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**Master's Thesis**

**ENHANCING THE PUBLIC-PRIVATE PARTNERSHIP IN THE  
PROVISION OF HEALTH CARE SERVICES IN RURAL AREAS**

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I dedicate this research thesis to my lovely wife Matilda Adzibolo, my mother Madam Rosaline Gyapomaa-Danso and father Mr. Edward Akwasi Adu, siblings, and Mr. Patrick Coleman for their unweighing support.God bless you.

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## SUMMARY

Master's thesis is focused on enhancing the Public-Private Partnership (hereinafter – PPP) in the provision of health care services in rural areas. The objective of the thesis is to reveal the situation of public-private partnerships in health care services' provision in the rural areas, identifying the directions for its enhancing.

This master's thesis consists of introduction, main parts such as theoretical, methodological and empirical ones, conclusions, recommendations, references, and annexes. The main parts is made up of three sections: the first section has reviewed scientific literature and theories in relation to the study, the second section comprises of the methodological aspects for the study and in the third section, the empirical part of the study that formed the logic and novelty of the study is highlighted.

The study was carried out in two republics: Nigeria and Lithuania, two selected regions. Findings from the research and its analysis carried out in both countries indicated PPP situations in these countries. In Nigeria, in spite the identified triggers and barriers to PPP in rural areas, there is an ongoing PPP practices in provision of healthcare services that require enhancement. However, analysis of the survey, done in Lithuania, showed the absence of PPP practices in provision of healthcare services in rural areas of selected region. In reference to the results of the research, the following directions (recommendations) for the enhancement of Public-Private Partnership in the provision of health care services in rural areas were formulated: there should be an awareness of PPP activities in provision of healthcare services in rural areas: there should be an appropriate channel for information, communication, and awareness for the rural dwellers. On management behalf, there should be adequate measures for legislation that will enhance PPP practices in provision of healthcare services in rural. Finally, there should be an effective communication channels between every member of PPP and governmental institutions should be involved in PPP activities regarding healthcare services.

**Keywords:** Public-private partnership, health care services, provision of services, rural areas, enhancement.

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## SANTRAUKA

Magistro baigiamojo darbo analizė yra orientuota į viešojo ir privataus sektorių partnerystės (toliau – VPSP) stiprinimą teikiant sveikatos priežiūros paslaugas kaimo vietovėse. Baigiamojo darbo tikslas – atskleisti viešojo ir privataus sektorių partnerystės situaciją sveikatos priežiūros paslaugų teikimo kaimo vietovėse kontekste, nustatyti jos stiprinimo kryptis.

Šį magistro darbą sudaro įvadas, pagrindinė dalis, sudaryta iš trijų skyrių – teorinio, metodologinio ir empirinio, išvados, rekomendacijos, literatūros sąrašas ir priedai. Pagrindinę dalį sudaro trys pagrindiniai skyriai (dalys): pirmoje dalyje išanalizuota mokslinė literatūra ir teorijos, susijusios su tyrimu, antroje – tyrimo metodologiniai aspektai, o trečiojoje išryškinta empirinė tyrimo dalis, suformavusi tyrimo logiką ir naujumą.

Tyrimas atliktas dvejose respublikose: Nigerijos ir Lietuvos, atrinktuose jų regionuose. Abiejose šalyse atliktos analizės rezultatai parodė, kad šiose šalyse yra VPSP apraiškų. Nepaisant nustatytų veiksnių ir kliūčių, susijusių su VPSP kaimiškose vietovėse, Nigerijoje sveikatos priežiūros paslaugų teikimo srityje rasta VPSP praktika, kurią reikia tobulinti. Tačiau Lietuvoje atliktos apklausos analizė parodė, kad analizuoto regiono kaimiškose vietovėse nėra VPSP praktikos teikiant sveikatos priežiūros paslaugas. Remiantis tyrimo rezultatais, buvo suformuluotos viešojo ir privataus sektorių partnerystės stiprinimo teikiant sveikatos priežiūros paslaugas kaimiškose vietovėse kryptys (rekomendacijos): turi būti suvokiama VPSP reikšmė teikiant sveikatos priežiūros paslaugas kaimiškose vietovėse: turi būti tinkamas kaimo gyventojų informavimo, komunikacijos ir sąmoningumo kanalas. Valdymo srityje turėtų būti suformuluotos tinkamos teisės aktų priemonės, kurios sustiprintų VPSP praktiką teikiant sveikatos priežiūros paslaugas kaimiškose vietovėse. Galiausiai, turėtų būti užtikrinti veiksmingi komunikacijos kanalai tarp kiekvieno VPSP nario ir valdžios institucijų, kurios turėtų dalyvauti VPSP veikloje, susijusioje su sveikatos priežiūros paslaugomis.

**Raktiniai žodžiai:** Viešojo ir privataus sektorių partnerystė, sveikatos priežiūros paslaugos, paslaugų teikimas, kaimiškos vietovės, stiprinimas.

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## INTRODUCTION

**Research relevance.** In every society, it is important to have a health care system that is working effectively, as it is the fundamental right of every citizen (Joudyian et. al., 2021) to enjoy proper health care. Health care system impacts the citizens' ability to actively participate in both economic and social activities (Tabrizi et. al., 2020) of that society. According to the Astana Declaration on Primary Health Care (2018), Primary Health Care (PHC) is pivotal to a sustainable health system for universal health coverage (UHC) (Joudyian et al., 2021), as well as all health-related Sustainable Development Goals (SDGs). All stakeholders, including organizations, upholding the vision of the SDGs in health care work as partners and take necessary actions to build a stronger and sustainable primary health care (PHC).

In recent times, many countries' elites have cultivated a habit of getting medical treatment abroad, also referred to as "Health Care Tourism" (medical tourism). This has contributed to stabilize and dynamically develops its economy (Mestrovic, 2018). However, not all social groups may afford health care tourism or private services, so, majority are using public health care services, provided by local public health care institutions. Since this is the case, this study seeks to reveal the situation of public-private partnerships in health care services' provision in the rural areas, identifying the directions for its greater enhancing. However, provision of public health care services in rural areas may be influenced by different challenges. Rural communities have worse outcomes of health behaviors than urban regions because of inadequate health care services access (Higgins, 2021). Therefore, governments must look for new ways of health care services provision even in rural areas.

Public-private partnerships (hereinafter PPPs) can be described as the collaboration between a government institution and a private sector company which can be used to finance, build, as well as operate projects (Hansen, 2022). Such projects may include but not limited to public transportation networks, parks, convention centers as well as provision of public services. The public partner is represented by government agencies, which could operate on a local, state and /or national level, while the private partner could be resented by a privately-owned business, public corporation as well as consortium of companies with a particular area of expertise (Hanna, 2018). There are various industry sectors in which PPPs are being developed, some of these sectors, according to the World bank report include Energy and Power PPPs, Telecommunications/ICT PPPs, PPPs for Transport, Water and Sanitation PPPs, Sub-national and Municipal PPPs as well PPPs in the Health Sector, which is the primary focus of this study (World bank Group, 2020). Each of this sector presents unique challenges as well as opportunities for PPPs due to different considerations on legal, regulatory and investment matters.

In health care, public-private partnerships enable the government of a country to collaborate with the private sector in a bid to pooling resources, and in turn combine the technical and managerial skills of both sectors to better health of the population (Nanda, 2012). In many less developed countries, there are various challenges associated with the healthcare systems, especially in the rural areas, where quality health care infrastructures are rarely present. Due to the critical nature of the need of functional health care system, there is a need for formal partnerships between the public and private sectors, to collaborate and implement conventional health care projects (Baxter & Casady, 2020). This will thus contribute to the support of sustainable and resilient health care systems that can combat health care problems.



Public-private partnerships have the tendency to create transparency and accountability in a country through private investment in infrastructure, in partnership with the public sector (Kavish & Chileshe, 2020), especially in the delivery of critical assets/infrastructures such as roads, bridges, airports, seaports, as well as social infrastructure like schools, health care and child care centers, as well as art galleries. Previous studies have shown that PPPs make substantial contributions to successfully implemented projects only when they are properly designed and well managed, hence, the inadequate and improper design of PPPs undermine the successful implementation of projects targeted at the development of the aforementioned infrastructure or system of services' provision in a country (Kavishe & Chileshe, 2020). Therefore this study is carried out with the aim to understand, how Public-Private Partnerships contribute to a better health care system in rural areas.

**Novelty of the research.** Some of the research areas covered in previous studies about PPPs are as follows:

- Efficiency of public (health care) services provision (Halaskova & Prokop, 2018; Rouag & Stejskal, 2017); Evolving Effective Healthcare System through Public Private Partnership (Wilson Nwankwo, 2016); The Nigeria's evolving public private partnership mixes in healthcare sector (Tomabri, 2017).
- PPPs as a mechanism of financing sustainable development (Sergi et al., 2019; Esposito & Dicorato, 2020; Haque et al., 2020; Mishenina & Dvorak, 2022; Joniškienė et al., 2020); Improving Outcomes in the Nigeria Healthcare Sector through Public- Private Partnership (O., Chukwuemeka, 2017)
- A scoping review of PPPs in primary health care (Joudyian et al., 2021); Public Private Partnership in the Provision of Health Services for the Millennium Development Goals: The Imperative Need for Optimizing the Public-Private Mix (Maximus N. O. Asogwa, 2017)
- PPPs as a tool for proactive and strategic health care in the era of Coronavirus (Baxter & Casady, 2020); Collective insights of public-private partnership impacts and sustainability: A qualitative analysis (Sheryl et. al, 2021).

These and many more are the PPPs areas that have been researched. There are already existing literature on the subject of PPPs, however they are focused on areas such as road infrastructures, sustainability, a different angle of health care study and general policies guiding public-private partnerships. This research intends to provide more insights and clarity on the enhancing aspects of public-private partnerships in relation to primary health care systems using the case of two regions (in Lithuania and Nigeria). The study is focused on understanding how PPPs can be empowered (which factors must work) that public-private partnerships could be successful in the health care sector in rural areas. This aspect still remains unrevealed. Besides, the comparison of PPPs enhancing situations and factors in Lithuanian and Nigerian regions (rural areas) was never done before. For the purpose of this study, two regions were selected as case study in Lithuania and Nigeria. This study will add a new and reliable information from the empirical research to the scientific knowledge.

**Research problem.** In recent years, there has been a dramatic increase in the involvement of the private sector, alongside contributions from development partners and civil society organizations in the development and funding of public facilities and services. In spite this development, most communities do not have health centres to access medical services, and also there is a lack of properly trained medical staff. Given this handicapped situation, PPP is considered a medium to proffer solutions to the menace ravaging the primary health sector of the country.

Lithuania faces a constant growing need to invest in public infrastructure and public services and development, especially in the health care services. Also, the aging population, deteriorating health and growing inequalities indicate the necessity to accelerate the reform of the public health system in the country. It is acknowledged that the patterns of public health have changed, and that there is an urgent need for new strategies and structures to reflect this change.

In Nigerian health system, the public private partnerships initiative has been a financing gateway that constitute the mobilization of private sector capital to put up health care infrastructures and services to improve public health activities/services. However, recently, the decline in resource allocations to health care services, increase costs, and the ever increasing expectations from the public for better services appear to pose a problem to the provision and management of health care services in rural areas.

Consequently, the health care services in rural areas are currently challenged with limited resources in spite the increase in the demand of this health care services. In addition, hence, the following **problematic questions** will be considered in this study:

- What are the main public-private partnership's success (enhancing) factors, which would be reliable in the health care system in rural areas?
- What is the situation of public-private partnerships in health care services' provision in rural areas of Lithuania and Nigeria?
- What are the main challenges and possibilities to empower the public-private partnerships in health care services' provision in rural areas of Lithuania and Nigeria?

**Research aim.** The study aims to reveal the situation of public-private partnerships in health care services' provision in the rural areas, identifying the directions for its enhancing.

**Research objectives.** This study will be completed with a focus on the following objectives:

- To investigate main PPP success (enhancing) factors, which would be reliable in the health care system in rural areas;
- To examine the situation of PPP in health care services' provision in rural areas of Lithuania and Nigeria, clarifying main challenges;
- To identify main directions and possibilities for the enhancing of the PPP in health care services' provision in rural areas of Lithuania and Nigeria.

**Research Methods.** Methodology of this analysis refers to the general method used to develop a study procedure. Research methodology provides theoretical basis for data collecting and interpretation (Goertzen, 2017). This study is conducted using the case study research strategy and qualitative research methods. For a better understanding of the situations in the rural areas of Lithuania and Nigeria, a document analysis as well as semi-structured interviews/ survey in writing have been carried out to collect data from selected participants. The empirical research involved professional participants from the health sector. The mode of conducting the interviews included a recorded phone conversations with the consent of the interviewees, a recorded zoom (video) conversations, the survey - an email communication. A content analysis of the interviews/survey results is conducted, and inferences are drawn.

**Scientific novelty and practical significance of the research.** The justification of the study refers to benefit that it adds some areas to the existing body of knowledge on contribution of the enhancing

of public-private partnership in health care services' provision in rural areas. The study enriches the understanding of both public and private sector organizations significance in health care delivery by linking the relationship between the service providers in both sectors and establishing the relationship between clients receiving services from a private or public facility or both. The study also explains the factors that empower PPP for health care delivery. The factors in this case are either pushing or pulling factors depending on how the system is managed and how governing institutions prepare the field for PPP.

Practically identified challenges may give some insights for practitioners how to enhance PPP cases in health care sector in rural areas. Partnerships have addressed the major challenge access through reducing the distance travelled. This is vividly evidenced by the spread of health facilities. Again, the study identifies the challenges like inadequate funding, inadequate staff accommodation, higher medical costs for non-supported services under the partnership and provides remedies to health sector with emphasis on private provides. The study guides public spending and contingent liabilities in healthcare PPPs, healthcare performance, and to the important components of public health services and sovereign indebtedness. Greater transparency can contribute to reducing uncertainty and increasing consensus in the current financial crisis.

**Structure of the thesis.** This thesis consists of the following structure: Summary, Introduction, 3 main chapters and their subchapters (Theoretical background, Methodological part and Presentation of empirical research results), Conclusions, Recommendations, References, Annexes.

# **1. THE CONCEPTION OF ENHANCING THE PUBLIC-PRIVATE PARTNERSHIP IN THE PROVISION OF HEALTH CARE SERVICES IN RURAL AREAS**

Seeking to understand how public-private partnership could be empowered to contribute to the provision of health care services in rural areas, the conception and features of public-private partnership will be revealed. Besides, features of PPP in the provision of health care services will be analyzed as well as specifics of health care services' provision and its administration in rural areas. Moreover, this chapter will explain the need of PPP enhancing in health care in rural areas seeking for Sustainable development goal.

## **1.1. The conception and features of Public-Private Partnership**

While analyzing conception of public-private partnership, the similarities and differences of its concept will be provided. Besides, main theories, explaining the PPP phenomena will be presented. Moreover, this chapter will identify features and success factors of PPP projects.

### **1.1.1. The concept of public-private partnership**

Just after the financial depression experienced in 2008, Public-private partnership (PPP) projects became popular for its role of salvaging the high demands of infrastructures deemed expensive. PPP as a concept is propounded with the notion to be a product of the “New Public Management” wave that took place globally in the 1980s (Broadbent & Laughlin, 2003). As a concept, it is theorized to be an ideology established on the belief that the private market is more effective and more efficient at providing goods than traditional public service delivery (Fussell & Beresford, 2009). PPPs were initially launched under the heading “Private Finance Initiative (PFI)” in 1992 under the conservative Major Government in England (Robinson & Scott, 2019). The term “Public-Private Partnerships” became famous when it was adopted under the Labor government.

The evolution of PPP in developing countries is relatively new. The re-evaluation of the structure and functions of governments in provision of public goods was driven by the argument that the hierarchical bureaucracy is inherently inefficient, and that the introduction of market mechanisms will substantially enhance the efficiency of public service delivery (Hood 1991, Moore, 1996 cited in 1999). This argument has been further developed by public choice theory, which argues that it is wrong to assume that politicians and bureaucrats always act in the public interest, and not either in pursuit of their own interests or those of powerful interest groups (Wale, 2015).

Universally, there is no broad acceptable definition for public-private partnerships. This is so because PPP implies different things to different persons in different countries. Given this premise, assessment, and comparison of international experiences in these partnerships is not always easy. According to the World Bank, 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” (What are Public Private Partnerships? 2014). Rakic (2011) gives a popular definition of PPP to be “a long-term contractual partnership between the public and private sector agencies specifically targeted towards financing, designing, implementing, and operating infrastructure facilities and services that were traditionally provided by the public sector in which the appropriate and mutually agreed allocation of resources, risks, and returns are shared among them” (Rakic, 2011). In simple terms, PPP refers to a form of cooperation between public authorities and the private sector to finance, construct, renovate, manage, operate, or maintain an

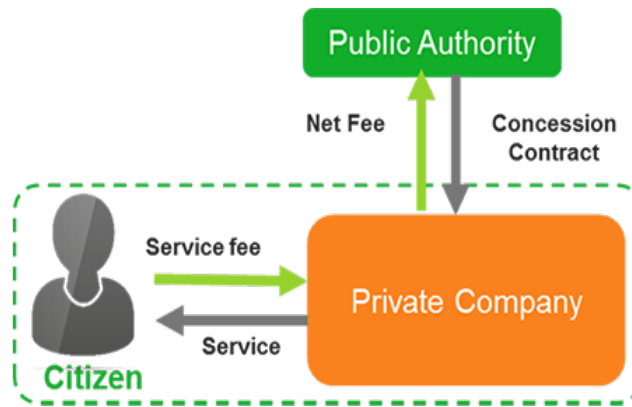
infrastructure or service (Afolabi, 2011). Yet, for the purpose of this study, PPP is defined to be any collaboration between public bodies (central and sub-national governments) and the private sector (private companies or institution) in the development and funding of health care facilities and institutions (Maximus & Severus, 2016).

So, PPP is a contract service between the government and the private sector, with the main aim of providing public infrastructure, community facilities and other related services. This kind of partnership is considered long term and it is often characterized by shared investments, risks, rewards and responsibilities for the mutual benefit of both parties involved (Ondategui-Parra, 2009). All over the world, governments, especially in developing countries, are challenged with scarce public funds and expertise to bridge infrastructural deficit (Omagbitse, 2010). Furthermore, in recent times, the demand for public services and infrastructure to support economic activities is on the increase (Li, Xang & Lings, 2005). Evidently, in comparison to private sector, governments generally are bad investors in efficient development and maintenance of infrastructure (Dahiru & Muhammad, 2015). Hence, the emergence of PPP served as a response to the inability of the governments to adequately finance, operate and maintain infrastructure development in the country (NIQS, 2010). In this regard, public-private partnership encompasses the relationship between public and private entities in the context of infrastructure and other services. PPP portrays a framework that engages the private sector while it acknowledges and structure the role for government in ensuring that social obligations are met and successful sector reforms and public investments achieved.

By polling private sector funds, PPPs can salvage the problem of insufficient funds in the provision of huge public infrastructure development and services in rural areas. In other words, PPP, when accurately implemented, could be beneficial in overcoming the challenges of inadequate infrastructures such as health care services in rural areas. Since it seems rather impossible for the governments in their own capacity to fulfil infrastructure deficit, to address this problem, those governments are exploring innovative means to better such infrastructure investment. One of the best options is the partnership between the public and private sectors through the contractual arrangement so called Public-Private Partnership (PPP) (Darrin & Mervyn, 2007). The system of PPP involves operating a free market approach to management, which also sought to ensure a drastic cut on excesses and overspending on public assets. This is achievable through the direct involvement of the private sector in funding public projects. In agreement, Akerele and Gidado, 2003, argued that the use of PPP system in the procurement of public services is of huge benefits especially in rural areas (Akerele & Gidado, 2003).

Conceptually, PPP is explained as collaboration or partnership between public and private sector organizations in public service delivery (Commonwealth, 2003). In this regards, there are three principal partners relevant in the scheme of PPP as related to the purpose of the study and they are:

1. The Government
2. And the private sector.
3. The citizens



**Fig. 1 PPP Model for public service**

Source: Thales group, 2020.

Conclusively, although PPP is a concept relatively new in developing countries, it has been popular in its operations and have been relevant for a long time in most developed countries. As a concept, it is a long term relationship between government (public) and private sectors in which the private sectors finance government (public) projects such as infrastructures. This kind of relationship between government and private sectors is collaborative in nature because it is targeted at capital-intensive building projects. By so doing, the government is able to tackle the challenge of financing public infrastructure especially in rural areas. To explain further are theories that expound on the concept of PPP.

