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ADDIS ABABA UNIVERSITY

SCHOOL OF COMMERCE

LOGISTICS AND SUPPLY CHAIN MANAGEMENT

PROGRAM UNIT

Assessment of drivers and barriers of public private partnership in  
pharmaceutical Supply Chain in Ethiopia: A qualitative study

BY: ANATOLIYO NIGATU TERFA

March, 2023

ADDIS ABABA, ETHIOPIA

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Assessment of drivers and barriers of public private partnership in pharmaceutical Supply Chain in Ethiopia: A qualitative study

A thesis submitted to Addis Ababa University, school of commerce, logistics and supply chain management Program Unit in partial fulfillment of the requirement for the master's degree of logistics and supply chain management

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APPROVED BY BOARD OF EXAMINERS

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## **Declaration**

I, the undersigned, hereby certify that this thesis is my own work, written under the supervision of Dr. Tariku Jebena. All sources of resources utilized in the thesis have been properly credited. I further affirm that the thesis has not been submitted, in whole or in part, to any other higher learning institution for the intention of receiving a degree.

Name \_\_\_\_\_ Signature \_\_\_\_\_

## **Endorsement**

This thesis has been submitted for examination to Addis Ababa University's School of Commerce Graduate Studies, with my permission as a university adviser.

Advisor \_\_\_\_\_

Signature & Date \_\_\_\_\_

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## **LIST OF ACRONYMS**

CDC	Centers for Disease Control and Prevention
CEO	Chief Executive Officer
CSA	Central Statistics Agency
EFDA	Ethiopian Food and Drug Authority
ETB	Ethiopian Birr
EU	European union
GDP	Gross Domestic Product
IP	Intellectual property
PPP	Public private partnerships
R&D	Research and development
SMEs	small and medium-sized firms
USAID	United States Agency for International Development
WHO	World health organization
TI Pharma	Top institute pharma

## **ABSTRACT**

*Public private partnership* is described as a voluntary and collaborative connection between diverse parties, including state and non-state, in which all participants choose to collaborate to achieve a shared goal or objective, and share risks, duties, resources, and rewards. This study were undertaken to assess *the public private partnership* in Ethiopian pharmaceuticals sector. A *Phenomenological study* design approach was applied. *Key informant interview* data collection method was used. An inductive approach was followed to allow clustering of ideas and patterns to emerge. The codes were collapsed into categories of central themes. Most of the respondents N (12) 66.7 % reported that the *public private partnership* is not that much strong, and believed that there is no trust among these institutions. And the level of partnership is dependent on the type of institutions. The level of Public private partnership in pharmaceutical sector in Ethiopia is very low. There should be sectoral level institutions which helps and improve the communication between public and private sectors especially in the pharmaceutical sectors in Ethiopia. Moreover, institutions should provide capacity building trainings in communication skill and professionalism.

**Key words:** Public private partnership, pharmaceutical industry, Phenomenological

## **CHAPTER ONE**

### **1. INTRODUCTION**

#### **1.1 Background of the study**

Public private partnerships are fast becoming a sustainable strategy in increasing the quality of healthcare being delivered to a population. In a society that is becoming more interconnected, one sector's actions might have an impact on another. For this to be successful, cooperation is required. The UN has advocated for cross-sectoral collaboration to counteract the negative effects of globalization that jeopardize labor and human rights (Buse and Waxman, 2001).

There is no universal accepted definition of Public Private Partnership (PPP) Marin (2009) illustrates this point: "There is no universally accepted definition of PPP."It includes a wide variety of transactions for which the private sector is responsible, such as investment. It includes anything from management contracts with no investment requirements to concessions contracts with major investment requirements in addition to operational and management requirements (Marin, 2009).

PPP is described as a voluntary and collaborative connection between diverse parties, including state and non-state, in which all participants choose to collaborate to achieve a shared goal or objective, and share risks, duties, resources, and rewards (Hodge and Greve, 2011).

A public–private partnership (PPP) refers to an arrangement between public and private sectors to share both risks and benefits in planning, financing, constructing, and operating public projects (Hodge, and Greve. 2007). PPP is widely adopted around the world as a long-term cooperation between public and private sectors in infrastructure investment and public service delivery (Wang,*et.al.*, 2010 ).

Private partnerships also refer to ongoing agreements between government and private sector organizations in which the private organization participates in the decision-making and production of public goods or services that has traditionally been provided by the public sector and in which the private sector shares the risk of that production (Campbell *et al.*, 2016).

According to the World Bank public–private partnership refers to arrangements, typically medium to long term, between the public and private sectors whereby some of the services that fall under the responsibilities of the public sector are provided by the private sector, with clear agreement on shared objectives for delivery of public infrastructure and/ or public services (World Bank Group, 2012). Any formal collaboration between the public sector (national and local governments, international donor agencies, bilateral government donors) and the nonpublic sector (commercial, nonprofit, and traditional healers, midwives, or herbalists) in the delivery of health services, products, equipment, research, communications, or education is referred to as a public–private partnership in health (Jeffery, 2011).

Public–private partnership has received much attention in the context of the development and financing of public infrastructure facilities and services in the last decade due to their inherent advantages. This approach has been adopted by many countries for several reasons, including the need to address fiscal deficits, budgetary pressure and demand-supply gaps (Chowdhury *et.al.*, 2011). public–private partnership are also perceived as a tool that can unite the private and public sectors’ strengths to improve efficiency, quality and innovation (Kosycarz *et al.*, 2019).

In the 2004 Report, public-private partnerships were identified as a promising solution for addressing challenges in pharmaceutical innovation. Since then, there has been considerable progress in the development of public–private partnership and in particular in the product development partnerships (PDPs). The current challenges in drug development require the mobilization of significant resources from a wide variety of stakeholders.

A public–private partnership, the partners share certain risks and may exchange intellectual property, financial, in-kind, and/or human resources in any mutually agreed upon proportion (WHO, 2003). public–private partnership are commonly used to take advantage of innovations found in the private sector, lower the risks associated with the development of public sector assets and enhance the success of the development and financing of public infrastructure facilities and services for the public (Roehrich *et.al.*, 2014).

In the pharmaceutical industry, public–private partnership have gained significant recognition in recent years as a viable approach to facilitate research and development, manufacturing, and the delivery of medicines. One of the most notable public–private partnership in the pharmaceutical industry is the Drugs for Neglected Disease initiative (DNDi), which was established in 2003 by the WHO and seven international research organizations. The DNDi aims to expedite the development of affordable and effective drugs for neglected diseases, such as leishmaniasis and sleeping sickness, which primarily affect low- and middle-income countries (Pécoul et al., 2009).

Other public–private partnership in the pharmaceutical industry include the Medicines Patent Pool (MPP), which collaborates with pharmaceutical companies to develop and license affordable versions of patented medicines for HIV/AIDS, tuberculosis, and hepatitis C, and the Innovative Medicines Initiative (IMI), which brings together the European Union and the European Federation of Pharmaceutical Industries and Associations to enhance the discovery and development of new medicines (García-González et al., 2017; IMF, 2019).

Overall, PPPs offer a promising avenue for addressing the complex challenges faced by the pharmaceutical industry, such as the high cost of drug development, inadequate funding for neglected diseases, and limited access to essential medicines.

With the rapid development of PPP, many local governments rely excessively on PPP for infrastructure development, resulting in the abuse of PPP. PPP is not suitable for every kind of infrastructure construction project, such as those with a small investment, vague output, or insufficient market demand (Fernandes *et al.*, 2016).

