



Reducing Risks in Public-Private Partnerships.

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ABBREVIATIONS

AED: Academy for Educational Development (now FHI 360)
ART: Antiviral Therapy
BAFF: Business Alliance on Food Fortification
CARE: Cooperative for Assistance and Relief Everywhere
COUNSENUETH: Centre for Counseling, Nutrition, and Health Care
CSO: Civil Society Organizations
DHO: District Health Officer
EPI: Expanded Programme of Immunization
GAIN: Global Alliance for Improved Nutrition
GAVI: Global Alliance for Vaccines and Immunisation
HIPS: Health Initiative for the Private Sector
IBFAN: International Baby Food Action Network
JICA: Japan International Cooperation Agency
JSI: John Snow Inc. (Research and Training Institute)
MDG: Millennium Development Goals
MoHP: Ministry of Health and Population
MoF: Ministry of Finance
MOU: Memorandum of Understanding
N-MARC: Nepal Social Marketing and Franchise Project
NFA: National Fortification Alliances
NFHP II: Nepal Family Health Program
NGO: Nongovernmental Organization
NTD: Neglected Tropical Diseases
OECD: Organisations for Economic Co-operation and Development
PATH: Program for Appropriate Technology in Health
PPIAF: Public-Private Infrastructure Advisory Facility
PPP: Public-Private Partnership
PPP CU: PPP Coordination Unit
PPP FU: PPP Financial Unit
RUTF: Ready-to-Use Therapeutic Foods
TAG: Technical Advisory Group
TFNC: Tanzania Food and Nutrition Centre
UCNTD: Uniting to Combat Neglected Tropical Diseases
UN: United Nations
USAID: U.S. Agency for International Development
WB: World Bank
WHO: World Health Organisation

EXECUTIVE SUMMARY

PUBLIC PRIVATE PARTNERSHIP

Public-private partnerships (PPPs) can be a powerful tool for finding solutions to complex social challenges. PPP can essentially be defined as the partnership between public institutions and private sector corporations. Typically, these partnerships are seen as a way to share risks and collaborate expertise, best practices, and resources to deliver services in a more cost-effective and efficient manner by getting more “value for money”. PPPs can also provide new resources, build capacity, and improve existing systems to help governments meet development goals.

However, along with the benefits that PPPs can bring are inherent risks that can lead to derailment of program goals and even eroding larger developmental achievements of countries. While research on PPPs is still scarce, a few studies by World Bank, OECD, and others have illuminated some important aspects of PPPs to help future partnerships be more effective at reducing risks.

Risks of PPP

Over the years, PPPs have begun to expand its reach across various domains and regions. Today, PPPs can vary in structure, form, scope, and location. However, despite these differences, the risks faced by PPPs share some common themes. Risks such as poor governance, misaligned priorities, underrepresentation of public sector in decision-making, poor communication streams, lack of coordination and cooperation between partners, insufficient and unsustainable financing, and lack of support from leaders can lead to derailment of PPPs.

Reducing Risks of PPP

While these risks exist in many partnerships, governments and PPP leaders can institute various measures designed to minimize them as much as possible. Table 1 (page 12) highlights some of the key elements for reducing risks in PPPs. Based on literature research of best practices and case studies, Table 1 provides guidance for minimizing risks from the initial stages of PPPs to the end. For example, when partnerships are established it is important to make sure partners share similar goals and that they bring value to the project. Additionally, during the implementation phase, PPPs can reduce risks by instituting monitoring and evaluation mechanisms. Finally, risks can be reduced at the end of PPPs by ensuring sustainability through training, knowledge transfer, and creating a clear exit strategy for partners.

CASE STUDIES:

Four case studies on PPPs from Bangladesh, Nepal, Tanzania, and Uganda were analyzed based on elements from Table 1 to determine whether these PPPs were successful at reducing risks and to identify which elements were crucial to risk reduction. Each case study was analyzed based on the roles of stakeholders, the funding models, the risks faced by the partnership, and what factors in the partnership reduced these risks.

LESSONS LEARNED

Analyses from the four case studies have highlighted some important lessons for reducing risks in future PPPs. It appears that while all the elements in Table 1 are important for reducing risks in PPPs, there were a number that were largely salient in the case studies analyzed here. Particularly noteworthy was the role and involvement of the government in PPPs, the importance of robust communication streams, the necessity of creating a sense of ownership and trust between partners in the project, and ensuring sustainable funding systems to reduce risks and guarantee success of PPP programs.

For example, in some of the cases, having a strong government presence in the program reassured other partners that they could rely on the government to provide resources and funding for program implementation. Sufficient policies, regulations, frameworks, fiscal and non-fiscal support, communication, and government engagement were necessary to hold partners accountable and minimize risks.

Furthermore, in all of the cases, robust communication channels were vital for risk reduction. In both the Bangladesh and Nepal cases there were strong mechanisms for open communication channels, which helped reduce risks by keeping partners engaged and invested in the PPP project. In addition, insufficient funding also created a great risk for PPP programs. For example, in Uganda the lack of sufficient funding from the government limited the scope and capacity of the program. Therefore, governments and donors need to ensure sufficient funding and resources are available to implement the program successfully.

CONCLUSION

PPPs vary greatly across scope, structure, implementation, and goals, which makes it rather difficult to predict future risks or work to eliminate risks in PPPs altogether. However, research has shown that PPP leaders can take a number of preventive steps to minimizing risks before they create challenges in the future. Some of these steps have been highlighted in Table 1 of this report. Furthermore, the examination of case studies using Table 1 as a guide surfaced four common elements that were key to reducing risks in PPPs: the role and involvement of the government, robust communication streams, building a sense of ownership and trust between partners in the project, and sustainable funding systems appeared critical to minimizing risks in each case. Therefore, partnerships will have a greater chance of sustainability and program success if they focus on improving these areas of the PPP.

I. PPP BACKGROUND

As social issues become more challenging and complex, traditional systems and frameworks are no longer enough to tackle these evolving problems. Government-only solutions seem to have become less effective in addressing current challenges in poverty, health, and education. It seems that a more collaborative effort is required to address these ever-changing problems. Recently, international agencies and governments have begun considering the private sector as a source of new perspectives and solutions to help tackle the complexity of these growing challenges.

Public-Private Partnerships (PPPs) have emerged as a solution to the lack of government capacity and resources in providing public goods and services to underserved communities. Over the years, government collaborations with private sector have led to profound impacts in improving lives of vulnerable populations. Furthermore, international organizations such as the UN and World Bank have served as stewards of these partnerships and have pushed for greater multi-stakeholder collaboration to improve delivery of services. For example, Kofi Annan, former UN Secretary General, ushered greater engagement with private sector, urging leaders that PPPs should be seen as a mutual, symbiotic relationship: “[The idea that the] U.N. needs business and business needs the U.N. . . . is as relevant today as it was six years ago.” (Compact, 2006) He led an ambitious agenda to bring more corporate leaders to the discussion table through efforts such as establishing the UN Global Compact and urging private sector to do their part in helping countries achieve the global Millennium Development Goals (MDG).

i. Public-Private Partnership

Public-Private Partnerships (PPPs) can essentially be defined as the partnership between public institutions and private sector corporations to address social challenges. According to the World Bank, “Broadly, PPP 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...Public-Private Partnerships mobilize private sector resources—technical, managerial, and financial—to deliver essential public services such as infrastructure, health and education.”(Bank, 2014) Another definition from the Organisation for Economic Co-operation and Development (OECD) states, “Public-Private Partnerships can be viewed in a broad way as covering most interactions between the private and the public sectors and in a more narrow way as focusing on particular sets of risk-sharing and financial relationships.” (OECD)

In recent years, the definitions of “public” and “private” have become broader and more encompassing of nongovernmental organizations (NGOs), civil society organizations (CSOs), donors, and other players who are also involved in public projects and service delivery. However, for the purpose of this research, “public-private partnerships” will be narrowly defined to mean strictly the relationship between government entities and the private sector (corporations and businesses).

Typically, PPPs are seen as a way to share risk and collaborate expertise, best practices, and resources to deliver services in a more cost-effective and efficient manner by getting more “value for money”. The idea of government and private sector coming together to address various

problems is not new. PPPs are salient in infrastructure projects, which typically constitute central or local governments contracting infrastructure development projects to private sector companies. PPPs have also become more visible in healthcare and health delivery, typically through partnerships with companies such as pharmaceutical and medical device firms, food and beverage companies, or technology companies. And more recently, PPPs have also begun to emerge in environmental and climate change projects. These are just a few of the many PPPs that have developed over the last few years.

Case studies and research on PPPs by U.S. Agency for International Development (USAID), World Bank, OECD, and others reveal vast amounts of information on the organizational structure, governance models, strengths, and weaknesses of PPPs. A recent report by McKinsey & Company analyzed 15 global PPPs and interviewed 60 leaders in this field. Their study highlighted various forms and structures that PPPs can take (Figure 1 & 2). For example, partnerships can range from two partner collaborations to as many as hundreds of partner alliances (example: Global Compact). Leadership varies as well with each PPP. Some are governed by one secretariat, while a committee or board leads other PPPs. Partnerships also differ in the length of work, ranging from a few months to years, or even indefinite. Structure of PPPs can be flexible too, ranging from informal alliances to partnerships based on rigid contracts. Finally, PPPs can also differ along focus areas, scope, geography, issues, methods, country specific vs. global, and governance structures. However, despite their differences, PPPs also share some common themes such as providing a space for shared decision-making, partner investment, sharing risks, reducing costs, etc. (McKinsey&Co., 2009)

Figure 1 below shows four main categories of PPPs identified by McKinsey & Co.