### 1.1.2. Main theories, explaining public-private partnerships

In the course of this research work, the concept and principles of public-private partnership will be anchored on certain theories, these theories are; Principal Agent Theory Lafon & Tirole, 1993, Five-dimensional sustainable performance measurement system for PPP by Liang & wang, 2019. These theories are further examined as follows;

**Principal Agent Theory by Lafon & Tirole, 1993:** According to this theory, the concept of PPP can be likened to the relationship between boss and employees. The theory goes further to describe the behavior of the boss being the *principal* as one who cannot properly monitor the productivity of the employee being the *agent*. To improve the employee's productivity, the boss gives incentives. Even though these incentives are really expensive, they are effective at realizing the desired goal of productivity from the agent (employee). This theory validates the use of property right and information in ensuring a contract that defines an organization. This theory concerns the mutual relationship between the principals and agents who have authorities over organizations. To relate this theory to PPP, both contract parties in PPP are called principals (i.e. the public sector) and agents (being private agencies). These parties are intrinsically motivated by their interests and rationality. The rationale behind the theory is how the agent can act in sync with the principal. Still on this, an assumed agency (risk) problem evolves which is not only from the agent but from information which is in favor of the agent. Principal agent theory also highlights the issue of risk bearing which is a central theme in the concept of PPP. Shared risks is intended to be an important benefits of PPP as a growing efficiency in the delivery of public services (Hanna, 2018). This theory seeks to decide which contract is most efficient when compared to different levels of outcome uncertainty, risk aversion, information and other variables. It is determined to decide if the optimal contract between the principal and agent is behavior or outcome oriented. It assumes an easily measured outcome and an

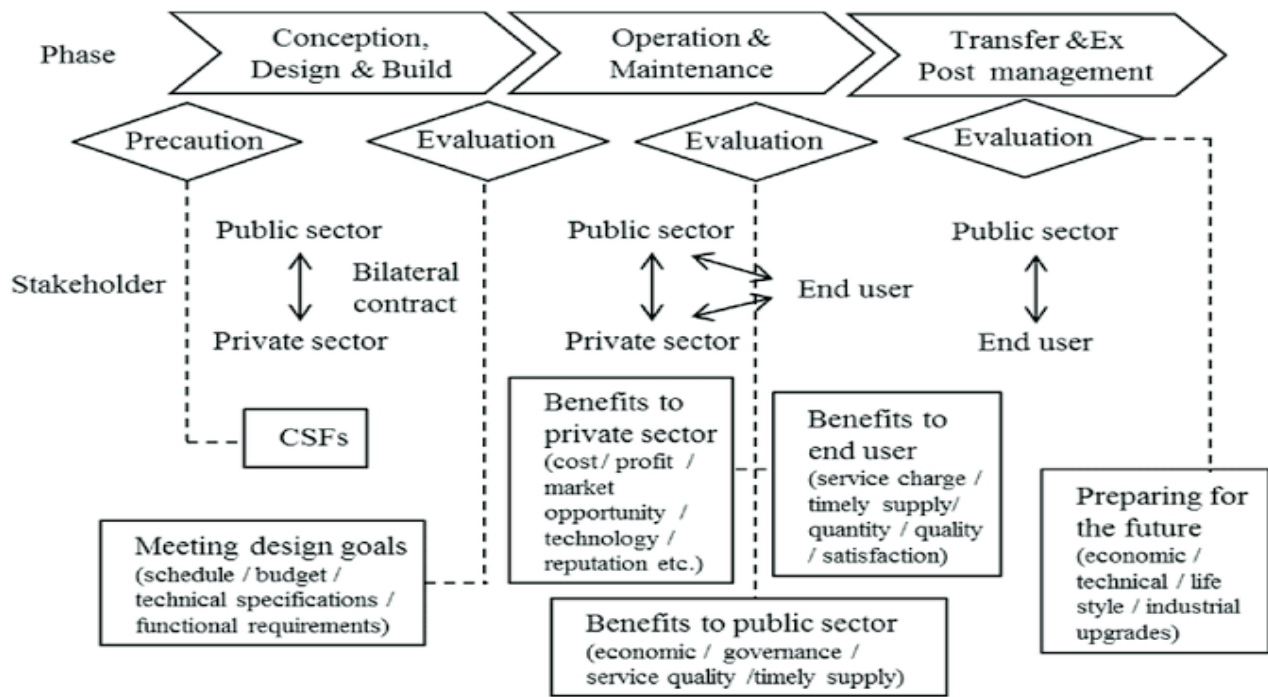
agent who is more risk averted than the principal (Brown et al., 2016). It is logical to assume that when principal and agent engage in a long-term relationship, the principal will learn about the agent easily. This is said to reduce information asymmetry. In this kind of scenario, behavior-based contract is appropriate. However, in a relationship that is short-term between the principal and agent, the information asymmetry is likely to be greater, therefore outcome-based contract becomes more attractive (Zhao, 2005 cited in (Maximus & Severus, 2016).

**Five-dimensional sustainable performance measurement system for PPP by Liang and Wang, (2019)** gives insights on PPP project performance from the perspective of stakeholders through the exploration of literature reviews and interview sessions with practitioners that are experienced. Lets take for instant the provision of healthcare services in rural areas by PPP, those involved (the stakeholders) will be primarily the endusers, the private and the public sector to be the government sector responsible for health. At the private setor is an emphasis on economic profit, business capabilities, and future opportunities as its main objective for the partnership (Atmo & Duffield, 2014); whereas, the public sector gain or objective exceeds the economic concerns instead the social “net” benefits (how to maximize positive environmental and social impacts while minimizing the negative ones) is being considered (Zhang et al., 2016). In comparison, the public sector is more long term oriented about the project outcome than the private sector and the balance between both sectors is coordinated throughout the whole project life (Liang & Wang, 2019).

From the explorations on previous studies on measurement of PPP project performance, Five-dimensional sustainable performance measurement system for PPP was developed. In addition, four phases PPP projects implementation were identified by these experienced practitioners. These four phases area:

1. The conception phasee,
2. The design, and build phase,
3. The operation and maintenance phase (private sector in charge),
4. The transfer and ex-post management phase (public sector in charge).

During the onset of PPP project conception, design, and build phase, there is usually an identification of potential risks (by the stakeholders) which is a critical factor to the success of PPP project implementation and performance. Also, from the stakeholders’ point of view, these risks play important precaution roles in ensuring an optimal PPP project performance. At this phase, there is an evaluation of meeting design goals. This happens when the main contractual relationships between the public and private sectors takes place. To ensure that PPP project is on the right course, during the phase of operation and maintenance, periodically, the gains for both public and private sector is evaluated; at the same time the benefits for the end user is assured. There after (after transfer), the principal relationship will be just between the public sector and the end users. On the issue of sustainability for PPP project for the future, this is emphasized and evaluated periodically (Liang & Wang, 2019). The final stage of the sustainable performance measurement system in this study is shown in Figure 2.



**Fig. 2. Five dimensional sustainable performance measurement system for PPP.**

*Source: Liang & Wang, 2019*

The explanations for the above figure are as follows:

1. **Meeting design goals:** This is the first dimension and it addresses the basic aims of the project construction. In this dimension, there are four primary items: delivery of project on schedule, budget, functional requirements and technical specifications.
2. **Benefits to the end user:** Is the second dimension with five aspects from end-users view points. According to their views, the outcome of the PPP project should meet the needs of the end-users on the conditions of; timely supply, quality, quantity, affordable service charge and overall satisfaction (Ozorhon, 2011). On overall satisfaction, the item specifies other benefits of importance to the end-user.
3. **Benefits to private sector:** This is the third dimension that constitute eight items: cost management, marginal profit, investment return, market opportunities, technical advance, experience and knowledge gains, reputation improvement, and competitiveness enhancement (Yuan, 2010). From the eight items, the first four is about direct profit-making and the last four measure the long-term probability.
4. **Benefits to public sector:** This fourth dimension of sustainable performance measurement system for PPP has four items: economic benefits, government reputation, service quality, and timely supply of public works ( Zhang, 2006). Every item is evaluated in a medium to long-term across the four stages of PPP project implementation (conception, design and build, operation and maintenance, transfer, and ex-post facilitate management).
5. The fifth dimension “**preparing for the future**” has four items that are focused on long-term contributions to economic development, technical innovation, lifestyle shifting, and industrial upgrades. Inspiration for these items were derived from the work of Liu et al., (2015) and Atmo & Duffield (2014).



Every of PPP project that is initiated by the government has obligations to better the social welfare of citizens. On this note, a system of sustainable project performance measurements for PPP must be in sync with the “three red lines” for sustainable development. Five-dimensional sustainable performance measurement system for PPP as a model is very suitable for the analysis of PPP in the provision of health care services. This is why this theoretical approach is presented here as one of core backgrounds for this research.

Again, the theoretical basis for this study is anchored on three arguments: *the political, the social and the business* (Hofman, 1990). **The political case** arises from the justification of the private sector as a more efficient manager of resources than the public sector (Maximus & Severus, 2016). In this regard, the PPP is said to introduce private sector efficiencies into public service by means of a contractual agreement, timelines in the implementation of projects and risk mitigation as well as the use of innovative private finance initiatives (PFIs) not previously available to the public sector in the financing and implementation of key public sector projects and programmes, especially infrastructure and related service projects (Maximus & Severus, 2016). **The social case** for PPP can be seen from at least two major perspectives:

1. The positive impact of successfully implemented PPP projects on public finance, public sector resource constraint and good economic governance/accountable and transparent governance.
2. The successful application of PPP as a financing and infrastructural procurement model and strategy in the health education and housing sectors, with all the benefits of cost-effectiveness, timeliness in project delivery and a high quality of service delivery.

Finally, **the Business/Economic case** for PPP is based on the strategic role of the private sector as the main mover and engine of growth of the economy. For instant, the primary reason for the fabulous economic development in Lithuania has been the active involvement of the private sector in the delivery of PPP projects in the country (Preker and Harding, 2000).

Summarily, PPP in relation to provision of healthcare services in rural areas is guided by three theories: Principal Agent Theory by Lafon & Tirole, 1993, Five-dimensional sustainable performance measurement system for PPP by Liang & wang, 2019 and the arguments on the political, the social and the business by Hofman, 1990. To follow is the classification of PPP contracts and features of PPP.

### **1.1.3. Classification of public-private partnership contracts**

In many contexts, classification of PPP contracts is dependent on the context, the level of risk involved, parameters, outcome of projects and investment made on contracts. These factors are responsible for the differences in the classification of PPP projects or contracts (Author, 2022). Table 1 gives summary of the various classification of PPP contracts.

**Table 1. Classification of PPP contracts**

The type of contract	Features	Source
Contracting Out	A contract by a public agency is constructed to an external private company.	Zandvoort, 2018
Franchising/ Concession	A private partnership takes over the responsibility of operating a service and collecting charges and possibly for funding new investments in fixed assets.	Böhle, 2021
Afterimage	Public authorities control construction and own the fixed assets but contract out operations, maintenance and collecting service charges.	Kadiri et al., 2015
Leasing	In this contract, the private sector is solely responsible for the maintenance and operations of the facilities while the financing becomes the responsibility of the public entity. In other words, equipment/assets are not purchased but are paid on lease	ISDB, 2019
Privatization	Public service is entirely sold to a private partner. In privatization, it is usually considered as an involvement from the private sector in utility instead of concession	WBG, 2019
Management contract	Private organization takes over responsibility for managing a service to specified standard by using staff, equipment etc, of public authority. In this contract, the goal is task instead of output	Shen, 2015
Build Own and Operate (BOO)	This kind of contract agreement allows for partnership between public and private sectors whereby the private firm may build, take ownership and operate the asset/service at Its own risk. This happens in greenfield and has advantage of long-term contracting period.	WBG, 2015
Build Own Operate and Transfer (BOOT)	This contract partnership puts the entire risk on the private contractor but the asset/service will be transferred to the public sector after a period of time.	Hayes, 2022
Management Buyout (MBO)	The management of well-run internal functions negotiates the purchase of that function and becomes a private venture.	StudyCorgi, 2022
Co-operatives	Self-governing voluntary organizations designed to serve the interest of their members, working in partnership with public authorities.	Afolabi, 2011

Source: own elaboration, based on mentioned resources.

From the above-mentioned systems and techniques of PPP, the most commonly practiced form of PPP is **contracting out**. Sohail et al. (2018) states that “There are no strict PPPs classification that can be made, because partnership classification depends on the type of services, the nature and strengths of the partners and the objectives of the PPPs” (Sohail et al., 2018). Hence, public-private partnerships are primarily institutional arrangements that spells out the rules governing the partnership relationship, roles, responsibilities, and accountability mechanisms (formal or implied). The overall aim of PPP is to meet public needs, which would not have been realized without joint efforts. Through PPPs, inter-alia, the public sector will be able to maintain partial ownership and sector and at the same time be effective in its role of political accountability to its constituents.

Globally, there are three criteria to ascertain whether a PPP is the right vehicle for procuring a public asset or service:

1. **Risk:** The allocation of risk between public and private sector is central to implementation of PPP system of project procurement. The fundamental principle of PPP implementation is indeed risk allocation. The public sector is largely relieved of many bundles of responsibility thereby creating a chain of benefits to the project (Dahiru & Muhammad, 2015). Since the public sector is incapable of managing risk transfer or allocation of risk from public to

private sector becomes a primary feature of PPP (Tombari, 2017). So, before the commencement of partnership between the public and private institution, it is important to ask “*Can substantial risk be transferred to the private sector?*” However, it is important to note that the public sector does not relinquish all the risks to the private sector. Rather, it is only those risks deemed fit to be managed by the private sector that are passed on to the private sector (Muhammad, 2015).

2. **Affordability:** This feature sees to it that the project affordable to the procuring institution. In some cases, institution do not adequately budget for their infrastructure and service delivery needs. Therefore, budgets may have to be reviewed once proper business cases have been prepared and evaluated (Gbeneol, 2017).
3. **Value for Money:** In order to know if the infrastructure will be worth the procurement, it is pertinent to ask: “*Does a PPP procurement option show value for money?*” (Gbeneol, 2017). The implication is that PPP has to be subjected to a value-for-money test. That is, the total cost for infrastructure provision and service by the institution compared to the costs of providing the same infrastructure and services through a PPP? If the comparison shows that a PPP is more cost-effective, the difference in cost between the two scenarios is known as *value for money* (Gbeneol, 2017). If the value-for-money test agrees that the traditional procurement method is more cost effective, the PPP option would not be pursued.

Asides the above mentioned criteria, the features of PPP are highlighted as follows:

- Partnerships attempt to utilize multi-sectoral and multi-disciplinary expertise to structure, finance, and deliver desired policy outcomes that are of public interest.
- Through partnership with PPP, there is timely delivery of of quality and sophisticated infrastructure.
- Through collabration, both private and public sectors stick to their identity even as they partner primarily to meet tasks and share risks.
- PPP seeks to create, build and maintain effective relationship between public and private sectors.
- PPP aids the achievement of improved value for money through the utilization of innovative capabilities and skills geared at delivering performance improvements and efficiency savings.
- PPP is designed to maximize the use of Private Sector Skills.
- Transaction made by PPP facilitates smooth technology transfer. Figure further illustrates the the features of public-private partnership.



**Fig. 3. Features of PPP**

Source: Gbeneol, 2017.

It is important to note that the classification of PPP differs depending on its features and criteria. Consequently, since agreement for partnership between private and public sectors depends on the kind of service contracted, nature and strength of the partner involved in the contract and the aim of PPP, there are no standards for classification of PPP. Subsequently, the concept of public-private partnership enhancement will be considered.

#### **1.1.4. The concept of public-private partnership's enhancement**

In most cases public sectors have had to turn to private sectors to handle their projects, in situations like this, the primary reason is often insufficient funds. In addition, private sectors are considered to 'produce' better work or the same work at a lesser budget; efficient manager and take proper account of the risks involved in the project implementation (Vassilis, 2017). When this is actualized, public sectors risks are reduced because these risks are transferred to the private sectors who are better at risk management, provision of improved services and assets are better utilized. When public sectors utilized private sectors innovations, experience and flexibility, PPP usually render services that are cost friendly compared to other traditional approaches. The basic motives for PPP implementation are the need to secure state budget allocations; quality improvement of public infrastructure and provided services; mobilization of private sector's know-how in project planning/implementation; limitation of the project/service operational cost; and finally sharing of financial risks. The expected results of PPPs are: better exploitation of existing public funds; differentiation of the way public infrastructure projects and services are being implemented, in order to advance innovation; increased competition and know-how transfer from the private to the public sector; and the need to guarantee the desirable level of projects' social benefit and the quality of provided services on a constant basis. The public sector should examine the possibility of PPP when the provided service/project is new and cannot be implemented through public funding and/or the public sector's knowhow; and when the private sector can reduce the cost, improve the quality of the service provided and deliver the outcome faster.

#### **1.1.5. The success factors for public-private partnership projects**

In PPP projects, success factors simply means those factors that have yielded success in the creation and sustenance of optimum performance behavior in any given organization (Akinyemiet, 2017). Every project undertaken by PPP is motivated by the need for governments to tackle financial insufficiency through an agreement with the private sector partners to increase efficiency and effectiveness in the delivery of public services and facilities (Wilson, 2016) while seeing to it that there is proper risk control, management and increase in the likely outcomes with the primary purpose of accelerating economic growth, development and infrastructure delivery and achieving quality service delivery and good governance (Wilson, 2016).

Also, it is important to say here that PPP projects no matter how realistic it appears, is not always successful if the appropriate procedures are not followed during the processes of project implementation. This is so because it has been realized that the success of every PPP project is a subjective assessment (Ibrahim & Sodangi, 2007). Take for instant, in a public-private partnership, the private sector may state its success in terms of the profit realized while the Public Partner may measure the success of the engagement by the commendations received and the level of acceptance and popularity the executed project earned from the society (Wilson, 2016). Regardless, Prefontaine et al. (2020) had identified eight critical success factors for the new models used for Public Service delivery namely:

1. The environment for the project delivery, either macro or micro;
2. The partners involved in the project implementation;
3. The process involved in the partnership;
4. The development process of the project;
5. Method of governance used for organizing and managing the project;
6. The performance metrics utilized for organizing and managing the project;
7. The performance level of the partnership;
8. Finally, the service delivery programme that operates (Prefontaine et al., 2020).

Furthermore, in an exploratory survey by Ibrahim et al., conducted in 2016, the three most important success factors of PPP projects in Nigeria are: “favorable legal framework, well-organized Public Agency to negotiate on behalf of government, and strong private consortium” (Ibrahim et al., 2016). In addition, Zhang (2005), in his study on Identification of CSFs (Critical Success Factors) for PPP in infrastructure development, identified the following factors to be critical for successful PPP Projects:

1. Economic viability,
2. Appropriate risk allocation,
3. Sound financial package,
4. Reliable concessionaire consortium
5. And favorable investment environment (Zhang, 2005).

However, in order to ensure a successful PPP project and a conducive environment for it to thrive, the primary factor is that the government and the private sector must share a strategic long-term vision that sees PPPs as valuable contributors to economic growth, employment and nation-building. In doing this, the table (see Table 2) gives highlights of factors government and private sector will have to consider in order to record success in any PPP Project implementation.

**Table 2. Success factors for PPP Project implementation**

Factors for successful PPP Project Implementation	Summary
PPIs are strategically important to national goals	Considerations have to be made to identify and indulge in PPIs that are required to solve particular national and local problems rather than being viewed as a ‘one-size-fits-all’ approach.
Increase of government of capacity to manage public provider collaborations	In cases where adequate capacity is not developed, it is likely that collaboration might yield poor outcome and may even have negative impact for the health sector in rural areas.
Build a knowledge base on what works, where and why?	This aspect is required to identify evidence of effectiveness of PPIs in the health sector, from regular and a detailed review to access the impact and quantify to the extent its contribution to achieving national goals. Instances have it that PPPs are designed in favor of private sector, that public sector rarely succeeds in leveraging benefits on behalf of the public. An objective assessment of the existing partnerships especially those in which there are contractual agreement with government would better inform this debate.
Make a move from pilots to large scale interactions	It is encouraged that government coordinate the efforts of small scale interaction which when merged will bring out stronger combined impacts.
Encourage innovation and learning	The private sector or the public sector can bring innovation and new technology to solve public health problem, bringing about a “state –of –the art” business practices and system. It is believed that the public sector trains and produces qualified healthcare professionals that reward the private sector enterprise, on the other hand the private sector add innovation in new

Factors for successful PPP Project Implementation	Summary
	technologies and diagnostic services to the public enterprise.
Good transaction advisors who understand the procuring institution's requirements and service delivery mandates	A thorough and rigorous feasibility study is conducted. Appropriate risk is transferred to the private sector to ensure value-for-money outcomes.
Strong management skills.	It is paramount that the institution has strong relationship and communication skills. A proper monitoring and evaluation model is necessary for ensuring continuous value-for-money outcomes.
Coherent legislation and regulations	Coherent legislation and regulations for procuring PPPs at the national, provincial and municipal levels are in place.
Stewardship role of government	Stewardship role of the government will facilitate support and ownership of interactions at all level of the health system

Source: own elaboration, based on Gbeneol, 2017.

Having identified and analyzed PPP success factors, in the next sub-chapters public-private partnership is analyzed under the concept of public and healthcare services. It goes further to understand the concept of PPP in provision of public services in rural areas.