It is argued that public–private partnership have increased efficiency, the availability of resources and the sustainability of public services in several sectors, including telecommunications, water, energy, transport and health (Babatunde *et al.*, 2015). public–private partnership adoption in the healthcare sector has increased due to the many benefits that are associated with them, both in healthcare development and management (Roehrich *et.al.*, 2013) .The benefits identified included overcoming the capital shortage in public sectors, reducing the risks of investment in health infrastructure, improving efficiency in service delivery through combining efforts, making use of innovations in the private sector and aligning healthcare stakeholders in meeting healthcare needs (Roehrich *et.al.*, 2014).

Public private partnerships may involve any of the following activities or any combination thereof:

- a) the design, construction, financing, maintenance or operation of new Infrastructure Facilities.
- b) The rehabilitation, modernization, financing, expansion, maintenance or of existing Infrastructure
- c) The administration, management, operation or maintenance pertaining to new or existing Infrastructure Facilities.

The annual pharmaceutical market in Ethiopia is estimated to be worth US\$ 400 to US\$ 500 million (PFSA 2015) and growing at an impressive rate of 25% per annum. A

2012 estimate by Frost & Sullivan suggests the Ethiopian pharmaceutical market could witness growth rates of “slightly over 14% (to reach an approximate value of just under US\$ 1 billion by 2018.

There are approximately 200 importers of pharmaceutical products and medical consumables in Ethiopia. The local industry comprises 22 pharmaceutical and medical suppliers and manufacturers, with 9 involved directly in the manufacture of pharmaceutical products. Most of the manufacturers operate below their capacities and supply only about 20% of the local market. In 2014, local pharmaceutical companies supplied products to the value of US\$ 44.2 million. Local manufacturers have limited product portfolios and are thought to be able to supply only 90 of the more than 380 products on the national essential medicines list. Around 35–40% of their total output is supplied to the private sector at a price premium of 10%. The annual private pharmaceutical market in Ethiopia is estimated to be worth US\$ 100 million (Frost and Sullivan, 2015).

In Ethiopia PPP Policy adopted in August 2017, anticipates that given the cost of PPP project development, projects with contract values of more than USD50 million are generally those that would generate Value for Money. However, the policy does not rule out the possibility that projects with a contract value lower than USD50 million can generate value for money and thus be eligible for procurement as PPPs. Each candidate public–private partnership project would need to be assessed on merit.

According to USAID (2012), the national goals in the health sector are highly ambitious and hence present a serious challenge to the government unless alternative mechanisms of health service delivery are developed. Despite the fact that delivering health services through PPP arrangements is officially considered as an alternative in the Ethiopian health sector, the policies governing these partnerships, the way the partnerships are exercised and the challenges facing the process are not adequately studied .

## **1.2 Statement of the problem**

Internationally, Governments from both developed and developing countries consider the public-private partnerships as one of the important mechanisms to expand access to quality health services, enhance the health financing system and leverage managerial capacity from the private sectors (Byomuhangi, 2019).

The nexus between health and industrialization is under-studied in Africa and other most developing countries (Mackintosh *et al.*, 2018). There is scant empirical research on how industrial change (or industrial development) can aid (transform) public health, particularly in terms of reducing the costs of local manufacturing of medicines and medical equipment. The state of infrastructure in many developing countries tends to be poor and inadequate to meet the rising demand. This reveals the constraints that governments in developing countries and especially in sub-Saharan Africa (SSA), face in terms of scarcity of funds, corruption, poor planning and project formulation, as well as inefficient capacities (UNDP ETHIOPIA NO. 1/2015).

A recent report by the World Bank's Independent Evaluation Group has demonstrated a rise in PPPs in the last two decades, including in developing countries mainly in infrastructure and the delivery of public services. According to the report, in developing countries, private capital has contributed between 15 and 20 percent of total investment in infrastructure over the last 10 years (World Bank Group, 2012). Previous efforts at public divestiture and privatization were not adequate in addressing the unmet demand for infrastructure and public services. There have been attempts to tap on PPP initiatives however these have been few and fragmented (Asubonteng, 2011).

The African pharmaceutical market is thought to be around USD 40 – 60 billion annually by 2020; however most of these pharmaceutical products are imported with local production accounting for 10 to 30% depending on the country. For local production, active pharmaceutical ingredients (APIs) and excipients are imported and the bulk of activities are on generic drugs reformulation activities (Mugwagwa, *et al* 2020).

Many sub-Sahara African health markets are trapped in a vicious cycle and perennial disconnect amongst potential supply, demand and investments dynamics that could concomitantly support local pharmaceutical technological upgrading whilst at the same time improving social inclusion, healthcare access and ultimately local health security. Many African countries face challenges with especially limited state financial and technical capabilities as well as commensurate institutions. The current health-industry complex (by which we mean the infrastructures, linkages, synergies and capabilities in place to manufacture, supply and deliver health products to the health system that

addresses local health challenges) is not geared to adequately address current and more importantly complex emerging African health challenges ( Mugwagwa and Banda, 2020).

### **1.3 Research Questions**

To assess public private partnership in pharmaceutical sector in Ethiopia

1. What is the status of public private partnership in the pharmaceutical sector in Ethiopia?
2. How public private partnerships produce the desired results in the pharmaceutical sector?
3. What are the barriers and drivers of public private partnership in pharmaceutical sector?

### **1.4 Objective of the study**

#### **1.4.1 General objective of the study**

General objective of this study is to assess public private partnership in pharmaceuticals supply chain in Ethiopia.

#### **1.4.2 Specific objectives of the study**

- To assess the status public private partnership in Ethiopian pharmaceuticals sector.
- To identify factors contributing to public private partnership performance in Ethiopian pharmaceutical sector.

- To examine the barriers and drivers of public–private partnership in pharmaceutical sector in Ethiopia.

### **1.5 Significance of the study**

The rapid rise in the total share of the private sector can be attributed to the faster growth in the private sector as compared to the public sector. This gives credence to the need to further develop appropriate frameworks and regulations that bolster innovative partnership arrangements between the public and the private sectors through Public Private Partnership investments.

Public–private partnership is that it places emphasis on inclusive and shared growth where contributions from private, public, community beneficiaries, civil society and development partners are harnessed for development results, rather than pushing for private sector led growth. Relief of capacity constraints and bottlenecks in the economy through higher productivity of labor and capital resources in the delivery of projects, accountability for the provision and delivery of quality public services through performance incentive management, non-performance regulatory sanctions, innovation and diversity in the provision of public services, and effective utilization of state as a resource are all benefits that public–private partnership brings to complement private or public sector led growth (Asubonteng, 2011).

Public-private partnership arrangements can play a vital role in driving economic growth by providing well-planned, well funded, and well-maintained infrastructure and public services. This is significant for trade facilitation and raising the living standards of the

people. Many governments in developing countries have ventured into public–private partnership arrangements as alternative vehicles for mobilizing resources to fund the much needed infrastructure and to deliver on quality public services. These arrangements have significantly contributed to the GDP growth of countries like Nigeria, Ghana, South Africa, Mozambique, and Kenya (CDPR Report, 2011).

In 2001, the government of Tanzania, recognizing the potential of the private sector to bring about socio-economic development, formed a public-private partnership with the Abbott Fund. The aim of the PPP arrangement was to strengthen the country’s health care system and address critical areas of need. In this more than 10- year partnership effort, Abbot Fund has invested more than \$100 million and given \$5 million in corporate donations. Overall the, the PPP arrangement was a success and led to comprehensive modernization of the Muhimbili National Hospital in terms of use of technology and capacity development. A hospital-wide IT system that tracks inventory, prescriptions and patient health history was installed in the national hospital. Furthermore, in order to improve capacity, training was provided to hospital managers and health care workers. The partnership has helped improve the overall quality of the health sector and allowed increased access to health care. The improvement in the health service, as a result of the partnership, is believed to have supported significant progress in achieving the MDGs relating to health sector (GoT and Abbot Fund, 2013).