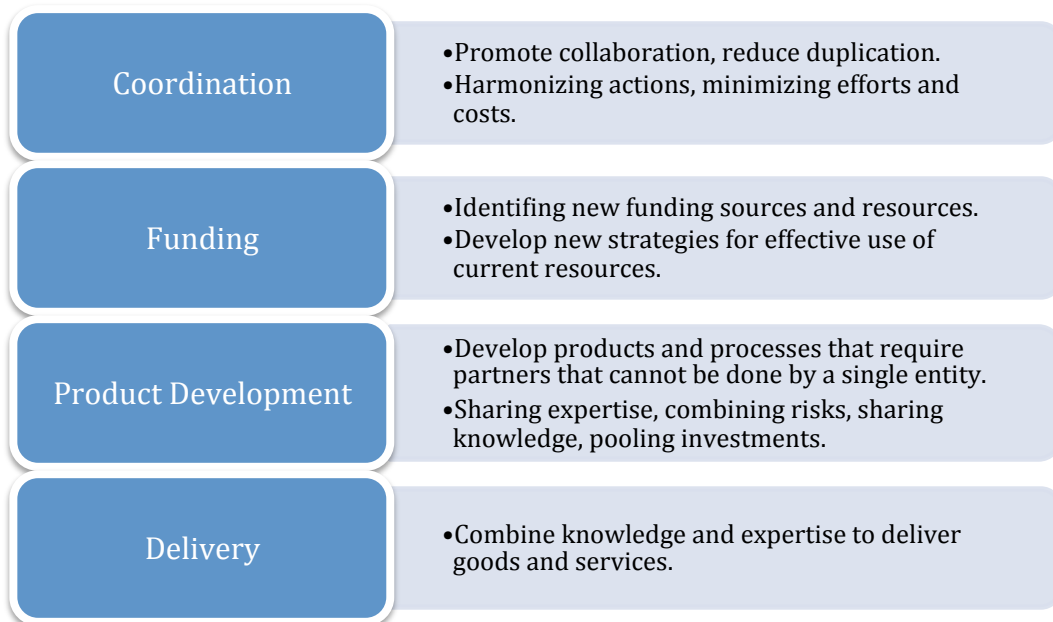
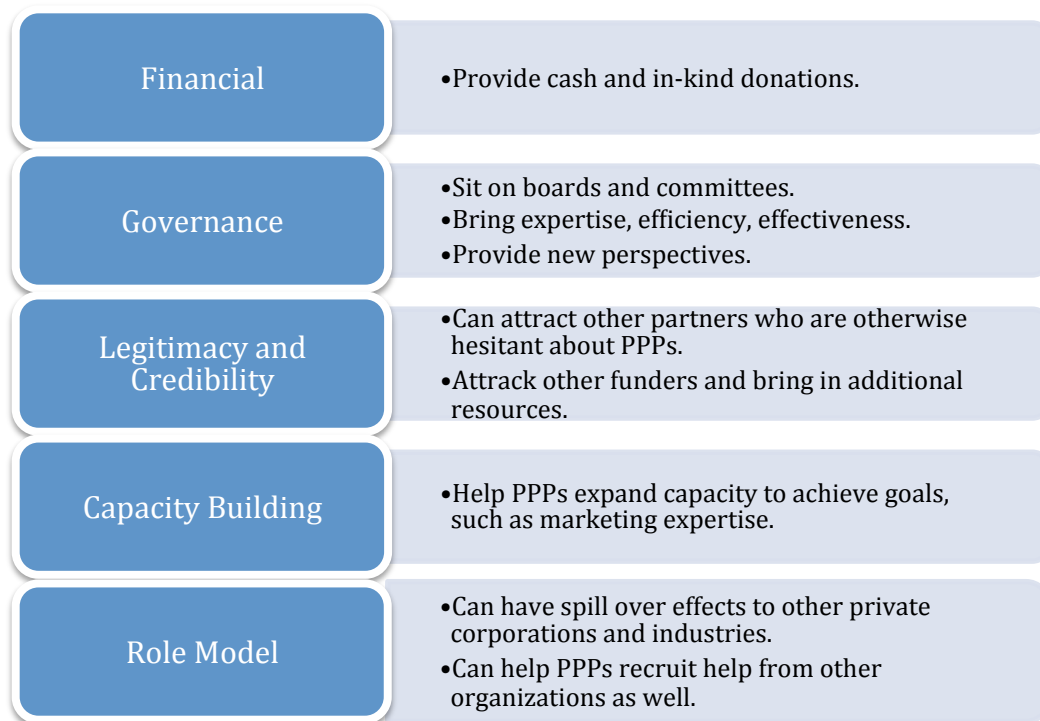


Figure 2 depicts the role of private sector and its contribution to PPPs.



ii. The Risks of PPPs

PPPs can have numerous benefits for the public sector; however, there are also various risks that can come along when private and public sector work together. In his analysis of global health PPPs, Kent Buse states that one of the biggest risks in PPPs is misalignment of partnership missions and objectives with government priorities. (K. Buse, 2007) Most private sector partners want quick, results-based activities that are not always efficient or effective and fail to consider the sensitivity of the environment, epidemiological evidence, or structural problems faced by countries. On the other hand, government agendas usually focus on improving systemic issues and delivery mechanisms that lead to larger, more sustainable improvements for populations at large. This misalignment of priorities leads to poor harmonization of partner agendas and forces partners to work in contrast rather than jointly to address broad social challenges. Furthermore, if private partners create new mechanisms for delivering programs rather than utilizing or improving existing systems, it will lead to duplication of efforts, waste of resources, and reduce streamlining of work channels thereby creating higher transactions costs. Partnerships need to align goals of PPP with those of the government, focus on underlying barriers, and work on harmonizing actions.

Another risk is that of misaligned incentives. Because PPPs are often seen as a public relations opportunity, private sector may not have the same goals or interest as other stakeholders. PPPs can also prove a profitable enterprise for some private sector partners. For example, the PPP

Uniting to Combat Neglected Tropical Diseases (UCNTD) aims to pool together financial resources for R&D and vaccine development to eliminate Neglected Tropical Diseases (NTD). Donors such as pharmaceutical and technology companies could see this PPP as an opportunity to increase revenue streams by financing projects that utilize their products. (Joseph, 2012) In these cases, conflict of interest becomes a massive issue and can have large negative consequences on the effectiveness of PPPs, including leading to the derailment of the partnership entirely.

Furthermore, the concept of power dynamics in partnerships can also play a large role in determining the success of PPPs. In partnerships where private sector donors sign the paychecks, they hold considerable decision-making power and influence over other partners. This shift of power from public sector to the private sector can lead to a greater focus on the priorities of the private sector and allow them to push forward agendas that may differ from those of the government. Additionally, because private sector often lack the contextual understanding and cultural sensitivity of the region they are working in, it can hamper the PPP from creating deeper and more sustainable changes. (K. Buse, 2007) However, improving efficiency and the effectiveness of PPP governance and leadership can greatly minimize these risks. Good governance measures such as identifying appropriate partners, clearly specifying roles and responsibilities for each partner, developing proper monitoring and evaluation schemes, creating appropriate systems for managing conflicts of interests, and improving transparency in decision-making processes can help to reduce various risks that may hinder the success of PPPs.

However, risks within the governance of PPPs itself also prove to be another challenge that hinders the success of partnerships. Some PPPs do not fully and equally represent the voice of all stakeholders in boards or other areas of decision-making. Kent Buse's research found that in a number of PPPs, organizations such as WHO and low-income and middle income countries are poorly represented. This diminishes their influence and weight in the decision-making process, and fails to reflect the various voices and diverse perspectives of stakeholders. Buse also found that private sector had a higher representation on boards, sometimes comprising up to 25% of the board members. This forces decisions to become more private sector-centric and reduces the importance and weight of the public voice. (Bank, 2014) Incorporating more equitable representation of stakeholders on governance boards will help reduce some of these risks.

Another challenge that is often faced by PPPs is the myopic focus on specific issues rather than trying to address underlying systemic challenges or identifying root causes of the problem. Public sector partners need to use their resources and expertise to push for wider structural changes that impact delivery and address local problems at the source. A myopic focus doesn't allow for larger and sometimes more important changes such as local capacity building, which is crucial to the long-term success of these programs. Furthermore, a myopic focus on a specific issue can also create parallel structures and take up limited government resources that could go to more productive uses. Partners need to work on improving the existing systems of the country and expanding government capacity rather than simply delivering products and treatments, which have limited sustainability or long-term benefits.

Additionally, over the years the idea of private sector as the key to solving complex development challenges has appeared to vilify the public sector. Buse argues that the more PPPs champion private sector as providing necessary resources and enhancing capacity to improve numerous challenges in developing countries, the less people value the role of the public sector. In reality, PPPs can sometimes hinder the concept of global public responsibility by “diminish[ing] [the]

sense of the public nature of global health initiatives.” (Bank, 2014) Furthermore, PPPs reduce the influence of international organizations such as the UN, which removes an important voice in the development arena. Finally, the removal the public voice creates PPPs with a myopic focus on specific issues excluding important elements necessary to addressing the larger challenges faced by vulnerable populations. Public sector is important for contributing information and expertise about the local context and social nuances of developing communities.

Buse also argues that inadequate finances seems to be another hindering mark of PPPs. PPPs tend to create overly ambitious goals and objectives but are limited in achievement due to the lack of financial resources. Even if donors do pledge to fund portions of the plan, when it comes time to provide the funds, they often renege on their commitments. (K. Buse, 2007) In addition, most funding for these PPPs come mainly from foundations, which are not sustainable funding sources. Ensuring sustainable and timely funding for PPP projects is central to making them successful.

And finally, Buse argues that while private sector may be fully engaged and invested in PPPs, lack of support from corporate leaders inside of the companies may hinder the level of engagement of staff. If corporate leaders do not see PPPs or their work as a priority for the company, it can limit the level of commitment from staff necessary to make PPPs successful.

While these are just some of the major and more salient risks that come with PPPs, there are numerous others that hinder the success of partnerships, such as the risk of mission creep where PPPs expands their reach to priorities that were not the original intent of the PPP mission. However, this paper will limit its scope to just those mentioned above.

iii. Reducing Risks

Despite the risks that may arise from PPPs, there is critical value added from private sector engagements in public projects. For one, private sector can help bring projects to scale, reducing costs and enhancing delivery. Private sector can also improve efficiency and effectiveness in system delivery and implementation. It can also enhance technical expertise for product development and dissemination. For example, Unilever helped improve hygiene and hand washing in developing countries through specialized marketing campaigns and research techniques that were originally developed for its U.S. market. (K. Buse, 2007) In addition, private sector can enhance work streams, share risks, improve workforce, enhance governance, and create new markets. With increased globalization, collaboration is necessary in addressing joint problems that require private sector involvement and where private sector is a main stakeholder or beneficiary. (McKinsey, 2005)

In the global health sphere, PPPs play an important role in improving health systems and delivering necessary medicines. Private sector has contributed greatly to helping bring health issues to the forefront of development agendas, increasing funding, catalyzing research and development, improving health delivery systems, reducing cost of health interventions, increasing efficiency and effectiveness, enhancing capacity, and developing international healthcare standards. (Kent Buse, Hein, & Drager, 2009) But even while private sector engagement with governments have provided many successes in improving healthcare, developing policies and protocols that reduce risks are essential to the long-term benefits and success of PPPs.

Research conducted by the World Bank (PPIAF), OECD, USAID, and others provide possible methods to reduce some of these risks both on the part of governments and the private sector. For example, among its recommendations, the OECD advises governments be a “prudent fiscal actor” and to ensure that PPPs are the best “value for money”. It also recommends that governments should engage in PPPs where there is a sufficient transfer or sharing of risks, suggesting that risks should be transferred to the party best capable of managing them. (OECD)

Based on these research studies, Table 1 below provides an outline for reducing risk at various stages of the PPP engagement.

Table 1: Elements for Reducing Risk in PPP.