## **1.2. The conceptualization of PPP in public service and healthcare service in rural areas**

In a bit to analyze the conception of public service and healthcare services, the concept of PPP public services is highlighted, as well as PPP in the provision of healthcare service. The distinctive features of public and private healthcare services are enumerated, and the importance of PPP in Lithuania and Nigeria are mentioned.

In the following subchapter, public-private partnership is analyzed under the concept of public and healthcare service. It goes further to understand the concept of PPP in the provision of public services.

### **1.2.1. The conception of public services and healthcare services**

To ensure adequate provision of infrastructure or healthcare service, at every level, public administrative authorities are eagerly keen about opportunity to cooperate and private with private sector. This increasingly interest in cooperation with private sector is because of the opportunity public administrative authorities have to draw from the practical experience of the private sector; first of all in order to boost the efficiency of partnership, second the interest is related to the limited state budget because government's will need leverage on private sector finance to tackle its financial inadequacy (Paliulis, 2017).

Healthcare is simply the management or improvement of health through the prevention, diagnosis and treatment of disease, illness, injury and other physical and mental impairment in people. Health care is delivered or provided by health professionals (nurses, doctors, pharmacists etc.) in allied health fields (Abimbola, 2020) or health care system. Healthcare systems are organizations set up to provide the health needs of a targeted populations according to the standards put up by the World Health Organization (WHO) (Ghasemi et al., 2022). A healthcare system that functions optimally requires a financing mechanism, a well-trained and adequately paid workforce, reliable information on which to base decisions and policies, and well-maintained health facilities to deliver quality medicines and technologies.

Provision of healthcare services is the timely use of personal health services to achieve the best possible health outcome. A healthcare delivery system is a composite of two distinct parts: the technology of healthcare and the financial arrangements accompanying the organization and delivery of care. The implication is that like other projects, a healthcare delivery system must be planned, procured, organized and delivered according to requirements (Nwankwo, 2016). Access to healthcare differs across countries, communities and individuals; the accessibility is to some extent influenced largely influenced by social and economic conditions as well as health policies. Access to healthcare services is a multidimensional process involving the quality of care, geographical accessibility, availability of the right type of care for those in need, financial accessibility, and acceptability of service (Peters et al., 2018). The utilization of healthcare services is related to the availability, quality and cost of services, as well as social-economic structure, and personal characteristics of the users (Titus et al., 2015).

### 1.2.2. The concept of PPP in the provision of public services

The demand for public infrastructure development and service provision (a significant factor of economic growth) has been significantly increased in both developing and developed countries in spite the governments' public budget which is inadequate to handle such demand. The governments are unable to meet this infrastructure deficit. In order to proceed proffer solution to this problem, those governments are exploring innovative means to improve such infrastructure investment (Bung, 2022). Consequently, Public-Private Partnership (PPP) has become an alternative procurement method to provide public services in many countries over the past few decades (Liu et al., 2015). PPP in relation to public service provision is a relationship formed between the public and private sectors, with different levels of responsibilities, to deliver public services (Yun et al., 2015). PPP has been adopted in both developing and developed countries as a standard tool for the provision of public service and infrastructure. Since governments are incapable of handling the deficit, they are are contracting private sectors to tackle the deficiencies in their public service provision. The primary reason for this reason for this is that governments are limited in funds or has other priorities. While at this, the private sector is thought to 'produce' better work or the same work at cheaper budgetry, it is a better manager and takes better account of the risks involved (Kanakoudis, 2017). As public private partnership is utilized, public sector risk is reduced because the risk is transferred to the private partner. Private sector are thought to be better at risk management, provision of improved services and better at assets utilization. By taking advantage of private sector innovation, experience and flexibility, PPPs can often deliver services more cost-effectively than other traditional approaches. When this is achieved, governments' savings can be used to fund other needed public services.

According to Maximus & Severus (2016), the fundamental objectives and expected results for PPP implementation are shown in the table below (see Table 3).

**Table 3. Objectives and results of implementation of PPP**

Objectives	Expected Results
The need to secure state budget allocations	Better exploitation of existing public funds
Quality improvement of public infrastructure and provided services	Guarantee the desirable level of projects' social benefit and the quality of provided services on a constant basis
Mobilization of private sector's know-how in project planning/implementation;	Differentiation of the way public infrastructure projects and services are being implemented
Limitation of the project/service operational cost; and finally sharing of financial risk	In order to advance innovation; increased competition and know-how transfer from the private to the public sector

Source: own elaboration, based on Maximus & Severus, 2016.

The public sector should assess the possibility of PPP when the provided service/project is new and cannot be implemented through public funding and/or the public sector's knowhow; and when the private sector can reduce the cost, improve the quality of the service provided and deliver the outcome faster.

In planning and implementing a successful PPP project, the basic requirements are: the formation of strong partnerships, the public acceptance, the management transfer from public to private sector and, finally, the guaranty of meritocracy and the performance evaluation during the contracting procedures (Kanakoudis, 2017). The main contribution of the public sector in the achievement of PPP goals is in the planning process, in the financial preparation of the partnership, and in the political and legislative preparation of the partnership. Additionally the public sector acts as the coordinator that ensures the social benefits of PPP projects. It is pertinent that the governments look not on PPP as having easy solutions to difficult issues. Rather, that a lot of effort is required to ensure a cooperation context that will lead to success. In the past a lot of efforts have been made for the promotion of PPP in big projects (Liu et al., 2015).

Potentially, the implementation of PPP is beneficial for the following reasons: cost reduction; risk management and risk assessment; improvement of provided services; and generation of revenue or other indirect financial benefits (economic development reinforcement, employment growth, etc.). Also, the potential risks for PPP are: loss of control by the public sector; political risks; accountability question matters; ill-defined and thus unreliable services; lack of competition; and the blurriness in the partners' selection procedure (Bung, 2022).

Due to limited finance and inability to handle risks, the public sectors have contracted the service of PPP in order to relinquish these responsibilities. By entering into agreement (partnership), it is expected that the fundamental objectives of PPP implementation will be achieved. Furthermore, the implementation of PPP as it relates to the provision and development of public service and infrastructure cover the following:

1. Definition of public- private partnership: This will involve management policy and regulation system,
2. Performance and supervision of tender documentation and procedures,
3. Risk spreading,
4. Research and analysis of the added value,
5. Monitoring of procedures.

### **1.2.3. The conception of PPP in the provision of healthcare services**

Today, governments are faced with a wide range of complex healthcare challenges spurred by changing demographics, a growing burden of chronic disease, rising healthcare costs, more informed patients and rapidly changing healthcare technologies. Healthcare services are really experiencing strained and are struggling with how to expand access and deliver high-quality healthcare services to the public and at the same time control cost (Abuzaineh et al., 2018).

The pressure on healthcare services is on the rise and governments seek to implement Universal Health Coverage and achieve the aim of Sustainable Development Goal 3 ("to ensure healthy lives and promote wellbeing for all at all ages") by 2030 (Da Rita, 2018). Hence, additional investment in health will be needed in many of such governments especially in developing countries where healthcare infrastructure remains inadequate, and facilities lack the necessary management skills and



patient care workforce to address the growing demands of caring for their population (UNECE, 2016), the management of this demands is really for governments.

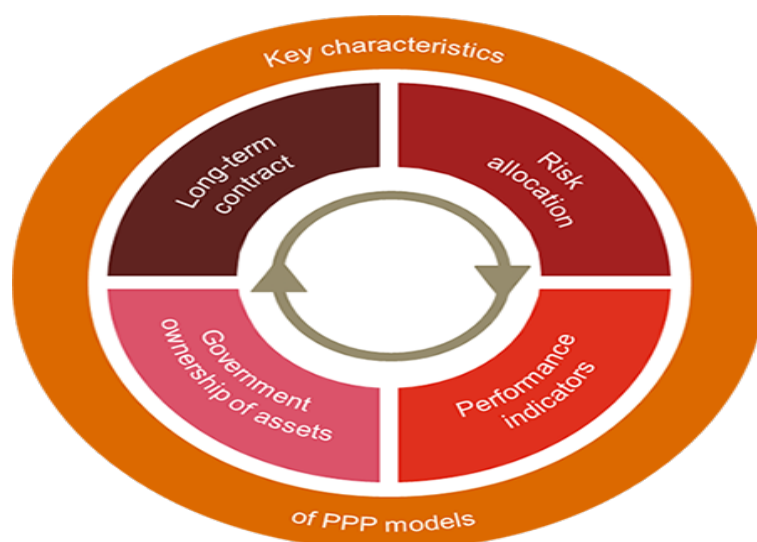
Globally, countries are seeking for innovative partnership and contracting systems to finance healthcare and to bring in needed skills for healthcare delivery. To this regards, there's no explicit answer appropriate for the mix of public and private financing in healthcare delivery; however, the emergence of public-private partnerships (PPPs) promises to be an effective tool to provide governments with alternative methods of financing healthcare system and delivery PPPs are highly complex undertakings (Abuzaineh et al., 2018). Therefore, it is necessary for governments to ensure that project outcomes support larger health system goals, and that PPP facilities and services are integrated into the wider health system. Healthcare partnerships have emerged more cautiously over the past 20 year, from profering solutions to improve hospital infrastructure, to delivery of nonclinical and clinical services (Sekhri et al., 2017).

In healthcare, governments have moved toward PPP to address her numerous healthcare challenges, some of which are (Da Rita, 2018):

- The need for new or upgraded infrastructure;
- Constraints on cash flow or budgets;
- The challenge of improved management skills in order to improve the quality and cost efficiency of healthcare service delivery;
- A stronger and more efficient procurement and supply chain;
- Additional services/skills or expanded service capacity.

Worldwide, healthcare facilities are in despair and services are poorly managed. Around the world, hospitals are in disrepair, and facilities and services are poorly managed. As critical as this situation is, most governments lack the capital budgets to finance the construction of new and large scale projects for healthcare services (Vian, et al., 2015). The inclusion of PPP in healthcare affords governments the opportunity to leverage private sector resources and expertise, to enable investment in large-scale projects that advance national and local public health goals, such as improving quality of service delivery, and expanding access to care. Overtime, governments have engaged the private sector to deliver services through healthcare PPP to achieve one or more of six functions (Llumpo, 2015):

- Having to finance projects or cofinance;
- The design of projects as well as design of the infrastructure and care delivery model;
- Either the construction or renovation of facilities included in the project;
- The maintenance of hard infrastructure;
- The delivery applicable equipment, IT and delivery/management of nonclinical services;
- Management and delivery of specified clinical and clinical support services.



**Fig. 4. Primary features of PPP in healthcare**

*Source: The Global Health Group, 2018.*

Summarily, governments are constantly being challenged with the issues of accessible, good quality, comprehensive and integrated healthcare services. In addition to these inadequacies, governments are incapable of managing these situations for lack of finance. Since healthcare services constitute a greater aspect of a country's budgeting, governments have had to devise means to curb the situation. Consequently, governments have entered into partnership with private sectors through PPP in order to either invest or finance the building/renovation of healthcare facilities. These expenditures are not just about financing the facilities, it constitute service delivery. Hence, PPP facilitate partnership between private and public sectors in the provision of healthcare services. Subsequently, in the preceding sub-chapter, the features of public and private healthcare services will be examined.

#### **1.2.4. Features of public and private healthcare services**

Public healthcare services makes up an integral aspect of a country's health system. While the primary objective of primary healthcare services is the health of individuals, families and communities at large, it is equally concerned with addressing the overall social and economic, according to Akinsey, 2020, the features of public healthcare services are: development of communities, thereby targeting the social determinants of health. (Vukic and Keddy, 2020). The principles of of Public Healthcare (PHC) were first outlined in the Declaration of Alma-Ata in 1978 by the member nations of the World Health Organization (WHO), to provide accessible and affordable primary health care to people. That was a seminal milestone in global health. Forty years later, global leaders ratified the Declaration at the Global Conference on Primary Health Care which took place in Astana, Kazakhstan in October 2018.

Public healthcare services is "the science and art of avoiding disease", which includes extending life expectancy and increasing quality of life through coordinated efforts and deliberate decisions made by the public and private sectors, as well as by communities, families, and people (Rashid, 2022). The public healthcare centers in rural areas are basic structural and functional unit for public healthcare services in developing countries. These public healthcare centers are deemed to be most efficient and effective way to achieve and provide healthcare services to all for all because it is about how best to provide health care and services to everyone (Abimbola, 2020).

Public healthcare services encompasses a spirit of self-reliance and self-determination and it is the collective responsibility of all. It is proposed to improve the total well-being and welfare of a specific population, protect it from environmental risks, infectious disease transmission, and other threats, and ensures that all members of the community have access to safe and effective medical care (Malik, 2022). Through organized effort of society, public health aims at preventing diseases, promoting health and prolonging life among humans (Winslow, 1920: cited in Wells et al, 2017).

Globally, public healthcare services is considered to be a key contributing factor underlying people’s health. In fact, the World Health Organization (WHO) has declared that the ultimate goal of public healthcare services is “better health for all” (WHO, 2016). International research has shown that countries with strong primary health services are recording lower rates of hospitalization, lower mortality and morbidity rates, and better health outcomes generally (Abimbola, 2020).

Since public healthcare services is the backbone of a health system, the quality of public healthcare initiatives has been recognized as fundamental to improving health outcome. Therefore:

- **Availability and accessibility of essential health services:** The services provided in primary healthcare should meet the basic and essential needs of the people especially those in rural areas.
- **Acceptable:** The services provided in public healthcare should be readily acceptable to every rural dwellers in rural areas.
- **Wholesome participation:** In this system, rural dwellers are should be encouraged to take the step in identifying their own health and social problems.
- **Community and nation can bear the expenses:** Since public healthcare services are made cheap and affordable to dwellers of rural areas and these services are based on local technology, they should be managed by members of the community in rural areas. (Akinsey, 2020). Table 2 gives more insight on the comparative analysis of the pros and cons of public and private sector.

**Table 4. Comparative analysis of pros and cons of public and private healthcare sector**

Issues	Public health sector	Private health sector
Competition	<ul style="list-style-type: none"> <li>▪ There is a possible monopoly on selected services reinforced by subsidization and regulation.</li> </ul>	<ul style="list-style-type: none"> <li>▪ It is prone to competition from the public and private providers.</li> </ul>
Flexibility	<ul style="list-style-type: none"> <li>▪ Extensive infrastructure of owned facilities</li> <li>▪ It is slow to respond to changes in market because of political and budgetary and commitment in ongoing programs.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Through rent and lease, it has adaptable access to infrastructure.</li> <li>▪ Its employment and pay practices are flexible</li> <li>▪ It response quickly to change in market.</li> </ul>
Finance	<ul style="list-style-type: none"> <li>▪ It has access to tax revenues</li> <li>▪ Sponsored by private organization</li> <li>▪ Primarily, programs are financed through budgetary allocation</li> <li>▪ It has limited access to private capital market .</li> <li>▪ Has weak incentives to be cost effective</li> </ul>	<ul style="list-style-type: none"> <li>▪ Depends on revenue from sales and contracts</li> <li>▪ Pays attention to cost</li> <li>▪ Resources are allocated to profit centers</li> <li>▪ Has access to capital market</li> <li>▪ Needed but unprofitable service</li> </ul>
Management	<ul style="list-style-type: none"> <li>▪ Depends generally on political and legislation direction</li> <li>▪ Commitment to public service is compromised by personal interest</li> </ul>	<ul style="list-style-type: none"> <li>▪ Relies on information for decision making and planning.</li> <li>▪ It has smaller and more focused authority</li> <li>▪ Recruitment is limited by cost</li> </ul>

Issues	Public health sector	Private health sector
	<ul style="list-style-type: none"> <li>Hierarchical bureaucracy with diffused accountability</li> </ul>	
Equity and access	<ul style="list-style-type: none"> <li>The target service for the poor and vulnerable is ignored</li> <li>It is attentive to geographic disparities.</li> </ul>	<ul style="list-style-type: none"> <li>Individuals who can afford the services are favored</li> <li>Services are concentrated in population centers</li> </ul>

Source: adapted from Harding and Preker, 2016.

Although public and private healthcare sectors are responsible for provision of healthcare services, both are distinct in their objectives and features. To further buttress on the differences, Table 4 shows the comparative analysis of advantage and disadvantage of public and private health sector.

### 1.2.5. The importance of PPP in health care systems in Lithuania and Nigeria

Public-Private Partnership is an imperative tool in fostering government intervention through private collaborations in the provision of social goods and other forms of infrastructural development such as health care facilities. Various countries rely on different instrument for implementing private-public partnership, this too is subject to the level of private sector involvement in the provision of public services and infrastructure.

In the health sector, PPP involve a long-term contract between a private sector entity and a government entity for the provision of health-care facilities, equipment and/or services. It has been used to improve outcomes in the health sectors in developed countries. In Lithuania and Nigeria, the need for accessible, affordable and quality healthcare is critical to economic growth. This makes PPP an important system in delivering health services and impacting health outcomes, including those related to healthcare financing.

Lithuania is a small but dynamic country located on the east coast of the Baltic Sea with over 2.9 million inhabitants, it has an open economy and is a member of the European Union (EU) since 2004 and the Euro Zone since 2015 (worldometer,2023). Since the declaration of Lithuania's independence from the USSR in March 1990, there have been series of economic and social reforms leading to steady economic growth and stability. Lithuania has achieved a profound transformation of its health system in the decades following independence. The health system of Lithuania is a mixed system (consist of public and private health system), private providers play an increasing role in the rapidly-developing day care and day surgery segment as well as in diagnostic and interventional imaging services and primary care is provided in either municipality-owned facilities or typically smaller private practices (OECD, 2018). The public health system in Lithuania consists of 63 general hospitals, spread out across most of the 60 municipalities of the country.

The NHIF purchases all personal health services, and contracts with public and private providers on equal terms. The 60 municipalities of Lithuania own a large share of the primary care centres, particularly the polyclinics, and small-to-medium sized hospitals. They are also responsible delivering public health activities. Service delivery continues to be dominated by a large and mostly public hospitals sector but outpatient service delivery is increasingly mixed. Given the relatively small geographical distances, these institutions provide a thin net of hospital supply since most hospitals provide a broad set of services (country health profile 2017-Lithuania). Notwithstanding, although Lithuania's health system has modernized and improved, the health outcomes continue to be poor.

The healthcare system is funded from National Health Insurance Fund (NHIF) through a mandatory health insurance scheme supplemented by the state contribution on behalf of the economically inactive population. The health expenditure per capita (EUR 1 406) is half the EU average (EUR 2 797). As a share of GDP, the expenditure on healthcare system has risen from 5.6% in 2005 to 6.5% in 2015 yet it is the sixth lowest in the EU Compared with most OECD countries. Simply put, Lithuania spends little on health compared to other European countries. In spite this expenses, 32% of this health expenditure is paid out-of-pocket, compared to the 15% EU average (World Health Organization, 2017). Also, in 2019, the health expenditure of Lithuania was comparatively low, at just under EUR 1 900, but it has grown slightly faster than the EU average. The share of out-of-pocket spending in the total is double the EU average, at 32 % in 2019. In 2020, a large share of the health insurance fund reserve was used to cope with the impact of COVID-19 on the health system. (Country's health, 2021). The Ministry of Health supported by a handful of specialized agencies are responsible for the regulation of health system through formulation of health policy, setting standards and requirements, licensing providers and health professionals and approving capital investments.

Although the health status of resident of Lithuanian has improved over the past ten years, it still remains well below most EU countries, and the difference between men and women is large (OECD and World Health Organization, 2017). Even though Lithuania has moderate levels of unmet needs for medical care and little difference between income groups, affordability is a challenge because of high out-of-pocket payments for pharmaceutical drugs; an incidence that might reduce access to healthcare for vulnerable groups such as the older and poor people. (OECD and World Health Organization, 2017). There is variation in the provision of healthcare services among Lithuania counties; residents of comparatively poor counties characterized by lower life expectancies for instant Tauragė county receives fewer healthcare services. Lithuania government of the year 2012-2016 and 2016-2020 had stressed the need for accessibility of healthcare services and the issue of public health (Murauskiene et al., 2015).

In spite this initiative, the possibilities of rationalizing the utilization of resources in the healthcare system remains unachievable. Consequently, there is a need to make the present healthcare system more efficient by moving resources from costly inpatient treatments to primary care, outpatient treatment and nursing care. The European Commission's 2019, reported that, by increasing the quality, affordability and efficiency of healthcare services, there could be improvement on the performance of the healthcare which would invariably improve health outcomes in the country large (OECD and World Health Organization, 2019). It is the government's plan to use some of the Recovery and Resilience Fund money allocated by the EU to Lithuania for reforms in the healthcare sector may which may provide an additional incentive to pursue reforms and maintain continuity in the healthcare system. Lithuania healthcare system is faced with a serious issue of corruption. The system is plagued by a culture of informal payments and "special connections." (Commission Staff Working Document, 2019). Lithuania healthcare system was greatly challenged during the outbreak of the COVID-19 pandemic. However, the inefficiency of Lithuania's healthcare system happened to have witnessed some kind advantage due to the overcapacity of hospital beds. Reports from The Economist has it that, Lithuania experienced one of the world's highest excess death rates during the pandemic and compared to most Western Europeans countries, Lithuanians have be reluctant in accepting the vaccination (The Economist, 2019).