## **1.6 Scope of the study**

This study focused on the Assessment of public private partnership in pharmaceutical Supply Chain in Ethiopia and includes active stake holders in pharmaceutical sectors person from pharmaceutical wholesaler and importers, manufacturers, representatives from EPSA an EFDA.

### **1.7 Limitation of the study**

This study is based on interviews with a total of eighteen respondents who involved in pharmaceuticals sectors in Ethiopia. It lacks the views of professionals from EFDA, National Bank of Ethiopia (NBE), Ethiopian Shipping Lines (ESL). Moreover, the respondents are selected from Addis Ababa in which the views of those individuals from the regions might be different from the one involved.

### **1.8 Definition of Terms**

public-private partnership: public-private partnership refers to arrangements, typically medium to long term, between the public and private sectors whereby some of the services that fall under the responsibilities of the public sector are provided by the private sector, with clear agreement on shared objectives for delivery of public infrastructure and/ or public services (World Bank Group, 2012).

Pharmaceutical: substance used in the diagnosis, treatment, or prevention of disease and for restoring, correcting, or modifying organic functions (Britannica, The Editors of Encyclopaedia)

Pharmaceutical industry, the discovery, development, and manufacture of drugs and medications pharmaceuticals by public and private organizations (Britannica, The Editors of Encyclopaedia)

## **1.9 Organization of the study**

This study is organized in the following five major chapters. Chapter 1 presents general introduction to the thesis which begins with providing back ground information on the overall concept public private partnership followed by describing other components of the chapter such as statement of the problem, research question, objectives, significance, scope and limitation of the study. Chapter 2 presents a review of relevant literature related to the subject matter of PPP .Chapter 3 presents the methodology used in conducting the research. Chapter 4 presents the result (findings) and discussions part of the research work based on the key informant interview. Finally, chapter 5 presents the summary, conclusion and recommendations of the research work and future research forward.

## **CHAPTER TWO**

### **2. REVIEW OF RELATED LITERATURES**

#### **2.1 Introduction**

Public–private partnership has been utilized widely for the development of infrastructure projects around the world due to its effectiveness in delivering value-for-money (VFM) (Chan et al. 2010), which is defined as “the optimum combination of whole life costs and quality”. In a typical PPP contract, the private sector has to design, finance, construct, and manage the infra-structure component, afford services (World Bank 2014), and transfer assets to the host government when the concession period expires (Yuan et al. 2015).

#### **2.2 Theoretical Literature Review**

In this section, related theories of the study which were relevant to development of the thesis proposal work are described. The theoretical frameworks for public private partnerships are briefly discussing and the factors related to the implementation of public private partnership in pharmaceutical sector. The purpose of this part of the thesis proposal effort is to set up a basis for theoretical frame of public–private partnership

There are several reasons for establishing public–private partnerships. They include the need to:

- Increased scale: pooling resources can help to solve challenges that are too big for a single organization to handle (for example, because the knowledge or expertise that is needed to answer a question is not available in a single company or institute, or the scale of the activities required is too large).
- Share risk: by sharing risks (for example, through government involvement), projects can become of interest to potential partners who, without a subsidy or support, would be unwilling to get involved. An example of such a project would be the repurposing of existing drugs (Weir *et.al.*, 2012).
- Focus R&D priorities: by defining a strategic research agenda, in consultation with stakeholders, resources can be focused on issues of particular public health interest.
- Optimize the use of available knowledge and resources: Making progress in many fields necessitates bringing together data or expertise held by several parties. PPPs can also be utilized to build a research infrastructure for future projects (networks, biobanks, research databases etc.) According to research on the effectiveness of PDPs for neglected illnesses, business and public organizations operating alone were less effective than public–private partnerships (Moran M, 2005).

Promote economic growth by fostering a more competitive private sector: governments that fund PPP research may also strive to stimulate new R&D initiatives inside their area or country. PPPs can therefore solve a medical need while also assisting in the creation of

new types of economic activity. As a result, PPPs are a critical component of life science innovation and commercial strategies (Goldman, 2012).

## **2.2 Empirical literature review**

Measuring the value of public–private partnership in the pharmaceutical sector will remain a complex area. However, as public–private partnership are an increasingly important and extensively used instrument for public and private stakeholders to address the innovation crisis in pharmaceutical R&D, objective and relevant measurements that meet the needs of all stakeholders are essential (Tom *et.al.*,2012).

The study conducted in the Kingdom of Saudi Arabia health sector (Al-HanawiI *et.al.*, 2020) the analysis of the rankings based on the barriers' mean values, as rated by the respondents, showed that they ranged from 2.77 to 3.85. Legal barriers had the highest mean value, with a score of 3.85. Delays in approval were considered the biggest legal barrier, with a mean value of 4.06, then law and regulation changes, with a mean value of 3.97. Among environmental barriers, lack of transparency and accountability and lengthy delays in negotiations were considered the leading environmental barriers. The shortage of professionals qualified to handle PPP projects and lack of clarity in the process of implementing PPPs were identified as the two biggest technological barriers, with mean values of 3.78 and 3.69 respectively. Issues with delays in receiving payments and the inability of local institutions to provide long-term financing ranked as the biggest economic barriers, with mean values of 3.64 and 3.53 respectively. Potential conflicts of interests among stakeholders had the highest mean value, 3.81, of the social barriers.

Inadequate experience with PPPs and poor understanding of PPPs by decision-makers were the biggest political barriers, with mean values of 3.29 and 3.22, respectively.

### **2.2.1 Challenges for PPPs**

Within PPPs, irrespective of their overall goal, several challenges can be identified.

#### **1. Timelines and sustainability**

public-private partnership generally receive tranches of funding for a three to five year period. Given the long timelines in drug development, this amount of time may be insufficient to achieve the development of new compounds and targets: true value may only be demonstrated after more than 10 years. TI Pharma can serve as an example, although the Dutch government heavily invested in this PPP programme with initial funding of €130million 2006, follow-up funding in 2010 was of a far smaller scale €6 million (WHO, 2012).

2. The role of small and medium-sized firms (SMEs) and major corporations: it is critical to guarantee that SMEs are properly engaged in efforts to meet economic goals (e.g. nurturing new companies, job creation). Small and medium-sized businesses (SMEs) have different requirements than giant pharmaceutical corporations or academic organizations. This is a key part of economic growth for the EU and many other countries.

3. Consortium leadership and project management: managing partnerships necessitates a different set of abilities and competencies than managing traditional research projects. The development of this skill set's capacity is important to the success of any PPP.

4. The central entity's role: Any PPP requires a well-functioning central entity or 'office.' This can act as a neutral party, a trustworthy third party, or an honest broker. Building and maintaining trust in the PPP from participants and society as a whole requires the central body to play a proper and balanced role.

5. Intellectual Property (IP) structure: many PPPs aim to provide new insights into illnesses and how to diagnose or treat them. This means that how the consortium handles intellectual property is critical and gives a compelling rationale for partners to engage or not.

6. Measurement of added value: one of the most difficult aspects of partnerships is determining how much value is added. From the standpoint of the efficient and appropriate deployment of their various resources, this is critical for public funders, businesses, and academics (Pardoe *et.al.*,2010).Currently, there is a need for investments in this sector.

### **2.2.2 PPPs in Public Health**

A collaborative relationship which transcends national boundaries and brings together at least three parties, among them a corporation (and/or industry association) and an intergovernmental organization, so as to achieve a shared health-creating goal on the basis of a mutually agreed division of labor (Buse. and Walt, 2000). According to Buse and Walt, there has been a "honest awareness by the public sector of the pharmaceutical industry's unique, unparalleled monopoly in medicine and vaccine development: They have possession of the ball. You must play with them if you wish to play.