Stage	Key Steps	Possible Elements		
Establishing PPP	Set clear goals	Define objectives and clearly set end goals/targets. Does PPP make sense for these goals? If not, consider another type of partnership. Ensure partners' goals align with government priorities. What is the governments goals? Partner's goals? Establish realistic expectations and clear methods of accountability. Create timelines and targets (indicators). Ensure adequate fiscal and non-fiscal supplies.		
	Screen Partners	Create a set of standards or criteria to judge appropriateness of partner to the goals of the PPP. Consider where there may be conflict of interest and develop ways to reduce it. Conduct due diligence of potential partners. Consider where there may be gains/losses for all parties. Do partners have the appropriate knowledge and capacity to support mission? What is the value added by partnering? What is the partner bringing to the partnership?		
	Governance	Create a board with equal representation of all stakeholders. Consider inviting unaffiliated members for balance. Establish concrete and clear roles and responsibilities for each partner. Ensure strict adherence to roles. Clarify roles and responsibilities for management and governance structures to reduce overlap and streamline processes. Draft MOU/contract for each partner. Identify benefits, risks, costs, priorities, etc. for each partner. Reduce duplication and transaction costs such as having one M&E framework for all partners. Ensure strong coordination mechanisms and governance structure at all levels of partnership. Institute Good Donor Practices. (See UN policies) Develop standard of conduct and responsibility of board. Develop sustainable funding model.		
	Monitoring and Evaluation	Managing Risk	Develop a system to manage conflict of interest. Create a complaint system. Ensure timely access to information. Open and reliable communication channels. Adequate levels and system of transparency. Prioritize building trust and ownership between partners. Consider merit-based pay structure.	
		M&E Process	Monitor performance of stakeholders with clear and reliable indicators. Maintain oversight of partners at all levels of partnership. Internal and external performance reviews to be placed on public domain. Balance of all stakeholders in decision-making processes. Data Quality Audits. (See GAVI's policies) Performance-based funding arrangements. (See GAVI's policies) Annual reviews of budget by donors or external auditors.	
		Sustainability and Exit	Sustainability	Ensure proper support from corporate heads and government agencies. Train and incorporate local stakeholders in program implementation and delivery. Assess and improve delivery channels. Set realistic goals.
			Exit	Establish a clear exit strategy from the beginning of the partnership.

a. Establishing PPP

One of the key concerns raised about private sector involvement in PPPs is the risk of misaligned incentives and priorities. Table 1 illustrates a few measures public sector can take to ensure that private sector's priorities align with the national goals of the project. First, public sector should "partner with a purpose." (McKinsey&Co., 2009) This means that they should ensure private sector partners are appropriate for the project, they contribute necessary resources and expertise, and that their interests align with the goal and priorities of the project.

Determine what each partner can bring to the partnership (financial support, skills, expertise, increased capacity, supply chains, etc.). Conducting due diligence, laying out interests clearly, and clearly defining roles and responsibilities are some of the ways to measure a partner's fit with the goals and mission of the PPP. If they don't fit, consider another form of partnership such as one-time limited engagement collaborations.

PPPs should also make sure that their mission is clear and goals concrete. Whenever possible, they should create results-based objectives and set clear timelines for completion. In defining their objectives and goals, it is important that they be as clear and specific as possible, making sure to outline each partner's contribution explicitly. Setting expectations for each partner should be discussed in the initial meetings and shared with all partners.

Additionally, it is important to establish a strong governance system with a governing body, such as a board or lead group. The Global Alliance for Improved Nutrition (GAIN)'s Business Alliance on Food Fortification (BAFF), for example, has such a system in place.

"BAFF has two co-chairs from the private sector—one from Unilever and one from Coca-Cola—who, as agreed by BAFF's corporate members, take a leadership role in decision-making and shaping the direction of BAFF in close coordination with representatives of both GAIN and WBI. The co-chairs are accountable for consulting the full corporate membership and reporting on decision-making. Each partner is held accountable for its actions on specific in-country projects that rarely involve all BAFF members. Each partner in turn is held accountable by its management and stakeholders; for example, GAIN is accountable to its Board, and the companies to their shareholders." (Bekefi, 2006)

If there is a risk of overrepresentation of private sector or threat of low levels of public voice in the decision-making process, consider heightening public sector representation to create a balance of voices on decision-making boards. The board should have equal representation of all stakeholders and, when possible, include members who are unaffiliated with the PPP to bring an objective, outside perspective to the board. Once you have identified appropriate partners and clarified clear roles and responsibilities, formalize partnerships with contracts such as MOUs (See USAID Global Development Alliance for more information on MOU contracting).

Finally, the role and capacity of governments is crucial to the success of any PPP. Without proper support from governments, a PPP has little chance for success. Therefore, it is important that governments are dedicated to PPPs projects from the initial phase to the end. Additionally, governments must have capable personnel to carry out PPP projects effectively, and enough

capacity to ensure that PPPs are successful. Governments must also put in place proper PPP policies and strategies that not only help promote PPPs but also ensures its success. It is also important that governments be able to clearly identify and originate projects, accurately analyze individual projects based on resources and need, manage transactions, and be able to monitor and enforce contracts. In addition to this, governments must also be able to secure proper finances for PPP projects. Greater government investment in a project will help pull in private partners and build trust between partners. Finally, it is important that governments maintain open channels of communication, which is critical for developing trust and encouraging partner engagement in the project.

b. Monitoring and Evaluation

Table 1 also depicts proper monitoring and evaluation mechanisms that should be set up to ensure success of PPPs. First, it is important that monitoring happens regularly and consistently. Performance indicators should be created from the beginning and used to evaluate performance of partners throughout the PPP project. For example, GAIN created a Performance Framework based on international best practices that measures performance across 17 indicators. These indicators were measured against 8 targets for the organization to improve nutrition and served as a guide for measuring performance and maximizing impact. Furthermore, an independent panel of experts reviewed the data and offered advice on performance measurement and improvement of programs. Performance indicators were also included in annual reports. (Bekefi, 2006) Examples such as these illustrate the importance and weight of measuring performance for the success and sustainability of PPPs. Performance indicators and monitoring systems can also be used as a tool to communicate progress to other stakeholders and the public. (McKinsey, 2005)

Furthermore, rules and consequences should be clearly laid out and strictly adhered to. This clarifies expectations for each partner and ensures that each partner is contributing to the success of the PPP. It is also important to create a complaint system and a clear mechanism to manage conflict of interest. These systems are important for ensuring accountability and promoting good performance of partners in the partnership.

Furthermore, it is important that there is strong coordination and communication mechanisms at every level of the partnership, not just at the top or bottom but one that moves longitudinally as well as laterally. Open and reliable channels of communication are also important for building trust and engaging partners to a greater extent in the PPP project. Public Hearings used by CARE International is a great example of open communication:

“In Nepal, CARE uses ‘Public Hearings’ to explain to communities how much funding they had for the program, how it was spent, the results they achieved and what rights people have to monitor their work. This worked very well in the Nepalese context where there is a culture of speaking out, and communities themselves later adopted this practice in order to hold their leaders to account.” (CARE, 2014)

Finally, it is important that any decision impacting the project be published on a public domain and is available in a timely manner. Budgets and performance reviews, as well as, annual reports should also be published and available for the public to access. And lastly, it is important that performance be linked to a merit-based pay system to reduce corruption and enhance

accountability and transparency in the partnership. Monitoring and evaluation mechanism such as these will ensure long-term sustainability and success of the partnership.

c. Sustainability and Exit

To ensure PPP sustainability, it is important for partners to implement a few critical processes such as those highlighted in Table 1. Annual reviews are important to identify weaknesses and gaps in the partnership. Leaders should react appropriately to these reviews by seeking ways to improve these weaknesses and fill the gaps. Additionally, it is important that reviews are conducted regularly and inactive partners removed to improve the efficiency of the partnership. Leaders should be mindful that *quality is more important than quantity*.

Furthermore, partners should remain flexible to the changing dynamics of the partnership and adjust when necessary by streamlining and simplifying where possible. Furthermore, leaders should work to create a committed workforce who feels engaged in the partnership and the project. PPP leaders both in the public and private sector need to encourage and support staff through all levels of the partnership. This is important for establishing trust and credibility within the PPP so that staffers and external stakeholders feel committed to the PPP and support its work. Moreover, engaging private sector from the initial phase to the end of the project and at all levels is important for creating a sense of ownership and trust between partners and ensuring sustainability of the PPP.

Sustainability also depends on the impact that partners are making and how invested they feel in the work that they are doing. Promoting and encouraging the value of the partners' contribution to long-term social impact or emphasizing their role in helping underserved communities can help facilitate greater engagement and support from private sector partners. By showing partners that their work is contributing to improving lives, it can motivate staffers and encourage more commitment to the end results of the project.

Additionally, it is important that PPP work to train and incorporate local actors as much as possible. This helps facilitate knowledge transfer and enforces sustainability of the project. Local partners should also be sought and trained to help diffuse the program further in the local communities. When possible, partners should work with local governments to improve delivery channels and enhance the capacity of existing program delivery systems. GAIN is a great example of transferring institutional knowledge where ever possible. GAIN works with governments at the national and local level to set up national fortification alliances (NFAs), a coalition of civil society, private sector, and public sector groups that encourage local business engagement in nutrition programs. To ensure that appropriate foods are fortified, GAIN requires that countries establish NFAs prior to receiving any grant funding from the organization. This ensures that properly fortified foods are available through markets mechanisms at the local level. (Bekefi, 2006)

Finally, it is important to establish and maintain realistic goals throughout the entire project. This will keep expectations grounded and reduce challenges that may arise in the future. It is also crucial to maintain a mechanism of continuous review at all levels of the program. This will help share knowledge, update progress, and keep partners engaged through the entire PPP lifecycle. Lastly, when missions and goals have been achieved, establish proper exit systems for partners. It

is important to develop a clear exit strategy in the beginning so that partners know how and when the exit process will transpire.

II. POLICY QUESTION:

What tools can reduce risks in public-private partnerships?

III. METHODS:

This analysis will comprise of case studies comparing four PPPs implemented in Bangladesh, Nepal, Tanzania, and Uganda.

Case Studies: Country Selection

A preliminary comparison was conducted across countries based on the availability of PPP case studies in the global health domain. The preliminary review narrowed down country cases to ten countries with various PPP models. In order to ensure that countries could be comparable, countries were controlled based on three development indicators: GDP per capita, population, Rural/Urban ratio. Using data collected by the World Bank on World Development Indicators, comparison graphs of each indicator were used to find commonalities among countries. From this comparison, four countries showed similarities along these three indicators: Tanzania, Uganda, Nepal, and Bangladesh.