Several reform programmes have continued to reshape the Lithuanian health system in order to meet health care needs more effectively and deliver health services more efficiently. New prevention-

focused programs were introduced by the National Health Insurance Fund. Furthermore, the scope of the new State Public Health Promotion Fund under the Ministry of Health was expanded to support additional public health interventions (Lithuania Reports, 2022). In Lithuania, the establishment of PPP as a bridge to salvage the challenges experienced in the healthcare system started only a few years ago, although one of the first legal acts in this field (the Law on Concessions) was adopted in 1996. The first version of the Law did not define public–private partnerships. However, the primary provisions for the partnership were established in the Civil Code and later specified in other legal acts.

The health sector, an integral service sector in Nigeria, faces a number of challenges; primarily, the persistent under-funding of the health sector by the Nigerian government and poor health system performance. Nigeria is the seventh most populous country in the world with a population 206million and it has been predicted that Nigeria’s population will double by 2050 (United Nations, 2019). With the rise in population comes an increased demand in health care system delivery. However, due to paucity of funds, the Nigerian Government has been unable to adequately fund healthcare in the country. Therefore, country’s healthcare system currently ranks 187 out of 197 sampled member countries of the United Nations (Tide, 2015). This is an indication of the gradual decline in the healthcare delivery system arising from neglect of the country’s national health infrastructure over the years. Consequently, the Nigerian healthcare sector is in poor state and remains below national targets, thereby, resulting in poor health status ranking (Chukwuemeka, 2016).

According to Nigerian Sovereign Investment Authority (NSIA), Nigerians spend \$1.6 billion annually on medical tourism (Nigeria’s Tourism, 2022). The implication here is that there is a decline in confidence in Nigerian healthcare system which leads to high levels of outbound medical tourism by those that can afford it. Medical tourism does not just deplete much needed foreign currency but also leads to “brain drain.” The reason for this is because it substantially lowers the amount of money that could have been spent within the country’s health market contributing to the low salaries paid to doctors in the country and the resultant job dissatisfaction that contributes to a lot of doctors leaving the country to other countries where they are better remunerated (LASJURE, 2022).

A primary reason for the depleting condition in Nigerian healthcare sector is the lack of investment. Government being the largest investors in the public health sector is simply unable to invest the kind of money that is required to grow the sector. The lack of finance has led to the clamor to deploy the use of PPPs for healthcare delivery in Nigeria. PPP have worked very well around the world and even in Nigeria in a number of infrastructure sectors, however PPPs in healthcare is unique because the problems which it seeks to redress are twofold: the first is the lack of physical infrastructure i.e., facilities and modern equipment and the second is the insufficient trained medical personnel (Nwangwu, 2016). Also, the healthcare sector in Nigeria is completely liberalized with mostly private sector players involved in the operation of healthcare facilities in the country. This makes it relatively easy to introduce private sector finance for the delivery of better healthcare services.

In 2005, The Nigerian government introduced the National Policy on Private-Partnership for Health and this partnership was revised in 2016 (Federal Ministry of Health, 2016). The National Policy on PPP for Health defines PPP as ‘a collaborative relationship between the public and private sectors aimed at harnessing (and optimizing the use of all available resources, knowledge, and facilities required to promote efficient, effective, affordable, accessible, equitable and sustainable health care for all people in Nigeria’(National Policy on Public-Private Partnerships for Health, 2016). By way of strengthening the Nigerian’s healthcare system, the National Health Policy in collaboration with

public private partnership is proposed to strengthen the national health system in order to provide effective, efficient, quality, accessible and affordable health service; hence, the objectives for public private partnerships in Nigerian healthcare system is important to promote and maintain all forms of partnership and collaboration between the public establishments and the private sector with a view to attaining and sustaining the desired level of health development in Nigeria (LASJURE, 2022). The goal of financing under the rubric of PPP policy shall be to facilitate levels and patterns of funding which will generate improved provision of health care and services in both the public and private sector, and promote greater value for money across all health expenditures. Areas for partnership include non-clinical support services, clinical services, supportive clinical services, health promotion and advocacy, disease prevention programmes, training, manufacturing, research and development. The Policy also provides that PPP shall be implemented in a manner which will continue, or accelerate, current efforts to improve equity (in health provision and outcomes). (National Policy on Public-Private Partnerships for Health, 2016).

Under the National Health Policy, part of the health financing orientation/initiatives is to develop and implement mechanisms for enhancing a more effective communication, collaboration and working relationships between Ministries of Health and Ministries of Finance for increased health funding (Federal Ministry of Health, 2016). Indeed the Ministry of Finance has a key role to play in facilitating private sector investment in health care. In this regard, private sector involvement, particularly Public-Private Partnership (PPP), fit squarely within the policy orientation which favours the development and implementation of performance-based financing schemes. As a matter of fact, part of the policy orientation under the ‘partnerships for health’ goal is to ‘establish partnerships with community, faith-based institutions, and traditional medicine practitioners for improved healthcare service delivery’ (Federal Ministry of Health, 2016).

Popularly, it is believed that the primary role in the development and enhancement of public-private partnership is lies with each country’s government, which can either encourage or suppress partnership initiatives based on legal regulation. Evidently, it is established that each country can choose the PPP regulatory framework that best meets its national needs.

#### **1.2.6. Specifics of healthcare services provision and its administration in rural areas**

According to Mwatsika, 2015, rural areas is made up aged populace, dependent youth and/or an outmigration of young people and an in-migration of retired people ((Mwatsika, 2015). However, given the context of this research, a rural area is a group of people who reside in a community. In rural areas, healthcare system and services are the basic structural and function in developing countries. In rural areas, provision of healthcare services are considered to be important and necessary means of proffering solutions to the many healthcare issues in rural areas such that everyone is reached. The provision of healthcare services in rural areas make up an integral part of the country’s health system. The primary focus of healthcare services in rural areas is the health of individuals, families, and communities at large; also, provision of healthcare services in rural areas is equally concerned with meeting the overall social and economic development of communities, thereby targeting the social determinants of health (Akinseye, 2020).

Healthcare services in rural areas constitute a spirit of self-reliance and self-determination. (Vukic and Keddy, 2015). The principles of healthcare services in rural areas were first outlined in the Declaration of Alma-Ata in 1978 by the member nations of the World Health Organization (WHO), to provide accessible and affordable primary health care to people. These was a great feat for global

health (WHO, 1986 cited in Abimola, 2020). According to the World Health Organization, provision of healthcare services in the rural areas tackles the major health issues and needs of people throughout his/her lifetime. These include physical, mental and social well-being, and it is people-centered rather than disease centered. The provision of healthcare services in rural areas is a whole-of-society approach that includes health promotion, disease prevention, treatment, rehabilitation and palliative care. Healthcare services in rural areas constitute three primary aspects which are:

1. Meeting people’s health needs throughout their lifetime;
2. Addressing the broader determinants of health through multi-sectoral policies and actions;
3. And empowering individuals, families and communities to take charge of their own health (Risika, 2020).

The provision of these healthcare services in the rural areas, the communities, addresses not only individual and family health needs, but also the broader issues of public health needs of defined populations. “Health is a fundamental human right to be enjoyed by the people, in all works of life, therefore government should be responsible for the health needs of the people” (WHO, 1986 cited in Abimola, 2020). Given that health is more than just the delivery of medical services, healthcare services in rural areas attempts to handle people’s health needs through an integral approach utilizing other sectors such as Agriculture, Housing, Social and Medical services. It is on this premise that partnership with private sectors becomes necessary in the development and implementation of the healthcare services in rural areas.

Administration is the process of running a business, organization, etc. It entails the various activities connected with organization and supervision of an organization’s functions (Abimbola, 2020). In simple terms, administration involves interaction amongst people with the intention of accomplishing a goal. It also involves people who work as team towards a defined target. Administration in healthcare is the practice of management, leading, overseeing and administration of the operations of healthcare entities to include hospitals, long term care facilities, healthcare system, nursing homes, pharmacies and health insurance providers. Although facilities and provision of healthcare services differs in countries, yet, the concept of administration is the same. Table 5 gives highlights of administrative component in rural areas.

**Table 5. Administrative component of healthcare services in rural areas**

No	ADMINISTRATIVE SERVICE	SUMMARY
1	Sensitization on health education	Good health is fundamental and of intrinsic value to the life of every human. In sensitization, health education is taught to communicate facts that promote healthy living. Also, primary health problems are addressed or solved. There is no standard for health education programmes that cut across everywhere; instead these programmes have to be developed locally addressing the needs and concerns of the rural areas in order that health technologies proposed will be appropriate, applicable, and compatible with their socio-cultural situation and their resources.
2	Promotion of proper nutrition and safe food supply	A healthy living requires a balanced diet. Sufficient supply of food and management of proper nutrition is necessary to get a balanced diet. Different health-related issues are caused by malnutrition. Consequently, adequate supply of food and management of nutrition is one of the important aspects of primary health-care services.
3	Family planning, maternal and child health	Of importance is the service, training and research on maternal and child health as well as family planning. These activities are supported by WHO in collaboration with other United Nations agencies such as UNFPA and UNICEF along with multilateral and bilateral organizations.
4	Immunization against major infectious	Widely accepted is immunization against communicable diseases. Due to lack of knowledge, poor economic status and sophisticated curative health services, people of



	diseases	developing countries are unable to afford the expenses of treatment. However, immunization is the only major preventive measure against such communicable diseases.
5	Treatment of Communicable Diseases	People in the rural area have had to die prematurely because of lack of proper and timely treatment on communicable diseases. Therefore, in order to control death caused by communicable diseases, the primary health care organizes training programmes for local people so as to help in the treatment of these diseases at the local level.
6	Availability and Distribution of Medicine	One out of the numerous plans of the primary healthcare services is to distribute and make available in rural areas the most common medicines to control primary illness.
7	Provision of essential drugs	In the area of essential drugs, economic strategies have become an important component which merits serious consideration and inclusion in national drug policies. The member countries of WHO are strengthening primary health care in the context of The Goal of Health for All.

Source: own elaboration, based on Alma-Ata, 2019.

In rural areas, the administration of healthcare services is very crucial in the provision of healthcare services. The sub-chapters give insight into the specifics of healthcare provisions and administrations. In the following sub-chapter, the need of PPP enhancing in health care in rural areas seeking for Sustainable development goals in the enhancement of healthcare services in rural areas.

### **1.2.7. The need of PPP enhancing in health care in rural areas seeking for Sustainable development goals**

The underlying concept of PPP projects is that it gives value for money invested, deliver high and quality projects and complete project within the stipulated time frame and budget (Cheung, 2018). It is believed that in the scheme of PPP, private sectors are more experienced and competent in techno-management of public sector infrastructure. Not only that, PPP are better at innovating and preferring solutions to risk that accompanies PPP project procurements. Beyond the attendant benefits of PPP, it is necessary to seek sustainable development goals that will optimize the performance or enhance the performance of PPP project.

Sustainable development goal is a serious issue and of utmost importance in the procurement of public infrastructure. For this reason, it becomes really necessary to incorporate sustainability goals in any infrastructure projects delivered through the mechanism of public-private partnerships. Sustainable development goal is a development that addresses the present need without having to compromise the ability of those in the future to meet their need (Brundtland Commission of the United Nations, 1987). In addition, Sandler, 2019, defines sustainable development to be a “commonwealth value that underlies environmental, economic and social goals to give conservation of equality, environment-economy integration and communities of economy as if people are mattered.” (Sandler, 2019). Sustainable development is a critical problem worldwide and for the future generations (Wu, et al., 2017).

There is a link between sustainable development and the development of infrastructure. In the healthcare sector, the desired and ideal healthcare system is usually called “sustainable”, and “sustainability” referring goal of reforms, policies and innovations in healthcare management (ESG, 2015). Sustainability in healthcare or sustainable healthcare is simply a continuous introduction of programmes or innovations into the healthcare system that will enhance and sustain the healthcare services such it is beneficial to the future generation (Proctor et al. 2015). To achieve this, sustainability in healthcare will have to take up persistence, routinisation, survival and viability (Anna, 2017). Since sustainability in healthcare to some extent coincides with the definition

of sustainable development as stated earlier, there is an urgent need to protect the interests of the future generations as it pertains to provision of healthcare services in rural areas. Consequently, the long term viability of these healthcare services provided in rural areas becomes paramount. It is on this premise that public-private partnership is considered a crucial scheme in achieving sustainable development goals.

Previous research works have suggested strategies and measures for enhancing sustainability in PPP. Of this suggestions is PPP life cycle of project procurement- planning strategically, study of project, construction, operations, maintenance and decommissioning (Tharun Dolla et al., 2020). In this life cycle, the different tools and measures of government mechanism intended to enhance sustainability can be grouped into:

1. Self-coordination ( environmental monitoring by the government )
2. Coordination (impact assessment of environment )
3. Competition ( measures for sustainability, mode of rating, system of labelling and their integration into the different stages of the project )
4. Cooperation ( supply chain management ) (Arts & Faith, 2022).

However, the efficacy of these tools seem to be limited because they are considered only when the principle (government) decides the agent (private sector) to handle the project. Even during the construction stage, the practices are seen to be below the standard of required for sustainable construction. Hence a successful PPP needs to have public partners that are competent just like the private partners in order to achieve sustainable development. Also, sustainability can be strengthen when attention is given to project procurement phase.

In many countries, policy makers rarely consider healthcare in rural areas to be a fundamental human right of citizens. This incident has led to the ineffective and poor healthcare schemes in these countries. In a country like Nigeria, health facilities in rural areas are lacking in adequate essential healthcare services such as; staffing, distribution of health workers, healthcare services, depleted healthcare infrastructure, inadequate equipment, and lack of essential drug supply (Chukwuemeka, 2016). Consequently, the system of public-private partnership in provision of healthcare services in rural areas is intended to address the challenges of these healthcare facilities and also enhance the involvement of private sectors in public sectors needs of healthcare services in rural areas. In actuality, the sustainable behavior of private sectors have significantly positive effects on the sustainable development of rural areas. Hence, the partnership between the private and the public sector when enhanced improves the country's economy, development of infrastructure such as healthcare services, employment openings, improved human resources and better investment (Peters et al. 2018).

In Lithuania and Nigeria, PPP are often implemented in rural areas to achieve sustainable development goals in provision of healthcare. The ideal healthcare services is usually considered "sustainable". That is, reformed policies for the provision of healthcare services (ESG, 2015). In most cases, development and provision of healthcare facilities in rural areas entails risk which most countries are unwilling to undertake. In situations like this, the public sectors of these countries fall back on implementation of PPP for these projects by tapping into the benefits and downplaying the risks of PPP projects especially in rural areas. For healthcare services to be successful in rural area, it has to be rooted deep, sustained and retained in a manner that the delivery of the programme will bring together those in the rural areas to be actively involve in the implementation of rural health

development project. The implication of this is that government in a bit to provide healthcare services in rural areas should be responsible for establishing an shared responsibility in the process by getting rural dwellers in the entire planning and implementation of the healthcare services. This means that to achieve a sustainable healthcare delivery system, it must involve active rural participation, rural finance, rural credit and saving mobilization involvement and cooperation in planning, implementation of health delivery programme. Enhancing PPP in healthcare sector for a sustainable development goal involves many parties; there is the society-officials, the shareholders-managers, managersstake holders, public partners-private partners.

In most cases, the mechanism of governace during public-private partnership often impacts the partners' behaviour such that the cost of opportunistic behavior is increased and the interest of both parties is in alignment with the success of the alliance (Dos, 2017). To achieve a sustainable development for PPP enhancement in the provision of healthcare services in rural areas, the following government mechanism has to be checked as seen in table 6:

**Table 6. Government mechanism for enhancing PPP towards a sustainable development goal in healthcare service**

No	GOVERNMENT MECHANISM	SUMMARY
1	Procompetitive measure	In some countries, mechanism used for public project procurement are established. However, In many countries, PPPs are usually governed by legislation specifically for the PPP policy. So, often, procompetitive measures are replicated in the PPPs' legal framework and the usually discussed legal framework can be supported by measures aimed to encourage public service motivation among officials and administration, including monitoring and welltargeted incentives (IPA, 2013). Good practices toward provision of healthcare services in rural areas should include the communication of public service values, goals and principles consistent with those values.
2	Reducing transaction costs	The main aim of the public procurement framework is to take advantage of the oppotunities that enhances competition and at the same time reduce the cost of project.
3	Family planning, maternal and child health	Of importance is the service, training and research on maternal and child health as well as family planning. These activities are supported by WHO in collaboration with other United Nations agencies such as UNFPA and UNICEF along with multilateral and bilateral organizations.
4	Immunization against major infectious diseases	Widely accepted is immunization against communicable diseases. Due to lack of knowledge, poor economic status and sophisticated curative health services, people of developing countries are unable to afford the expenses of treatment. However, immunization is the only major preventive measure against such communicable diseases.
5	Treatment of Communicable Diseases	People in the rural area have had to die prematurely because of lack of proper and timely treatment on communicable diseases. Therefore, in order to control death caused by communicable diseases, the primary health care organizes training programmes for local people so as to help in the treatment of these diseases at the local level.
6	Availability and Distribution of Medicine	One out of the numerous plans of the primary healthcare services is to distribute and make available in rural areas the most common medicines to control primary illness.
7	Provision of essential drugs	In the area of essential drugs, economic strategies have become an important component which merits serious consideration and inclusion in national drug policies. The member countries of WHO are strengthening primary health care in the context of The Goal of Health for All.

Source: Author's elaboration based on Zarządzanie, 2017.

Sustainability is one of the most primary concern of every modern government, for this reason it becomes pertinent that government seek sustainable development goals that will be applicable to infrastructure development. In order to actulaize this, PPP becomes one of the routes to bring about

sustainability in infrastructures development particularly in the area of strengthening provision of healthcare services in rural areas. Therefore, an important approach of seeking sustainable development goal in healthcare services in rural areas is integrating PPP in the procurement of provision of healthcare services projects. Consequently, this will drive private sectors to come up with project proposals that will be sustainable. Hence, sustainable development in PPP provision of healthcare services in rural areas will be enhanced when the private sectors are motivated by sustainability at the procurement stage

## **2. METHODOLOGY OF THE RESEARCH ON ENHANCING THE PUBLIC-PRIVATE PARTNERSHIP IN THE PROVISION OF HEALTH CARE SERVICES IN RURAL AREAS**

The aim of this part is to give details on the research approach. In the subchapters, the methodological background of the research is reviewed, the design adopted for the research is described, the method for data collection and sources of data are mentioned and explained in details. The preceding subchapters review the methodological background of the study.

### **2.1. Methodological background and the research design**

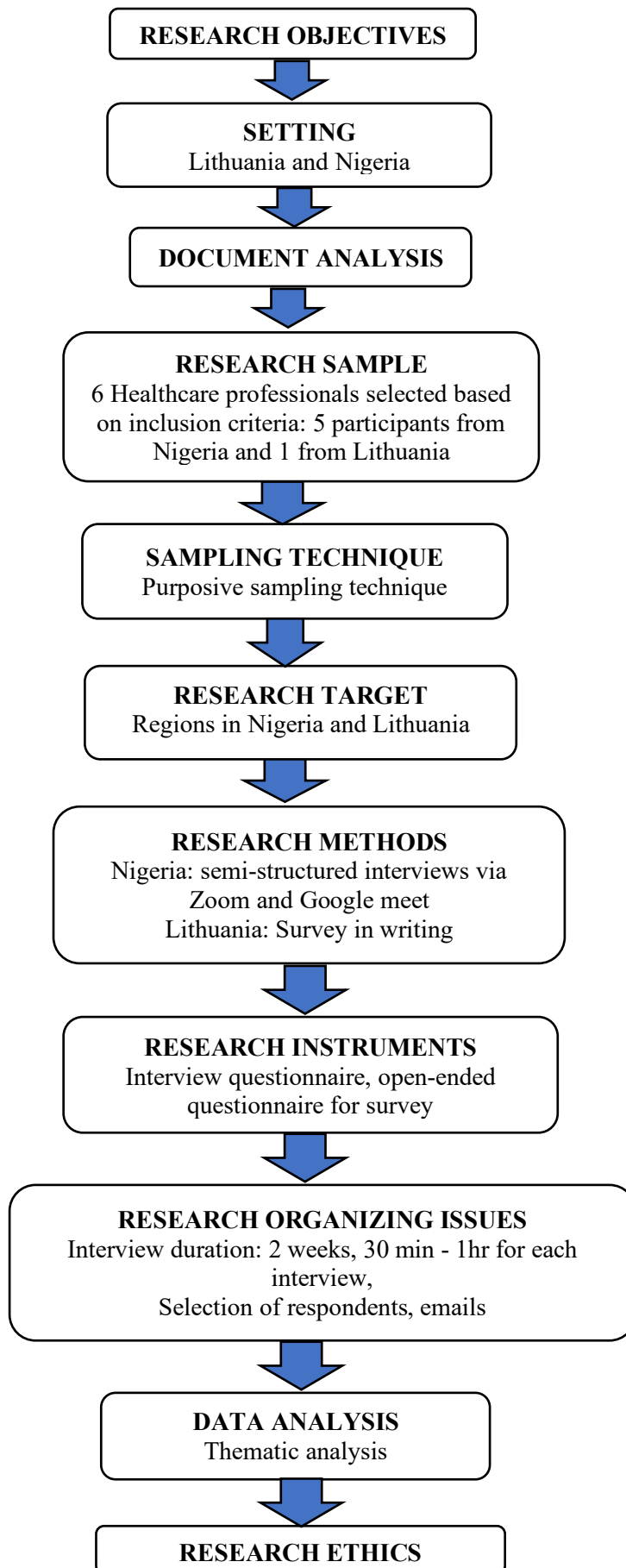
As already explained, the research objectives were to reveal the situation of public-private partnerships in healthcare services' provision in the rural areas and identify the directions for its enhancing. Since the research is a qualitative study, **a case study research strategy was adopted and two methods – semi-structured interviews and an online survey in writing method (using open-ended questionnaire) were used to gather data from participants.**

A qualitative research is a type of research that seeks to gather descriptive data about a particular phenomenon. It typically involves interviews, focus groups or observation in order to collect data (Elizabeth, 2022). In light of this, qualitative research was found useful to understand the underlying challenges and possible directions for enhancing PPP in the provision of healthcare services in rural areas of Lithuania and Nigeria. Through qualitative research the author objective was to provide insights to the conditions and problems of provision of health care services in rural areas and how PPP enhancing of health care services provision in rural areas; also, it was suitable in the comprehension of current situation of PPP in the provision of healthcare rural areas of the countries being studied.