### Different Types of PPPs

- Product-based public–private partnership medicine donation programs are often formed once it is discovered that an existing drug (for animals or people) is useful in the treatment of a condition with low effective demand. These types of partnerships are usually initiated by the private sector and the objective is to market their ethical concerns and social responsibility. This objective is not always guaranteed, as medicines donation partnerships have been subject to controversy, and seen sometimes as a market entry strategy or a mechanism for dependency-creation.
- Product-development PPP: usually require the public sector to assume a number of risks associated with product discovery, development and/or commercialization for which usually the government provides some subsidies. Pharmaceutical Companies may engage in product-development partnerships to obtain a subsidy for research or to pursue their own longer-term interests, in the emerging economies.
- The issues-based PPPs are a more diverse group. Some have arisen to overcome market failures, such as the Malaria Vaccine Initiative, the Roll Back Malaria Global Partnership or the Stop TB Initiative

### **2.2.3 Advantages and disadvantages of PPPs in healthcare**

There are several advantages of PPPs in healthcare, including increasing efficiency, allocating risk, reducing the cost of delivery quality services, increasing accessibility, delivering services on time, adopting new technology and management, solving public

sector capital shortages and reducing fiscal and public pressures ( Commission of the European Communities, 2004).

A great advantage of public–private partnership is proper risk-sharing between the partners. There are many types of risks in healthcare contracts, including demand, demographic change, health changes, epidemiological trends, long-term healthcare demands, infrastructure construction risks, operational risks, and financial risks (European Union (2013).

Barlow and Koerberle-Gaiser (Lonsdale and Watson, 2007) based on an analysis of public–private partnership in hospitals, suggested inadequate risk allocation as a reason for abandoning innovation. Additionally, many countries' experiences have shown that PPPs in healthcare have helped to reduce fraud by increasing accountability, transparency and control (Barlow and Koerberle-Gaiser, 2009). Such an effect could be expected in countries where the risk of corruption is very high (OECD (2015).

Disadvantages and impediments, including higher costs of providing goods and services, difficulty in specifying services (due, for example, to innovations in medical equipment) resulting in difficulty in quantifying the cost of PPP projects, political risks associated with long-term cooperation between public and private sectors, volatile and often unpredictable external conditions (e.g., epidemiological risks), difficult and often inappropriate infrastructure maintenance and service delivery pricing, lengthy procurement processes, lack of appropriate skills, unattractive financial markets and incomplete risk transfer and higher end user charges (McKee *et al.*, 2006).

Questionnaire survey and semi structured interviews to identify driving factors for the implementation of PPP projects in the Ethiopian context. The findings revealed 22 driving factors, which were grouped into 6: “benefit for public and private sectors,” “social development,” “cost reduction,” “attention of private sector,” “management ability of public sector,” and “ability of private sector.” Most driving factors for adopting PPP projects were related to financial problems as indicated in the study (Gebremeskel *et al.*, 2021).

From the study that was conducted by United Nations Commissions globally on public–private partnership in Health supply chain, it was found that public–private partnership increased availability of affordable, quality medicines and health supplies, ensured quality of health commodities, improved the effective use of health commodities and increased funds and resources for health commodities and medicines. PPPs helped in the accessibility of medicines, medical supplies and medical equipment through their procurement from private sector. The activities related to the procurement ensured that the correct products were available in the country and ready for delivery when deemed needed. The procedures and processes for the procurement, helped to achieve the six rights of logistics (UN Commission., 2015).

According to Lim, the average number of multi- stakeholder public–private partnership launched per year has grown from 8 in 2001–2003 to 54 in 2011–2013. A major contributor to this growth has been the launch of various high-profile precompetitive

public-private initiatives, involving multiple consortia, such as the European Innovative Medicines Initiative (IMI), the Dutch Top Institute Pharma, and the US Foundation for National Institutes of Health. Faster Cures has included in its consortiapedia catalogue more than 350 consortia profiles, both public-public as well as public-private (Lim, 2014).

Ismail (2014) used a questionnaire survey to investigate the factors forcing the implementation of public-private partnerships. The results of the study show that the driving forces for PPP implementation in Malaysia are “demanding contribution to economic development,” “the whole of life cost savings required,” “the social strain on people due to poor road facilities,” “the requirement for improvements in the levels of services,” and “shortage of government funding.” Different countries have different priorities for each of the driving forces as shown in the study.

A comparative study was conducted between China and Hong Kong regarding the key drivers for adopting PPP. The 15 drivers were classified into five groups: cost savings and value for money, reduced public funding, a catalyst for the economy, enhanced asset quality and service levels, and equitable risk sharing. The findings indicated that respondents from China rated economy-related drivers higher, whereas Hong Kong respondents tended to rate efficiency-related drivers higher. The study discovered differences in the reasons for implementing PPP between the two economies, whereby in Hong Kong the main reason is related to the quality of services and efficiency, whilst in China, the key reason is related to the economic factor. The findings indicate that the

distinctive nature of PPP is represented in each country's motivations for implementing PPP (Chan ,2009).

## **CHAPTER THREE**

### **3. Methodology**

#### **3.1 Descriptions of the study area**

The federal democratic republic of Ethiopia is the second most populous country in Africa, with a population of 90 million people. Ethiopia is one of the fastest growing economies in the world, with an average growth of around 10.9% for the past decade. There is a national aspiration to graduate to middle-income country status by 2020–2025 and to completely eradicate poverty (GTP-I), 1 2010–2015).

There are approximately 200 importers of pharmaceutical products and medical consumables in Ethiopia. The local industry comprises 22 pharmaceutical and medical suppliers and manufacturers, with 9 involved directly in the manufacture of pharmaceutical products. Most of the manufacturers operate below their capacities and supply only about 20% of the local market. In 2014, local pharmaceutical companies supplied products to the value of us\$ 44.2 million. Local manufacturers have limited product portfolios and are

thought to be able to supply only 90 of the more than 380 products on the national essential medicines list. Around 35–40% of their total output is supplied to the private sector at a price premium of 10%. The annual private pharmaceutical market in Ethiopia is estimated to be worth us\$ 100 million. In 2014, the Ethiopian industry exported pharmaceutical products worth almost us\$ 2 million (GTP-i, 1 2010–2015).

### **3.2 Research approach**

Qualitative study design approach was chosen. Qualitative research allows asking questions that cannot be easily put into numbers to understand real experience. Qualitative methods offer a dynamic approach to research, where the researcher has an opportunity to follow up on answers given by respondents in real time, generating valuable conversation around a subject – something which isn't possible with a structured survey.

### **3.3 Research design**

Phenomenological study design was used, because phenomenology is concerned with the study of experience from the perspective of the individual. To be able to fully describe the experience of public private partnership among pharmaceutical sector the researcher enters deeply into the experience. This is possible using phenomenological approach using key informant interviews the purpose of phenomenological research is to describe phenomena as they are lived and experienced by individuals.

### **3.4 Population and sample**

#### **3.4.1 Population of the study**

The population of the proposed study was experts who are willing to participate and work in both private and public sectors and have related links with pharmaceutical sectors these could be (Ethiopian pharmaceutical supply agency, representatives from national bank of Ethiopia, experts from Ethiopian food and drug agency, representatives from pharmaceuticals factory in Ethiopia, representatives from academic area of pharmacy)

### **3.4.2 Sample size Determination**

Determining an adequate sample size in qualitative research is a matter of judgment and experience in evaluating the quality of the information. However, the issues that should be considering the data collection method, availability of resource for study, time for study and nature of the study. Since, to make the nature of the data collection be interactive interviews, 20 respondents were deemed an adequate sample size to create the intended qualitative product until point of saturation.

