project. Information regarding the PPP contract statement bid appraisal and selection procedure should all be retained in safe custody and made available for those who may need them. Similar argument by Cohen and Eimicke (2008) indicates that the content of the PPP contract should be made clear to parties who require information at any time. Good procurement system that makes information available and accessible enhances the sense of ownership of the stakeholders and facilitates their involvement in the monitoring and evaluation of the PPP projects including the outcomes of such projects to the community (Grimsey and Lewis, 2007; Hodge, 2006).

2.2. Empirical Review

2.2.1 Overview of Health Service Delivery in Developing Countries: Implications for PPP

The inherent weakness of the public sector is reflected in the low level of health service delivery in developing countries. According to Cornia and Mwabu (1997), developing countries in general and sub-Saharan countries suffer from high burden of diseases. Even though health services are predominantly delivered by the public sector in developing countries, these countries fall behind by many of the health and health related indicators. Although public sector investments and effective interventions on burden of diseases are receiving emphasis in developing countries in general and in Africa in particular, people in huge burden of preventable and treatable health problems (Osewe 2006). Discussing the impact of poor health, Quaye (2010) points out that the high burden of communicable and noncommunicable diseases and injury and trauma, including the social impact of these, has adversely affected development in Africa.

Even though individual countries are on different levels of performance, the practical evidences reveal that Africa is still not on track to meet the health Millennium Declaration targets and the prevailing population trends could undermine progress made (African Union, 2007). It can be argued that the health system in Africa, which Lewis (2006) pointed out as highly bureaucratic and public sector oriented, might have contributed to the low level of performance and health status. For instance, African Union (2007) indicates that maternal mortality rate in Africa is between 500 and 1500 per 100000 mothers which is significantly high. Although this figure is targeted to be reduced to 228 at the end of the MDG, many African countries are still far behind this figure. Similarly, meeting the target of 61 per 1000 under 5 mortality from the current 171 per 1000 at the end of the MDG period in Africa, is a serious challenge. Low level of health in developing countries is also reflected in the low life expectancy. In Africa for instance, life expectancy has been reduced further to an average of 52 years by many factors including HIV/AIDS and other epidemics (African Union, 2007). Efforts are being made by the respective governments and the donor community to improve health status in developing countries. However, it can be argued that government policies heavily focus on traditional bureaucratic structures for health service interventions. An argument by Chang (2002) that wide ranging interventions are being implemented and important progress is being made in addressing the root causes of the disease burden in

Africa. According to African Union (2007), in Africa, for instance, unlike developed countries, people suffer from high disease burden due to the reasons discussed below.

Firstly, health systems in Africa are too weak and services are highly under-resourced to support targeted reduction in disease burden and achieve universal access. As a result, health facility to population ratio on average is generally low in these countries (Lewis, 2006).

Secondly, in most African countries, the benefits of health services do not equitably reach those with the greatest disease burden. As Lewis (2006) underlines, this is particularly attributed to the governance of the African health system which is characterized by low equity, accessibility, transparency and accountability.

Thirdly, lack of appropriately planned and implemented collaboration and partnership with nonstate actors has significantly affected the health system. Quaye (2010) and Lewis, 2006 argued that lack of inter-sectoral collaboration and well-designed collaboration adversely affects coordination among the state and non-state actors in health, health sector information system and efficient allocation of scarce health sector resources including health professionals.

In conclusion, acute shortage of appropriately trained and motivated health workers is a critical problem. It can be argued that the African public health sector generally suffers from workforce crisis. On the one hand, the already very few trained health professionals are highly demotivated due to low level of remuneration and mismanagement, which are reflected in low quality of health service delivery. On the other hand, triggered by both push and pull factors, health professionals in the public health system migrate to either the private health sector within their countries or to foreign countries adding fuel to the already existing shortage of health workforce (Naicker et.al, 2009, Shattuk et.al. 2008).

Government of Ethiopia also demonstrate high government commitment to provide free health services to the marginalized population. It was only after serious deterioration of health care services in the 1980s caused by government failure to meet the costs that led to the re-thinking about the role of the private sector. The importance of the private sector in health service delivery moved towards market-based socio- economic reforms to the establishment of the private sectors to engage in partnership, proclamation 1074 Feb. 2018, which facilitated private health sectors to provide public health services as partnership.

The demand for better services and the need for improved public health status, particularly in the rural poor, led to the development of Health Sector Development Program (HSDP, I-IV, 2005-2015). This pushed the government to approve a health sector reform strategy.

2.2.2 Ethiopian Private Health Sector Overview

Increasingly, many low- and middle-income countries are exploring private sector engagement as a strategy to spur economic growth and development. Ethiopia has successfully engaged the private sector primarily in agriculture, manufacturing, construction and trade. Indeed, the private sector has become an engine for growth, increasing from virtually no private sector activity in 1980s to contributing 80% of gross domestic product (GDP) when including the informal sector.2 Government recognition of the private sector in the early 1990s, followed by specific plans to harness the private sector like the Growth and Transformation Plan II have helped create an enabling environment for a productive role for the private sector. The health sector has aligned its policies to the Growth and Transformation Plan II and promotes private sector engagement as a strategy to address several of the challenges found in the Ethiopian health sector. But as the data in this section will show, existing policies and plans have not successfully enabled a productive role for the private health sector, and it remains relatively small and fragmented (MOH 2019).

According to Ethiopian Private Health Sector Assessment MOH 2019, the private health sector owns and manages a wide range of health facilities offering diverse health services and products. The private health sector is present across all levels of care in Ethiopia, ranging from primary level facilities such as private pharmacies and drug stores, non-government health facilities and civil society organizations, and primary clinics/medium clinics; to secondary level facilities including private for profit specialty clinics; to tertiary level facilities like non-government and private for profit hospitals and specialty centers. The Ethiopian private for-profit sector serves mostly the high- and middle-income groups in both urban and rural areas while the non-government organizations and charities, together with MOH, serve the working poor and poorer income groups mainly in rural areas. The private sector also serves the poor while the MOH heavily subsidizes the middle-and upper-income groups who can afford to pay for healthcare in the private sector. The Ethiopian private sector is relatively small and fragmented (approximately 20% of total market share) compared to other countries in the region (e.g. 46% in DRC and about 65% of all health facilities in Kenya are managed by Private sector).

2.2.3 Public Private Partnership in the Context of the Ethiopian Health Sector

The context of PPP in developing countries in general is discussed in the above sub-sections. This section focuses on the context for defining PPP in the Ethiopian health sector and existing experiences of partnership. In the context of the Ethiopian health sector, the private health sector is divided mainly into private for-profit and private not-for-profit organizations involved in different activities related to health service delivery (FMoH, 2014). For the purpose of this dissertation, only the private for-profit institutions are considered to analyze public private partnership. The private for-profit can be subdivided into the formal health service and products providers and the informal providers. The informal providers are also outside the scope of this dissertation; only the formal sector is considered. According to FMoH (2014), the formal private health service and product providers include the following.

- Health care providers operating in hospitals and clinics
- Diagnostic laboratories and diagnostic imaging facilities
- Pharmacies, drugstores and rural drug vendors
- Manufacturers of pharmaceutical health commodities and technologies
- Importers and distributers of health-related commodities
- Biomedical equipment maintenance service providers and
- Health professionals training institutions

2.2.4. PPP in the Context of the Addis Ababa Health Sector

The administrative structure of the public health sector in Addis Ababa reveals that administratively the City Government is autonomous to govern its health system. While policies, standards and operational protocols are developed by FMoH, the health bureau of the city government handles health service delivery and regulation within its own jurisdiction (FMoH,2005; FMoH, 2010). The decentralization of the health system indicates not only the sharing of administrative responsibilities within the different levels of the government but also the responsibilities of partnering with and regulating the private health sector at their respective levels. The strategic framework for public-private partnership which was prepared in 2013 by FMoH indicates that the specific governance for collaborating with the private health sector should be aligned with the decentralized structure of the health care system of the country. The government of Ethiopia has endorsed this structure of governance in order to simplify both the collaboration with and regulation of the private health sector at regional and local levels (FMoH, 2013b). The challenge

identified by USAID (2008) and FMOH (2014b) that the efforts to collaborate with the private sector at local levels was constrained by the lack of capable and qualified private operators can be solved by empowering local governments to identify and develop the private sector at local levels.