As mentioned, the strategy for the qualitative research is case study. A case study is an empirical methodology that investigates a contemporary phenomenon within its real life context using multiple sources of evidence (Yin, 2016). It is suitable for answering the questions about 'how' and 'why' things happen, when you can't manipulate the behaviour of those involved in the study, when the boundaries are not clear between the phenomena and the context and allows investigations into contextual realities (Anderson, 2017). Case studies also allow investigations into the differences between what was planned and what actually occurred (Stake, 2018). It is said to be appropriate, just like in the present study, where one needs to understand some particular problems or situations in greater depth and where one can identify cases rich in information.

Research design describes how a research project is going to be carried out (Hair et al., 2007) and is a systematic way of organizing the entire research process. The detalization of the research design is provided in the figure (see Fig. 5).

To achieve the said objectives, two methods – semi-structured interviews and an online survey in writing were was carried out in the countries of Nigeria and Lithuania respectively. By focusing on professionals from public health sectors in the rural areas of the mentioned countries, the situations of PPP in healthcare service provision in the rural areas of Nigeria and Lithuania were examined and the main challenges clarified. Also, the main directions and possibilities for the enhancing of PPP in healthcare services provision in rural areas of Nigeria and Lithuania were identified.



**Fig. 5. Visualization of the research design**  
*Source: own elaboration.*

## 2.2. Research methods and their application

Qualitative approach was used to explain the phenomenon in question and what it entailed. Consequently, we argue that a qualitative approach was suitable because it useful in retrieving in-depth information and reflections regarding the stated problem statement; that is, to understand the underlying challenges and possible directions for enhancing the PPP in rural areas of Nigeria and Lithuania. Through qualitative research the author objective was to provide insights to the conditions and problems PPP in enhancing of health care services provision in rural areas; also, it was suitable in the comprehension of current situation of PPP in the provision of healthcare rural areas of the countries being studied.

Two regions in Nigeria and Lithuania have been selected as cases respectively. It was decided to choose those regions which are mostly accessible for the researcher, however both regions as municipalities should have rural areas in the territory. Researcher chose South-East region in Nigeria and Šiauliai district municipality as Lithuanian region. Researcher selected a sample of interviewees and respondent from both regions (see Table 7).

Table 7. Characteristics of participants of the empirical research

COUNTRY	REGION	METHOD	NUMBER OF PARTICIPANTS
Nigeria	South -East region	Semi-structured interviews	5 interviewees
Lithuania	Šiauliai district	Survey in writing	1 respondent

This sub-chapter gives detailed breakdown of the research methods and their application. These stages include: document analysis, semi-structured interviews, research instrument, research sample, research organizing issues, data analysis and research ethics. These stages of the research method have been further explained.

### 2.2.1. Document analysis

**Research method – document analysis.** With the help of this method, it is possible to obtain sufficient information about the problem as advantages of document analysis are: most documents are easily accessible; document collection is usually a low-cost or even no-cost method; document analysis helps to identify values, interests, positions, political or organizational atmosphere, public attitudes, etc.; it allows to notice changes that have occurred over time (Bowen, 2009). Here documents presenting the situation of healthcare and PPP in healthcare in the rural regions Lithuania and Nigeria had to be analysed. Documents analysed were;

- Nigeria's case: *Infrastructure Concession Regulatory Commission (ICRC), National Health Policy 2016, National Strategic Health Development Plan II (2018 - 2022)*;
- Lithuania's case: *Lithuania's National Health Insurance Fund and OECD reviews of health systems: Lithuania 2018.*

**Research instrument – the list of questions** the empirical research must answer: What documents tell about the situation of health care services provision in the country and its rural areas? What is mentioned about the PPP in health care system in national documents? Is it promoted by any measures?

**The sample – 5 main documents**, presenting situation in Nigeria and Lithuania. All of them have to fit to three criteria: presenting health care system and services provision situation in the country, must be open full-text, provided in English (to be understandable for the researcher). Analysed documents are:

- Nigeria's case: *Infrastructure Concession Regulatory Commission (ICRC), National Health Policy 2016, National Strategic Health Development Plan II (2018 - 2022)*;
- Lithuania's case: *Lithuania's National Health Insurance Fund and OECD reviews of health systems: Lithuania 2018*.

**Research organizing and ethics.** Document analysis was done in March-April of 2023. All documents were publicly accessible. Author analyzed then based on raised questions and insights provided in the text form.

### 2.2.2. Semi-structured interviews

**Research method – semi-structured interviews.** The researcher followed an oral (5 participants in Nigeria) survey method – semi-structured interviews in order to empirical data from sample group in Nigeria. The main reason for interviews is that the researcher believes that it is optimal for collecting data for each representative who provides the latest data along with individual experiences on PPP situation in healthcare services in both countries. A semi-structured interview is a qualitative research method that combines a pre-determined set of open questions (questions that prompt discussion) with the opportunity for the interviewer to explore particular themes or responses further (DeJonckheere & Vaughn, 2019). It is a research method mostly utilized in social sciences and it is regarded as a universal method of enquiry in the world of research. According to Magaldi & Beler (2020), is an exploratory interview which serves as a guide that helps focus on the main topic that gives a general theme. The importance of this is that it helps the researcher to obtain first hand details that relates to research study. This research method was chosen because it is considered to be useful in collating information peculiar to the variable of interest and it foster understanding of these variables.

**Research instrument:** *The questionnaire of the semi-structured interview* (see Annex 1) was used as an instrument to obtain primary data. The interview questions were developed and structured from the study of Liang and Wang (2019). In their study on *Five-dimensional sustainable performance measurement system for PPP* (Liang & Wang, 2019), they gave insights on the performance of PPP projects which is a suitable framework for both the theoretical and empirical nature of this study. From their explorations on previous studies on measurement of PPP Project performance, Five-dimensional sustainable performance measurement system for PPP was developed: *meeting design goals, benefits to the end-user, benefits to the private sector, benefits to the public sector and preparing for the future*. These dimensions served as backbone on which the semi-structured interview questions were developed. From each dimension, questions were proposed to investigate the current situation of public-private partnerships in health care services' provision in rural areas of Lithuania and Nigeria and to identify the directions for its enhancing.



The semi-structured interview questionnaire consist of 3 parts: About the interviewer, about the interviewee and about the content of the interview (see Annex 1). The questionnaire has seven items and sub-items to investigate the current situation of public-private partnerships in health care services' provision in rural areas of Nigeria and to identify the directions for its enhancing.

**Research sample.** *Purposive sampling technique* was used in the identification and selection of participants based on their ability to give information related to the phenomenon of interest. The inclusion criteria for the research were: the participants had to be health professionals, had access to internet facility, able to read and write and had fair knowledge on PPP. In Nigeria, participants for the research were selected from the population of professionals of public health sectors in the rural area. These professionals were: head of the public health facilities, administrator, doctor, nurse and pharmacist of South-East region. The sample of the research was 5 interviewees from Nigeria (South-East region).

**Research organizing issues.** Data for the qualitative research were generated from semi-structured interview sessions lasting approximately 30-60 minutes (medium 45 minutes). The interview sessions were conducted within periods of four weeks in April and May, 2023.

Participants in Nigeria, were reached through the healthcare facilities websites and email addresses. Informed consent were obtained from the administrative unit of each facility to meet with the proposed participants. Meeting was scheduled with participants, and they were briefed on the purpose of the study. Those qualified to participate on the basis of the research inclusion criteria (able to read, communicate fluently in English, able to access the internet and have either of the proposed APP for the interview sessions installed on their mobile devices) were contacted for the actual interview sessions conducted via Zoom and Google meet. Prior to the meetings, the interview questions were sent to each participant via email addresses.

**Data analysis.** Thematic analysis was conducted for the qualitative data and data was classified according to the objectives through key points.

**Research ethics.** For the sake of confidentiality, transcribed responses from participants were encoded and recorded responses were passworded. Also, because of perceived challenges in the open discussion between interviewees and the interview, there was a proper and formal analysis of the protocols for the research method, collection of data, data analysis and results were reported such that the confidentiality of participants and organizations involved were protected. To check for hesistant and truth in response, the interviewer reiterated the objectives of the interview sessions being to investigate the current situation of public-private partnerships in healthcare services' provision of their facilities and to identify the directions for its enhancing.

### 2.2.3. Survey in writing

**Research method – survey in writing.** The researcher conducted survey in writing method, using open-ended questionnaire, in order to get empirical data from sample group in Lithuania. Open-ended questions can provide valuable information to help researchers understand a respondent's thinking (Israel, 2010). This research method was chosen because it is very convenient method while collecting data in the region with different language or culture (in this case – region's professionals are using Lithuanian).

**Research instrument:** The questionnaire of the survey was used as an instrument to obtain primary data (see Annex 2). The questions were developed and structured from the study *Five-dimensional*

*sustainable performance measurement system for PPP* (Liang & Wang, 2019) and adapted from interviews questionnaire. Questions are still connected to the Five-dimensional sustainable performance measurement system for PPP: *meeting design goals, benefits to the end-user, benefits to the private sector, benefits to the public sector and preparing for the future*. These dimensions served as backbone on which the questionnaire of the survey was developed (see Annex 2).

The questionnaire of survey was translated to Lithuanian (see Annex 3) and consisted of 3 parts: about the researcher, about the survey and about the content. The questionnaire has seven items and sub-items to investigate the current situation of public-private partnerships in health care services' provision in rural areas of Lithuania.

**Research sample.** *Purposive sampling technique* was used and 7 participants, suitable for the research in Lithuania, were selected from the population of professionals of public health sectors in the selected region's rural areas (see Annex 4). These professionals were municipal doctor, head of Health care bureau, heads of hospitals (public and private), elders and sub-elders of rural areas. The sample of the research was supposed to be 7. However, despite of several attempts to send emails and reminders, inclusion of supervisor in sending Lithuanian e-mails, just 1 person – having high position in municipality and health care system responded from Šiauliai district municipality. As the research was already at the end of final stage, it was decided not to change anything anymore and to include answers of this respondent to the analysis of empirical research.

**Research organizing issues and ethics.** All targeted participants were reached through the healthcare facilities websites and email addresses, asked to take part and informed about the purpose of the research by e-mails in Lithuanian. Data for the qualitative research were generated from one fulfilled questionnaire in Lithuanian. Data was translated to English with the help of supervisor of the researcher. Data in Lithuania was gathered in May, 2023. For the sake of confidentiality, responses of the respondent were encoded and recorded responses were passworded.

**Data analysis.** Thematic analysis combining results both from interviews and the survey was conducted according to the objectives through key points.

### **3. RESULTS OF THE RESEARCH ON ENHANCING THE PUBLIC-PRIVATE PARTNERSHIP IN THE PROVISION OF HEALTH CARE SERVICES IN RURAL AREAS IN NIGERIA AND LITHUANIA REGIONS**

In this chapter, it is comprised of the empirical part of the study in order to form a logic and novelty research. Here, documents on PPP situations in healthcare services provision in rural areas are analysed. There is the presentation of the outcome of interview sessions and the survey in writing on the situation of public-private partnerships in health care services' provision in the rural areas and its enhancing possibilities.

#### **3.1. Results of documents analysis**

**Nigeria's case.**

*Infrastructure Concession Regulatory Commission (ICRC).* In Nigeria, during the World stage Economic Summit in 2022, the Acting Director-General Infrastructure Concession Regulatory Commission (ICRC), Mr. J. A. Michael Ohiani in his speech acknowledged that the one challenge encountered by the Federal Government of Nigeria is lack of adequate infrastructure and this has been a major problem to the nation's economy. As a solution, he pointed that development of these infrastructures will be feasible through Public Private Partnerships (PPP) (World Stage Economic Summit, 2022). He also mentioned that the Federal Government under the leadership of President Muhammadu Buhari's, has pledged continuous commitment to the development of infrastructure as provided in the 2021-2025 National Development Plan (NDP) with the major objective of encouraging more private sector participation in National Infrastructure Development (ICRC Bulletin, 2022).

Little wonder that over the years, both past and present governments at the Federal, State and Local Government levels have battled with the social responsibility of providing quality and accessible healthcare to Nigerians especially at the rural areas. The primary issue has been accessing finance to set up healthcare institutions that is effective, readily accessible and affordable health insurance scheme, efficient operation and maintenance of health institutions, effective delineation of primary, secondary and tertiary healthcare and currently, the state of medical professionals migrating to other countries in search of greener pasture (Nigeria Health Sector, 2021).

Through PPP, several private sectors have put in finance towards the provision of healthcare services in Nigeria. Yet, accessing these services have differed in affordability and the presence of competent of medical personnel especially in the rural areas (Market Study Report, 2022). In a bit to offer standard, accessible and affordable healthcare services to Nigerians and bring an end to medical tourism and the poor conditions in the healthcare sectors, the Federal government of Nigeria through the Infrastructure Concession Regulatory Commission (ICRC) is involved in the process of galvanizing the private sector and multilateral organizations towards a holistic development of the healthcare system especially in rural areas (ICRC Bulletin, 2022).

Hence, the Public-Private Partnership (PPP) approach is focused on leveraging private sector finance and expertise towards the provision of quality healthcare at the secondary and tertiary levels. The ICRC as the Federal Government's PPP promoter and regulator is taking proactive steps to ensure that the enabling environment is progressively developed to incentivize the private sector. In addition, the ICRC is exploring opportunities to boost availability and accessibility of primary healthcare services in order to ease the pressure on secondary and tertiary health institutions. Consequently, the Infrastructure Concession Regulatory Commission (ICRC) has begun training for

Ministries, Departments and Agencies (MDAs) on risk management, especially as it relates to Public-Private Partnerships (PPPs) projects (ICRC Bulletin, 2022).

**National Health Policy 2016.** In the National Health Policy, an aspect of the health financial orientation/initiatives had been to develop and implement mechanisms for enhancing a more effective communication, collaboration and working relationships between Ministries of Health and Ministries of Finance for an increased in funds allocated to the health sector (National Health Policy, 2016). It is truth that the Ministry of Finance has a primary function in the facilitation of private sectors investment in public healthcare sector. On this note, the private sector known to be particularly involved Public-Private Partnerships (PPPs). PPP better suits the country's policy orientation which favours the development and implementation of performance-based financing schemes. Emphatically, an aspect of the policy orientation under the 'partnerships for health' goal is to 'establish partnerships with community and traditional medicine practitioners for improved healthcare service delivery in rural areas'. Therefore, it is expected that the private sector invest in the health sector as part of their roles and responsibilities under the National Health Policy.

**National Strategic Health Development Plan II (2018 - 2022).** This policy acknowledges the goal of Nigeria to attain Universal Health Coverage by operationalizing the policy to have one functional Primary Health Clinic per ward. NSHDP II is anchored on the 2016 National Health scheme. The National Health Act serves as a major legislative framework for effective articulation and delivery of the strategies of the NSHDP II. NSHDP II is organized into five strategic pillars:

Pillar 1: create an enabling environment for achieving of the set sector's outcome.

Pillar 2: optimize the utilization of the basic healthcare packages and services.

Pillar 3: enhanced healthcare system for effective primary healthcare services.

Pillar 4: safeguard public healthcare sectors from emergencies and risks.

Pillar 5: a predictable finance and risk protection

In the first pillar, partnerships for healthcare services is the third important priority. The aim of this is to effect collaborative mechanisms that are in place for the inclusion of all partners in the development and sustenance of the health sector. Some of the aims of this indicators are:

- a) That the amount apportioned to healthcare funding from partners (development partners and private sector) by 2022 should be at least 30%,
- b) The percentage of increase in the proportion of institutions administering health services through Public Private Partnerships (PPP) should be at least 50%.

Under the priority 3 of strategic Pillar one, the plans for interventions include:

1. Promotion of the adoption and utilization of national policies and guidelines on PPP;
2. Enhancing the legal and coordinating framework for PPP at every level;
3. Set up a single Development Partners Forum at federal and state levels, that comprises of just health development partners;
4. Mechanism for implementing PPP be strengthen
5. Scale-up PPP in planning and implementation of health programmes;
6. Promote joint (public and private sector) monitoring and evaluation of health programmes;
7. Scale up resource mobilization interventions targeting the private sector;
8. Establish mechanisms for resource coordination through common basket funding models

9. Promote the establishment of an inter-sectoral ministerial forum at all levels to facilitate inter-sectoral collaboration, involving all relevant MDAs directly engaged in the implementation of specific health programmes;
10. Promote effective partnership with professional groups and other relevant stakeholders through jointly setting standards of training by health institutions, subsequent practice and professional competency assessments;
11. Strengthen collaboration between government and professional groups including Nigerian health professionals in diaspora to advocate for increased coverage of the essential package of health services (EPHS), particularly increased funding;
12. Leverage human resources for health from partners, health professionals, other levels of government to optimize resource use and improve service delivery;
13. Promote linkages with academic institutions to undertake research, education and monitoring through existing networks;
14. Promotion of partnerships with rural communities to address felt needs of the communities (National Strategic Health Development Plan, 2018).

In Nigeria, the document *Infrastructure Concession Regulatory Commission (ICRC)*, highlighted the health care services provision in the country. The document went ahead to state that PPP is considered a solution to the challenge of finance in the health sector. This so because through PPP, several private sectors have put in finance towards the provision of healthcare services in Nigeria. Also, from the *National Health Policy 2016*, the document records that *an aspect of the health financial orientation/initiatives had been to develop and implement mechanisms for enhancing a more effective communication, collaboration and working relationships between Ministries of Health and Ministries of Finance for an increased in funds allocated to the health sector* (National Health Policy, 2016). Subsequently, PPP better suits the country's policy orientation which favours the development and implementation of performance-based financing schemes. Hence, the document *National Strategic Health Development Plan II (2018 - 2022)* acknowledges the need to enhance the legal and coordinating framework for PPP in order to strengthen PPP mechanism and scale-up PPP in planning and implementation of health programmes in rural areas by promoting partnerships with rural communities to address the felt needs of healthcare services of the communities (National Strategic Health Development Plan, 2018).

### **Lithuania's case.**

***Lithuania's National Health Insurance Fund.*** The Lithuanian health system is organised around a single payer - the National Health Insurance Fund (NHIF) - which purchases services on behalf of the insured population and aims to cover all residents. The Ministry of Health is responsible for formulating health policy and regulations; monitoring population health; licensing providers and health professionals; governing the NHIF; and managing the network of subordinated institutions, including some providers. Revenues for the NHIF come from compulsory contribution made from payroll and transfers from the state for specific programmes. Municipalities play an important role in healthcare service delivery, as they have some ownership of primary care centres and small to medium-sized hospitals. They also finance and provide some public health services.

***OECD reviews of health systems: Lithuania 2018.*** Public investment in healthcare services in Lithuania is properly managed and the system is gearing towards a sustainable financial path in the health sector. However, public spending is comparatively low. Countries with higher income tend to

spend more on health, but Lithuania's income is lower than the OECD average, consequently, it spends relatively little on health. The low level of public spending is the result of Lithuania's overall relatively small size of government (public spending represents 35% of GDP compared to an OECD average of 44% in 2015), and the low priority given to health within the public budget: 10% of it is allocated to health when the OECD average is 15%. Yet, the public health financing architecture in place proved to be remarkably resilient in the face of the major financial crisis of 2009. Predominantly, Lithuania's NHIF receives funds from contribution made from the employed and in 2016, this represented 73% of its revenues. Furthermore, NHIF receives a transfer from the general budget which corresponds to a fixed amount per inactive person statutorily covered. The share of general budget funding in NHIF revenue rose from less than 20% before the crisis to around 35% between 2010 and 2013 before returning to its current level of 27%. Procedures on budget management are effective in monitoring public spending. As reported, Lithuania's spending is on the low side and Lithuania's expenditure on healthcare services is not projected to rise quickly when compared to other European countries (OECD, 2018).