### **3.5 Sampling procedure**

The sampling techniques focus to involve various participants in different sectors which have link with the pharmaceutical sector was selected purposively to meet the set objectives. The selection was made after discussing the research advisor

The potential participants were in the first instance been sent information letters. They were approached by principal investigator and research assistant that discuss the research project with them and leave them with the consent form. After discussion and signing on the consent form the interview proceeded

Criterion purposive sampling was employed. The participants were selected on the criteria to meet the research objectives. The participants were expected to be an expert on pharmaceutical sector.

### **3.6 Data collection procedures**

#### **3.6.1 Data collection process**

The data collection process was done using pre-tested open-ended topic guide and audio recorded.

#### **3.6.2 Data collection methods**

Key informant interview data collection method was used. A pre-tested open-ended topic guide was prepared in Amharic to facilitate the key informant interview. And the topic guides were refined and made responsive to the research objectives in due course of the research the major variables of interest was explores how the public private partnership looks like in the pharmaceutical sector in Ethiopia, what are the barriers and facilitators of PPP.

Each session is expected to last about 30-60 minutes for the key informant interviews. Only two sessions were conducted per day. Data were collected by the investigator the research assistance. The research assistance, who has MA degree, and has a research experience. After obtaining consent from participants, the key informant interviews were tape-recorded. Notes were also being taken during the interviews. The investigator was engaged with participants by posing question in natural manner, listening participants response attentively and asking follow-up questions and probes based on the participants responses. The interview was conducted face-to-face and one investigator and one

participant. The interview conducted a convenient place for the participants. These interviews were normally took place in the respondent's office, although the respondents were given the choice being interviewed elsewhere, if this is what they would prefer.

### **3.6.3 Data Collection Instrument**

As data collection tools pre-tested open-ended topic guide will be used. Different interview guide will be used for different participants by modifying the interview guide.

### **3.7 Data processing and analysis**

Data collection and analysis was proceeding simultaneously. After each interview data collection, the research assistant and I listen to the tape-recorded interview and thoroughly discussed and clarified the contents. We take notes while listening, capturing the main essence of the answers provided by each of the participants.

All notes and the recorded audio were transcribed and translated from Amharic into English and used to complete the hand written notes. The write-ups were produced and time was taken to prepare a contact summary, which involves reviewing the main concepts, themes, issues and questions seen during the contact. This guides planning for the next contact, gives a chance for modification in approach and to decide on continuing the data collection until a point of saturation. Each transcript has given proper identifying label.

The research assistant and investigator transcribed and translated (close to verbatim) each interview after we will discuss and negotiate the content. Following the transcription, a

line-by line coding of the data were done. An inductive approach was followed to allow clustering of ideas and patterns to emerge. The codes were collapsed into categories of central themes. Following the development of central themes of the study, the researcher was rearranged, transcripts and write a rich and complete description of the lived experiences from which the essential structure of the phenomena was formulated.

### **3.8 Trustworthiness of the study**

For ensuring the trustworthiness of the study: credibility, dependability, transferability and conformability were used the credibility was achieved by the use of frequent debriefing sessions and triangulation.

Dependability, in order to address the dependability issue more directly, the processes within the study was reported in detail and audit trail, thereby enabling a future researcher to repeat the work. Transferability issue was achieved by sufficient thick description of the phenomenon under investigation was provided to allow readers to have a proper understanding of it, thereby enabling them to compare the instances of the phenomenon described in the research report with those that they have seen emerge in their situations that enables judgments about a fit with other contexts. Conformability this was achieved by triangulation and through keeping an audit trail, that is, detailed chronology of research activities and processes. Hence reduce the effect of investigator bias.

### **3.9 Reflexivity**

The investigator position in this research as a senior pharmacist and as someone who knows the pharmaceutical business and who can speak the languages I may face with the challenge of being perceived as a broker. However, I could find a need to practice non-judgment and to maintain an awareness of cultural relativity in my work. I may operate with an awareness of insider bias and the nature of my conflicting roles,

### **3.10 Ethical consideration**

After all permission requests were granted an invitation letter was distributed to all participants. This letter explains the purpose of the study and right of participants' .participants would be assured that they can withdraw from the study at any time during study period. The privacy of subjects would be fully respected during data collection and dissemination of results. The sessions were arranged in a private and quiet place convenient for the participants. The identities of key informant interviewees would be changed to ensure that they would not be identified. The tape records and transcripts were kept in a safe place and remain confidential.

## **CHAPTER FOUR**

### **4. RESULTS AND DISCUSSION**

#### **4.1. Introduction**

The handwritten notes were completed using the transcriptions and translations made from the local languages, Amharic into English. The write-ups were created, and time was spent creating a contact summary that entailed going through the key ideas, topics, problems, and inquiries encountered during the contact. This helped with the preparation for the following interaction, provided an opportunity to change the strategy, and allowed for the choice of whether to keep collecting data until theoretical saturation. Each transcript includes a label that clearly identifies it. In order to allow for the clustering of ideas and the emergence of patterns, an inductive technique was used. Central theme categories were created by collapsing the codes. Following the creation of the study's main topics, the researcher reorganized the transcripts and provided a thorough

description of the lived experiences that served as the foundation for the phenomenon's fundamental structure.

## 4.2 Results

### 4.2.1 Socio demographic characteristics of the respondents

Table 1: Socio demographic characteristics of study participant.

Characteristics	N	Percentage (%)
Gender		
Male	12	66.7
Female	6	33.3
Age in years		
20-39	11	61.1
>40	7	38.9
Profession		
Pharmacist	16	88.9
Bio medical engineer	2	11.1
Organization working at		
Public	6	33.3
Private	12	66.7
Years of experience		
5-10years	6	33.3
>10 years	12	66.7
Level of Education		
Degree	7	38.9
Masters	11	61.1

A total of eighteen participants were interviewed of which 12 were males and 6 were females with the mean age of forty ranging from twenty nine to fifty five. The participants were mostly pharmacists working both in private and public institutions.

#### **4.2.2 The status of public private partnership in the pharmaceutical sector in Ethiopia.**

Most of the respondents N (12) 66.7 % reported that the public private partnership is not that much strong, and believed that there is no trust among these institutions. And the level of partnership is dependent on the type of institutions. To the question raised how do you see the public private partnership in the pharmaceutical sector in Ethiopia? One of the respondents replied that

*“To certain level there is cooperation among public and private but it not of greater level” 36 years’ male respondents, Import and distributor.*

*Similarly, another respondent also reported that the degree of support among public private partnership is dependent on the type of institution for instance,*

*“With EFDA their role was for supervision however they are focusing on finding of fault from the private sector, so when we hear the EFDA are coming we assume that they come for punishment and we will not wait them willing. There is a problem in their attitudes, so we don’t see their role as positive”*

Another respondent replied there is no cooperation among stakeholders

*“There is no cooperation among stake holders rather they put difficulties on the supply of items.*

*“36 years’ female respondents, Import and distributor.*

However, there are other respondents who replied that there is a positive and strong public private partnership these respondents are from manufacturers and Ethiopian Pharmaceutical supply services their quote are stated below

*“The cooperation among the private companies and government institutions EFDA the relation is smooth and we are working as per the standard set”*

*38 years male respondents, pharmaceutical manufacturing*

Similarly, another respondent reported as follows

*“The relationship among stake holders is very supportive mostly, for example in case of foreign currency national bank may allocate in priority for the purchase of medicine and medical supplies. EFDA will also have positive impact on our activity. Even customs office give us privilege to clear within 10 days they won’t charge any cost within 10 days of arrival including ware house rent we are not prone to such payments and giving us privilege to work freely they are very supportive” 29 years male respondents, EPSS*

#### **4.2.3 Benefits of PPP in Ethiopian pharmaceutical industry**

Almost all of the respondents believed that having a strong PPP is important not only for the institutions but also for the country and stated the following benefits, Minimize stock outs and over stock, minimize the expiry of products, minimize resource wastage and promote efficient utilization of resources, increase availability of pharmaceuticals with affordable price, strengthen the pharmaceutical sectors.