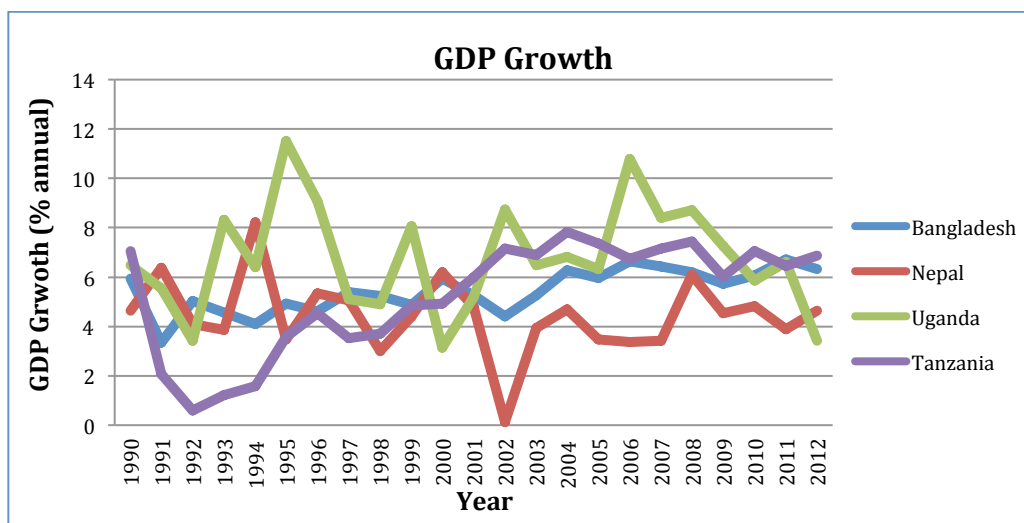


Figure 3: GDP growth per year. World Bank DataBank. 2014

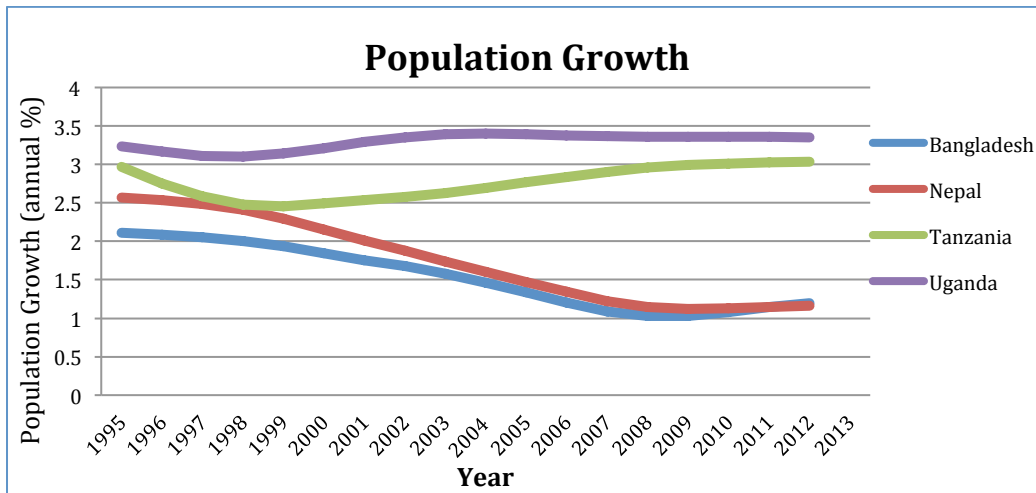


Figure 4: Population Growth per year. World Bank Databank, 2014

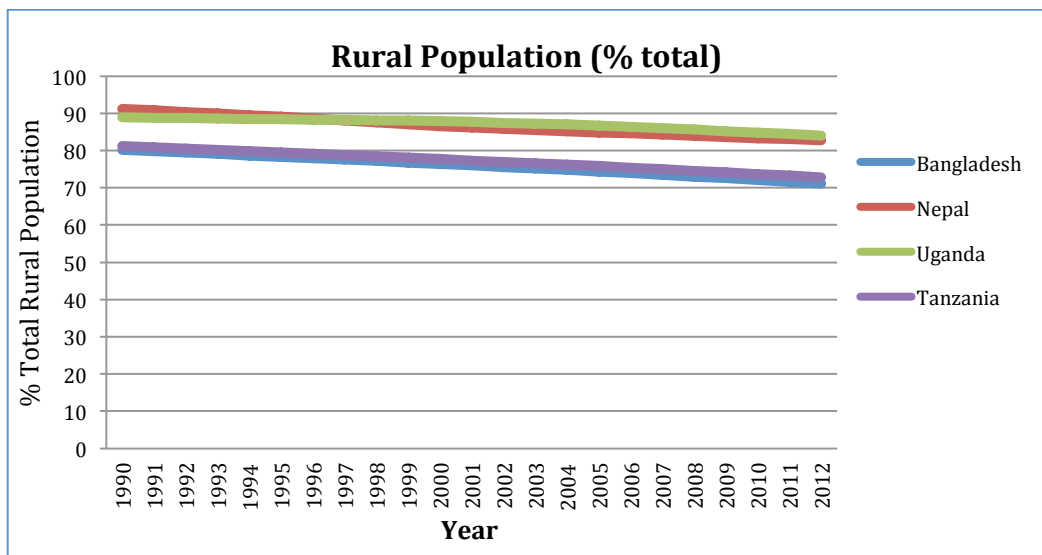


Figure 5: Rural Population per year. World Bank Databank, 2014

Case Studies: Country Analysis

Cases from all four countries were analyzed based on elements of reducing risks outlined in Table 1. The analysis identified risks in each PPP and looked at how each country approached these risks, determining whether elements from Table 1 were used, and if so, how successful they were in reducing risks. In particular, the analysis aimed to identify the elements from Table 1 that were especially important to reducing risks and isolated common themes between cases. A

¹ World Development Indicators was collected from the Databank: www.worldbank.org

summary of the strengths and weaknesses for reducing risks are laid out in Tables 2, 3, 4, and 5 at the end of each case.

In determining risks and risk reduction, each case study examined the following questions:

1. Who are the stakeholders and what are their roles?
2. How is funding allocated?
3. What are the risks?
4. How did the partnership address these risks?

In some of these cases, a complete analysis of each point laid out in Table 1 could not be made due to the limitations in accessing data on the case. However, each case gives a general understanding of the factors that were important for determining risk reduction in the partnership, the challenges faced by the partnership, whether the PPP was successful in reducing risks, and where the partnership could have improved to be more effective at reducing risks.

IV. CASE STUDIES

Bangladesh

The Government of Bangladesh has come a long way in terms of development. In the late '70s and early '80s, the government began to realize that lack of access to healthcare and limitations in government capacity to deal with these issues created a huge barrier to its development. Therefore, it began to embrace the idea of PPPs hoping that what the government could not do, the private sector could accomplish. Currently, the country has numerous PPP initiatives. With about 4000 NGOs working on an array of policy issues, the opportunity for PPPs have dramatically increased over the last two decades.

Structurally, the Government of Bangladesh has established a PPP Unit under the Ministry of Finance. The Unit is responsible for overseeing PPP projects and supporting them with fiscal and non-fiscal resources. The current PPP Unit oversees funds for PPPs and works “on behalf of the Government to monitor budget implications of upcoming PPP projects and manage any contingent liability exposure that the government may deem appropriate to support PPP project financing. In this role the PPP Unit provides critical support to overall public financial management by providing inputs to the national Medium-Term Budgetary Framework.” (Bangladesh, 2014)

a. Case Background

The Expanded Programme of Immunization (EPI) was launched in Bangladesh in 1974 to battle six diseases: neonatal tetanus, polio, diphtheria, measles, tuberculosis, and pertussis. To accelerate vaccinations through this program, the Government of Bangladesh began to engage other partners to expand its reach to more people.

The EPI program was effective in reaching a large portion of the Bangladesh population through the PPP. This was in part due to the efficiency and engagement of the partners within the partnership. With the national government overseeing the program, other partners worked closely with each other and with local governments to improve delivery of the EPI program to reach more communities.

b. Who are the stakeholders and what is their role?

There were four primary stakeholders in the EPI program: Bangladesh government, donors, NGOs, and the private sector.

The Government of Bangladesh initiated the EPI program and recruited the aid of local and national NGOs to expand the program reach to remote populations. International donors joined to provide funding for program implementation. Private sector joined in the partnership to assist in advocacy and community mobilization.

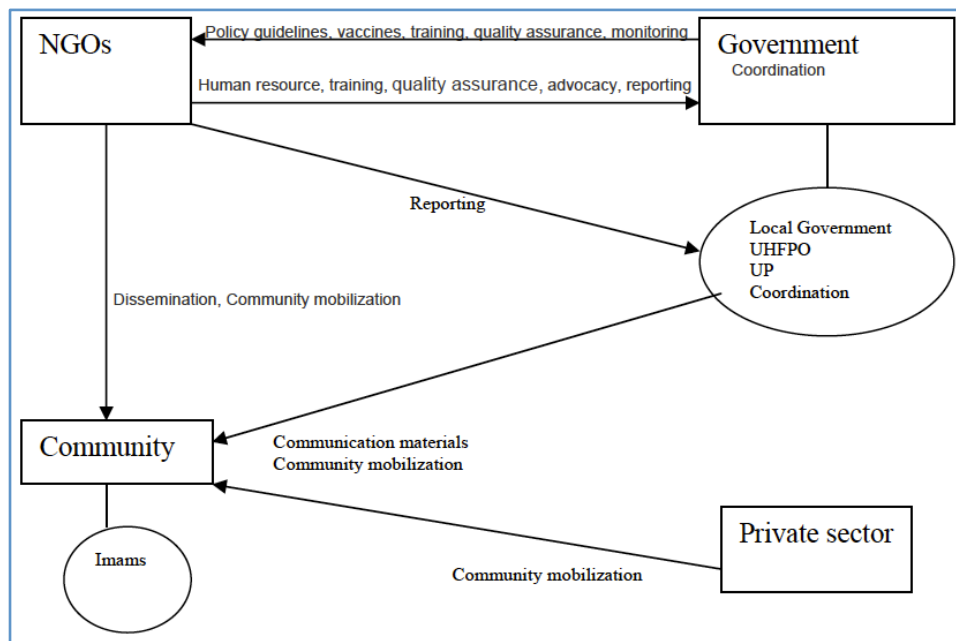


Figure 6: EPI Stakeholder Diagram. (Osman, 2008)

The government’s main role was providing policy guidelines, steering the program, coordinating partners and their work, and monitoring the program. It has invested in both financial and technical resources to support the EPI program, as well as, the purchasing and supplying of vaccines to NGOs. The government was also responsible for providing human resource support, infrastructure, cold chain system and logistical assistance to partners in the partnership. At the national level, the government provided policy guidelines and coordinated partners in the EPI program. At the local level, the government was responsible for program design and coordination of partners in the community. However, both local and national agencies were responsible for monitoring and supervising NGOs and other partners at their respective levels.

International organizations and donors including WHO, UNICEF, USAID, JICA, GAVI, and the Swedish Government provided valuable financial support for the EPI program. With the proper resources, the EPI program was able to roll out efficiently, have adequate supplies, and sufficient staff to oversee the program logistics and delivery.

The NGOs played the greatest role in program reach and success. They worked with the government at its inception to recruit donors, engage private sector, and effectively implement the program. In addition, they trained staff and volunteers, provided immunization services, mobilized resources, measured and reported progress to local governments, and disseminated information to expand community awareness. They also monitored and evaluated the program to ensure accuracy and adherence to policies.

While the private sector wasn't involved in program rollout and implementation phases, they were responsible for advocacy and community mobilization. They worked on improving awareness in the community through social media and advertisements. Over time, other companies joined in the efforts as well, leading to higher levels of awareness in the communities.

Government	NGO	Private Providers	Community
<i>Central:</i> Policy Guideline Financing Vaccination service Vaccines, cold chain, logistics Human Resources Facility Training Monitoring and supervision Communication Materials Quality Assurance Dissemination <i>Local:</i> Planning, Programming Human Resources Training Monitoring and supervision Coordination	Vaccination service Human resources Facility Training Monitoring and Supervision Quality Assurance Communication materials Community Mobilization	Dissemination Community mobilization	Community mobilization Facility

Figure 7: Role of Stakeholders. (Osman, 2008)

c. How is funding allocated?

Both the government of Bangladesh and external donors provided funding for this program. About 42% of the funding came from the government and the rest was covered by USAID, WHO, UNICEF, JICA, and the Swedish government.

d. What are the Risks?

While the EPI PPP was successful in expanding immunization to remote villages, there were various risks that the program faced. First, there was the question of government capacity. Given that the government lacked the resources and ability to achieve 100% immunization levels on its

own, would it have the capacity to coordinate an expansion of the program and manage partners in the PPP? Second, the limited resources of the government threatened the success of reaching 100% immunization levels, especially in the remotest of villages. Third, the risks that inevitable arise when many partners work together also threatened the EPI program from achieving its goals, including how to manage competing priorities and misaligned incentives of partners. Fourth, securing sustainable funding sources was a great risk in the partnership. What would happen if donors reneged on their commitments or not enough funds were raised? Such risks would certainly impede the PPP's goals.

e. How did the partners address these risks?

The EPI program was successful at immunizing communities and has received international acclaim for its achievements. Nationwide, the program reached almost 100% of the population in awareness of the program. The scale and depth of the program has also been considered noteworthy. By 1991, 62% of Bangladesh had been immunized as apposed to 2% in 1985. Overall, the quality of immunization remains high, there exists an excellent cold chain system, and the logistics of program delivery remain efficient and effective.