Access to healthcare services is adequate regardless of the outrageous out-of-pocket payments, the population is properly covered by the public health insurance scheme managed by the NHIF. The state guarantees coverage for the economically inactive and the estimated 2% to 4% of the population which is uninsured is entitled to free emergency care. In 2015, out of pocket payments represented around 32% of health spending in Lithuania, among the highest levels in the OECD where the average is 20%. Private health insurance is not developed in Lithuania, thus the bulk of private spending is out of pocket (OOP). The proportion of health expenditure paid OOP was around 33% in the mid-2000s, decreasing somewhat during the financial crisis due to a sharp reduction in private relative to public spending growth rates, and has risen again after 2012. Out-of-pocket spending has an impoverishing effect on part of the population. WHO suggests that the risk of impoverishment from OOP costs becomes significant in countries where these represent more than 20% of total spending. In 2015, the Ministry of Health put a strategy in place to tackle informal payments, which is currently under implementation. The most recent data suggest that informal payments may be decreasing.

From the above document analysis (*OECD reviews of health systems: Lithuania 2018*) of Lithuania on the health situation, it is recorded public spending on healthcare services is comparatively low. The document states that the low level of public spending on healthcare services is the result of Lithuania's overall relatively small size of government. Consequently, this has led to Out-of-pocket payment for healthcare services accessed. *In 2015, out of pocket payments represented around 32% of health spending in Lithuania.* Obviously, the government of Lithuania will have to partner with private sectors through PPP in order to provide healthcare services that will be easily accessible and affordable to the citizens thereby optimizing the priority given to healthcare within public budget lowering the Out-of-pocket spending on healthcare services that has an impoverishing effect on the population.

This sub-chapter constituted documents analysis of the healthcare and PPP situation in both Nigeria and Lithuania. The next sub-chapter will present the survey analysis from the interview sessions conducted in both Nigeria and Lithuania using Five-dimensional sustainable performance measurement system for PPP by Liang & Wang, 2019 as a frame work for the survey analysis.

### 3.2. Analysis of interviews/survey results

This section consists of a presentation of the empirical data on the situation of public-private partnership in healthcare services provision in rural areas and its enhancing possibilities. Through qualitative research method, data were collected from participants in Nigeria and Lithuania using a structured interview questionnaire. The aim of conducting the qualitative research in both countries was to allow for comparisons and analytical generalizations regarding the situation of PPP in healthcare services provision in rural areas of these countries and also identify possible enhancing PPP towards healthcare services provision. The survey interview questionnaire had five sections and the Five-dimensional sustainable performance measurement system for PPP (see Annex 1). From the five dimensions, questions were developed (see Annex 1) suitable to the themes and sub-themes based on Liang & Wang, 2019. Hence, Thematic Content Analysis (TCA) was adopted in identifying patterns to fit into the sub-themes (see Table 8) from the five participants in Nigeria. In this case, the reflexive type of thematic analysis was utilized in which the researcher's subjective experience comes to the fore in making meaning out of the qualitative data. Responses from Lithuania was retrieved in Lithuania language and it was transcribed to English to aid comprehension and documentation. Findings from both countries are presented.

*Table 8. The Five-dimensional sustainable performance measurement system for PPP*

Dimension	Themes	Sub-themes
1	Meeting designed needs	Schedule Budget Technical specification Functional requirements
2	Benefits to end-user	Charge on service Timely supply of services Sufficient supply of services (quantity) Quality (contributions to welfare) Overall satisfaction
3	Benefits of PPP to private sector	Cost management Marginal profit Investment return Market opportunity Technical advancement Experiences and knowledge obtained Improvement of reputation Enhancement of competition
4	Benefits to public sector	Economic benefits Reputation of the government Quality of service provided Time of service provided
5	Preparing for the future	Economic development Technical innovation Shift in lifestyle industrial upgrades

Source: Author owned adapted from Liang & Wang, 2019.

Table 8, The Five-dimensional sustainable performance measurement system for PPP, constitute the dimensions from which the survey interview questionnaire were adapted and developed. It was from these that patterns were identified and categorized from the responses of participants.

A total of 6 participants were purposively selected and contacted to participate in the research from amongst healthcare practitioners in Lithuania and Nigeria. However, in Lithuania, out of the 7 participants contacted through their email addresses, responses was retrieved from just 1 participant, they rest of the participants were unable to turn in their responses. In Nigeria, a total of 5 participants were sampled from the population of health professionals from 2 public healthcare facilities in rural areas of South-East Region of Nigeria to participate in the interview sessions. Of these five (5) participants, three of the participants consented to have the interview sessions conducted via Goggle meet while the other two agreed to have the interview session done on Zoom. However, for the purpose of confidentiality, they would rather have their institutions remain anonymous. As respondent from Lithuania was the only one, its institution and position will remain anonymous (even it is known for the researcher and his supervisor). The table below highlights profile of each participant (see Table 9).

Table 9. *Profiles of research participants (South-East Region in Nigeria and Šiauliai District Municipality in Lithuania)*

Participant code	Gender	Position	Years of experience	Institution
RN-1	Male	Nurse	6	NIL
RN-2	Male	Pharmacist	4	NIL
RN-3	Female	Social worker	3	NIL
RN-4	Male	Administrator	5	NIL
RN-5	Female	Laboratry attendant	2	NIL
RL-1	Female	-	8	NIL

\*RN- Nigerian Respondent

\*RL- Lithuania Respondent

As shown in Table 9, the research had a total of 6 participants and assigned codes (for ease in identification and analysis). 5 of the participants in Nigeria held positions in the healthcare sectors of their region, the participant from Lithuania would not mention same. Each participant had years of experience that related to his/her position held in the healthcare sector. None of the participants would report his/her healthcare institution probably because of the purpose of confidentiality and animosity.



**Table 10. Duties/experiences in relationship to PPP or public healthcare services provision**

Participants	Response
RN-1	<i>I interface between the healthcare facility and users in offering healthcare education</i>
RN-2	<i>Basically, my duty as a healthcare service provider is to prescribe and dispense medications to users of public healthcare facilities.</i>
RN-3	<i>My role as a social worker is to assist people and communities to handle health related issues. Primarily, I put patients through assessment of their health care needs. Other times, I do sensitization programme along with my team members in rural communities</i>
RN-4	<i>As an administrator of the healthcare facility, I relate with the government at the local level in functions of administration that concerns the facility. On this note, I am privy to programmes and project implementation.</i>
RN-5	<i>My duty is simply to run test .</i>
RL-1	<i>Monitoring the activities of municipal health care institutions; Implementation of the state health care policy; Coordination of activities of municipal health care institutions</i>

\*RN- Nigerian Respondent

\*RL- Lithuania Respondent

Table 9 provides responses of participants on their duties/experiences in relationship to PPP or public healthcare services provision. From the table, the participants coded RN-1, RN-2, RN-3, RN-4, had their duties and experiences directed to the end-users (see table 9 above) of healthcare services in rural. These duties and experiences were in relation to the second dimension (**Benefits to end-user**) of the Five-dimensional sustainable performance measurement system for PPP (Liang & Wang, 2019). By implication, the participants being healthworkers at their various health sectors in the rural areas of their region worked to ensure that the end user obtained value for every healthcare service provided. These duties and experiences offered to the end-users are beneficial in enhancing PPP projects of provision of healthcare services in rural areas as every PPP project is proposed to meet the end-users need. Also, participants RN- 4 reported that, *As an administrator of the healthcare facility, I relate with the government at the local level in functions of administration that concerns the facility. On this note, I am privy to programmes and project implementation.* This implies that as an administrator, the participant interfaces with the public sector when there is a need to implement any healthcare project in the rural areas. The same goes to participant RL-1 who reported that the duties and responsibilities performed are; *Monitoring the activities of municipal health care institutions; Implementation of the state health care policy; Coordination of activities of municipal health care institutions.* According to the respondent, he has been experienced in the field of healthcare since 2015. The participant reported that *municipality is responsible for the activities of institutions under the authority of the municipality, and only municipal health care institutions are accountable to it.*

From the responses, in planning for PPP project in provision of healthcare services in rural areas, the functions of these participants (RN- 4 and RL-1) will be necessary in achieving the fifth dimension

(Preparing for the future) of the Five-dimensional sustainable performance measurement system for PPP by Liang & Wang, 2019, (See table 8).

Table 11. Results of thematic analysis presenting themes and sub-themes identified

Dimension	Themes	Sub-themes
1	Meeting designed needs	Schedule Budget Technical specification Functional requirements
2	Benefits to end-user	Charge on service Timely supply of services Sufficient supply of services (quantity) Quality (contributions to welfare) Overall satisfaction
3	Benefits of PPP to private sector	Cost management Marginal profit Investment return Market opportunity Technical advancement Experiences and knowledge obtained Improvement of reputation Enhancement of competition
4	Benefits to public sector	Economic benefits Reputation of the government Quality of service provided Time of service provided
5	Preparing for the future	Economic development Technical innovation Shift in lifestyle industrial upgrades

Table 11 shows the *Five-dimensional sustainable performance measurement system for PPP* (Liang & Wang, 2019), from which the survey questionnaire was developed and structured. As seen in the table, each dimension was further categorized into themes and sub-themes.

The **first dimension themed meeting design goals** addressed the fundamental aim of PPP construction projects. *The four sub-themed* for it were; the project shall be delivered on *schedule*, *within budget*, with *functional requirements*, and with *technical specifications*. **The second dimension themed benefits to the end user** was structured to include five sub-themes that addressed the perspective of the end-user on PPP project in provision of healthcare services in the rural areas based on the project's outcome to meet end-users healthcare needs on; reasonable service charge, timely supply, quantity, quality, and overall satisfaction. **The third dimension themed benefits to private sector** constituted eight sub-themes to include cost management, marginal profit, investment return, market opportunities, technical advance, experience and knowledge gains, reputation improvement, and competitiveness enhancement as it relates to PPP project in provision of healthcare services in rural areas. Among these eight sub-themes, the former four are about direct profit-making while the latter assessed the long term probability of PPP projects. **The fourth dimension themed benefits to public sector** has four items of economic benefits, government reputation, service quality, and timely supply of public works. Questions on this dimension were structured to determine the benefits of PPP projects (in provision of healthcare services in rural areas) to the governments on a medium to-long

term across the stages of conception, design and build, operation and maintenance, transfer and ex-post facilitate management (Liang & Wang, 2019). *The fifth dimension* themed *preparing for the future* includes four sub-themes of the long-term contributions to economic development, technical innovation, life style shifting and industrial upgrades.

As earlier mentioned, questions were structured to accommodate these five dimensions in order to assess the activities of PPP in provision of healthcare services in rural areas of Nigeria and Lithuania. Asides, the five dimensions, participants were probed on the PPP situation of their respective regions and findings from both Nigeria and Lithuania revealed the following:

### PPP SITUATION IN NIGERIA AND LITHUANIA

From the interview sessions with Nigerian participants and survey in writing with Lithuania participants, the interviewees were probed to evaluate PPP situations in their regions on a scale of 0-10, where 0 is no any PPP and 10 is very strong and expanded PPP activities in provision of healthcare services in rural areas of their regions. They were also asked to give reasons for their responses. In addition, they were also queried on the success of PPP project in their region. Table 12 shows responses from each participants :

*Table 12. PPP situation in Nigeria and Lithuania*

Respondent	Evaluation of PPP	Reason	Do you know Successful PPP project in your region?
RN - 1	5	<i>No particular reason</i>	Yes
RN - 2	6	<i>I would say my rating is conceived from the notion that PPP is a guaranteed means that ensures comprehensive healthcare services that is cost friendly, efficient and effective. Further more, I hope that as the activities of PPP becomes well recognized in my region, the privatization of healthcare services will be minimal.</i>	Yes
RN- 3	7	<i>PPP is considered to be an effective tool in the pursuit of optimal healthcare provision and effective healthcare services delivery in rural areas</i>	Yes
RN - 4	4	<i>There is the tendency for government to partner with the private sector to localize healthcare facilities in urban areas at the expense of those in the rural areas. This in a way has caused deprivation of healthcare services to the rural areas dwellers because these facilities are unevenly distributed.</i>	Not sure
RN-5	8	<i>In my experience, I consider PPP as a best alternative of financing government infrastructures projects. So, far the outcomes of these projects</i>	Yes

Respondent	Evaluation of PPP	Reason	Do you know Successful PPP project in your region?
		<i>have been impressive and government have succinctly leveraged on PPP expertise and mechanism to fund and manage the numerous infrastructure needs especially in provision and management of healthcare services in rural areas.</i>	
RL-1	0	<i>In the town of Kuršėnai in the Šiauliai district, it is 6 and in rural areas is 0, implying no PPP practices.</i>	<i>In Lithuania, Šiauliai district, the only successful PPP case is in the town of Kuršėnai in the Šiauliai district and that a successful PPP case is the cooperation on day hospital services</i>

\*RN- Nigerian Respondent

\*RL- Lithuania Respondent

From the table above (Table 12), the evaluation of PPP situation on the scale of 0-10, where 0 is no any PPP and 10 is very strong and expanded PPP activities, shows that responses from Nigerian interviewees indicated that there is the presence of PPP activities in the rural areas of Nigeria which is strong and expanded. In Lithuania, the interviewee reported the situation of PPP in the rural as 0 being no PPP in the rural areas. However, *in the town of Kuršėnai in the Šiauliai district, it is 6 and in rural areas is 0, implying no PPP practices* (RL-1). On successful PPP region, RN - 1-3, RN - 5 reported to have known a successful PPP activities in Nigeria region while RN - 4 responded *not sure*. In Lithuania, the interviewee said, *In Lithuania, Šiauliai district, the only successful PPP case is in the town of Kuršėnai in the Šiauliai district and that a successful PPP case is the cooperation on day hospital services ( RL -1).*

**Table 13. Triggers and barriers to PPP provision of healthcare services in rural areas**

Triggers and barriers to PPP in rural areas	
SUB-THEMES	
THEMES	
<b>Awareness</b>	There is the barrier of awareness caused by poor education and enlightenment on the functions of PPP in healthcare services provision especially in rural areas
<b>Management</b>	<p><u>Poor management</u>: This is attributed to poor leadership skills caused by the non-commitment of private and public sectors in healthcare services provision in these rural areas.</p> <p><u>Participation</u>: It is difficult to get those that should be involved at each phase of the project implementation due to poor management. This is a serious barrier especially at the early stage of the project.</p> <p>Poor implementation policies and method of operations by the government for PPP project in rural areas.</p> <p>Poor accountability and clear definitions of the roles of both public and private sector in PPP projects in rural areas.</p>

Triggers and barriers to PPP in rural areas		SUB-THEMES
THEMES		
<b>Man power</b>	Unwillingness to be actively involve. Lack of competent personnel for monitoring PPP healthcare projects in rural areas. Absence of trust between private and public sectors has crippled PPP provision of healthcare services in rural.	
<b>Disparity in interest</b>	The public and private partners are driven by seperate interests which to some extent affects the goal of partnership especially in provision of healthcare services in rural areas.	
<b>Constraint on system of technology</b>	No clear defined policies for implementation and evaluation of public-private partnership. Inconsistent interaction between the public and private sectors caused by constrain in technology. Deficiency in documentation and recording processes by private sector on project delivery in rural areas. Inappropriate monitoring and reports system on project implementation in the rural areas. Absence of system of support to enhance supervision and record-keeping for private-sector employees to aid evaluation. Ineffective and inefficient administrative between the private and public sector. Weak capacity between the private and public sectorto enter into new partnership projects that would profit healthcare centres in rural areas.	
<b>Finance</b>	Inadequate finance caused by failure to set specific budget for PPP healthcare projects in rural areas. Government are often out of funds. Stakeholders at public sector are hesistant when it comes to utilizing incentives (financial) as motivation to the private sector. The challenge of reimbursement and reduction in social capital. Absence of sustainable programme for PPP healthcare projects rural area.	

Table 13: On the **triggers and barriers to PPP in rural areas**, six critical barriers or triggers were identified and they are;

1. Awareness
2. Management
3. Man power
4. Disparity in interest
5. Constraint on system of technology
6. Finance

On **awareness**, one of the interviewees noted that, there is poor awareness on the activities of PPP that would possibly bring enlightenment on PPP activities and encourage partners to participate in the collabrative projects between the government and private sectors in provision of healthcare services. According to the interviewee, *lack of awareness is a primary barriers to the implementation of PPP projects in rural areas (RN-2)*.

**Management barrier**, sub-themes to this barrier identified were; poor management attributed to poor leadership skills caused by the non-commitment of private and public sectors in healthcare services provision in these rural areas. *This poor management as led to **poor participation** and in most cases it is difficult to get those that should be involved at each phase of the project implementation to*

*participate especially at the early stage of the project (RN-5). Poor implementation policies and method of operations by the government for PPP project in rural areas. Still on the barrier of management, another of the interviewees said, *there is the issue of accountability and clear definition of roles of both public and private sector in PPP projects in rural areas (RN-3).**

The **trigger or barrier of man power** relates to human resources. *It is difficult to get people who are willing to actively involve in the private sector projects in the rural areas. This is often caused by lack of public awareness (RN-1).* In addition, *since PPP projects requires close monitoring, there is the problem of lack of competent and capable practitioners at the private sector and public hospitals (RN-4).* Another interviewee stated *there exist the absence of trust between private and public sectors and this mistrust between both partners has crippled PPP provision of healthcare services in rural (RN-2).*

**Disparity in interest:** *The public and private partners are driven by separate interests which to some extent affects the goal of the partnership; getting the different interest aligned in the right perspective is often really challenging (RN-4).*

**Constraint experienced technically** has led to *no clear defined policies for implementation and evaluation of public-private partnership in rural areas consequently a weak capacity between the private and public sector to enter into new partnership projects that would profit healthcare centres in rural areas (RN-1).* At the rural areas, *there is an absence effective support system to enhance supervision and record-keeping for private-sector employees to aid evaluation, the result of this has been an ineffective and inefficient administrative between the private and public sector (RN-5).* There is the *deficiency in documentation and recording processes by private sector on project delivery in rural areas this has affected monitoring and reports system on project implementation in the rural areas (RN-3).* There was also the **barrier of finance**, sub-themes identified were:

1. Inadequate finance caused by failure to set specific budget for PPP healthcare projects in rural areas.
2. Government are often out of funds.
3. Stakeholders at public sector are hesistant when it comes to utilizing incentives (financial) as motivation to the private sector.
4. The challenge of reimbursement and reduction in social capital
5. Absence of sustainable programme for PPP healthcare projects rural area.

**Table 14. Analysis of the Five-dimensional sustainable performance measurement system for PPP.**

DIMENSION	NIGERIA	LITHUANIA
1. Meeting designed needs	<p>Design of healthcare services seldom meets scheduled time of delivery.</p> <p>Budget is often not met.</p> <p>The technical specification is yet to be standardized.</p> <p>The functional requirement is limited.</p>	<p>No response was provided.</p>
2. Benefits to end-user	<p>Charges on service is fair and affordable.</p> <p>Timely delivery of healthcare services has been optimized.</p> <p>Services provided is yet to meet up identified needs.</p> <p>Access to quality and equitable healthcare services is really challenging.</p> <p>At present, services provided are unsatisfactory.</p>	<p>There was no response since there are no PPPs in rural areas</p>
3. Benefits of PPP to private sector	<p>Effective Cost management.</p> <p>Return on investment made often yields profit.</p> <p>PPP has opened up private sectors to more market opportunities.</p>	<p><i>The expenses and profits of the private sector belong only to the private sector, the return is only through the residents of Šiauliai district, because they are offered services that the public sector does not provide. (RL -1).</i></p>

DIMENSION	NIGERIA	LITHUANIA
	<p>Private sectors have has to improved their technical expertise in order to stay relevant.</p> <p>Experiences and knowledge obtained gives it an edge over other private sectors.</p> <p>Private sectors have gained more popularity through PPP.</p> <p>Private sectors have to stay competitive amongst other competitor.</p>	
4. Benefits to public sector	<p>Public revenue has been maximized.</p> <p>The governments have attracted investors through enhanced reputation.</p> <p>Improved public welfare.</p> <p>Quality of service provided is still suboptimal</p>	There was no response since there are no PPPs in rural areas.
5. Preparing for the future	<p>Adequate facilities.</p> <p>Reduce cost and out of pocket payment.</p> <p>Adequate funding.</p> <p>Sufficient equipment.</p> <p>More staff capacity.</p>	<p><i>Factors that could strengthen the partnership between the public and private sectors in the provision of health care services are only legal regulation or cooperation on the basis of contracts for the provision of certain services in the private sector that are not provided by the public sector, or vice versa, or the fusion of certain services. However, PPP is difficult to implement in financial terms due to the funding received based on the enrollment of individuals in health care facilities. (RL -1)</i></p>



Table 14 shows the analysis of the Five-dimensional sustainable performance measurement system for PPP in provision of healthcare services in both rural areas of Nigeria and Lithuania. As indicated on the table, responses on the first dimension: *Meeting designed needs*, shows that PPP project in healthcare sectors in rural areas of Nigeria and Lithuania does not meet the designed needs.