This was evidenced by one of the respondents

*“EPSA and private stake holders cooperate there will be no stock out at all and over stock because there is no duplicate order and missed order if private pharmaceutical institution had been provided the data of annual plan and order status. Since we can know which products are on the pipeline from EPSA we can use the LC for other products which EPSA IS NOT ORDERING, it will minimize resource wastage. In addition in supervision if it were helpful and really supervision it will help the pharmaceutical sector”*

*36 years old, female import and distributor*

Similarly, another respondent replied as follows

*"The medicine will be accessible with affordable price to the health facility. There won't be stock out of products, minimize the expiry of products"*

#### **4.2.4 Factors affecting PPP in Ethiopian pharmaceuticals sector**

The respondents have mentioned many limitations of PPP in Ethiopia pharmaceutical, some of these are listed below

Attitude towards private sector, Lack of professionalism among both in private and public sector, lack of communication in every level either federal or regional level zonal, woredas, lack of foreign currency, low level of trustworthiness among stake holders ,low information sharing activity among stake holders. The public institutions have issues of trust with private organizations 'they assume private organization may put additional burden on the society in case of price escalation. Were the listed limitations of PPP in Ethiopia?

One of the respondents replied that

*"Low level of trustworthiness among stake holders, low information sharing activity among stake holders. The public institutions have issues of trust with private organizations 'they assume private organization may put additional burden on the society in case of price escalation"*

*33 years male respondents, EPSS*

*Similarly other respondents from the private sector also mentioned that*

*"The first limitation is of communication line and meetings. There is no formal communication in every level either federal or regional level zonal, woredas as far as I*

*know there is no meeting among private and public sectors .sometimes the regulatory body held meeting at inform regulations and directives only and inspect apart from that the two sectors moves in a separate direction. ”*

*36 years male respondents, Import and distributor*

The other most important limitation that was stated by respondents was attitude. Most of the respondents from the private sectors N (14) 77.8% believe that the public sector see the private as only established for profit, they believed that this have impact on the relationship between public and private partnership this idea were narrated by one of the respondents as follows

*“There are attitude problem public institutions look private sector not as a partner but as profit oriented only as if they don’t give any service and of no use only work for the personal benefit, not as it contributes to the pharmaceutical sector. The private sector will benefit as well gives service. Many times, they think private sector will sabotage and inflate the price there is a perception at health institutions that purchasing from private is not seen as opportunity rather when it’s not found at EPSS and confirmed by stock out letter from them.”*

*36 years male respondents, Import and distributor*

Similarly, another respondent also reported as follows

*“There are rumors which said the private sector are for profit purpose only, however there need to shift the attitude that the private sectors work to support the government one, that the thinking of cooperation among pharmaceutical stake holders is of higher importance. Claiming private institution as only working for the profit in terms of monetary as if the private wing doesn’t support the community as a whole. This attitude will follow the private business everywhere.”*

*36 years male respondents, Import and distributor*

The other factors mentioned were lack of foreign currency; this issue is raised mainly from the public sectors as well as from the manufacturers. They believed that shortage of foreign currency affected their relationship. Since there is shortage of currency manufactures are not being able to deliver their products on time and this have resulted in not fulfilling the national tenders with EPSS.

*One of the respondents responded as follows*

*“The limitations are foreign currency issue is the main limitation we participate at annual EPSS tender and they do not bother if I get foreign currency or not they are only interested in supplying them this will cause problem and harness the relation with the organization and this also project to other private companies as they complain un timely supply. Shortage of packaging materials also affects the performance of a company we wait for one month to order and receive a packaging material. We participate in corporate social responsibility to the maximum we even help in millions monthly to build a good relation with the community. ”*

*38 years male respondents, pharmaceutical manufacturing*

#### **4.2.5 The areas that need to be improved to have good PPP.**

There are several issues were raised by the respondents and these issues are narrated as follows

The private sector needs to strengthen and act professionally; attitudes towards private sector should be changed rather than thinking the private sector as profit oriented the view have to be changed to as supportive actor in pharmaceutical services. There should be positive engagement and discussion during supervision.

Establishing formal communication skill on different levels that the public and private sectors communicate on regular communication i.e. meetings on planning evaluation. Training on attitude change with different programs to correct the negative attitude among the sectors and been cleared as both are providing service the public is of government owned and supported to a certain level and the private is also giving service but owned by private.

*One of the respondents responded as follows*

*"There should be continuous meeting and discussion with our stakeholders for improving the communication and facilitating the trust issue improve is the way forward".*

*33 years male respondents, EPSS*

*Another respondent also narrated as follows*

*"Establishing formal communication skill on different levels that the public and private sectors communicate on regular communication i.e., meetings on planning evaluating is important for improving the PPP in pharmaceutical sectors in Ethiopia".*

*36 years male respondents, Import and distributor*

Another respondent raised the issue of professionalism as narrated as follows

*"The problems in the negative attitude do not arise immediately however it is a problem which comes through time so that the private sector should deliver the products or services with quality and integrity. The private sector should work on the professionalism, and work on the standards of integrity, and respect the profession as well as the community."*

*45 years male respondents, from pharmaceutical wholesaler and distributors*

### **4.3 Discussion**

The public health sector is endowed with the responsibility of ensuring that there is adequate coverage of essential health care services and products especially in the public health policy of developing countries. Traditional public health groups however, are

confronted by limited financial resources, complex social and behavioral problems, inadequate human resources with the right skill mix, weak delivery systems that limit the availability and accessibility of essential health. Similarly, private for-profit organizations have come to recognize the importance of public health goals for the immediate and long term objectives and to accept a broader responsibility as part of the corporate mandate (Reich, 2000).

Hence in recent years both parties have found that there are mutual benefits in engaging in partnerships. There is the potential for the creation of a powerful mechanism for addressing difficult problems by leveraging on the strength of each (Nishtar, 2004). Despite some positive outcomes and achievements, detailed analysis of studies results showed that partnerships between public and private sectors faced multiple challenges some of this are attitude related, lack of professionalism, lack of communication and information sharing, low level of trustworthiness among stake holders.

The result indicated public private partnership will minimize stock outs and over stock, minimize the expiry of products, minimize resource wastage and promote efficient utilization of resources, increase availability of pharmaceuticals with affordable price, strengthen the pharmaceutical sectors. A review on Public-private partnerships in primary health care indicted that PPPs in PHC can facilitate access to health care services, especially in remote areas (Joudyian *et.al.*, 2021).

Similarly other studies conducted in different part of the globe indicated that studies reported that the provision of basic PHC services by private sector actors increased access to services, improved aspects of care, and resulted in various positive outcomes (Joudyian *et al.*, 2021).

The public institutions have issues of trust with private organizations ‘they assume private organization may put additional burden on the society in case of price escalation. This result mimics with the study conducted in the Kingdom of Saudi Arabia health sector (HanawiI *et.al* ., 2020). The analysis of the rankings based on the barriers’ mean values, as rated by the legal barriers.

Delays in approval were among environmental barriers, lack of transparency and accountability and lengthy delays in negotiations were considered the leading environmental barriers. The shortage of professionals qualified to handle PPP projects and lack of clarity in the process of implementing PPPs were identified as the two biggest technological barriers.

Disadvantages and impediments, including higher costs of providing goods and services, difficulty in specifying services (due, for example, to innovations in medical equipment) resulting in difficulty in quantifying the cost of PPP projects, political risks associated with long-term cooperation between public and private sectors, volatile and often unpredictable external conditions (e.g., epidemiological risks), difficult and often inappropriate infrastructure maintenance and service delivery pricing, lengthy procurement processes, lack of appropriate skills, unattractive financial markets and

incomplete risk transfer and higher end user charges (McKee *et al.*, 2006).

