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HST.939 Designing and Sustaining Technology Innovation for Global Health Practice
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Public Private Partnerships for Health

Background

At 19%, Country A has one of the highest HIV/AIDS infection rates in the world. The shortage of health care providers constitutes the most serious impediment toward the scale up of ART services in Country A. Estimates indicate that nearly 10,000 health care workers are necessary to provide ARV treatment to the projected number of 440,000 people in Country A by 2008. Under retrenchment policies in the public sector, the health workforce size declined from 67,000 in 1994 to 48,500 health workers in 2001/02. Today, there are only 3 doctors and 37 nurses available to meet the health care needs of every 100,000 Country A's inhabitants. The chronic shortage and mal-distribution of workers is associated with several factors, including past civil service employment freezes and retrenchment policies; natural attrition without replacing those lost (to retirement, resignation, etc) lengthy bureaucratic delays in the hiring process; and inadequate retention mechanisms for health workers posted to rural areas. As a result of accelerated workforce ageing related to the hiring freeze and the death toll from HIV/AIDS, the workforce will continue to shrink even faster if drastic measures are not taken.

Challenge

One potential source of health workers is the private sector. For example in some regions within Country A the private sector accounts for over 90% of all care delivered to the public. It is estimated that over 2000 clinicians are now employed by the private sector throughout Country A. Yet currently the private sector is not well integrated into the public sector financing structure. While the public sector has annual planning and reviews for public facilities and workers in the 21 regions and over 120 districts, there currently is no uniform or integrated mechanism to harmonize planning between public and private institutions. Access to capital for service expansion and equipment replacement is absolutely critical for private practitioners to survive.

Thought questions

- What alternative sources of capital might be available to private practitioners?
- What new paradigms in reporting and accountability would these new mechanism's require?
- What key stakeholders would be critical to involve and convince to be successful in establishing PPP's in the health care sector?