There have been a number of factors that have led to the success of this program. For one, *keeping partners relevant and consistent with the work and goals of the program* contributed greatly to the success that was achieved through the EPI program. Ensuring that partners' goals aligned with the objectives of the program helped remove conflict of interest within the partnership and kept partners invested in the work that they were contributing towards the partnership. Furthermore, *the role of each partner was clearly laid out*, which eliminated confusion and created consensus among partners.

Additionally, the *strong commitment and engagement on the part of the government* contributed greatly to immunizing large portions of Bangladesh communities. The *active involvement of local governments* in mobilizing communities and resources further pushed the program along. This support from the government gave NGOs and program implementers the resources and staff they needed to attain results. The strong role of the government helped establish trust in the program and aided in attracting other partners to the partnership, including international donors and private sector. The government also created a performance award, which provided an incentive system to encourage partners to improve performance.

The *strong coordination efforts* by the Government of Bangladesh and NGOs further helped make the EPI program successful. The government provided sufficient funding, technical support, and adequate resources for NGOs in the community. This created a *smooth flow of resources and timely delivery*, which helped NGOs immunize communities in an effective and efficient manner. In addition, strong collaboration and coordination efforts among partners reduced redundancy and waste in the EPI program. It also contributed to greater partner engagement and commitment to the program, which enhanced the efficiency and effectiveness of the program.

Another factor that led to the success of the EPI program was the *strong communication streams between partners*, which helped build a sense of ownership, mutual trust, and respect in the partnership. Regular meetings kept stakeholders informed on the progress of the program and helped in keeping lines of communication open and transparent for sharing updates and results at the local level. Strong communication streams also created consensus among stakeholders

about the goals and mission of the program. Partners became more engaged and invested in the program, and played an active role in reaching out to communities and increasing immunization numbers.

Another crucial element of the program that led to its success was the *strong monitoring and accountability framework*. On top of the robust monitoring processes of the government, the systematized supervision by local government, NGOs, and donors helped ensure accountability of partners and stakeholders. Local officials visited sites regularly to supervise the program. In addition, NGOs set up their own monitoring system, which included vaccine records, daily performance records, and monthly progress reports. These were published and reported to government officials monthly. Graphic data tracking progress were also posted in control rooms to ensure goals and results were being met. Furthermore, donors also sent representatives regularly to monitor and evaluate the program and to confirm that partners were meeting program goals and objectives.

Based on this analysis and the criteria in Table 1, some strengths and weaknesses for the EPI program have been highlighted in Table 2. The Strength column highlights aspects of the program that were crucial to the success of the program, while the Weakness column lists areas that need to be improved to make the program more effective and less risky for partners.

Table 2: Strength and Weaknesses in Reducing Risk

Strength	Weakness
<ul style="list-style-type: none"> ➤ Keeping partners relevant and consistent with the work and goals of the program. ➤ The role of each partner was clearly laid out. ➤ Strong commitment on the part of the government. ➤ Active involvement of local governments. ➤ Strong coordination efforts between partners. ➤ Smooth flow of resources and timely delivery. ➤ Strong communication streams between partners. ➤ Strong monitoring and accountability framework. 	<ul style="list-style-type: none"> ➤ An MOU would have helped clarify roles and responsibilities of all partners, especially those at the local level.

This case study analysis was based on data collected by F. Osman for PPPs in health service delivery in Bangladesh. (Osman, 2008)

Nepal

The government of Nepal has made major headways in establishing PPPs in Nepal. In an attempt to improve development through the engagement of the private sector, Nepal established a specialized governmental agency with a PPP Centre to advise and monitor partnership programs in the country.

The National Planning Committee on PPP leads the development of PPP units by promoting policies that support PPPs and ensuring that new and existing PPPs are aligned with national

agendas and agency policies. The National Planning Committee is also responsible for establishing effective coordination among government agencies, promoting communication with private sector and stakeholders, reviewing and monitoring PPPs, and assessing market opportunities for PPPs.

Within the PPP agency is the PPP Centre, which is responsible for promoting and supporting PPPs. The Center also establishes PPP guidelines, identifies potential PPP opportunities, and reviews and develops PPP capacity. Additionally, it also offers guidance and resources for new PPPs, develops contracts, assists in the management of PPPs including monitoring and evaluation, and reports updates and progress on existing PPPs.

Moreover, the Ministry of Finance (MoF) plays an integral role in the establishment of PPPs. The MoF oversees the budget and funding aspects of PPPs and ensures that business plans are sustainable and meet national policy requirements for PPPs. The MoF also reviews procurement plans, risk allocations, funding needs, and works with stakeholders to find and fill gaps in budgets and funding.

While the government has a strong system in place, it is still fairly inexperienced in the world of PPPs. The country also lacks a robust private sector interested in investing in PPPs, institutional capacity, and policies that enable PPPs to take place. (Nepal, 2011)

a. Case Background

With funding from USAID and guidance from John Snow Research and Training Institute Inc., the Nepal Ministry of Health and Population (MoHP) established the Nepal Family Health Program II (NFHP II) in 2007. The program was designed to assist the MoHP in “increasing access to public sector family planning and maternal newborn and child health services at [the] community level.” (Tuladhar, 2013)

One of the initial projects of NFHP was to assist MoHP with data collection on the usage of chlorohexidine for newborn umbilical cord care and to design a program to distribute chlorohexidine to the public. Data collected from this study found that Chlorohexidine reduced umbilical cord infections by about 30%, which meant that usage of Chlorohexidine on newborn umbilical cords could reduce infant mortality. With this data, the MoHP decided to promote the use of Chlorohexidine through a massive Newborn Health Strategy campaign that would disseminate information on the use of Chlorohexidine for newborns.

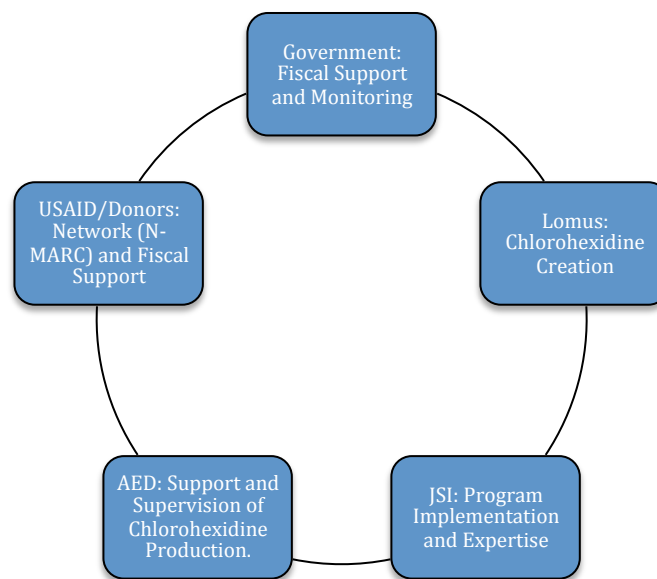
The challenge became how to manufacture Chlorohexidine locally. The MoHP worked with the NFHP II to develop a strategy to engage private pharmaceutical companies in the program. However, gaining the interest of these companies was rather difficult. For one, the pharmaceutical companies were concerned that manufacturing a small quantity of Chlorohexidine would be very costly if the initial program tests didn't succeed, with no immediate prospect of large scale sales of the product. Secondly, Chlorohexidine had to be produced and sold at low enough prices that poor communities would have access to them. This meant that pharmaceutical companies would have to produce at a loss without any potential financial support from donors or the public sector. And finally, the pharmaceutical company would have to register the drug with the government and invest in the development of the product.

NFHP II was working with pharmaceutical companies within N-MARC on developing family planning contraceptives aimed at improving maternal and child health. From this work, NFHP II identified five companies who could manufacture Chlorohexidine. From these five, Lomus emerged as the best private sector partner to work with because of their interest in entering the development sector and the high quality of their products. There was no formal contract, just a verbal agreement between Lomus and NFHP II to manufacture Chlorohexidine. The partnership between Lomus and MoHP was very informal and was overseen by an outside consultant, Academy for Education and Development (AED), and NFHP II.

Engaging Lomus in the partnership was challenging at first because Lomus was initially concerned that the production of Chlorohexidine wouldn't benefit them in the long run. However, the existing relationship between Lomus and N-MARC played a catalytic role in getting Lomus interested and engaged in the project. During the initial stages of involving Lomus, the Project Director at NFHP II and N-MARC Program Manager approached Lomus with data on Chlorohexidine and the impact it could have saving newborns. These initial meetings were crucial for convincing Lomus of the importance of the project and its impact.

In addition, the involvement with JSI and AED helped Lomus understand the bigger picture and future prospects of their investment. The fact that N-MARC was engaged with Lomus about potential future collaborations further helped strengthen Lomus' commitment to engaging in this initiative. Therefore, even though the production of Chlorohexidine would not yield large profits, the relationships cultivated through this program could open future market opportunities for Lomus.

b. Who are the stakeholders and what is their role?



There were seven primary stakeholders in the partnership: Government of Nepal, Lomus, JSI, AED, NFHP II, N-MARC, and donors.

NFHP II and N-MARC worked with the government, donors, and communities to provide necessary guidance for program implementation, as well as, conducting data collection on the

effectiveness of Chlorohexidine for umbilical cord care. These two organizations were mainly responsible for implementing the program and delivering Chlorohexidine to the community. They also tracked progress and performance of clinics, and monitored Lomus to ensure proper delivery of supplies to community clinics.

Nepal's government agencies (MoPH, Department of Drug Administration, Department of Health Services, and Family Health Division) played a supporting role by monitoring partners and ensuring that the partnership met all fiscal and logistical requirements. They also provided necessary resources and guidance on program implementation and delivery. Furthermore, the government worked closely with Lomus and engaged them in the Technical Advisory Group (TAG) meetings. Finally, the government agencies monitored and tracked performance of all stakeholders and measured program outcomes.

JSI played a large role in the implementation of the Chlorohexidine program and providing program expertise. They were responsible for overseeing the program design and recruiting and engaging partners in the program. Furthermore, JSI monitored stakeholders, measured progress, and worked with NGOs to collect data on program outcomes. AED, on the other hand, managed private sector manufacturing of Chlorohexidine. In coordination with PATH, they were responsible for auditing Lomus, monitoring performance, assessing the quality of Chlorohexidine, and assisting Lomus getting drug approval.

Finally, Lomus Pharmaceuticals developed and supplied Chlorohexidine for the program. They were mainly responsible for making sure that there was adequate supplies of Chlorohexidine available and ensuring timely delivery of supplies. However, Lomus became more involved as the program progressed, attending TAG meetings and monitoring partners to ensure supplies were adequate and delivery systems were robust.

c. How is funding allocated?

Program costs were covered through a matching grant from USAID. However, USAID funding was limited and could not be applied to product purchasing. This forced Lomus and NGOs to look for additional sources of funding to cover the drug costs. In addition, Lomus also had to cover some of the manufacturing costs.

d. What are the Risks?

This program was multifaceted and had many stakeholders involved which created numerous risks. The government of Nepal, for example, had to deal with the uncertainty of engaging the private sector, managing multiple stakeholders, negotiating competing interests of partners, and determining whether the program would prove successful. There was also the additional risk of Lomus' monopoly power in the Chlorohexidine market and what that would mean for product quality. For Lomus, there was a risk in investing in a project that would reap little or no profit, or even prove costly to them. Finally, similar to governmental concerns, NGOs had to guarantee that Lomus wasn't only seeking fiscal gains but that they were committed to the long-term aspects of the project. If Lomus deterred from their commitment, it could derail the entire project.

e. How did the partners address these risks?