Addis Ababa meets the critical information criteria and is, therefore, selected for this study due to the following reasons.

- Addis Ababa as the seat of both the federal government and the city government is a nucleus of complex health sector interactions in general and a concentration area of private health institutions. This will provide the researcher in- depth information about public private partnership and the challenges surrounding the partnerships.
- The physical proximity of the federal government, city government and the private health sector institutions in the city leads to frequent functional relationships and provides the researcher with critical information about public private interface in health service provision and regulation.
- Almost all of the PPP initiatives, except malaria diagnosis and treatment are being actively practiced in the health sector of Addis Ababa.

The review of theoretical and empirical literature about PPPs in the preceding sections has revealed that the PPP practices have a lot of antecedents for successful performance. The theoretically attractive justifications for PPPs have set off factors that determine their success or failure at different levels. From the review of the literature for the study of public-private partnership in the health sector which will guide instrument development, data collection and analysis to answer the research questions outlined in chapter one.

Definition of terms in PPP for this research is established based on the definition given by the Ethiopian FMoH. According to FMoH (2014), public private partnership in the health sector is defined as bringing actors in the health sector together based on mutually agreed roles, responsibilities, risk sharing modalities and partnership principles. For the Ethiopian health sector, PPP refers to a wide gamut of possible relationships between the public and private health sectors for integrated planning, service delivery and monitoring of services. According to Bikila, 2016, The following are clearly recognized as PPP models for the Ethiopian health sector which also apply for Addis Ababa.

- Social Franchising: This encompasses a network of private health practitioners linked through contracts to provide socially beneficial services under a common brand. It is one of the innovative ways that we leverage the reach of private health providers for the delivery of high impact health services such as HIV/AIDS treatment, TB, malaria, reproductive health and immunization.
- Concession: Refers to the granting of a right to a private sector to finance, build, renovate, manage and deliver a service using a public health care facility for a specific period of time in exchange for a fee paid directly by the government, by the end user of the infrastructure or by both.
- Contracting out: refers to the outsourcing of the delivery of services which had traditionally been provided by the government. In the context of the health sector, this may refer to transferring the delivery of clinical and/non-clinical hospital services to the private sector based on mutually agreed contracts

2.2.5. Existing PPPs in the Ethiopian Health Sector

MOH has put in place a regulatory environment enabling the establishment and expansion of collaborative activities with the private health sector in many areas. These include but are not limited to financing, service delivery, capacity building, participation in policy, guideline and standards development and support in the formation of health professional associations. Examples of existing public private collaboration are programs in the delivery of comprehensive HIV/TB care, reproductive health services, delivery of immunization services, RH&HIV/AIDS prevention etc., FMoH 2013.

The following are few of the existing PPPs in the Ethiopian health sector which are also being actively practiced in the Health sector of Addis Ababa.

Table 1 Table 2.1 Summary of PPP in Health Care Models

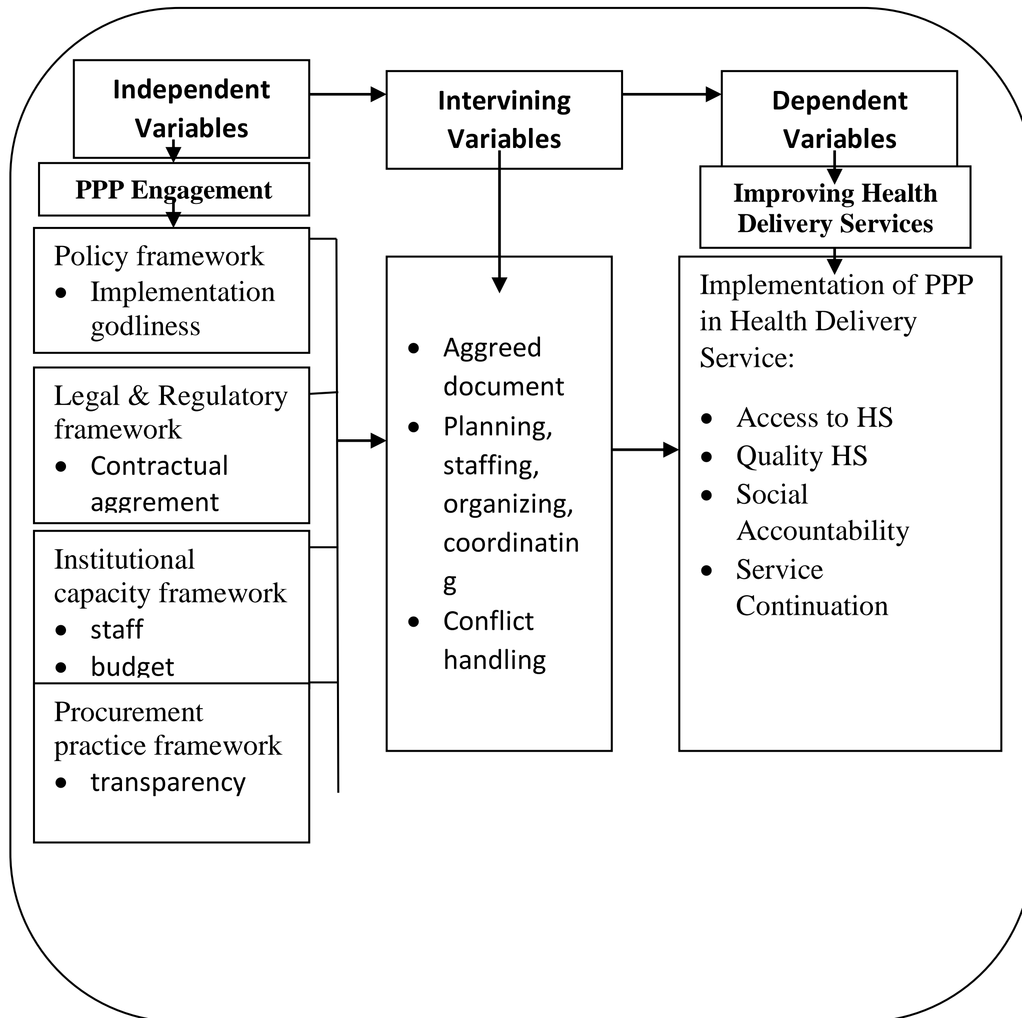
Category	Services	Description
Social franchise	PPM-DOTs	TB services through an arrangement called public private mix directly observed treatment short course
	HCT	delivery of HIV counseling and testing service through public private collaboration
	HIV/AIDS ART	This is the delivery of antiretroviral therapy to people living with HIV and HIV/AIDS patients where the drugs and other important logistics are supplied by the government
	HIV/AIDS PMTCT	the delivery of prevention of mother to child transmission of HIV/AIDS services using an already established private health facility
	Malaria Diagnosis and Treatment	Using social franchising PPP, the private health institution is involved in the delivery of malaria diagnosis and treatment services
	Reproductive Health and Family Planning	This is another social franchising PPP model under which private health institutions are involved in the delivery of family planning and reproductive health services with the support from the government
Concession Models	Ayder Hospital Dialysis Center	under which the government granted the right to a private investor to establish a dialysis center within the premises of the Hospital,
	Private Wing within Public Hospitals as a health care financing reform program	the private wing within public hospitals is the delivery of health services outside the normal working hours using the already existing public health facility
Contracting -Out Models	Outsourcing of Non-clinical services	services generally include cleaning services, laundry services, food preparation and provision services, security services and others. As this is a strategic decision of the public health sector to work with the private sector for the delivery of health services

2.5. Conceptual Framework

According to Peshkin, 1993, a conceptual framework is a structure which the researcher believes can best explain the natural progression of the phenomenon to be studied. It is linked with the concepts, empirical research and important theories used in promoting and systemizing the knowledge espoused by the researcher. A conceptual framework explores the relationship between independent variables and dependent variables. The independent variable which helps to examine and come to the end on the finding how would PPP improves health delivery services. Figure 2.1 shows diagrammatic representation of all the study variables. Set up of independent variables will facilitate and ensure the dependent variables though the process of interviewing variables. With strong workout documents and full capacity, the expected result will ensure sustainability for a better service to better health outcome. In brief for the conceptual framework operational definition, factors were given below followed to their interrelationship.