### **3.3. Comparison of findings from situation of PPP in provision of healthcare services in rural areas of Lithuania and Nigeria**

Lithuania and Nigeria were considered suitable research areas for the study given that both countries are developing countries and are both concerned about the public healthcare of her citizens. Also, literature reviews showed that both countries have had to rely on PPP schemes to salvage the numerous challenges faced in their various healthcare sector services. It was from this standpoint the researcher choose to investigate the extent of PPP activities in provision of healthcare services in the rural areas of these countries in order to achieve earlier stated objectives.

To achieve the said objectives, participants were purposively selected from the population of professionals of public health sectors in the countries' rural areas. These professionals were heads of the public health facilities, administrators, doctors, nurses and pharmacists etc. An online survey was carried out using an open-ended interview questionnaire to collect data from participants in Nigeria and Lithuania. Responses gotten from participants in Nigeria were subjected to thematic content analysis while that of Lithuania was transcribed and documented. The findings revealed the following situation of PPP in rural areas:

In Nigeria, on the situation of PPP: Four out of the 5 participants agreed to knowing a successful PPP project in their region and each gave reasons for his/her evaluation as presented in the table 11 (see Table 11). Triggers and barriers of PPP in provision of healthcare services in rural areas identified were (see Table 12):

1. Awareness
2. Management
3. Man power
4. Disparity in interest
5. Constraints on system of technology
6. Finance

In preparing for the future, factors identified were:

1. Adequate facilities
2. Reduce cost and out of pocket payment
3. Adequate funding
4. Sufficient equipment
5. More staff capacity

Findings from Lithuania participants revealed that there are no PPP project in provision of healthcare services in the rural areas (see Table 13). The evaluation of PPP in the provision of healthcare services in rural areas on the scale of 0 to 10, where 0 is no any PPP and 10 – very strong and expanded PPP practice indicated that *in the town of Kuršėnai in the Šiauliai district, it is 6 and in rural areas is 0, implying no PPP practices* (see Table 13). Since no PPP project was identified in rurals, the

participants would not indicate the barriers and triggers in PPP in rural areas.

In preparing for the future, the participants stated that *Factors that could strengthen the partnership between the public and private sectors in the provision of health care services are only legal regulation or cooperation on the basis of contracts for the provision of certain services in the private sector that are not provided by the public sector, or vice versa, or the fusion of certain services. However, PPP is difficult to implement in financial terms due to the funding received based on the enrollment of individuals in health care facilities (RL-1).*

Summarily, in comparing PPP situation in Nigeria and Lithuania, as revealed from the qualitative results analysis, Nigeria has an ongoing PPP activities in the health sector of her rural areas that needs to be enhanced. Consequently, the highlighted challenges are considered to be directions for possibilities in enhancing PPP in provision of healthcare services in rural areas of Nigeria. However, the findings from Lithuania, the responses from the participant showed that PPP situation in rural areas is poor, even not in existence. Since healthcare services is a one project that requires huge finances from the government, Lithuanian and this could be the main direction and possibilities for enhancing PPP situation in provision of healthcare services in these rural areas.

### **3.4. Directions for the greater PPP enhancement in the provision of health care services in rural area**

Enhancement of PPP practices at rural areas for sustainability is critical to health sectors. PPP are important factors that out rightly impact the performance of any projects when measured with any project's objectives. Although PPP does not in any way proffer solution to every healthcare services provision in rural area, findings from the research shows directions for greater PPP enhancement in provision of healthcare services in rural areas. These directions are several.

**Involvement of Political sector:** The involvement of political sector in PPP in the healthcare sector is of utmost importance. Reason for this is that, PPP projects to some extent require financial support from government in the construction of projects. Hence, government will have to see to it that finance is available even after the project construction to cover liabilities of any kind. Given that every PPP project is always long-term, it becomes imperative that government be part of project execution. In addition, there is the need for the government administrative to be a part of the provision of healthcare services in rural areas. There are many ways to achieve a feasible contract between government and the private sector during PPP procurement processes. While this is the case, it is important to look out for transparency in order to avoid corruption (Hernandez-Aguado, 2016).

**Appropriate management of risk:** Every PPP project comes with several risks. Even before the project is started, it is very important that both parties in partnership identify and allocate risk to each other for appropriate management. In situations where there is inappropriate management of risks the result is often failure in project execution. This is applicable to health sector PPPs and it a great practice to use the right measures in identification of risk before allocation for management (Toriola-Coker, 2021).

**Strong Public Sector Capacity Enhancement:** The capacity within the public sector responsible for negotiating PPP transactions is often limited. In partnerships that are short terms, this is usually a

deficiency and may be handled through consultancy. But in Long term partnership, strong capacity must be built within Ministry of Health to handle not just negotiations of contracts but the system of project monitoring and enforcing post construction (Gasik, 2016).

**Planning ahead:** Plans regarding project execution should be done ahead so as avoid budget deficit and ensure proper budgeting. Since the government are always making payment after project execution to private sector, it is imperative to ascertain the possibility of a project being successful before carrying it out. On this note, it is necessary that contract between the public and private sector has explicit detail on the outcome of project specification such as the standard expected of project delivery service etc. It is on this basis that the performance of private sector will be known and payment of project made (Liu et al., 2015).

**Stakeholder Buy-In:** In any project to be undertaken, the assets nature should be considered. On this premise, it is suggested that assets be left to government ownership legally. Consequently, privatization of any kind should be frowned against. In a situation where there exist contemplation of concessions on government assets, it is pertinent that the incoming private sector concessionaires endeavour to keep effective and efficient staff. This is to mitigate resistant to change from human labour.

**Health care scheme for the poor:** In any government, the government should reach a concession with the private sector in provision of healthcare services to the poor especially those in rural areas. Because of the importance healthcare services provision through PPPs, it may be a challenge for the private sector to provide these services especially in rural areas without some sort of subsidy from the government. Therefore, it is expected that both the government and private sector put up a better structure for transactions that will foster health sector PPP services to effectively transit into more reduced cost transactions (Guyon & Perreault, 2016)

**Complete Service Delivery:** In any given project, delivery emphasis should be made on complete service delivery by the private sector. Sequel to this, service that will be offered in fragment should be discouraged. In most developing countries, the challenge encountered in healthcare service delivery is not just the poor infrastructure but that of adequately trained personnel. Therefore, any approach that is intended for complete service delivery should see to it that there is an adequate capacity and expertise to manage the infrastructure in the short term and ensure capacity transfer in the long term (Oakland & Marosszeky, 2017).

**Improvement on the standard of health insurance scheme:** A strong health insurance scheme is critical to the success of PPPs projects. Overtime, the project must be self-financed and the payment made by government on operations must have ceased (Reich, 2021).

Summarily, this chapter presented the empirical findings from the document analysis and survey analysis carried out in the regions of Nigeria and Lithuania. Both analyses were carried out with the aim of investigating PPP situation and healthcare services in the rural areas of these countries (Nigeria and Lithuania) and possible areas that require enhancement or strengthening. The document analysis on both Nigeria and Lithuania revealed the situations of healthcare services and PPP in both regions. Insights from the document should serve as directions for the greater PPP enhancement in the provision of health care services in rural area. Document analyzed were;

**Nigeria case:**

1. *Infrastructure Concession Regulatory Commission (ICRC)*
2. *National Health Policy 2016*

### 3. *National Strategic Health Development Plan II (2018 - 2022)*

#### **Lithuania case:**

1. *Lithuania's National Health Insurance Fund*
2. *OECD reviews of health systems: Lithuania 2018*

Using the Five-dimensional sustainable performance measurement system for PPP by Liang & Wang, 2019, PPP situations in provision of healthcare services in rural areas of Nigeria and Lithuania were investigated. From the findings, comparison were made and directions for the greater PPP enhancement in the provision of health care services in rural area.

For any country to record a successful PPP project implementation in the health sector of rural areas, involvement of the political sector is paramount because PPP project requires huge financial capacity and close monitoring. From the analysis, it was reported that finance is one of the triggers and barriers that impede PPP provision of healthcare services in rural areas. On this note, it is imperative that the government of Nigeria and Lithuania being the political sectors responsible for provision of public services be totally involved in Private-public-partnership in order to provide the necessary funds for the construction and implementation of healthcare projects. In addition, plans regarding project execution should be done ahead so as avoid budget deficit and ensure proper budgeting. In any government especially Nigeria and Lithuania, the government should reach a concession with the private sector in provision of healthcare services to the poor especially those in rural areas. This is very critical in PPP enhancement in healthcare services in rural area, as findings from the Five-dimensional sustainable performance measurement system for PPP by Liang & Wang, 2019 on PPP situation in Lithuania showed the absence of PPP in the healthcare sectors in rural areas. In any given project, delivery emphasis should be made on complete service delivery by the private sector. PPP situation of Nigeria in healthcare service provision revealed dissatisfaction in the services provided.

## **CONCLUSIONS**

This research, enhancing the public-private partnership in the provision of health care services in rural areas, was carried out with the objectives of understanding the situation of public-private partnerships in health care services' provision in the rural areas and identify the directions for its enhancing. In the healthcare sectors, partnership between private and public sectors have been leveraged to mobilize resources to enhance healthcare services provided in rural areas.

The study was carried out in the regions of Nigeria and Lithuania and participants were selected through a purposive sampling technique from the population of healthcare practitioners to participate in the study. To investigate the situation of PPP in provision of healthcare in each region, a survey was carried out using an interview questionnaire adapted and developed from Five-dimensional sustainable performance measurement system for PPP by Liang & Wang, 2019.

Findings from the survey showed that in Nigeria, although PPP practices exist in the country, there is still yet some strengthening that is required in the provision of healthcare services in the rural areas. Findings from the Five-dimensional sustainable performance measurement system for PPP indicated that PPP project is yet to meet the designed needs of the public sector (Dimension 1, Table 14), the second dimension ( benefits to end-user, Table, 14) has to be optimized as there is still the challenge of accessing quality and equitable healthcare services; consequently healthcare services provided through PPP is unsatisfactory. On this note, future partnership between the government and private sector on healthcare project should be such that it has to meet the designed needs of the contractor (the public sector) and the project should be carried out with the benefits of the end-users in mind

(since the partnership is drawn with the purpose of addressing the needs of healthcare services in rural areas of this region).

In Lithuania, findings showed that *the only successful PPP case is in the town of Kuršėnai in the Šiauliai district and that a successful PPP case is the cooperation on day hospital services (RL-1, Table 12)*. Hence, there is the absence of PPP in provision of healthcare services in the rural areas. *In the town of Kuršėnai in the Šiauliai district, it is 6 and in rural areas is 0, implying no PPP practices (RL-1, Table 12)*. The absence of PPP practices in healthcare sector in the rural areas of Lithuania poses a great challenge. Not every of the citizen reside the town to benefit from the affordable services of healthcare through PPP hence *factors that could strengthen the partnership between the public and private sectors in the provision of health care services are only legal regulation or cooperation on the basis of contracts for the provision of certain services in the private sector that are not provided by the public sector, or vice versa, or the fusion of certain services. However, PPP is difficult to implement in financial terms due to the funding received based on the enrollment of individuals in health care facilities (RL - 1)*. To strengthen healthcare services in the rural areas, government of Lithuania will have to leverage on PPP schemes to achieve this. This calls for the involvement of stakeholders at the political sector.

Finally, finance is considered to be one of the primary challenges of healthcare services. In most cases, the public sectors are often faced with insufficient fund; to address this challenge, public-private partnership is a mechanism that can be utilized to finance projects. It is a model that has been in place for a while in both developed and developing countries and has been utilized as a system for physical and socio-economic development in many governments. Hence, PPP becomes necessary in enhancing provision of healthcare services in the rural areas of Nigeria and Lithuania.

## RECOMMENDATIONS

Based on the findings of the research, the following recommendations by the researcher could be instrumental in enhancing PPP in provision of healthcare services in rural areas of Nigeria and Lithuania:

1. **Awareness** : Awareness of PPP activities in provision of healthcare services in rural areas can be achieved by:
  - Employing recent and valid treatment guides should be used by both private and public sectors in informing the end-users about the practices of PPP in provision of healthcare services in rural areas.
  - Depending on identified needs, workshops should be setup for sensitization which will create awareness.
  - There should be an appropriate channel for information, communication and awareness for the rural dwellers.
2. **Management** : This was identified as one of the triggers that is a barrier to PPP activities in provision of healthcare services in rural areas, on this note, it is recommended that;
  - There should be communication and coordination between partners should be streamed regularly
  - Partners should be encouraged to be committed and engage in management activities of PPP in rural areas
  - Adequate measures for legislation that will enhance PPP practices in provision of healthcare services in rural areas should be in place.
  - There should be a clear definition of roles and responsibilities for private and public sectors in the partnership project.

- Goals and objectives that are achievable should be drawn.
  - There should be a right measure for coordination of partnership.
3. **Man power:** An Effective communication channels should be established between every member of PPP.
    - Positive attitude towards PPP should be encouraged.
    - Capable stakeholders should be incorporated into the partnership
    - Mutual respect, appreciation and trust should be encouraged amongst partners.
  4. **Disparity in interest:** It is recommended that Public and private sectors focus on the purpose of partnership and work unanimously
  5. **Constraint on technology:** There should be a flexible PPP models that will complement the government and rural areas support of PPP project.
    - Systems for monitoring and documentation should set.
    - Adoption and utilization of digital tools
    - Information system should be enhanced.
  6. **Finance :** There should be introduction of financial incentives by the government
    - A sustainable scheme for funding should be worked on.
    - Alternatives systems of financing should be sourced for.
    - Private sector will have to work within budget.

## REFERENCES

### Scientific sources:

1. Abimbola, A. R. (2020). Administration of primary health care programme in local government in Nigeria: a case study of Ibadan South West Local Government. *International Journal of Science & Healthcare Research*. 2020; 5(3): 327-337.
2. Akinyemiet, A. L. (2010). Nigerian Banks and the Perception of Risk in PPP Project Delivery. *Journal of Financial Management in Public service*, 8, (2)
3. Atmo, G. & Duffield, C., (2014). Improving investment sustainability for PPP power projects in emerging economies: Value for money framework. *Built Environ. Proj. Asset Manag.* 4, 335–351.
4. Baxter, D., & Asady, C. (2020). Proactive and Strategic Healthcare Public-Private Partnerships (PPPs) in the Coronavirus (Covid-19) Epoch. *Sustainability* 2020, 12, 5097. doi: 10.3390/su12125097.
5. Broadbent, J., & Laughlin, R. (2003). “Public private partnerships: an introduction.” *Accounting, Auditing & Accountability Journal*, 16(3), 332-341.
6. Bowen, G. A. (2009). Document analysis as a qualitative research method. *Qualitative research journal*, 9(2), 27-40. <https://doi.org/10.3316/QRJ0902027>
7. Burger, P. (2009). The Dedicated PPP Unit of the South African National Treasury. In Akintoye, A. and Beck, M. (eds.), *Policy, Finance & Management for Public-Private Partnerships* (82-96). Blackwell Publishing Ltd.
8. DeJonckheere, M., & Vaughn, L. M. (2019). Semistructured interviewing in primary care research: a balance of relationship and rigour. *Family medicine and community health*, 7(2), e000057. doi: 10.1136/fmch-2018-000057
9. Esposito, P., & Dicorato, S. L. (2020). Sustainable development, governance and performance measurement in public private partnerships (PPPs): A methodological proposal. *Sustainability*, 12(14), 5696.

10. Federal Ministry of Health Nigeria. (2019). Primary Health Care in Nigeria: 30 years after *Alma-Ata*. *National Health Conference*, Abuja.
11. Fussell, H., & Beresford, C. (2009) “*Public-private partnerships: Understanding the challenge.*” Vancouver: Columbia Institute, Centre for Civic Governance.
12. Gasik, S. (2016). Are public projects different than projects in other sectors? Preliminary results of empirical research. *Procedia Computer Science*, 100, 399-406. <https://doi.org/10.1016/j.procs.2016.09.175>
13. Ghanbari, S., Hajinejab, A., & Rahmani, P. (2014). Medical Tourism. *Management Science Letters*, 4(2014), 1651-1654.
14. Gharaee, H., Rezapour, R., Derakhshani N, Ghojazadeh M, Azami-Aghdash S. (2020). *Developing public-private partnership framework for managing adverse health effects of environmental disaster (a case study of Lake Urmia, Iran).*
15. Gromsey, D., Lewis, M. (2007). *Public-Private Partnership: the Worldwide Revolution in Infrastructure Provision and Project Finance*. Edward Elgar Publishing.
16. Guyon A, Perreault R. Public health systems under attack in Canada: evidence on public health system performance challenges arbitrary reform. *Can J Public Health*. 2016; 107(3):e326–329.
17. Halaskova, M., Halaskova, R., & Prokop, V. (2018). Evaluation of efficiency in selected areas of public services in European Union countries. *Sustainability*, 10(12), 4592.
18. Haque, M. N., Saroar, M., Fattah, M. A., & Morshed, S. R. (2020). Public-Private Partnership for achieving sustainable development goals: a case study of Khulna, Bangladesh. *Public Administration and Policy*, 23(3), 283-298.
19. Hernandez-Aguado I, Zaragoza G. Support of public–private partnerships in health promotion and conflicts of interest. *BMJ Open*. 2016;6:e009342
20. Higgins, S. T. (2021). Behavior change, health, and health disparities 2021: Rural addiction and health. *Preventive Medicine*, 152, 106834, 1-5. <https://doi.org/10.1016/j.ypmed.2021.106834>.
21. Ibrahim, A. D., Price A. D. & Dainty A. R. J. (2006). The Analysis and Allocation of Risk in Public Private Partnerships in Infrastructure Project in Nigeria. *Journal of Financial Management of property and Construction*, 11 (3), 149-163.
22. Ibrahim, A. D. & Sodangi, M., (2007). An Assessment of Evaluating Quality Performance in Construction using Client’s perspective of Contractor project level quality performance. *The Information Manager*, 7 (1), 22 – 31.
23. Israel, G. D. (2010). Effects of answer space size on responses to open-ended questions in mail surveys. *Journal of Official Statistics*, 26(2), 271-285.
24. Joniškienė, J., Šaparnienė, D., Juknevičienė, V., Limba, T., & Reinholde, I. (2020). Governance mechanisms and collaborative value creation in cross-sector partnerships: case of NGO and business. *Entrepreneurship and Sustainability Issues*, 8(1), 1012-1028.
25. Joudyian et al. (2021). Public-Private Partnerships in Primary Health Care: A Scoping Review. *BMC Health Services Research*.
26. Kavishe, N. & Chileshe, N. (2020). Empowering Public-Private Partnership in Major Infrastructure Systems. *Routledge Handbook of Planning and Management of Global Strategic Infrastructure Projects, 1<sup>st</sup> Edition*.
27. Kurniati, A, Roskam E, Afzal M M, Suryowinoto TB, Mukti AG. (2015). Strengthening Indonesia’s health workforce through partnerships. *Public Health*, 129(9), 1138-1149. doi: 10.1016/j.puhe.2015.04.012. [PubMed: 26032194].