While the Chlorohexidine program had some initial challenges in engaging the right private sector, it was nonetheless quite successful in implementation and product delivery. It was

acknowledged from the beginning that this would be a risky business venture for private sector. However, engaging Lomus who was interested in this work, understood its importance, and was committed to improving lives helped make the program successful. Lomus had to take a risk knowing that there was little prospect of making a profit and even producing at a loss.

The *engagement and commitment from Lomus* helped establish trust with NGOs and the government. NGOs involved Lomus in other related projects, which establish its reputation as a trustworthy private sector partner. The government also began engaging Lomus in some of its national programs, which opened new markets for Lomus. Additionally, international organizations and other governments learned about the success of the Chlorohexidine program, which opened even more opportunities for Lomus. Therefore, even though Lomus had to accept a financial loss in the Chlorohexidine program, it led to more profitable market access in the future.

NFHP and N-MARC's critical role in cultivating trust between the private sector and other partners was crucial to the success of this program. Project managers from these organizations were effective at establishing trust in the partnerships by having *frequent meetings with Lomus early on*. When other partners, especially government and donors, witnessed the engagement and commitment from Lomus, they too accepted Lomus as an important player in the program. As the project progressed, Lomus' role became more integrated and involved in the partnership. The *government broadened the role of Lomus in the partnership* by making them active members of TAG. TAG met frequently to provide technical advice and guidance to the program. The opportunity to be involved in these discussions gave Lomus a greater sense of ownership in the project. It helped Lomus better understand the impact it was having in Nepal's public health. This realization made Lomus hold other stakeholders accountable as well by following up with NFHP about the progress of the program, monitoring supplies, and ensuring timely production of Chlorohexidine to meet demand. Lomus, as well, felt that stakeholders trusted and welcomed them in the partnership.

“During the four-year span, Lomus was successful in gaining appreciation from all the stakeholders. Key informants from the DoHS, PMWH, and USAID shared that there were no concerns with regards to involving Lomus in the Chlorohexidine program at any stage. According to USAID, given the positive relationship with Lomus during phase 1, that relationship should continue with the 2011 scale-up initiative, the Chlorohexidine Navi Care Project. Therefore, Lomus was approached by NFHP and later on became a partner in the new program. It should also be noted that Lomus has been supplying various other products to DoHS, with no concerns regarding product quality or price.” (Tuladhar, 2013)

The TAG meetings weren't just important for engaging Lomus but increased engagement and communication between other stakeholders as well. *Constant communication between all stakeholders* was crucial to reducing misinformation and building trust. In addition, village development committee groups also played an important role in engaging partners with the community. This helped integrate the program fully into the villages and hold partners accountable to the people. In addition, the *high degree of engagement from the government's various agencies* was crucial to holding stakeholders accountable, ensuring transparency, and keeping an open communication system. This constant stream of information flow helped establish strong relationships between all stakeholders.

Another factor that minimized risk was the *relevance and consistency of the partners' interest in the project*. All the stakeholders were invested in the project, passionate about the issues, and committed to improving the health of Nepal's citizens. Lomus was interested in expanding its work to public health and development. In making this clear from the beginning, it helped reduce risks because partners knew what to expect from Lomus and what their interests were. Relevancy of partners combined with constant communication and a rigorous participatory process that engaged all stakeholders from the beginning had an enormous impact on reducing risks in the partnership.

Furthermore, *monitoring and evaluation conducted by stakeholders as well as outside consultants* was crucial to the success of the program. In addition to the government monitoring PPP progress, the NGOs also monitored program delivery and implementation. Additionally, AED brought in an external U.S. pharmaceutical regulatory assurance company to monitor Lomus' manufacturing facility and guarantee product quality. The government also regulated Lomus' facilities and products to ensure it met national drug standards. On the other end, Lomus had its own quality monitoring system of Chlorohexidine production. In addition, Lomus also monitored program implementation conducted by NGOs to ensure adequate supply and timely product delivery. These various levels of monitoring ensured accountability of all stakeholders, not just the private sector.

Table 1 was used to analyze how effective Nepal's Chlorohexidine PPP was at reducing the various risks it faced. The strengths and weaknesses of the PPP program are listed in Table 3. The Strength column highlights a few of the possible elements that have made the Nepal case successful in reducing risks, while the Weakness column lists challenges faced by the PPP and possible tools from Table 1 that could have helped them to reduce these risks.

Table 3: Strength and Weaknesses of Reducing Risk

Strength	Weakness
<ul style="list-style-type: none"> ➤ Engagement and commitment from Lomus. ➤ Government broadened the role of Lomus in the partnership and involved in TAG meetings. ➤ NGOs had frequent meetings with Lomus early on to establish trust. ➤ Constant communication between all stakeholders. ➤ High degree of engagement from the government's various agencies. ➤ Relevance and consistency of the partner's interest in the project. ➤ Monitoring and evaluation conducted by stakeholders as well as outside consultants. 	<ul style="list-style-type: none"> ➤ Informal agreements between Lomus and NFHM/Government. An MOU or contract could reduce risk and establish clear roles and responsibilities. ➤ Inadequate funding source could lead to instability and insecurity in the partnership.

This case study analysis was based on data collected by S. Tuladhar for PPP in Chlorohexidine Navi Care Program in Nepal. (Tuladhar, 2013)

Tanzania

Recently, the Government of Tanzania has seen the importance of PPPs in boosting its development and meeting national goals. They have invested greatly in creating an enabling environment for PPPs to take place. In the last few years, they have passed various new legislation, established new policies, and created units within the government to promote PPPs. In 2009, the Tanzanian government enacted new PPP policies, which was succeeded with the passage of the PPP Act in 2010. Further PPP regulations were enacted in 2011, including the Public Procurement Act of 2011. In addition to the policy changes, the Government of Tanzania is currently in the process of creating a PPP implementation strategy to establish a framework for PPPs. The government has also developed guidelines for PPPs and has begun drafting a financial manual for future PPPs.

Furthermore, the Tanzanian government has also established PPP Coordination Units (PPP CU) within the Private Sector Development Office. The PPP CU has several functions including reviewing PPP contracts and assessing new projects. The PPP CU also coordinates all PPP projects, provides guidance and advice to contracting authorities, develops PPP guidelines, and advocates for PPP funding.

The Government of Tanzania has also established a PPP Financial Unit (PPP FU), which is responsible for reviewing and monitoring financial contracts and providing funding for PPPs. It is also responsible for managing risks and working with partners to develop risk allocation methods. The PPP agency also houses the contracting authority, which is responsible for identifying PPPs, appraisals, coordination, development of partnerships, and monitoring PPP projects. Contracting authorities are also responsible for *conducting feasibility studies prior to initiating and establishing formal partnerships* between stakeholders.

Through these policies and frameworks, the Tanzanian government is trying to establish an enabling environment for PPPs. In addition, the government has begun to train managers to oversee PPPs and serve as a focal point for stakeholders. With the strong commitment from the government, these efforts have tremendously improved the PPP growth in recent years. While it remains to be seen how effective this will be and what challenges these new initiatives may bring, the government still hopes that these efforts will encourage further private sector investment in public projects. (Tanzania, 2014)

a. Case background

Undernutrition is a detrimental problem in Tanzania, with about 42% of children under five suffering from chronic malnutrition and some 16% from chronic acute malnutrition. Previously, nutritional supplements were offered through government programs or NGOs. However, due to the lack of government capacity and resources, nutrition still remains a large problem for Tanzania. Seeing this gap, private sector companies specializing in nutrition have stepped in to meet this need. For Tanzania, Nutriset has been the most prominent private sector player.

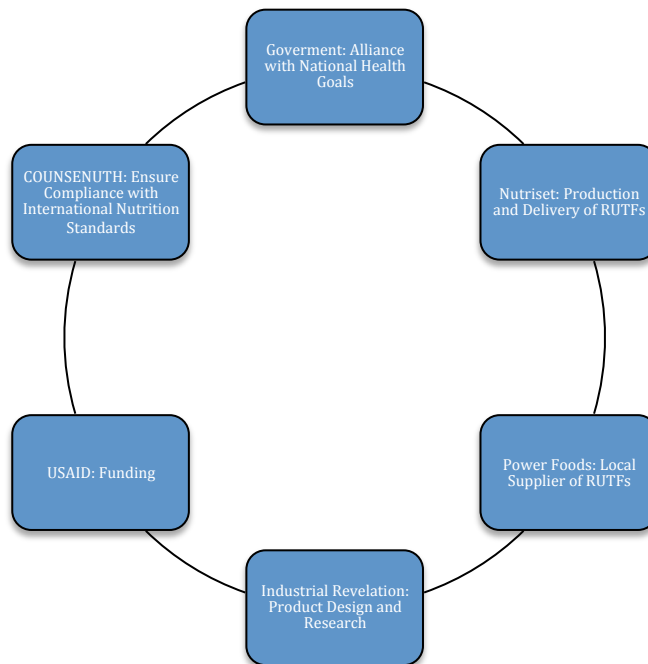
A French-based company, Nutriset is focused on improving nutrition through specially designed Ready-to-Use Therapeutic Foods (RUTF) and other nutrition supplements. It aims to deliver RUTFs in areas where government nutrition programs fall short. One strategy they have utilized

in Tanzania is focusing on delivering nutritional supplements through local private retail markets where nutritional supplements can be purchased at low prices.

In Tanzania, Nutriset conducted a behavioral and nutritional analysis of the local communities focusing on diet, nutritional needs, purchasing power, eating behaviors, etc. Using this data, Nutriset was then able to design and develop products that met the needs and preferences of these communities. Nutriset also conducted research on innovative marketing and delivery strategies to get the nutritional supplements to vulnerable populations. One way it did this was by partnering with Power Foods, a local retail store, and Industrial Revelation, a local NGO, to sell RUTFs in remote villages. Nutriset also utilized existing government nutrition programs to reach target populations.

In order to ensure the nutritional supplements reached vulnerable populations, Nutriset implemented an extensive social media campaign to advocate the use of RUTFs. The social media campaigns utilized traditional methods of marketing but were aimed at targeting malnutrition. However, stringent regulations on marketing RUTFs became a challenge for Nutriset. While the World Health Organization (WHO) recommended a set of standard national marketing restrictions for nutritional supplements and complementary foods, the real challenge was that Tanzania's marketing restrictions were even more stringent than WHO's. To side step this challenge, Nutriset approached PPPs as a way to market its product through private and public channels. To meet WHO and Tanzania's marketing codes, Nutriset concurrently emphasized appropriate use of RUTFs and promoted exclusive breastfeeding for infants less than six months of age and complementary feeding for children between six to twenty-four months of age.

b. Who are the stakeholders and what is their role?