- Government PPP initiatives in health services
- Policy and Regulatory Framework: refers to the set of formally established rules and regulations that govern PPP initiatives.
- Institutional Capacity: is defined as set of structures, resources and human capabilities available for the implementation of PPP
- PPP procurement system refers to the mechanisms and procedures through which the private partner is selected for PPP initiatives
- Access: - physically accessible to care through negotiated rate and subsidies from private sources.
- Efficiency: is positioned better to manage its resources and operations flexibly lending itself to better efficiency
- Effectiveness: refers to the principle that an alternative should promote the achievement of a valued outcome of action.
- Quality: - providing services with standards to ensure all round information's
- Equity: - seeks to collaborate with the private sector through a public private partnership in health in order to improve resource allocation as well as expand access to quality basic, secondary and tertiary healthcare for all citizens with great

Figure 2.1: Conceptual framework



CHAPTER THREE

RESAERCH DESIGN AND METHDIOLOGY

3.1 Research Design and Methodology

This research assumed a descriptive survey in a mixed methods way. Descriptive research design is a scientific method which involves observing and describing the behavior of a subject without influencing it in any way. It is also useful where it is not possible to test and measure the large number of samples needed for more quantitative types of experiments. According to Orodho (2003) descriptive survey design is suitable because it is used to obtain information that describes existing phenomena by asking individuals about their perceptions, attitudes, behaviors or values. It can also be used for explaining or exploring the existing status of two or more variables. This research hence considered in giving priority to qualitative method, based on the information collected.

3.2. Sources and Types of Data

The study has used primary and secondary data. Primary data been collected through methods of questionnaires and interview schedule. The researcher used semi-structured interview schedule to collect data. A semi-structured interview allows flexibility while conducting the interview. The interview schedule contains a list of open-ended questions. A semi-structured interview schedule allows the researcher to ask questions relevant to the study and related to objectives.

Published and unpublished data sources related to the policies, practices and challenges of public private partnership was utilized to gather data that can effectively address the individual research questions posed in this study. Health policies and subsequent directives and regulations issued by the federal, regional and local governments were carefully studied to gain relevant information as a means of verification to understanding public private partnership publications of studies, Ethiopian Government proclamation on PPP AARHB reports, different organization reports on potential of PPP.

According to Ngechu (2004), target population in statistics is the specific population about which information is desired., a population is a well-defined or set of people, services, elements, events, group of things or households that are being investigated. This research targeted who are working in PPP programs initiatives at Private Hospitals/clinics, Health

professional associations. Regulatory agency and Addis Ababa Health Burau program department outsourcing service. Health facilities in Addis Ababa that are currently implementing PPPs and number of employees working in the PPP initiatives in each health facility are indicated in the table below.

Table 3.1. Health facilities under PPP health service initiatives

SN	Institutions under PPP	Health services				Population
		TB/HIV AIDS	RH	EPI	ME/non clinical	
1	Public hospitals	5	3	3	-	11
2	Private hospitals	17	11	18	-	46
3	Health professional association	-	-	-	2	2
4	AA Health Bureau	-	-	-	2	2
5	FSDA	-	-	-	2	2
Total employees' respondents for the questioner						**63**

Source: Addis Ababa City Government Health Bureau, August 2019

3.3. Sampling Technique and Sample size

The purpose of the quantitative component of this research as discussed above is to supplement the qualitative data and analysis. For the purpose of collecting quantitative data and sampling of organizations was conducted using stratified sampling of organizations. Initially, organizations that implement at least one PPP initiatives were grouped into five strata as follows:

- Private hospital providing TB/HIV/AIDS related services,
- Private hospitals providing Reproductive health services
- Private health facilities provide EPI services
- Private health associations provide non-clinical services
- Regulatory agencies who monitor services

The researcher developed the above five strata based on the list of institutions obtained from Addis Ababa Health Bureau (AAHB). The number of institutions that fall under each stratum is indicated in table 3.2 above. The sample size of organizations from each stratum was then

determined by the researcher and random selection of organizations from each stratum was conducted as indicated in table 3.2. The author strongly believes that, organizations were randomly selected from each stratum and their respective PPP initiatives were fairly represented in the quantitative part of data collection.

Table 3.2 PPP initiative services and number of respondents

SN	Type of Health facilities	PPP initiatives	Number of Facilities	Distributed Questioner	Number of Returned
1	Public hospitals	-	11	11	7
2	Private hospitals	HIVAIDS	18	18	15
3	Private hospitals	RH	11	11	8
4	Private hospitals	EPI services	17	17	15
5	Private health associations	Nonclinical	2	2	1
6	Regulatory agency/bureau	Nonclinical	4	4	4
	Total		**63**	**63**	**50**

3.4 Data Collection Instrument

This research utilized a questionnaire to collect primary data as used in various previous research projects. According to Bikila Hurisa 2017, questioner was original used and taken as it is to assess PPP for the improvement of health delivery services at AARHB. The questionnaire designed in this study comprised of four sections. The first sections included the demographic and operational characteristics designed to determine fundamental issues including educational background, service year, and positions characteristics of the respondent. The second sections were devoted to the identification of the factors influencing PPP policy and regulatory framework in health projects implementation. The third sections PPP institutional capacity and the last PPP procurement policy and practices. The four variables of the study were put into focus.

3.5 Data Analysis Method

The data collected was coded to enable the responses to be grouped into various categories. Data collected was quantitative and qualitative and it was analyzed by descriptive analysis

and content analysis. The descriptive statistical tools helped in describing the data and determining the extent used. Data analysis was done using SPSS and Microsoft excels to generate quantitative reports through tabulations, frequency, and percentages.

3.5.1 Variables in the Study

To assess the policies & regulatory framework, institutional capacity and procurement practice in PPP initiatives in the health sector with set of variables to be studied. The participation in one of the PPP initiatives in the health sector (HIV/AIDS, TB-DOTs, Reproductive Health and EPI service) as a practitioner was the criteria to select the respondents who filled in the questionnaire. According to Bikila H. 2016, tried to address those variables to assess how the PPP policy implementation. Here also the study focused on their progress on the implementation PPP in improving health delivery services in AARHB

Table 3.3: Areas of study in the assessment of PPP to improve health delivery services

SN	Factors	Factors in Variable
1	Policy and Legal Environment	Six items to be measured in 5points Likert scale
2	Public Private Partnership Institutional Capacity	Five items to be measured in 5 points Likert Scale
3	Public Private Partnership Procurement Policy and Practices	Eight items to be measured in 5 points Likert Scale

3.6 Ethical Considerations

Focus of the study on to assess PPP improving health care delivery in AARHB. This study followed ethical procedures as confidentiality with verbal consent. The objective of the researcher was to avoid or minimize bias during interview, data analysis, and interpretation. All information collected from the respondents treated in ethical manner. Moreover, no information being modified or changed, hence information presented as collected and what literatures stated for the purpose of valued in the reference list. Researcher give credit and acknowledgement for all respondents in giving their rational thought and contribution.