28. Li, S.Y., Xang, N. & Lings, I. (2005). Critical Success Factor for PPP/PFI Projects in the UK. Construction Industry, *Construction Management and Economics*, 23, 459-471.
29. Liu, J., Love, P.E., Smith, J., Regan, M. & Davis, P.R. (2014). Life cycle critical success factors for public-private partnership infrastructure projects. *J. Manag. Eng.* 31 (5) 04014073.
30. Liu, J., Love, P., Davis, P., Smith, J., & Regan, M. (2015). Conceptual framework for the performance measurement of public-private partnerships. *Journal of Infrastructure Systems*, 21(1), 1–11.
31. Llumpo, A., Montagu, D., Brashers, E., Foong, S., Abuzaineh, N., Feachem, R. (2015). Lessons from Latin America: The early landscape of healthcare public-private partnerships. Healthcare public-private partnership series, No. 2. San Francisco: *The Global Health Group, Global Health Sciences, University of California, San Francisco and PwC. Produced in the United States of America*. First Edition, November 2015.
32. Medhekar A. (2013). Public-Private Partnerships for Inclusive Development: Role of Private Corporate Sector in Provision of Healthcare Services. International Relations Conference on India and Development Partnerships in Asia and Africa: Towards a New Paradigm (IRC-2013). *Procedia, Social and Behavioural Sciences*, 157(2014), 33-44.
33. Mudayarabikwa, O. & Regmi K. (2016). Public-private partnerships and efficiency in public procurement of primary healthcare infrastructure: a qualitative research in the NHS UK. *J Public Health*. 2016;24(2):91–100
34. Murauskiene, L, Janoniene, R, Veniute, M, van Ginneken, E, Karanikolos, M. (2013). Lithuania: health system review. *Health Systems in Transition*, 15(2), 1-150. <https://pubmed.ncbi.nlm.nih.gov/23902994/>.
35. Mishenina, H., & Dvorak, J. (2022). Public–Private Partnership as a Form of Ensuring Sustainable Development of the Forest Management Sphere. *Administrative Sciences*, 12(4), 156.
36. Oakland, J.S. & Marosszeky, M. (2017), *Total Construction Management: Lean Quality in Construction Project Delivery*, Routledge, Abingdon.
37. Omagbitse, B. O. (2018). Project Finance Issues for Infrastructure Provision. A Presentation to The Nigerian Institute of Quantity Surveyors' 3 – Day Workshop on Public Private Partnership Approach to Infrastructure Development in Nigeria; July 2010.
38. Ozorhon, B., Ardit, D., Dikmen, I., Birgonul, M.T. (2017). Toward a multidimensional performance measure for international joint ventures in construction. *J. Constr. Eng. Manag.* P 137, 403–411.
39. Pal R, Pal S. (2019). Primary health care and public-private partnership: An indianperspective. *AnnTropMedPublicHealth*.2019;2(2):46.
40. Prefontaine, L., Ricard, L. S., Cotte, H., Turcotte, D and Dawes, S.S (2020). New Models for Collaboration for Public Service Delivery Worldwide Trends. *Working Paper CEFRIO Research Project: PIVOT Group*
41. Rakic, B., Radenovic, T. (2011). Public-private partnerships as an instrument of new public management. *Facta universitatis. Economics and organization*, 8(2), 207-220.
42. Rouag, A., & Stejskal, J. (2017). Assessing the performance of the public sector in North African and Middle East countries. *International Journal of Public Sector Performance Management*, 3(3), 279-296.
43. Sekhri, N., R. Feachem & Ni, A. (2017). “Public Private Integrated Partnerships Demonstrate the Potential to Improve Health Care Access, Quality and Efficiency,” *Health Affairs*, vol. 30, no. 8.



44. Tabrizi, A. S., Saber, A. & Hojatolah, G. (2020). Public-Private Partnership Policy in Primary Health Care: A Scoping Review. *Journal of Primary Care & Community Health*, 1-17.
45. Toor, S. U. R. & Ogunlana, S. O. (2010). Beyond the ‘iron triangle’: Stakeholder perception of key performance indicators (KPIs) for large-scale public sector development projects. *International Journal of Project Management*, 28, 228–236.
46. Toriola-Coker, L., Owolabi, H., Alaka, H., Bello, W.A. and Pathirage, C. (2021), “Critical success factors (CSFs) for motivating end- user stakeholder’s support for ensuring sustainability of PPP projects in Nigerian host communities”, *Journal of Engineering, Design and Technology*, doi: 10. 1108/JEDT-04-2021-0202.
47. United Nations Department of Economic and Social Affairs Population Dynamics: Population Division. *World Population Prospects 2019*. Volume II: Demographic Profiles (ST/ESA/SER.A/427), 2019.
48. Vian T., McIntosh N., Grabowski, A., Limakatso, E., & Jack, B. "Hospital PublicPrivate Partnerships in Low Resource Settings: Perceptions of How the Lesotho PPP Transformed," *Management Systems and Performance, Health Systems & Reform*, 1:2, 155166.
49. Walker, D. & Nogeste, K. (2008). Performance measures and project procurement. In *Procurement Systems - A Cross Industry Project Management Perspective*; Walker, D., Rowlinson, S., Eds.; Taylor & Francis: London, UK; New York, NY, USA, 2008; pp. 177–210.
50. Wu, G., Duan, K., Zuo, J., Zhao, X. & Tang, D. (2017). Integrated sustainability assessment of public rental housing community based on a hybrid method of AHP-entropyweight and cloud model. *Sustainability* 2017, 9, 603
51. Yuan, J., Skibniewski, M.J., Li, Q. & Zheng, L. (2010). Performance objectives selection model in public-private partnership projects based on the perspective of stakeholders. *J. Manag. Eng.* 26, 89–104.
52. Yun, S., Jung, W., Han, S.H., Park, H., 2015. Critical organizational success factors for public private partnership projects—a comparison of solicited and unsolicited proposals. *J. Civ. Eng. Manag.* 21 (2), 131–143
53. Zhang, X., Bao, H., Wang, H. & Skitmore, M. (2016). A model for determining the optimal project life span and concession period of BOT projects. *Int. J. Proj. Manag.* P 34, 523–532.
54. Zhang, X. (2006). Public Clients’ Best Value Perspectives of Public Private Partnerships in Infrastructure Development. *J. Constr. Eng. Manag.* 132, 107–114.

#### **Other sources:**

55. Bowen, G. A. (2009). Document analysis as a qualitative research method. *Qualitative research journal*, 9(2), 27-40.<https://doi.org/10.3316/QRJ0902027>
56. European Commission. (2019). *Commission staff working document. Country report Lithuania 2019*. Retrieved from: [https://ec.europa.eu/info/sites/info/files/file\\_import/2019-european-semester-country-report-lithuania\\_en.pdf](https://ec.europa.eu/info/sites/info/files/file_import/2019-european-semester-country-report-lithuania_en.pdf)
57. Hanna, K. T., (2018). *Public-Private Partnership (PPP)*. Retrieved from: <https://www.techtarget.com/whatis/definition/Public-private-partnership-PPP>.
58. Hansen, Z. (2022). *Public-Private Partnerships (PPPs): Definition, How they work, and Examples*. Retrieved from: <https://www.investopedia.com/terms/p/public-private-partnerships.asp>.
59. Nanda, L. (2012). *The Role of Public-Private Partnerships in Strengthening Health Systems*. Fhi 360, the science of improving lives. Retrieved from: <https://www.fhi360.org/sites/default/files/media/documents/resource-public-private-partnerships-health-systems-strengthening.pdf>

60. The Economist. (2022). The pandemic's true death toll. Retrieved from: <https://www.economist.com/graphic-detail/coronavirusexcess-deaths-estimates>
61. United Nations Economic Commission for Europe (UNECE). (2016). *UNECE PPP Standard for Healthcare Policy (Proposed Draft)* from: <https://wiki.unece.org/display/pppp/Health+policy?preview=/23758291/31065240/UNECE%20healthcare%20PPP%20standard%20%20Public%20Review%20%20v2.1.pdf>.
62. *What are Public Private Partnerships?* (2014). Public-Private Partnership in Infrastructure Resource Center. Retrieved from: <http://ppp.worldbank.org/public-privatepartnership/overview/what-are-public-private-partnerships>
63. WorldBank Group. (2020). *PPPs by Sector: Sub-national and Municipal*. Retrieved from: <https://ppp.worldbank.org/public-private-partnership/sector>.

## ANNEXES

ANNEX I

### QUESTIONNAIRE OF SEMI-STRUCTURED INTERVIEW

<p><b><u>About the interviewer:</u></b></p> <p><i>Name, Surname: Alfred Kwabena Adu</i></p> <p><i>Education: Joint Master Degree Study Programme “Regional Development and Governance”, Vilnius University (Lithuania) and University of Pardubice (Czech Republic).</i></p>	
<p><b><u>About the interviewee:</u></b></p> <p><i>Region/ Country:</i></p> <p><i>Gender:</i></p> <p><i>Position:</i></p> <p><i>Institution:</i></p>	
<p><b><u>About the interview:</u></b></p> <p><i>Estimated time period: 50-60 minutes</i></p> <p><i>Aim of the interview: To investigate the opinion about the situation of public-private partnerships in health care services’ provision in the rural areas and its enhancing possibilities.</i></p> <p>Confidentiality for the interviewee is provided in such ways: all answers are codified, interviewees have their own codes; if the interviewees want, their names and surnames won’t be revealed to anybody.</p>	
Introduction	<p>What is your position and responsibilities in brief?</p> <p>How many years of experience do you have?</p> <p>How are your duties/experiences related to public-private partnership or health care services’ provision?</p>
PPP situation	<p>If you could evaluate PPP in the provision of health care services in your rural region (in the scale of 0 to 10, where 0 is no any PPP and 10 – very strong and expanded PPP practice), how would you evaluate and why?</p> <p>Do you know any successful PPP case in your region?</p> <p>Do you see any main triggers or barriers for PPP in rural areas?</p>
Meeting designed needs	<p>Would you say that PPP project in provision of healthcare services have been delivered in time?</p> <p>Has the project been constructed within allocated budget?</p> <p>Has the design of project met technical specification?</p> <p>Through the project, have the fictional requirements been achieved ?</p>
Benefits to private sector	<p>How PPP projects open up market opportunities for private sectors in your region?</p> <p>How PPP have affected the reputation and competitive advantage of private sector organizations?</p> <p>How has private sector managed cost, marginal profit and investment return through partnership with public sector in provision of healthcare services in rural areas?</p>
Benefits to public sector	<p>Could you explain the outcome of PPP in provision of healthcare services in the rural area of your region in terms of :</p>

	<p>a. Quality of services provided</p> <p>b. Prompt delivery</p> <p>c. Has PPP intervention affected your government's need of financing health care services in rural area?</p>
Benefits to end-user	<p>How has the PPP in provision of health care services affected the quality of healthcare accessed by rural dwellers in your region?</p> <p>How has PPP influenced the supply of health care services in rural area of your region?</p> <p>In general, how would you evaluate the overall situation (satisfaction/disappointment) obtained from PPP project in provision of health care services in your rural area?</p>
Preparing for future	<p>What impact has been established in the health care of rural dwellers through PPP projects?</p> <p>What are factors that might enhance public-private partnership in the provision of health care services?</p> <p>In your opinion, what is needed to enhance PPP practice in this field? In the future, how could the government of your region/other institutions leverage/encourage PPP projects of health care services' provision?</p> <p>What are your expectations regarding technology and innovation transfer in PPP projects in rural areas?</p>
<p>Would you like to add something?</p> <p>Thank you for your time and participation in this research.</p>	

## QUESTIONNAIRE OF SURVEY (in English)

<p><b><u>About the researcher:</u></b></p> <p>Name, Surname: <i>Alfred Kwabena Adu</i></p> <p>Education: <i>Joint Master Degree Study Programme “Regional Development and Governance”, Vilnius University (Lithuania) and University of Pardubice (Czech Republic).</i></p>		
<p><b><u>About the respondent:</u></b></p> <p>Region/ Country:</p> <p>Gender:</p> <p>Position:</p> <p>Institution:</p>		
<p><b><u>About the survey:</u></b></p> <p>Estimated time period: 20-30 minutes</p> <p>Aim of the research: To investigate the opinion about the situation of public-private partnerships in health care services’ provision in the rural areas and its enhancing possibilities.</p> <p>PPP - cooperation (partnership) of public sector organizations and private sector (business) entities. In this study, <i>rural areas</i> are defined as distant areas far from large cities and their institutions, providing health care services.</p> <p>Confidentiality for the respondents is provided in such ways: all answers are codified, respondents have their own codes; if respondents want, their names and surnames won’t be revealed to anybody.</p> <p>Please, mark the selected option as <input checked="" type="checkbox"/>:</p> <p><input type="checkbox"/> I do agree, that my name would be mentioned in the research report.</p> <p><input type="checkbox"/> I do not agree, that my name would be mentioned in the research report.</p>		
<i>The dimension</i>	<i>Questions</i>	<i>Answers, remarks</i>
Introduction	<p>What is your position and responsibilities in brief?</p> <p>How many years of experience do you have?</p> <p>How are your duties/experiences related to public-private partnership or health care services’ provision?</p>	
PPP situation	<p>If you could evaluate PPP in the provision of health care services in your rural region (in the scale of 0 to 10, where 0 is no any PPP and 10 – very strong and expanded PPP practice), how would you evaluate and why?</p> <p>Do you know any successful PPP case in your region?</p> <p>Do you see any main triggers or barriers for PPP in rural areas?</p>	

<i>The dimension</i>	<i>Questions</i>	<i>Answers, remarks</i>
Meeting designed needs	<p>Would you say that PPP project in provision of healthcare services have been delivered in time?</p> <p>Has the project been constructed within allocated budget?</p> <p>Has the design of project met technical specification?</p> <p>Through the project, have the fictional requirements been achieved ?</p>	
Benefits to private sector	<p>How PPP projects open up market opportunities for private sectors in your region?</p> <p>How PPP have affected the reputation and competitive advantage of private sector organizations?</p> <p>How has private sector managed cost, marginal profit and investment return through partnership with public sector in provision of healthcare services in rural areas?</p>	
Benefits to public sector	<p>Could you explain the outcome of PPP in provision of healthcare services in the rural area of your region in terms of :</p> <p>a. Quality of services provided</p> <p>b. Prompt delivery</p> <p>c. Has PPP intervention affected your government's need of financing health care services in rural area?</p>	
Benefits to end-user	<p>How has the PPP in provision of health care services affected the quality of healthcare accessed by rural dwellers in your region?</p> <p>How has PPP influenced the supply of health care services in rural area of your region?</p> <p>In general, how would you evaluate the overall situation (satisfaction/disappointment) obtained from PPP project in provision of health care services in your rural area?</p>	
Preparing for future	<p>What impact has been established in the health care of rural dwellers through PPP projects?</p> <p>What are factors that might enhance public-private partnership in the provision of health care services?</p> <p>In your opinion, what is needed to enhance PPP practice in this field? In the future, how could the government of your region/other institutions leverage/encourage PPP projects of health care services' provision?</p> <p>What are your expectations regarding technology and innovation transfer in PPP projects in rural areas?</p>	
Would you like to add something?		

Thank you for your time and participation in this research.	
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## QUESTIONNAIRE OF SURVEY (in Lithuanian)

**APKLAUSOS RAŠTU KLAUSIMYNAS**

<p><b><u>Informacija apie tyrėją:</u></b></p> <p>Vardas Pavardė: <i>Alfred Kwabena Adu</i></p> <p>Studijos: <i>Jungtinė magistro studijų programa „Regionų plėtra ir valdymas“ Vilniaus universitetas (Lietuva) ir Pardubicių universitetas (Čekijos Respublika).</i></p>		
<p><b><u>Informacija apie respondentą:</u></b></p> <p>Regionas (rajonas) / Šalis:</p> <p>Lytis:</p> <p>Darbo pozicija:</p> <p>Organizacija:</p>		
<p><b><u>Informacija apie apklausą:</u></b></p> <p>Vidutiniškai atsakymai į klausimus užims 20–30 minučių.</p> <p>Turimo tikslas – atlikus nuomonės apie viešojo ir privataus sektorių partnerystės (VPSP) teikiant sveikatos priežiūros paslaugas kaimiškose vietovėse situaciją tyrimą, identifikuoti jos stiprinimo galimybes.</p> <p>VPSP – viešojo sektoriaus organizacijų ir privataus sektoriaus (verslo) subjektų bendradarbiavimas (partnerystė). <i>Kaimiškomis vietovėmis</i> šiame tyrime įvardijamos atokios teritorijos, nutolusios nuo didžiųjų miestų ir juose veikiančių sveikatos priežiūros paslaugas teikiančių įstaigų.</p> <p>Respondentams garantuojamas konfidencialumas tokiais būdais: visi tyrimo metu gauti atsakymai yra užkoduojami, respondentams suteikiami kodai; respondentui pageidaujant, jų vardai ir pavardės nebus niekam atskleisti.</p> <p>Prašome savo pasirinktą atsakymą pažymėti <input checked="" type="checkbox"/>:</p> <p><input type="checkbox"/> Aš <u>sutinku</u>, kad mano vardas būtų paminėtas tyrimo ataskaitoje.</p> <p><input type="checkbox"/> Aš <u>nesutinku</u>, kad mano vardas būtų paminėtas tyrimo ataskaitoje.</p>		
<i>Dimensija</i>	<i>Klausimai</i>	<i>Atsakymai, pastabos</i>
Įvadinė dalis	<p>Trumpai apibūdinkite savo darbo poziciją ir atsakomybes.</p> <p>Kiek metų patirties sveikatos apsaugos srityje turite?</p> <p>Kaip Jūsų pareigos / patirtis yra susiję su viešojo ir privataus sektorių partneryste ar sveikatos priežiūros paslaugų teikimu?</p>	
VPSP (viešojo ir privataus sektorių partnerystės) situacija	<p>Jeigu galėtumėte įvertinti VPSP teikiant sveikatos priežiūros paslaugas Jūsų kaimiškoje teritorijoje (skalėje nuo 0 iki 10, kur 0 – visiškai nėra VPSP, o 10 – labai stipri ir išplitusi VPSP), kaip įvertintumėte ir kodėl?</p> <p>Ar žinote sėkmingų VPSP pavyzdžių savo regione (rajone)?</p>	



	Kokius esminius VPSP barjerus ir iššūkius išvelgiate kaimiškose teritorijose?	
<i>Dimensija</i>	<i>Klausimai</i>	<i>Atsakymai, pastabos</i>
Verslo sektoriaus naudos	Kaip VPSP projektai atveria rinkos galimybes privačiam sektoriui Jūsų rajone? Kaip VPSP paveikia privataus sektoriaus reputaciją ir konkurencinį pranašumą? Kaip privačiam sektorius sekasi valdyti išlaidas, pelną ir investicijų grąžą bendradarbiaujant su viešuoju sektoriumi sveikatos priežiūros paslaugų teikime kaimiškose vietovėse?	
Viešojo sektoriaus naudos	Kaip galėtumėte paaiškinti VPSP aspektus sveikatos priežiūros paslaugų teikimo kaimiškosiuose teritorijose savo regione (rajone) klausimais: a. Teikiamų paslaugų kokybės aspektu b. Paslaugų suteikimo greitumo aspektu c. Ar VPSP paveikė valdžios poreikį finansuoti sveikatos priežiūros paslaugų teikimą kaimiškosiuose teritorijose?	
Paslaugų gavėjų naudos	Kaip VPSP teikiant sveikatos priežiūros paslaugas kaimiškosiuose teritorijose paveikė sveikatos priežiūros, prieinamos kaimiškųjų teritorijų gyventojams, kokybę Jūsų regione (rajone)? Kaip VPSP teikiant sveikatos priežiūros paslaugas kaimiškosiuose teritorijose paveikė sveikatos priežiūros pasiūlą Jūsų regione? Kaip apskritai vertintumėte bendrą situaciją (pasitenkinimas/nusivylimas) dėl VPSP projektų teikiant sveikatos priežiūros paslaugas kaimiškose teritorijose Jūsų regione?	
Pasirengimas ateičiai	Koks yra VPSP projektų poveikis kaimo gyventojų sveikatos apsaugai? Kokie veiksniai galėtų sustiprinti viešojo ir privataus sektorių partnerystę teikiant sveikatos priežiūros paslaugas? Jūsų nuomone, ko reikia norint sustiprinti VPSP praktiką šioje srityje Jūsų regione? Kaip Jūsų regiono (rajono) valdžia/kitos institucijos ateityje galėtų panaudoti/skatinti VPSP sveikatos priežiūros paslaugų teikimo projektus? Kokie jūsų lūkesčiai dėl technologijų ir inovacijų diegimo VPSP projektuose kaimiškose vietovėse?	
Ar norėtumėte ką nors pridurti?		
Nuoširdžiai dėkojame už dalyvavimą šiame tyrime.		

**POSSIBLE RESPONDENTS OF  
ŠIAULIAI DISTRICT MUNICIPALITY**

<b>Institution / Organization</b>	<b>Position and responsible person</b>
Šiauliai district health office Šiaulių rajono sveikatos biuras	Director / Direktorė
Doctor of Šiauliai district municipality Šiaulių rajono savivaldybės gydytoja	Doctor / Gydytoja
Primary health care center of Šiauliai district Šiaulių rajono pirminės sveikatos priežiūros centras	Director / Direktorė
Kuršėnai rural ward of Šiauliai district Šiaulių rajono Kuršėnų kaimiškoji seniūnija	Elder / Seniūnė
Varputėnai eldership of Kuršėnai rural ward of Šiauliai district Šiaulių rajono Kuršėnų kaimiškoji seniūnija Varputėnų seniūnaitija	Sub-elder / Seniūnaitė
Pakulmučiai eldership of Kuršėnai rural ward of Šiauliai district Šiaulių rajono Kuršėnų kaimiškoji seniūnija Pakulmučių seniūnaitija	Sub-elder / Seniūnaitė
Romučiai eldership of Kuršėnai rural ward of Šiauliai district Šiaulių rajono Kuršėnų kaimiškoji seniūnija Romučių seniūnaitija	Sub-elder / Seniūnaitė
LJSC „Your Home of Medicine“ Kuršėnai clinic UAB „Jūsų medicinos namai“ Kuršėnų klinika	Director / Direktorė