One of the primary stakeholders in this partnership was Nutriset, a French-based nutritional supplement and therapeutic foods company focused on improving malnutrition in developing countries. Over the years, Nutriset has been committed to improving nutrition for mothers and children at crucial stages of development through RUTFs. It currently produces eleven RUTFs in several other countries. Nutriset aligns itself with IBFAN and WHO's message on exclusive breastfeeding and is "committed to contributing to the promotion of key nutrition messages such as exclusive breastfeeding and adequate complementary feeding with continued breastfeeding, and believes that multi-stakeholder approaches...are the most appropriate methods to improve these practices." (Virginie Claeysens, 2011)

Another stakeholder in this partnership was Power Foods, a local food retailer who worked with Nutriset to produce and sell these foods locally to the Tanzanian population. To successfully integrate this product into the local market, Power Foods worked with Nutriset to conduct surveys and research the target population's eating and behavioral habits, purchasing power, willingness to pay, and other factors that contribute to the consumption of RUTFs. Using this information, they were able to produce RUTFs catered to the local population's socioeconomic needs and lifestyle.

The Government of Tanzania also played an important role in this initiative. Nutriset and other partners worked closely with the Tanzania Food and Nutrition Centre (TFNC), a semi-autonomous government institution under the Tanzania Ministry of Health and Social Welfare, to ensure that program goals aligned with the development and health goals of the government.

Nutriset also recruited the efforts of a local NGO, Industrial Revelation, to help in product design and research. Other stakeholders in this partnership included academics and researchers who helped collect population data, local communities, and Centre for Counseling, Nutrition, and Health Care (COUNSENUTH), a local NGO with strong ties to IBFAN. This particular partnership with COUNSENUTH was especially crucial in that it helped Nutriset align marketing strategies with national and international codes. Finally, funding support for the partnership was provided by USAID.

c. How is funding allocated?

Funding came from various sources for this project. The first three years were funded through institutional grants from donors to finance the distribution of RUTFs. After the third year, Power Foods was required sell RUTFs at a breakeven point. With the profits gained from the initial three years, Power Foods would be able to reinvest to bring down prices further in order to reach vulnerable populations. In addition, Nutriset provided research funding.

d. What are the Risks?

The most salient and obvious risk of this partnership was the possibility of Nutriset taking advantage of Tanzania's vulnerable population to further its own profit goals. Despite its aims to improve malnutrition, Nutriset still had a profit-driven mission and was accountable to its shareholders. Thus, there was a risk of Nutriset providing unsuitable nutrition supplements or RUTFs to malnourished populations that could do more harm than good.

There was also the risk of Nutriset not abiding by national and international marketing standards that could counter or erode the work of local NGOs and organizations such as WHO and IBFAN in promoting exclusive breastfeeding. Finally, as with all multi-stakeholder partnerships,

there was a risk of competing interests or misaligned priorities that could jeopardize the work of the PPP program.

e. How did the partners address these risks?

The risks mentioned above are inherent in most partnership but the Nutriset PPP was able to reduce these risks in several ways. One way was the strong effort to *understand the needs of the local population*. Not only their nutritional needs, but also behavioral, economic, cultural, and even political nuances of the local population. Through the collection of data, Nutriset and other stakeholders were able to objectively address the nutritional problems in Tanzania.

Nutriset is unique for a private sector company in that it is focused solely on producing products that are specifically designed to help treat and prevent malnutrition in vulnerable populations. This means that Nutriset is interested in working with local NGOs, government agencies, and international donors to improve the health and nutrition of these vulnerable populations. Furthermore, Nutriset “*shares its technology and know-how with its partners*, allowing them to contribute to responding needs in their respective countries without having to rely on imported solutions.” (Virginie Claeysens, 2011) By doing this, Nutriset helps *promote sustainability of the program and ensures long-term improvements* in the health of these populations.

Another important factor in reducing risks in this partnership and leading to the success of the program was the *strength of the coordination process* among partners. *Each partner knew its role and what their responsibilities* were. This helped define expectations, established ownership, and encourage engagement in the project. Nutriset was successful in creating this strong network by only *partnering with stakeholders that were relevant and necessary* to the success of the program.

Furthermore, by *working to the strength of each partner*, Nutriset was able to ensure that all partners were fully engaged and contributing to the success of the program. Nutriset worked closely with Power Foods to produce RUTFs. Nutriset’s partnership with COUNSENUITH helped ensure that its products were meeting national nutrition standards, as well as, labeling and marketing regulations set by international agencies. Furthermore, Nutriset worked with Industrial Revelation to conduct research on the nutrition and health needs of the local populations. Working with local NGOs also helped Nutriset disseminate information to local communities they otherwise wouldn’t have access to. Finally, government agencies played an important role in coordinating and regulating the partnership.

The role of the government was especially important to reducing risks within this partnership. *Partners worked in close coordination with TFNC* and the Ministry of Health and Social Welfare to ensure that goals were aligned with government priorities. TFNC’s role proved essential to ensuring proper coordination between stakeholders, providing guidance, monitoring the partnership, as well as, assisting in capacity building through research and development. Finally, TFNC ensured *constant government engagement* in the project and guided partners through the planning and implementation phases.

While this project is still ongoing, there were some key factors that led to the success of this project. For one, the partnership was very successful in engaging stakeholders from the initial stages of the program. Furthermore, all the partners were crucial and relevant to the goals of the project. This helped remove any potential risks arising from conflicting interests and misaligned objectives and goals. Finally, national policies and government agencies played a strong role in

supporting the PPP. This support helped partners develop a stronger relationship with the government and trust in the partnership.

Based on the criteria from Table 1 and the assessment of the Nutriset program above, strengths and weaknesses of reducing risks in this program have been summarized in Table 4 below. The Strength column indicate areas where this PPP has been successful at reducing risks, while the Weakness column illustrates areas where the PPP needs to improve.

Table 4: Strength and Weakness in Reducing Risk

Strength	Weakness
<ul style="list-style-type: none"> ➤ Government conducts feasibility studies prior to initiating and establishing formal partnerships. ➤ Understanding the needs of the local population. ➤ Promote sustainability of the program and ensuring long-term improvements. ➤ Strong coordination process. ➤ Each partner knew its role and responsibilities. ➤ Partnering with stakeholders who are relevant and necessary. ➤ Work to the strength of each partner. ➤ Partners work in close coordination with TFNC. ➤ Goals were aligned with government objectives. ➤ Government was constantly engaged. 	<ul style="list-style-type: none"> ➤ A greater balance of all stakeholders in decision-making process. ➤ Need internal and external performance reviews to be placed on public domain. ➤ More adequate levels and system of transparency is necessary. ➤ Lack of open and reliable communication channels. ➤ Strong government presence to reduce risks. ➤ Robust performance evaluation system is needed. ➤ MOUs can help align priorities.

This case study analysis was based on data collected by V. Claeysens for the Nutriset nutrition program in Tanzania. (Virginie Claeysens, 2011)

Uganda

In 2010, the Government of Uganda planned a framework for engaging more private sector companies in public projects through PPPs. The planned framework creates several new policies and agencies including the PPP Unit, which will oversee and manage PPPs. The PPP Unit will fall under the Ministry of Finance, Planning and Economic Development to “advise the government on PPPs, ensure best practices are widely employed, and standardize processes and documentation.” The Ugandan government also plans on instituting policies that “will provide for the role and responsibilities of each stakeholder in the PPP implementation process, the institutional framework that will specify the relationship between the different stakeholders and the duties and responsibilities of the PPP unit. The law will also provide for the protection of both the private and public sector against indiscriminate application of PPP.” (Uganda, 2014)

It is planned that the PPP unit will provide robust communication systems to inform and advise the public and stakeholders on the PPP progress and achievements. In addition, it will monitor and evaluate PPP programs, provide resources, fiscal support, and guidance to help increase

capacity and impact of PPP projects. The PPP unit will also include a capacity building component to train individuals on how to implement and manage PPPs.

Finally, to get fiscal support from the government, it will be mandated that PPPs meet all regulatory requirements. The Ministry of Finance, Planning, and Economic Development will need to sign and approve all PPPs and make sure that they are “affordable, provide value for money, and commitments arising thereof are within debt management limits.” (Uganda, 2014) The ministry will be in charge of regulations and providing proper guidance for PPP arrangements. Future plans for PPP policies will put in place stronger frameworks to manage the implementation of PPPs. However, despite these ambitious plans, the current state of PPP policies is rather weak, inconsistent, and insufficient at managing PPPs.

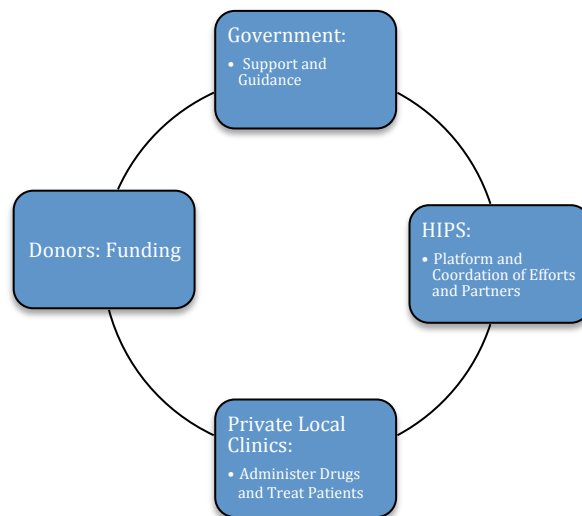
a. Case Background

The Government of Uganda lacks the capacity and resources to provide HIV/AIDS treatment and services to all regions of Uganda. Estimates show that government facilities only service about 40% of the antiviral therapy (ART) population. Private health clinics have emerged to fill this service delivery gap. Health Initiative for the Private Sector (HIPS) was created to coordinate the HIV treatment program and improve access to larger portions of the population. HIPS has played a key role in helping the private sector provide HIV treatment to local populations.

HIPS sees the integration of private sector in the public health sphere as crucial to increasing access to treatment and leveraging their capabilities to lower costs. Before HIPS, public health clinics suffered from procurement instability, proper delivery mechanisms, and other issues that led to unpredictability in the HIV treatment process.

HIPS also works with local business to encourage them to offer medical coverage for HIV treatment for employees and works with local health clinics to promote treatment. Businesses are also encouraged for advocate treatment to their employees, which could lead to a healthier workforce in the future.

b. Who are the stakeholders and what is their role?



Important players in this program were the Government of Uganda, private sector clinics, donors, and HIPS. The Government of Uganda provided necessary resources, support, and guidance to the private clinics and HIPS. At the local level, District Health Officers (DHOs) provided support and oversaw both public and private health services in their jurisdiction. In addition to overseeing health services, DHOs also assisted private clinics in supplying and securing products, and advocated for additional funding at the national level. DHOs were also responsible for improving sustainability, reporting, and quality of public health facilities.

HIPS served as a platform for the partnership and worked to coordinate efforts and partners in the PPP. It did not implement the program or handle any technical aspects of it. Rather, it served a supporting role. HIPS secured partners to deliver HIV treatment, developed a memorandum of understanding (MOU) between partners during the initial stages of the partnership, brought in different partners to the project, and coordinated the partnership. Furthermore, it provided training, supervision, and administrative support for the commodities management system. In addition to this, HIPS also worked with both the public and private sector to reduce costs through cost-sharing strategies and programs.

Private sector clinics were responsible for treating patients and providing follow-up care. Donors largely provided funding and monitored the program.

c. How is funding allocated?

The program was funded through various sources. Donors, and sometimes the Ugandan government, covered drug and treatment costs. Private clinics offered free treatment services to patients. Cost of care was either subsidized by the government or covered by the patients themselves.

d. What are the Risks?