3.7 Overall Impact of Health Service Outcomes In Ethiopia

According to HSTP 2015 report, due to the reduction of morbidity and mortality mainly in child mortality coupled with improvement in social determinants of health, Ethiopians have begun to live longer as evidenced by the improvement with the estimated average life expectancy at birth to 64 years from that of 45 in 1990. This makes Ethiopia one of the six

countries which have made top individual gains since 1990. The healthy life of Ethiopians is estimated to be 55 years, indicative of 9 years being compromised with morbid diseases or health conditions which calls for improvement in the quality of life and extending individuals' life expectancy. Life expectancy at 60 years of age has also increased to 18 years in 2012, a three-year rise from the 1990 estimate. The probability of dying between 15-60 years of age per 100,000 populations (Adult mortality rate) has decreased by more than 42% in females and 47% in men based on the 1990's estimate (World Health Statistics Report, 2014). Mortality and morbidity due to HIV/AIDS, Tuberculosis and malaria has reduced markedly. Death due to malaria has declined with a significant decrease in admissions and deaths of under-five children by 81% and 73% respectively. Generalized malaria outbreak has not been witnessed for the last decade. HIV new infection has dropped by 90% and mortality cut by more than 50% among adults. Besides, Ethiopia is one of the few sub-Saharan African countries with "rapid decline" of mother-to-child transmission of HIV, with a reduction by 50% of new HIV infections among children between 2009 and 2012. Similarly, the country has achieved the targets set for tuberculosis prevention and control. Mortality and prevalence due to Tuberculosis has declined by more than 50% and incidence rate is falling significantly. The decline in mortality was profound from 2005 onwards partly due to TB/HIV collaborative activities, including the initiation and scaling up of free ART services.

The significant gains made are as a result of the political commitment and strong leadership at all levels of government, community engagement and ownership of health programs, and the unprecedented support from development partners. The country's flagship Health Extension Programme has been the principal vehicle in expanding access to essential health services packages to all Ethiopians, with specific focus on women and children. Table 3. 1 EDHS 2019 Health outcomes in the era of MDGS

Table 3.4: Health indictor performance for high Impact

Description	2005	2011	2016
Under five	123	88	67
Infant	77	59	48
Neonatal	39	37	29
Skill delivery	28	34	62
EBF	49	52	58
CPR	14	27	35
HIV prevalence	4.1	1.2	1.2

CHAPTER FOUR

DATA ANALYSIS, PRESENTATION AND INTERPRETATION

4. Data Overview

This chapter presents the analysis and interpretation of findings in line with the objectives of the study. Statistical package for the social sciences SPSS and Ms Excel were used to generate the statistics and table presentations in the chapter. The research findings were presented in tables. From the distributed fifty-eight questioner 86% (50) was collected. Whereas 14% (8) were not collected due to the corona virus pandemic across the globe. The state of emergency applied by Federal Government of Ethiopia to prevent the spreading of the virus at workplace, employees working from home and stay at home makes difficult to get respondents at different facilities. In addition to some facilities become treatment center and difficult to collect the distributed questioners.

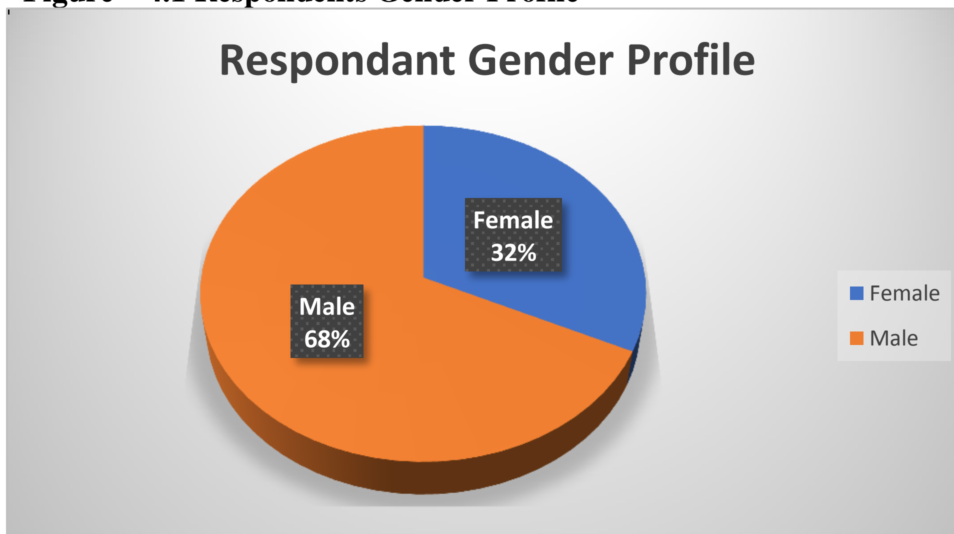
4.1 Profile of Respondents

The study targeted employees focusing on gender, education level, service year, position and organizations of the participants was analyzed under demographic sections.

4.1.1 Gender of Respondents

Gender respondent presented in table 4.1

Figure 4.1 Respondents Gender Profile

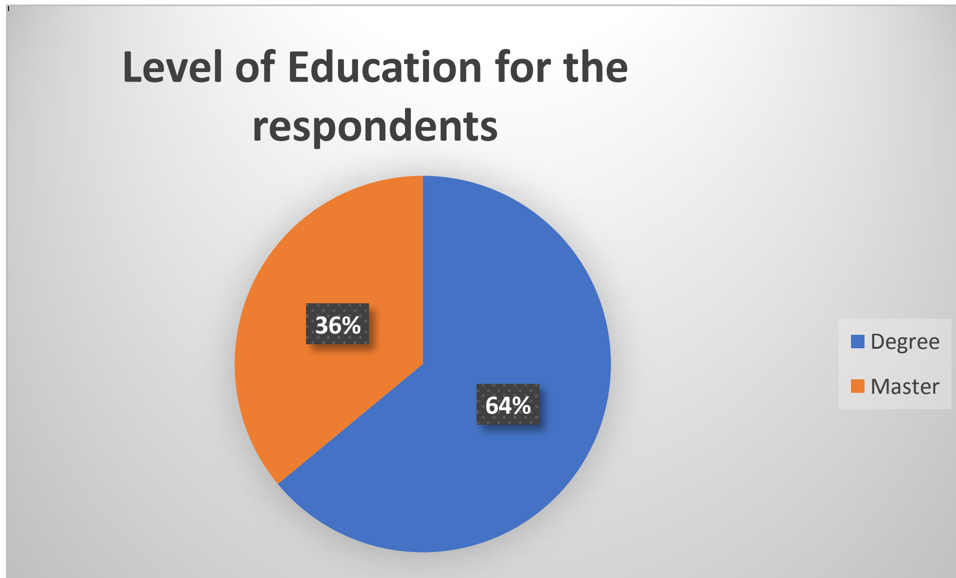


32% of the respondents were female, while 68% of the respondents were male. Two third of the respondents were male.

4.1.2 Level of Education

The participants were asked their education levels and presented in table 4.2

Figure 4. 2 Level of Education



The results (figure 4.2) show that respondents have first degree in education with large proportion 64%. And the rest with second degree of master with 36%. The findings also reveal that none of the respondents had PhD.