Lack of trust between private and public partners, ownership identity, disparities in power, and lack of capacity to undertake non-clinical tasks by staff in private clinical settings were also reported in other studies conducted in different part of the world (Joudyian, 2021.). Additional challenges arose from low efficiency of the private sector in taking care of the poorest strata of the population, as well as a lack of capacity of both sectors to engage with one another (Ahmed and Nisar, 2010).

This study's findings showed how the respondents ranked the various barriers and that different stakeholders perceive different barrier categories as having different degrees of impact on the success of PPP projects in the healthcare sector in KSA. The evidence showed that the top three barriers, as rated by the respondents, were legal barriers such as delays in receiving approval and permits and law and regulation changes; environmental barriers such as lack of transparency and accountability; and technological barriers such as a shortage of professionals qualified to handle PPP projects.

Our findings related to the legal barrier agree with those of other studies that have showed that the lack of adequate legal and regulatory frameworks pose a challenge to the successful implementation of PPPs. A stable regulatory framework that can be easily enforced is essential. KSA's authorities should study the Middle East and North Africa (MENA) countries' detailed experiences of good practice in the regulatory frameworks of PPPs. The weakest points of the regulation frameworks in the MENA region are the regulations related to the first step of PPP implementation, the preparation stage. However, there are huge discrepancies between countries. The regulations relating to the

first step of implementation of PPPs in Egypt are quite good, whereas, in Iraq and Lebanon they are very poor (Joudyian, 2021).

The results also showed that there are important political barriers that hinder the successful implementation of PPPs in the healthcare sector. Our study found that the most important barriers are inadequate experience with PPPs and poor understanding of PPPs by decision-makers. In addition, there are economic barriers that make it difficult to implement PPPs. Our findings are similar to those of another study, which suggested that high bidding and transaction costs are also obstacles to the implementation of PPP projects. Another problem related to successful PPP implementation that should be considered with caution is the cost of investment and the transparency of healthcare projects

Social barriers were another factor hampering the effective implementation of PPPs. Because PPPs call for close interaction and discussion between the government and the private sector, such barriers are likely to lead the parties to distrust the processes and, therefore, challenge their acceptance by society at large.

Some of the recommendation for the problem of poor performance PPP in pharmaceutical sector in Ethiopia is to improve the means of communication similarly different studies also suggested such solutions, developing effective information, education and communication strategies for the communities . In management, one could consider to streamline regular communication and coordination between collaborators, encourage commitment and engagement, ensure that there is appropriate legislation that

supports the work of PPPs, clarify roles and responsibilities, set realistic goals and objectives, and ensure better coordination of collaboration (Joudyian ,2021).

Moreover the human resources, is vital to facilitate good communication between all members of PPPs, encourage a positive attitude towards PPPs, bring strong stakeholders into partnerships, and create a culture of respect, appreciation, and trust. To support these efforts, it is important to have some flexibility in PPPs models and complement it by political and community support of PPPs.

### **Chapter summary**

The public health sector has the responsibility to ensure adequate coverage of essential health care services and products in developing countries, but traditional public health groups face limited resources. Partnerships between public and private sectors can create a powerful mechanism to address difficult problems, but face challenges such as attitude, professionalism, communication, and trustworthiness. Private sector provision of basic PHC services increased access to services, improved aspects of care, and resulted in positive outcomes. The most important idea is to improve communication, streamline regular communication and coordination, encourage commitment and engagement, ensure appropriate legislation, clarify roles and responsibilities, set realistic goals and objectives, and facilitate good communication between all members of PPPs.

## **CHAPTER FIVE**

### **5. SUMMARY OF KEY FINDINGS, CONCLUSION AND RECOMMENDATION**

#### **5.1 Summary of key findings**

Having a strong PPP is important for institutions and the country, providing benefits such as minimizing stock outs, expiry of products, resource wastage, increased availability of pharmaceuticals, and strengthening the pharmaceutical sectors. PPP in Ethiopia pharmaceutical sector has many limitations, such as lack of professionalism, communication, lack of foreign currency, low level of trustworthiness, and low information sharing. Lack of foreign currency has caused manufacturers to not be able to

deliver products on time, resulting in not fulfilling national tenders. Respondents believe the public sees the private as only established for profit, limiting the relationship between public and private partnership.

The private sector should be seen as a supportive actor in pharmaceutical services, with positive engagement and discussion during supervision, formal communication skills, and training on attitude change..

## **5.2 Conclusions**

The level of Public private partnership in pharmaceutical sector in Ethiopia is at minimal level.

Among the factors that affect PPP in pharmaceutical sector in Ethiopia are attitude towards private sector, lack of professionalism among both in private and public sector, lack of communication, lack of foreign currency, low level of trustworthiness among stake holders, low information sharing activity among stake holders.

The private sector should be seen as a supportive actor in pharmaceutical services, with positive engagement and discussion, formal communication skills, and training on attitude change.

## **5.3 Recommendations**

There should be sectoral level institutions which helps and improve the communication between public and private sectors especially in the pharmaceutical sectors in Ethiopia. Moreover, institutions should provide capacity building trainings in communication skill and professionalism.

Enhance regular public-private sector coordination and cooperation in so that the private sector may participate in health sector operations.

#### **5.4 Limitations and suggesting for future studies**

This study is based on interviews with a total of eighteen respondents who involved in pharmaceuticals sectors in Ethiopia. It lacks the views of professionals from EFDA, National Bank of Ethiopia (NBE), Ethiopian Shipping Lines (ESL). Moreover, the respondents are selected from Addis Ababa in which the views of those individuals from the regions might be different from the one involved.

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## **Annex**

Addis Ababa University  
School of commerce

Department of logistics and supply chain management

Subject Information Sheet and Informed Consent Form I

(English and Amharic Version)

### 1. Subject Information Sheet Form I (Key informant Interview)

Good Morning/Afternoon,

My name is Anatoliyo Nigatu. Currently, I am enrolled into MA study logistics and supply chain management, at the Department of logistics and supply chain management, School of commerce, Addis Ababa University. My research advisor is Dr.Tariku Jebena . I invite you to participate in this study entitled: Assessment of public private partnership in Ethiopian pharmaceutical sector: A qualitative study. You are chosen purposefully and because you fulfill our criteria on Assessment of public private partnership in Ethiopian

pharmaceutical sector: A qualitative study the purpose of this project is to assess PPP in pharmaceutical sector and showing the way forward. The interview will take only 30-45 minutes. I will be taping the interview session because I do not want to miss any of your comments. Although I will be taking some notes during the session, I cannot possibly write fast enough to get it all down. Because we will be on tape, please be sure to speak up so that we do not miss your comments

Next I will ask you some questions which are simple to answer. The confidentiality of your response is maintained. Your responses will be only shared with in our research team members. We would like to ensure you that any information we include in our report does not identify you as the respondent. You are not obliged to answer any question which you do not want to answer. You can also quit the interview if you feel to do so. If you have any questions concerning the study, please feel free to ask at any point. However your valuable response will help us to explore the level of PPP in Ethiopian pharmaceuticals sector.

Thank you beforehand for your valuable answer. Do you want to participate in this interview?

- 1. Yes 2.No

**Informed Consent Form**

I have read and understood the description provided above: I have been provided with an opportunity to ask questions and my questions have been answered satisfactorily. I consent to participate in the study described in the above, understanding that I may withdraw this consent at any time.