Initially, private health clinics were hesitant to engage in partnerships with the public sector due to the cost of drugs and the expenses necessary to deliver or expand services to the HIV population in remote areas. Private sector feared supply shortages from the government, which threatened to disrupt service delivery and patient follow-up care. They also feared that political issues and insecurity within the government might hinder or interfere with drug supplies or lead to stockouts, which again would create challenges for the private clinics in providing services. This uncertainty led some private clinics to reduce the number of patients they served or institute caps on treatment.

Another issue that hindered the progress of the program was the unreliability surrounding the commodity management system. This unreliability has made it difficult for private sector to trust the government and engage in the program. The HIPS program minimized this to some degree by serving as the partnership coordinator and ensuring that communication between partners was open and consistent. The HIPS director served as the middleman between the private clinics and the DHOs to ensure that information on stock quantity and delivery was communicated in a timely manner.

Furthermore, private sector reporting to DHOs varied from region to region, which created a lot of inconsistencies in reporting protocols and measurement. Monitoring also varied from region to region, depending on each DHO's personal style. These inconsistencies prevented the

government from providing support to private sector partners and from helping them fully integrate into the program. Private sector needed more sustained support structures from the government, which would establish more trust between partners. Without these support structures, private sector will continue to remain on the periphery of health programs.

Another issue for this partnership was communication. While private sector was aware of the organizations that were involved in the HIV program, they did not have a working relationship with them. Thus, private sector did not understand the procurement and implementation processes, which created barriers to engaging the private sector fully into the program.

A final issue was patient follow-up. Due to limits in capacity, the public sector had difficulty in keeping track of patients and following up with them to make sure that they receive full treatment. Private sector does a better job with this in the sense that it has higher rates of return patients. Therefore, partnership between public and private sector can lead to sharing of best practices to help public sector improve patient retention, treatment adherence, and follow up.

e. How did the partners address these risks?

HIPS was a great resource for minimizing risks and promoting the success of this program. Most collaborations between the public and private sector were initiated with the help of the HIPS advisors in identifying a community in need of healthcare services and then approaching the private sector to fill this gap. However, sometimes private clinics did approach HIPS advisors to request help to improve scale or efficiency of an existing program. HIPS was responsible for assessing the program from costing to partnership arrangement. HIPS also initiated and oversaw the initial MOU process and creation of partner guidelines.

In addition to the role of HIPS, other factors were also important for reducing risks in this partnership. For one, the requirement and *strict adherence to developing and signing MOU agreements* in order for private sector to take part in the program was been crucial to establishing trust and defining roles in the program. The MOU reduces risks in the initial stages of the partnership by clearly defining the roles and responsibilities of each partner, making clear the cost-sharing components of the program, establishing time commitments, and clarifying expectations. In addition, MOUs aid in the sustainability component of the partnership since it usually last longer than leadership and staff who take institutional knowledge with them when they leave. MOUs leave behind a written trail and map for new leaders to build on. As service level increases, a new MOU is drawn up to fit the need of the new services. Finally, MOUs help employees and partners hold leaders accountable and in line with contract terms. In this way, MOUs have been central to the success of this program.

Once they were accredited, private sector was linked to donor-funded antiretroviral databases and equipped with *the necessary tools and indicators to provide services to HIV populations* in their communities. Private sector was required to report to the central antiretroviral therapy director in order to receive necessary supplies. Since private clinics were designed to broaden HIV treatment access to remote populations, patients do not pay for HIV treatment.

Another element that contributed to the success of the program was the *engagement of management leaders at HIPS*. The level of communication between the public and private sectors through the HIPS advisors, who acted as intermediaries, was crucial to making the program successful. Having someone at HIPS made business planning for the private sector much easier since they

knew when to expect supplies and could forecast budget issues. HIPS leaders also clearly laid out expectations in the beginning. This built trust and confidence in the partnership, making it easier for private sector to scale up their treatment programs. It also established a greater sense of engagement with local communities and ownership in the HIV treatment program.

Based on this analysis and the elements for reducing risk in Table 1, Table 5 highlights some of the strengths and weaknesses of the Tanzania HIPS PPP program in reducing risks. The Strengths column illustrates some important aspects of the program that were key to its success, while the Weakness column highlights challenges and possible improvements in the program.

Table 5: Strength and Weakness of Reducing Risk

Strength	Weakness
<ul style="list-style-type: none"> ➤ MOU helps define expectations, roles, and interests of partners. It is a requirement for PPPs to get approval by the government. ➤ Providing the private sector with the necessary tools and indicators to serve the HIV populations. ➤ High level of engagement and communication from management leaders at HIPS. ➤ HIPS and the government monitored the private sector. 	<ul style="list-style-type: none"> ➤ Funding insecurity faced by the private sector. ➤ Weak delivery channels. Private sector feared supply shortages from the government. ➤ Need more transparent system to track progress. ➤ PPP policies are weak, inconsistent, and insufficient. ➤ Monitoring and reporting varies from region to region, which creates inconsistencies in tracking performance. ➤ The lack of communication between public and private health services prevents private sector from understanding procurement and service delivery processes.

This case study analysis was based on data collected by C. Blazer for the HIPS Project in Uganda. (C. Blazer, 2011)

V. LESSONS LEARNED

The analysis from these four case studies has highlighted some important lessons for reducing risks in future PPPs. While each case differed in scope and success, there were a number of common elements from Table 1 that were especially crucial to reducing risks in all four cases. Particularly noteworthy was the role and involvement of the government, robust communication streams, building a sense of ownership and trust between partners in the project, and sustainable funding systems were crucial to reducing risks and ensuring success of the PPP.

The role of the government was critical to minimizing risks and making the program successful. As illustrated in the case of Bangladesh, the government was a vital player in making sure the program was successful at immunizing citizens. Both at the central and local levels, the government was engaged, supportive, and held stakeholders responsible. Having a strong government presence in the program reassured other partners that they could rely on the government to provide resources and funding for program implementation. It reduced uncertainty and risks on the part of the partners. In the case of Uganda, however, the government's lack of support led to numerous issues and distrust between partners. Because of

the unreliability of the government, private clinics couldn't adequately deliver treatment to vulnerable populations. Furthermore, the gap in communication streams led to disengagement and inability to provide proper supplies and funding to private clinics. While HIPS played a large role in minimizing this, greater government involvement could have helped improve the delivery of this program.

Another lesson to glean from these cases is the importance of strong communication streams. In both the Bangladesh (EPI) and Nepal (Chlorohexidine) cases, there were strong mechanisms for open communication. Not only on the part of the government, but all stakeholders were engaged and openly communicated with each other. For example, in the Nepal case, NGOs had both formal and informal discussions with Lomus, which was crucial to building a strong relationship and establishing trust between public and private partners. Lomus, in return, became more engaged in the program through these meetings. In addition, the government invited Lomus to be a member of TAG and integrated them more fully into the decision-making process.

Furthermore, the inclusion and involvement of the private sector in all aspects of the program was crucial to minimizing risks. As mentioned above with Lomus in Nepal, more involvement of private sector helps increase accountability and establish sustainability of the program. In Tanzania, for example, Nutriset was very engaged in all levels of the partnership. Nutriset worked with academics and NGOs to gather population data, with local private sector to disseminate products, and with the government to ensure products met nutrition standards and marketing regulations. This level of involvement helps transfer institutional knowledge to local counterparts, develop a sense of ownership in the project, and enhances sustainability of program effects. In contrast to this, Uganda's private health clinics were disengaged from the procurement and public health delivery channels, which reduced their involvement in the program and minimized the program's impact.

Finally, insufficient funding is a great risk to PPP programs. For example, in Uganda the lack of sufficient funding from the government limited the scope and capacity of the program. Private clinics were forced to place caps on the number of patients they served. The unreliability of funding produced a great barrier for most private clinics and even created some distrust between partners. Therefore, governments and donors need to ensure that there is sufficient funding and resources to implement the program and support partners if the PPP is to ever be successful.

VI. LIMITATIONS

While every effort was taken to ensure adequate capture of all essential elements necessary to reduce risks in PPPs, a few issues hindered understanding completely the risks faced by these partnerships. For one, lack of available case studies created a selection bias towards successful PPPs since it is the successful PPPs that are more likely to be published than unsuccessful cases. Understanding situations where PPPs have failed provides important insight for improving PPPs and could help researchers develop diagnostic tools to prevent future PPP failures.

Furthermore, while the field of PPPs is fairly new, there needs to be a greater push for collecting and reporting data on PPP programs. To fully understand the problems facing partners and developing ways to solve these issues, leaders need a complete picture of the various nuances that

encompass PPPs. Therefore, there needs to be a greater push for publishing and reporting PPP outcomes so that future PPP leaders can learn from past programs.

Finally, within those case studies that have been published, there is an absence of private sector perspective. If future PPP leaders seek to fully understand how to reduce risks and make programs more successful, they need to capture perspectives of all stakeholders. Eliminating key voices from the analysis will hinder a complete understanding of issues faced by all partners and how to address these challenges. Lack of private sector perspective can also exclude novel strategies or approaches to tackling the numerous issues faced by PPP programs.

VII. CONCLUSION

Public-private partnerships can be a powerful tool for finding solutions to complex development challenges. While PPPs have been around since the 1980s, the recent push by international leaders such as Kofi Annan has expanded PPPs to health, education, and other areas of development. In the health sector, PPPs can provide new resources, build capacity, and improve existing systems to help governments meet development goals. While research on PPPs is still scarce, a few studies by the World Bank, OECD, and others have illuminated some important aspects of PPP that can help future PPP projects reduce risks and be more effective. These elements have been highlighted in Table 1 and further analyzed in case studies from Bangladesh, Nepal, Tanzania, and Uganda. From these analyses, a few elements appeared crucial to reducing risks and improving PPPs.

The case studies and literature research in this paper have stressed the role of government as paramount to reducing risks and making the PPP successful. Sufficient policies, regulations, frameworks, fiscal and non-fiscal support, communication, and government engagement are necessary to hold partners accountable and minimize risks. High level of involvement at both the national and local level is important for engaging partners, maintaining open communication, and monitoring partners. Tied to this, monitoring and communication needs to happen at all levels of the PPP and with all stakeholders when possible. This helps build trust, ownership, and holds partners accountable to each other.

It is also important that government only recruit or sign partners that are relevant - share the program's goals, align with government priorities, and offer complementary expertise and capacity. This is crucial to minimizing risks and promoting sustainability of the project because partners will be invested in the goals and mission of the PPP. Screening partners through a due diligence process and formal meetings about goals and priorities, as well as signing MOU contracts, can help identify compatibility and minimize risks due to conflicting interests and misaligned priorities.

And finally, it is important that government incorporate local level partners whenever possible to ensure sustainability, enhance capacity building, and promote knowledge transfer. Engaging local stakeholders not only connects the partners with the communities they are serving but also helps facilitate trust within the community. Often times getting local religious or community leaders on board is crucial to program absorption in remote communities where it is very difficult to spread awareness and achieve success.

In conclusion, PPPs vary greatly across scope, structure, implementation, and goals, which makes it rather difficult to predict future risks or work to eliminate risks in PPPs altogether. However, research has shown that PPP leaders can take a number of preventive steps to minimizing risks before they create challenges in the future. Some of these steps have been highlighted in Table 1 of this report. Furthermore, the examination of case studies using Table 1 as a guide surfaced four common elements that were key to reducing risks in PPPs: the role and involvement of the government, robust communication streams, building a sense of ownership and trust between partners in the project, and sustainable funding systems appeared critical to minimizing risks in each case. Therefore, partnerships will have a greater chance of sustainability and program success if they focus on improving these areas of the PPP.

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