4.1.3 Years of Work Experience

Under the study, period of work experience was categorized in four-year groups. The results were analyzed and presented in table 4.1

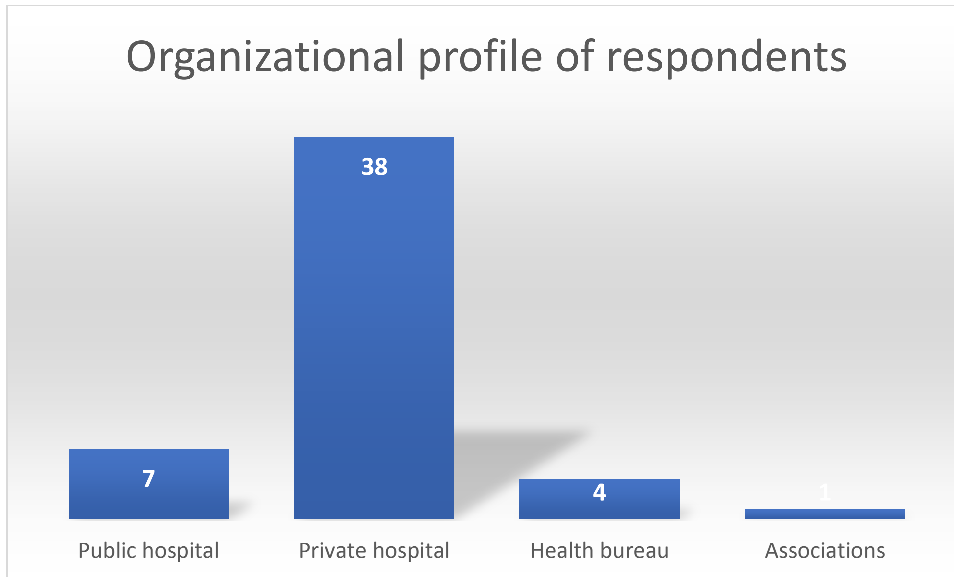
Table 4.1 Years of work experience

Respondents		Frequency	Percent	Valid Percent	Cumulative Percent
	6-10	13	26	26.0	26.0
Valid	11-15	31	62.	62.0	88.0
	>15	6	12.	12.0	100.0
	Total	50	100	100.0	

The analysis show that majority of the respondents (62%) had worked in the organization for a period of up to 11-15 years. With a large proportion (26%) having worked there for a period of between 6-10 years. The findings also reveal that 12% of the participants stated

that, they had worked in the organization for more than 15 years and above. None of respondent were not worked less than 5 years in the organizations. Regarding working experience in health sector greater than 10 years have better understanding and familiar in the context of PPP initiatives in health sector.

Figure 4.3 Organizational Profile



Under the study, respondents were asked on organizational profile and grouped in five groups. The results were analyzed and presented in table 4.4. The study showed 76% worked at private hospitals followed by public hospitals 14%. Regulatory office 8 % and the rest 2% worked at associations.

4.1.5 Position of Respondents in the Organization's

Respondents in the study were drawn from different organizations. The distribution according to their position was analyzed and presented in table

Figure 4.5. Position of Respondents

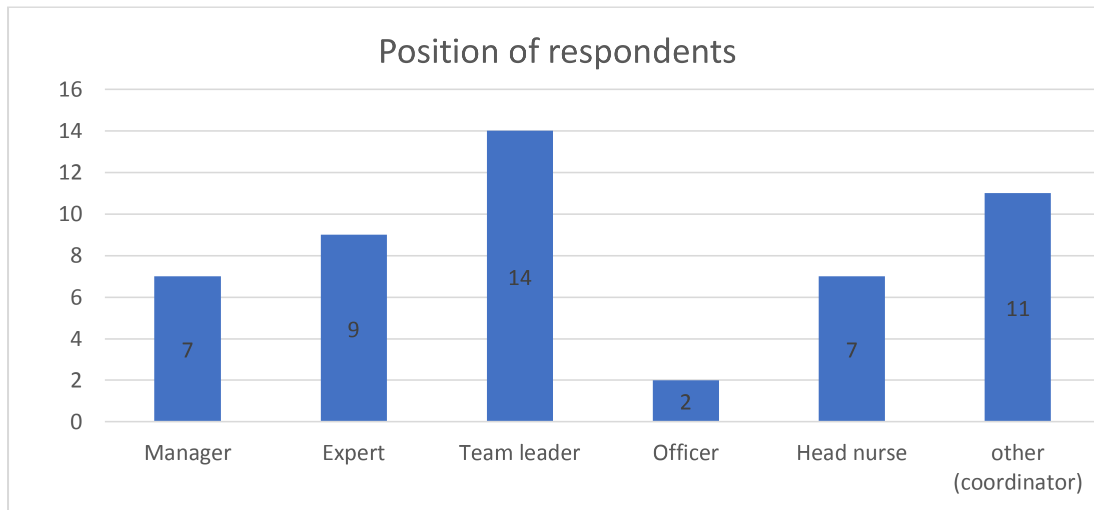


Figure 4.4 show that majority 28% of the respondents were team leader working under their organization. Further that 22% of the respondents were coordinator positions. Expert position accounts 18%. Workers while about as head nurse and Manager position in their department accounts same result 14%. As well as officers also result as 4% working positions. Team leaders in their organization have better role in leading the programs.

4.2. Data analysis and Interpretation

A research had developed three sections to know and assess the improvement of PPP in health services care in case of AA city administration Regional Health Bureau. Section one(A) relates to Policy and Regulatory Framework. Section two(B)The respondents asked on public private partnership institutional capacity and the last section three(C) focused on procurement policy and practices. Each section had their objective question with five categorical Likert scale measurement.

4.2.1 Policy and Regulatory Framework

One of the objectives of this study was to examine the Policy and Regulatory Framework on implementation of public private partnership health care services. Participants were asked seven questions relating to Policy and Regulatory Framework within their respective organizations. The responses were analyzed and presented in this section.

Table **4.2: Summary of result on policy and regulatory framework**

Response on Policy and Regulatory Framework			
	Likert scale	Frequency	Percent
Government of Ethiopian give enough room for the participation of the private sector in public service delivery	Neutral	1	2
	Agree	35	70
	SA	14	28
	Disagree	0	0
	SDA	0	0
	Total	50	100
Partnership with the private sector in Addis Ababa is governed by coherent policies that lay down clear objectives and principles of partnership	Disagree	5	10
	SDA	0	0
	Neutral	8	16
	Agree	36	72
	SA	1	2
	Total	50	100
Issues related to procurement and other regulatory concerns are well addressed in the current health sector PPP practices of Addis Ababa	Disagree	14	28
	SDA	0	0
	Neutral	4	8
	Agree	31	62
	SA	1	2
	Total	50	10
Current available contract documents are prepared clearly understood and signed among parties before involving in PPP practices in Addis Ababa	Disagree	20	40
	SDA	0	0
	Neutral	11	22
	Agree	19	38
	SA	0	0
	Total	50	100
The current practice of PPP has dominated by more enabling and supportive rules and regulations in the health sector of Addis Ababa	Disagree	5	10
	SDA	0	0
	Neutral	2	4
	Agree	30	60
	SA	13	26

	Total	50	100
The current PPP is dominated by more disabling and have constraining rules and regulations in the health sector of Addis Ababa	SDA	1	2
	Disagree	11	22
	Neutral	5	10
	Agree	33	66
	SA	0	0
	Total	50	10

The overall summary showed the 72 % highly agreed for policy and regulatory framework allowed private partners to engaged in health care serves with a clear objective as to increase access, creating enabling environment and increase efficiency. 10% of respondent disagree with the current policy and regulatory not enable private sectors to engage as partnership. However, 18% of respondents indicted not agree with the policy and regulatory framework.
Likewise, findings from key informant reviled that appreciating the Federal government of Ethiopia endorsed the public private partnership for the engagement of private sectors to alleviate citizen problems. Public Private Partnership Proclamation No. 1076/2018" Feb. 2018. However, regarding health services not further developed in structure way. Ato. Mersha from AARHB MNCH-EPI coordinator reflected as engagement of private sectors in health services has great value for promoting and accessing services to the community. Even if there is no well-established sectoral level policy and legal framework, they are acknowledging their effort of private sectors to provisioning services with mutual understanding and executing their social roles in decreasing maternal and child death mortality.

