

# In-country public-private partnerships hold the key to promoting inclusiveness in Dutch trade and international cooperation agenda

## Policy contribution



Workers at the Rising garment factory, Mirpur, Dhaka

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Our contribution advocates the extension of the Public-Private Partnership (PPP) model into health service delivery and our position is informed by [evidence from our work in Bangladesh](#).

Dutch foreign policy currently focuses on trade and investment using the [Dutch Diamond Approach](#); a form of PPP that favours the interests of established businesses/corporations and the growth (ie profits) of these and fledgling enterprises. Our experience is that the PPP model as used by the World Health Organization – known also as the Public-

Private Mix (PPM) – promotes the inclusion of [all relevant private and public healthcare providers](#), which in turn makes use of existing national networks and enterprises, rather than foreign companies.

The simplicity of the PPP model can be seen in our work with private medical practitioners (PMPs), the National TB Programme (NTP) and government-run health centres in Bangladesh. The model asks private doctors to refer patients to designated TB diagnosis centres for sputum testing.

If the patients test positive for TB, they can get a prescription from their private doctor for free drugs, which are provided by the NTP through the TB diagnostic centres.

The model not only allows private doctors to make use of the free testing and prescription service offered by the NTP, but, by integrating PPP components into existing forms and registers, it also allows the diagnostic centres and private doctors to trace patients and monitor whether treatment was completed.

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Our research shows that upscaling – an important factor of the Dutch Diamond Approach – is a very real option; the NTP realised the efficacy of this model early on in the project, and started implementing the PPP model in Chittagong (from 2007), Sylhet (from 2008), and other areas of Dhaka (from 2009), covering more than 15 million people. In the scale-up areas, PMPs have made a substantial contribution to the NTP’s effort to control TB.

The adaptability of the PPP model to different areas of health service delivery can also be seen in our work with [the garment sector in Bangladesh](#), where TB control in the workplace offers a win-win situation for both businesses and workers. The success of business is closely linked to the health and prosperity of the community. Managing TB in the workplace is therefore an opportunity for businesses to demonstrate their social

commitment, as well as to contribute to the macro-economic development of the country. Additionally, our research in using the PPP model to improve [family planning services](#) in Bangladesh complements existing Dutch efforts to improve obstetric healthcare and help develop effective healthcare systems ([Ministry of Foreign Affairs of the Netherlands, 2013:37](#)).

Health service delivery commonly occurs in silos, with private and public sector medical practitioners lacking a co-ordinated response to national health priorities such as TB, malaria and HIV/AIDS.

Our research shows that PPPs can be inclusive and address the needs of marginalised groups. This is particularly the case when PPPs are developed to complement and strengthen rather than compete with the private sector.

We therefore advocate exploring the use of PPPs in-country with the aim of developing efficient health service delivery systems. We believe the model of PPP used in our work with the private medical sector aligns with existing Dutch priorities as it:

- uses existing private healthcare networks that remain untapped;
- is scalable and effective;
- creates ownership, consensus and a coordinated response to national health priorities; and
- takes a broader view of entrepreneurs than the traditional trader or investor definitions adopted by Dutch foreign policy.

PPPs for health service delivery can, to use the words of the Dutch government, “[reduce risks while achieving better development results](#)”.

On 28 September 2015, Lilianne Ploumen, Dutch Minister for Foreign Trade and Development Cooperation, sent the policy letter '[Inclusive development in the Dutch programmes for Foreign Trade and Development Cooperation](#)' to Parliament. In preparation for the letter, the Dutch Ministry of Foreign Affairs launched an [online consultation](#) to assess the opportunities for promoting inclusiveness within its policy agenda for trade and international cooperation. This paper is the COMDIS-HSD and ARK Foundation contribution.

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