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of interviewer: \_\_\_\_\_ Date: \_\_\_\_\_

አባሪ 1

አዲስ አበባ ዩኒቨርሲቲ የንግድ ትምህርት ቤት

የሎጂስቲክስ እና አቅርቦት ሰንሰለት አስተዳደር ክፍል

የርዕሰ ጉዳይ መረጃ ሉህ እና በመረጃ የተደገፈ የስምምነት ቅጽ I (እንግሊዝኛ እና አማርኛ ቅጂ)

1. የርዕሰ ጉዳይ መረጃ ሉህ I (ቁልፍ መረጃ ሰጪ ቃለ መጠይቅ) እንደምን አደርክ/ ከሰአት ስሜ አናቶሊዮ ንጋቱ እባላለሁ። በአሁኑ ወቅት በአዲስ አበባ ዩኒቨርሲቲ የንግድ ትምህርት ቤት የሎጂስቲክስና አቅርቦት ሰንሰለት

አስተዳደር ትምህርት ክፍል፣ የ MA ጥናት ሎጅስቲክስና አቅርቦት ሰንሰለት አስተዳደር ተመዝግቤያለሁ። የምርምር አማካሪዬ ዶ/ር ታሪኩ ጀበና ናቸው። በዚህ ጥናት ላይ እንድትሳተፉ እጋብዛችኋለሁ። ግምገማ የመንግስት የግል አጋርነት በኢትዮጵያ ፋርማሲዩቲካል ዘርፍ፣ ጥራት ያለው ጥናት። እርስዎ በአላማ ተመርጠዋል እና መስፈርቶቻችንን ስለምታሟሉ የመንግስት የግል ሽርክና ግምገማ በኢትዮጵያ ፋርማሲዩቲካል ዘርፍ፣ የጥራት ጥናት የዚህ ፕሮጀክት አላማ በፋርማሲዩቲካል ፕሮጀክት መገምገም እና የቀጣይ መንገዱን ማሳየት ነው። ቃለ መጠይቁ ከ30-45 ደቂቃ ብቻ ይወስዳል። የቃለ መጠይቁን ክፍለ ጊዜ እየቀዳሁ ነው ምክንያቱም የትኛውም አስተያየትህን እንዳያመልጠኝ አልፈልግም። ምንም እንኳን በክፍለ-ጊዜው አንዳንድ ማስታወሻዎችን ብወስድም ፣ ሁሉንም ነገር ለማውረድ በፍጥነት መጻፍ አልችልም። በቴፕ ላይ ስለምንሆን እባኩትን አስተያየቶቻችን እንዳያመልጥዎ መናገርዎን ያረጋግጡ በመቀጠል አንዳንድ ጥያቄዎችን እጠይቃችኋለሁ ቀላል መልስ። የምላሽዎ ምስጢራዊነት ይጠበቃል። የእርስዎ ምላሾች በእኛ የምርምር ቡድን አባላት ውስጥ ብቻ ይጋራሉ። በሪፖርታችን ውስጥ የምናካትተው ማንኛውም መረጃ እርስዎ ምላሽ ሰጪ እንደሆኑ እንደማይገልጹ ልናረጋግጥልዎ እንወዳለን። መመለስ የማትፈልገውን ማንኛውንም ጥያቄ የመመለስ ግዴታ የለብህም። እንዲሁም ይህን ለማድረግ ከተሰማዎት ቃለ መጠይቁን ማቆም ይችላሉ። በጥናቱ ላይ ማንኛቸውም ጥያቄዎች ካሉዎት እባክዎን በማንኛውም ጊዜ ለመጠየቅ ነፃነት ይሰማዎ። ሆኖም የእርስዎ ጠቃሚ ምላሽ በኢትዮጵያ የመድኃኒት ዘርፍ ያለውን የፒ.ፒ.ፒ.ን ደረጃ እንድንመረምር ይረዳናል። ስለ ጠቃሚ መልስዎ አስቀድመው እናመሰግናለን። በዚህ ቃለ መጠይቅ ላይ መሳተፍ ይፈልጋሉ?

- 1. አዎ
- 2. አይ

በመረጃ የተደገፈ የስምምነት ቅጽ ከላይ የቀረበውን መግለጫ አንብቤ ተረድቻለሁ። ጥያቄዎችን እንድጠይቅ እድል ተሰጥቶኝ እና ለጥያቄዎቼ አጥጋቢ ምላሽ አግኝቻለሁ። በማንኛውም ጊዜ ይህን ስምምነት መሰረዝ እንደምችል በመረዳት ከዚህ በላይ በተገለጸው ጥናት ላይ ለመሳተፍ ፈቃደኛ ነኝ። የተሳታፊ ፊርማ፡

\_\_\_\_\_ ቀን፡ \_\_\_\_\_ የቃለ-መጠይቅ አድራጊ ፊርማ፡-  
 \_\_\_\_\_ ቀን፡ \_\_\_\_\_

አዲስ አበባ ዩኒቨርሲቲ  
 የንግድ ትምህርት ቤት

የሎጂስቲክስ እና የአቅርቦት ሰንሰለት አስተዳደር ክፍል

ክፍል-አንድ- የመላሾች አጠቃላይ መረጃ

1. ዕድሜ \_\_\_\_\_
2. ጾታ:- ወንድ \_\_\_\_\_ ሴት \_\_\_\_\_
3. የትምህርት ደረጃ: \_\_\_\_\_
4. እየሰሩ ያሉት ድርጅት \_\_\_\_\_
5. የስራ መደብ መጠሪያ እና የስራ መደብ:- \_\_\_\_\_
6. የአገልግሎት ዓመታት: \_\_\_\_\_

1. የምትሰራው ድርጅት
2. የስራ ልምድዎ ከፋርማሲዩቲካል ሴክተሩ ጋር እንዴት ይገናኛል።
3. ከፋርማሲዩቲካል ዘርፎች ጋር እየሰሩ ያሉት ድርጅት ምንድን ነው?
4. በኢትዮጵያ በፋርማሲዩቲካል ዘርፍ ያለውን የመንግሥት የግል አጋርነት እንዴት ያዩታል።
5. ፕሮፕሪቲ በኢትዮጵያ የመድኃኒት ዕቃዎችን ተደራሽ ለማድረግ ጠቃሚ ውጤት ይኖረዋል ብለው ያስባሉ ።
6. ከጥሩ ፕሮፕሪቲ ልናገኛቸው የምንችላቸውን አንዳንድ ጥቅሞች መዘርዘር ትችላለህ
7. በኢትዮጵያ ውስጥ የፒ.ፒ.ፒ ውስንነቶች ምንድን ናቸው?
8. በኢትዮጵያ በፋርማሲዩቲካል ዘርፍ ፕሮፕሪቲን የሚነኩ ነገሮች ምንድን ናቸው?
9. ጥሩ ፒ.ፒ.ፒ. እንዲኖራቸው መሻሻል ያለባቸው ቦታዎች ምንድን ናቸው
10. እርስዎ መናገር የሚችሉትን ማንኛውንም ነገር

## Annex II

Addis Ababa University  
School of Graduate Studies  
Department of Pharmaceutics and Social Pharmacy

1. Gender Male \_\_\_\_\_Female \_\_\_\_\_
2. Age \_\_\_\_\_
3. What organization that you are working
4. What is your year of experiences and position
5. How is your work experiences link to the pharmaceutical sector
6. What are the organization that you are working with in the pharmaceutical sectors
7. How do you see the public private partnership in the pharmaceutical sector in Ethiopia
8. Do you think PPP will have beneficial effect for access of pharmaceuticals in Ethiopia
9. Can you list out some of the advantages that we can get from good PPP
10. What are the limitations of PPP in Ethiopia
11. What are the factors that affect PPP in Ethiopia in pharmaceutical sector
12. What are the areas that need to be improved to have good PPP