Similarly, Ato. Mersha from AARH EPI coordinator also argued that current practice of PPP in Addis Ababa health sector in such as TB, RH, EPI/MNCH and HIV/AIDS, services are delivered through departments effort with the private sectors as to create access and decrease crudeness at public hospitals. But we can deny the private health sector for their effort in taking part for their contribution on reducing maternal death., reducing the transmission of HIV and TB. However, lack of binding document as policy and legal framework may affect the relationship in meanwhile.

In general, the importance participation of the private sector is an essential strategy to realize the country's development objectives. The presence of well-established PPP legislation,

Public Private Partnership Proclamation No. 1076/2018" Feb. 2018, will assist in the development of policy and regulatory framework at sectorial level to ensure role and responsibility for the engagement.

4.2.3 Public Private Partnership: Institutional Capacity

The second research question was to know how institutional capacity as competency of government to have in managing the initiatives. Respondents in this research presented in table 4. 3..

Table 4.3: Summary of Institutional capacity in managing PPP

	Likert scale	Percent	Percent
There is national PPP unit or institution that coordinates and leads PPP initiatives at higher level	SDA	0	0
	Disagree	24	48.
	Neutral	3	6.0
	Agree	23	46.
	SA	0	0
	Total	50	100
There is specifically designated unit or division within the health sector to implement, monitor and evaluate PPP initiatives.	Disagree	14	28.
	SDA	0	0
	Neutral	9	18.
	Agree	27	54.
	SA	0	0
	Total	50	100
Employees are adequately trained to effectively design and implement health sector PPP programs in Addis Ababa	SDA	12	24.
	Disagree	32	64.
	Neutral	2	4.0
	Agree	4	8.0
	SA	0	0
	Total	50	100
The designation units of PPP programs in the health sector of Addis Ababa City play neutral and advisory role	SDA	1	2.0
	Disagree	12	24.
	Neutral	4	8.0
	Agree	33	66.
	SA	0	0

	Total	50	100
Employees and managers in PPP units are free from conflict of interest	Disagree	21	42.
	Neutral	11	22.
	Agree	18	36.
	Total	50	100

The findings in table seven show, almost quartile of respondents 46% felt that, the institutional capacity of AARHB lack the implementation of PPP in a coordinated way. A follow up question on the extent the respondent felt 42% even if there is no unit which coordinate as PPP initiatives, they agree whether their department to have better understandings for partnership work. which enables them to execute PPP in health care services. The rest 12% of respondents become neutral for the institutional capacity. What I understood from the respondent no written document which was signed by tri party to govern PPP initiatives on health sector and no unit or department which follow and manage independently of PPP in health services.

In addition to key informant interviews departments of RH, TB, HIVADIS and MNCH provide technical support through supportive supervisor and providing supplies to the networked private health facilities. with the above results. Accordingly, Ato Getu from AARHB TB department head argued that, they don't have institutional capacity which lead the PPP initiatives as a unit. However, departments tried to reach them private health facilities for them to have skill and knowledge to render the agreed services. TB department developed implementation guideline for PPP initiatives. We are good in the progress of access for case detection and treatment to our patients.

The management role of the PPP units can be effectively to execute, the units has to be staffed and well capacitated to enhance sustainability of the public private partnership health care projects in coordinated way.

In general, the institutional capacity building process of the public sector should, therefore, essentially include human capital management to strategies, develop and utilize all opportunities for the fruitfulness of public private partnership to enhance health delivery services.

4.2.4. Public Private Partnership: Procurement Policy and Practice

The third objectives to know how the procurement practice seems in selecting private health facilities and institutions for public private partnership to improve health care services. the find shows in summary table 4.3

Table 4.4 Summary of respondents on Procurement Practices

Section D questions	Likert scale	Frequency	Percentage
The public health sector of Addis Ababa City already has clear, formal and open criteria for selecting appropriate private partner	SDA	0	0
	Disagree	15	30
	Neutral	0	0
	Agree	33	66
	Strongly agree	2	4
	Total	50	100
Procurement practice in the health sector PPP of Addis Ababa is closely monitored and regulated	SDA	0	0
	Disagree	9	18
	Neutral	2	4
	Agree	39	78
	SA	0	0
	Total	50	100
The current procurement actual practice in Addis Ababa's health PPPs is adequate in promoting good governance	SDA	0	0
	Disagree	19	38
	Neutral	6	12
	Agree	25	50
	SA	0	0
	Total	50	100
The mechanism to make corrective actions are promptly taken to rectify errors and limitations in the PPP procurement document	SDA	0	0
	Disagree	9	18
	Neutral	7	14
	Agree	34	68
	SA	0	0
	Total	50	100
Corrective actions are promptly taken to rectify	SDA	0	0

errors and limitations in the PPP actual practices	Disagree	26	52
	Neutral	6	12
	Agree	18	36
	SA	0	0
	Total	50	100
The current procurement actual practice in Addis Ababa's health PPPs is adequate in promoting good governance	SDA	0	0
	Disagree	19	38
	Neutral	6	12
	Agree	25	50
	SA	0	0
	Total	50	100
Selection of partner does not give room for conflict of interests	SDA	0	0
	Disagree	18	36
	Neutral	4	8
	Agree	28	56
	SA	0	0
	Total	50	100
Selected partners give equal treatment to both public and private sector applicants	SDA	0	0
	Disagree	44	88
	Neutral	1	2
	Agree	5	10
	SA	0	0
	Total	50	100

In order to capture the procurement practices for PPP, respondents were asked eight questions on the process, transparency and conflict handling. Table 4.4 show quartile of the respondents 52% have fair in the procurement practices. Whereas 40% disagree with the process of procurement. It lacks clear guidance and understanding. 8% of respondents become neutral for the listed questioner for the section. However, lack of department or unit to organize and lead PPP, lack of memorandum of understanding, implementation guideline noted in their response.

Almost all interviewed believe that, both sectors have limited experience in PPP but a strong commitment to build capacity to strengthen communication and improve relations. There are several ongoing projects to improve PPP. Key informant was also argued that, procurement practice how being rationale and free from biasness. The respondents addressed the issue as no more basic standards, rather the level of private hospitals/clinics willingness to accommodate the services. while we made supportive supervision as monitoring and evaluation, we deal with solving their problems accordingly. Ato Solom TB focal person quoted as relationship is based the setup of private health facilities to imitate public private partnership to deliver services which are even sometimes affecting the healthy relationships that we have with our stakeholders. Had the procurement been governed by clear policies, it would have clearly benefitted and develop governess.

Good procurement system makes information available with transparency to enhances the sense of ownership of both parties for their involvement in the monitoring and evaluation of the PPP initiatives including the outcomes of partnership. The procurement policy should be used to guide in decision making under a given set of circumstances within the framework of goals and objectives to follow steps and procedures in performing a competitive bid. A procurement procedure is a way accomplishing something that, in many cases, implements a policy. It should be designed as a series of steps to be followed in a consistent and repetitive approach with the goal of accomplishing a result.

4.3 Discussion of Findings

To make the foremost of the PPP mechanism, Governments therefore got to take measures to reinforce their PPP enabling environment while building internal capacity. The latter is especially important as a robust public partner is required to structure initiatives which will achieve development impact and improve services quality, equity, efficiency and access. The emerge of latest Public Management (NPM) from the late 1970s, asserted the prevalence of private-sector managerial techniques over public administration. And with the idea that the appliance of such techniques to public…. services delivery would automatically cause improvements within the efficiency and effectiveness of services deliver… quoted from Thatcher 1995. According to Stephen P. Osborne – 2010, the key elements of the NPM 1970’s, as an attention to lessons from private-sector management, attention upon entrepreneurial leadership within public service organizations, the disaggregation of public services to their most elementary units and attention on their cost management; and therefore the growth of use of markets, competition and contracts for

resource allocation and repair delivery within public services.

According to Akintoye and Beck (2009), public private partnership is defined as endless relationship between public and personal organizations which involves a commitment for relatively longer period with mutually sharing of the risks and rewards of the interaction. Adhering policy and regulatory framework with the institutional capacity in managing in coordinated manner of PPP in health initiatives, allow governments to leverage the expertise and skills of the private sector and thereby improve the standard and accessibility of public health delivery systems. PPPs shift the potential burden of the general public sector to the private sector.

CHAPTER FIVE

SUMMARY of FINDINGS, CONCLUSION AND RECOMMENDATIONS

5.1 SUMMARY OF MAJOR FINDINGS

This chapter discusses on findings, conclusions and recommendations. In this study give emphasis to the assessment of PPP in improving health delivery services of Addis Ababa. The investigation of Policy and regulatory framework, Institutional Capacity and Procurement Practices in the delivery of PPP initiatives another approach. The discussion is presented based on the study objectives. Afterwards, conclusions to the research questions drawn in view of the discussions and suggests to recommendations with further research. the recommendation will also provide how to enhance the health delivery services through PPP initiatives.

5.2.1 Public Private Partnership: Policy and Regulatory Framework

Despite the declaration, in general, the government policy proclamation documents do not adequately reflect the specific roles of private sector in service delivery and particularly in health service provision. This clearly implies that, in the absence of clear and adequately stated sector specific specified roles, PPP policy frameworks and implementing them will be a challenging task for the government. The findings reviled that majority of respondents know the proclamation and whereas nor sector level document which state the specified role on PPP initiatives. Because, PPPs requires sharing of responsibilities, and benefits. Moreover, the extent to which the public health sector is interested in the role of the private sector should be clearly reflected in the policy and strategy documents.

Recognizing the importance of creating a PPP, Policy and regulatory framework be able towards PPP initiatives and will have more confidence to enforce the laws in investing PPP initiatives. According to UNDP No.1, 2015, Government of Ethiopia recognizing the importance participation of the private sector is an essential strategy to realize the country's development objectives. "Public Private Partnership Proclamation No. 1076/2018" Feb. 2018.

In this regard, the policy proclamation endorsement gives enough room for the participation of the private sector in health care services. As TB, HIVAIDS, RH and EPI have more emphasis in creating access, equity and efficiency to the government for decreasing maternal and child mortality through partnership.

5.2.3 Public Private Partnership: Institutional Capacity

The institutional capacity of AARHB lack unit or department for leading PPP initiatives in a coordinated way. No unit which coordinately run PPP health initiatives rather each service categorized under departments to reach to private health facilities to undertake the unique nature of service integrations.

Having PPP units within the public sector is essential in terms of enhancing the capacity of government institutions to manage the whole PPP process from the development PPP initiation, evaluation process and signing of contracts.

5.2.4 PPP Procurement Practices

The transparency and clarity issues were under questionable in the selection of private sectors as majority of respondents reviled on health services delivery procurement practices in AARHB. Even no room for conflict handling.

A procurement procedure is a way accomplishing something that, in many cases, implements a policy. It should be designed as a series of steps to be followed in a consistent and repetitive approach or cycle, with the goal of accomplishing a result.

5.4. CONCLUSION and RECOMMENDATIONS

5.4.1 Conclusions

The analysis and interpretation of results was also made supported the conceptual model developed in chapter two of this research. It also analyzed the policy, legal and regulatory frameworks, institutional capacity and procurement practice in PPP for improving of health delivery services. From the findings, this study draws conclusion and recommendation in the following way:

- Most of the partnerships are ad hoc, informal and often based on personal/department relationships
- Policy and regulatory framework of PPP in health initiatives enables private sectors to interact within the development programs but not practical at sector level of AARHB.
- Institutional capacity: developing a full-fledged unit at a sector level however can make senses in leading PPP initiative to enhance expected health delivery services also lack coordination in leading the initiatives to lead in standardize set of strategies.
- Procurement practices: good procurement practices add value to the institutional

capacity, if it is well designed as a series of steps to be followed, here also creates dissatisfaction on the engagement private sectors on partnership.

5.4.2 Recommendations

Based on the major findings and conclusion, there are many areas of interventions that require rigorous efforts for the improvement of health delivery in PPP. The following recommendations were forwarded as to fill constraints and enhance the health delivery services as partnership. Some are to do with high-level government institution; others can be best handled at the local level,

- AARHB should establish PPP units that will be responsible for identifying opportunity areas for partnerships and evaluating their establishment. Such units will lead and coordinate PPP initiatives with support top down from the national level.
- Develop local level working out documents on policy, legal frameworks, procurement and institutional capacity that facilitate partnership.
- Establish performance-oriented collaboration orientation between all parties.
- Develop sector level policy and regulatory framework as essential prerequisites for the successful implementation of PPP initiatives
- Demanding-driven support has to be practiced to member states for the development of their respective PPP initiatives.
- Policy right interventions for improving health delivery services, needs a collaborative effort among key parties to bear accountable.
- Improving partnerships in health service delivery and give focus on building institutional capacity to ensure working on limitations for the improvement PPP in health delivery service
- Establishing trust between the public and private sectors is a precondition for successful partnerships
- To ensure good governance the policy and legal framework of sector level PPP it should be clear and transparent while contracting collaboration
- Both sectors have limited experience in public private dialogue but a strong commitment to strengthen communication and improve relations.
- Continuous capacity building can provide concrete support to execute their roles and responsibilities for effectively managing the initiatives

In general, to ensure demand supply relationship with various nature of health aspects, governments must play a strong role in the public private partnership initiation development

and oversight on accountability, access, quality, efficiency, effectiveness and equity for the delivery of health services to the community. Demand-driven health services initiation requires partnership in a well designated unit with the capacity of managing the initiatives in coordinated way. There is an increasing number of partnerships with the for-profit sector to deliver TB, HIV and FP and more recently laboratory services. It is important to note that these recent partnerships are donor driven through specific health projects.

From public private partnership prospective, further studies obviously assess the level of private sectors engagement on the achievement of PPP implementation in health delivery services for a better result.

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Annex one: -

Addis Ababa University College of Business and Economics Department of Public Administration and Developmental Management (PADM)

Research Title: "Assessment of public private partnership in improving health care services in case of Addis Ababa Health Bureau"

Dear Respondent,

My Name is Alemu Taddesse; I am a master program student at Addis Ababa University College of Business and Economics. To my MA study, I am conducting assessment of public private partnership in improving health care services in case of Addis Ababa Health Bureau, I am inviting you to participate in this research to complete the attached study.

This questionnaire is intended to gather information about the assessment of public private partnership in improving health care services in case of Addis Ababa Health Bureau. I can assure you that any information that you provide in this questionnaire will be kept confidential and only be used for academic purposes. And note that this is not a test. There are no right or wrong answers, if you do not find the answers that does not fits exactly, please mark the one that comes closest.

Your genuine response is highly valuable and very supportive for the study and there are no identified risks from participation in the survey. Participation is completely voluntarily. It will take you approximately 15-20 minutes of your time to complete filling this questionnaire. Please answer all questions as truthfully and objectively as possible and return the questionnaires promptly to me.

Instruction: put 'X" mark on the box for specified answer

Section A: Demographic Information

1. Gender /Sex

   ☐ Female ☐ Male

2. Level of education

   ☐ College Diploma

   ☐ Degree

   ☐ Masters

   ☐ PhD

3. Years of work experience

- [ ] 0-5 years
- [ ] 6-10 years
- [ ] 11-15 years
- [ ] 16 years and above

4. Your organization

- [ ] Public Hospital
- [ ] Private Hospital/clinic
- [ ] Health Bureau
- [ ] Associations
- [ ] Other Specify____________________

5. Your position in the organization

- [ ] Managerial
- [ ] Expert
- [ ] Team Leader
- [ ] Officer
- [ ] Advisor
- [ ] Other Specify__________

Section B: Policy and Regulatory Framework

The following statements relate to your general feedback about the: assessment of public private partnership in improving health care services in case of the Addis Ababa Health Bureau. For each statement, please show the extent to which you believe the exact response you may have, please tick on the column to the boxes applicable to you. '5' means strongly agree, '4' agree, '3' neutral, '2'Disagree and '1'strongly disagree. There are no rights or wrong answers.

SN	Questions statement	Scales				
		5	4	3	2	1
1	Government of Ethiopian give enough room for the participation of the private sector in public service delivery					
2	Partnership with the private sector in Addis Ababa is governed by coherent policies that lay down clear objectives and principles of partnership					
3	Issues related to procurement and other regulatory concerns are well addressed in the current health sector PPP practices of Addis Ababa?					
4	Current available contract documents are prepared clearly understood and signed among parties before involving in PPP practices in Addis Ababa					
5	The currently practice PPP regulatory framework optimizes efficiency and effectiveness in health service delivery in Addis Ababa.					
6	The current practice of PPP more enabling and supportive rules and regulations in the health sector of Addis Ababa					
7	The current PPP more disabling and constraining rules and regulations in the health sector of Addis Ababa					

Section C: Public Private Partnership: Institutional Capacity

The following statements relate to your general feedback about the: assessment of public private partnership in improving health care services in case of the Addis Ababa Health Bureau. For each statement, please show the extent to which you believe the exact response you may have, please tick on the column to the boxes applicable to you. '5' means strongly agree, '4' agree, '3' neutral, '2'Disagree and '1'strongly disagree. There are no rights or wrong answers.

SN	Questions statement	Scales				
		5	4	3	2	1
1	The national PPP unit or institution that coordinates and leads PPP initiatives at higher level					
2	The designated unit or division within the health sector to implement, monitor and evaluate PPP initiatives					
3	Employees are adequately trained to effectively design and implement health sector PPP programs in Addis Ababa					
4	The designating and/implementation of PPP programs in the health sector of Addis Ababa City play neutral and advisory role					
5	Employees and managers in PPP units and departments are free from conflict of interest and only promote pure public interest goals					

Section D: Public Private Partnership: Procurement Policy and Practice

The following statements relate to your general feedback about the: assessment of public private partnership in improving health care services in case of the Addis Ababa Health Bureau. For each statement, please show the extent to which you believe the exact response you may have, please tick on the column to the boxes applicable to you. ‘5’ means strongly agree, ‘4’ agree, ‘3’ neutral, ‘2’Disagree and ‘1’strongly disagree. There are no rights or wrong answers.

SN	Questions Statement	Scales				
		5	4	3	2	1
1	The public health sector of Addis Ababa City already has clear, formal and open criteria for selecting appropriate private partner					
2	The transparency of handling compliant procedure for private sector PPP candidates who are dissatisfied with the PPP procurement decisions					
3	Procurement practice in the health sector PPP of Addis Ababa is closely monitored and regulated					
4	The mechanism to make corrective actions are promptly taken					

	to rectify errors and limitations in the PPP procurement document					
5	Corrective actions are promptly taken to rectify errors and limitations in the PPP actual practices					
6	The current procurement actual practice in Addis Ababa's health PPPs is adequate in promoting good governance					
7	Partners is selected in the health sector of Addis Ababa does not give room for conflict of interests					
8	Partner is selected gives equal treatment to both public and private sector applicants					

Any suggestions/comment to say about PPP

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Addis Ababa University College of Business and Economics Department of Public Administration and Developmental Management (PADM)

Research Title: "Assessment of public private partnership in improving health care services in case of Addis Ababa Health Bureau"

Dear Respondent,

My Name is Alemu Taddesse; I am a master program student at Addis Ababa University College of Business and Economics. To my MA study, I am conducting assessment of public private partnership in improving health care services in case of Addis Ababa Health Bureau, I am inviting you to participate in this research to complete the attached survey.

This questionnaire is intended to gather information about the assessment of public private partnership in improving health care services in case of Addis Ababa Health Bureau. I can assure you that any information that you provide in this questionnaire will be kept confidential and only be used for academic purposes. And note that this is not a test. There are no right or wrong answers, if you do not find the answers that does not fits exactly, please mark the one that comes closest.

Your genuine response is highly valuable and very supportive for the study and there are no identified risks from participation in the survey. Participation is completely voluntarily. It will take you approximately 15-20 minutes of your time to complete filling this questionnaire. Please answer all questions as truthfully and objectively as possible and return the questionnaires promptly to me.

In-depth structured interview protocol to collect data from key informants in the public and private sector

Section A: Health Services in Addis Ababa City: Implications and Challenges on types of services created PPP in health care services

1.1 What type of PPP program in your organization

☐ HIV/AIDS

☐ TB

☐ Reproductive Health

☐ Pharmaceutical

☐ Diagnostic

☐ Non-clinical service contracting out

☐ Other (Please specify) ______________________

1.2 How do you evaluate the status of public sector health service delivery in Addis Ababa?

Excellent ☐ Very Good ☐ Average ☐ Fair ☐ Poor ☐

1.3. What do you think on the following areas of service challenges facing health service delivery in Addis Ababa City in the following areas? Write for very high 2 and 1 for high in corresponding services

Maternal and child health

TB diagnosis and treatment

HIV/AIDS related services

Health facility: adequacy, quality, accessibility etc..

Health professionals: Adequacy, professional, motivation etc.

Pharmaceutical supply and services

Health financing: Adequacy, self-sufficiency, sustainability etc

Section B: Public Private Partnership: Policy Environment

2.1. How do you think that the Federal Government of Ethiopian gives enough room for private sector participation in public service delivery?

2.2. How do you think that the roles of the private sector in public service delivery are clearly articulated and stipulated in the policy documents of the government?

2.3. How do you think that the public health sector is adequately working in partnership with the private sector?

2.4. Would you tell us some of your practical experiences about success and failure stories of PPP practices in the health of Addis Ababa and their relations to policy issues?

2.5. Do you think that there is formally established, and policy supported dialogue between public and private sector in health in Addis Ababa?

2.6 would you please tell us your experiences on how public private dialogue is conducted in the health sector of Addis Ababa?

2.7. How do you think that the relevant areas of PPP are clearly identified and understood in the health sector of Addis Ababa City?

Section C: Public Private Partnership: Legal and Regulatory Framework

3.1. How do you think that there is adequate legal framework to govern and regulate PPP practices in the health sector in Addis Ababa?

3.2 How do you think that the public health sector has strong mechanisms for fair and consistent enforcement of PPP contracts in Addis Ababa City?

3.3 What challenges do you see in enforcing PPP-agreements in Addis Ababa’s health sector fairly and consistently?

3.4. How do you explain the PPP regulatory framework in terms of optimizing efficiency and effectiveness in health service delivery?

Section D: Public Private Partnership: Institutional Capacity

4.1 How is there a national or health sector PPP unit that coordinates PPP initiatives and programs at the higher level?

4.2. How do you believe that public officials and employees are adequately trained to effectively design PPP programs and effectively implement?

4.3. What practical experiences can you share us on how the capacity of the officials and employees affect the effectiveness of PPP in the health sector.

4.4. How do you evaluate the capacity of the public sector officials and relevant employees in Addis Ababa’s health sector in terms of the following skills?

Section E: Public Private Partnership: Procurement Policy and Practice

5.1. How do the public sector partners select the "appropriate" private sector partner in health service PPP programs?

5.2. Do you believe that the public sector already has clear and formal criteria for selecting appropriate private partners?

5.3. What do you think are the implications of this to the effectiveness of PPP programs in health?

5.4. How do you evaluate the procurement procedure and practice of the PPP initiatives in Addis Ababa's health sector?

5.5. why do people who are dissatisfied with PPP procurement decisions present their complaints to the relevant public sector institution?

5.6. why do you believe that the PPP procurement practice in health is closely monitored and regulated?

5.7. Overall, how do you evaluate the PPP procurement procedure and practice in terms of promoting good governance and minimizing maladministration?

6. Any suggestions/comment to say about PPP

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