

## Public Private Participation: The Improved Model of Co-Operative to Manage PHC Services in Iran

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**Abstract:** Developing the cooperatives of health services is one part of such suitable and new opportunities in improving the health services which over the recent years has been applied under article 192 and delegating the public health care center to the cooperative sector in Iran. Considering the results obtained from previous studies, this project was executed with the aim of improvement of the co-operatives model of Tabriz in the PHC management. To implement the project 4 studies have been held including: Documentation of the experience of Tabriz through a review study, situational analysis to identify the strengths and weaknesses of the current model through consultation with the managers, designing the primary improved model to remove the weaknesses through the expertise panel and the final study was conducted with the aim of finalizing the improved model. In the flow of the experts consultative workshop and was established through representing it to experts from pilot provinces. The manner of delegating the centre/health care services, the process of selecting the cooperatives, extending the duration of contract of cooperation, the monitoring and evaluation system and its application in the payment mechanism and the extension of the cooperatives collaboration in provisioning the health care services, considering the quality of services and customer satisfaction are the most important issues which were improved in the Improved model flowchart. The cost of health care services based on per capita and budgeting the health care services are other issues which were described in this project.

**Key words:** PPP, health care services, decentralization, HSR, improved model, PHC

### INTRODUCTION

In delegating of the health care service to the private sector and other sectors, various methods have been used. As mentioned different kinds of the approaches have been used in different health and medical systems like decentralization or private-public partnership or private-public mix that each of them have the own criteria. So, decentralization can be among the progressive forces in the reforms of the health system and this approach can lead health system to develop integration in the activities (Berman, 1998).

Following the development of the Public Health Care network (PHC) since 1986, with the aim of justly guaranteeing of accessing the individual societies to the primary health care services, where the rural areas are in priority, despite the suitable development and the successes obtained in the rural areas based on the documents of the third state development programs, its

development in the urban areas has not been satisfactorily (Shadpoor, 2001).

Considering the development of the health units serving the clinically and Para clinically services in the urban area, especially the increasingly progress of the manpower in these fields, the share of health and medical centers in serving has caused various challenges for the health system. It seems that the development of the public health care centers especially in the urban regions requires some costs, which imposes much financial pressure. Especially despite the problems of maintaining of the health care centers in the public sector, less efficiency of the public systems and less motivation among the personnel of the public sector in many of the developing countries aggravates the situation. While, more resources of the private sector in the urban area usually use to provide curative or treatment services not to provide comprehensive health services in community.

In 1996, to decrease the authority of the government and to involve the private sector, development of cooperatives raised. Therefore, some movements were executed to participate the private sector in terms of article 192 of the ministry of health and medical education over the recent years. The experience of Tabriz in participating and involving the cooperatives health care services in the management of primary health care services for defined population is an example for private sector participation (Tabrizi *et al.*, 2002). Naturally some innovative plans are raised which can have the progressive or preventive role. Therefore in order to expand this approach in managing of health services reviewing the experience of Tabriz and identifying its pros and cons and performing is necessary to improve the previously model and identifying the challenges and drawbacks to optimize this experience was one of the main objectives which were followed in this project.

## MATERIALS AND METHODS

This project was conducted with the aim of Improvement the co-operative experience in PHC management (Tabriz Model) through transferring management of health care centre and health services to cooperatives of health services to expand this experience to other provinces (including Busher, Chaharmahal Bakhtiary and Khorasrn, three pilot provinces for health sector reform in Iran).

To implement the project PI organized two teams (Core team and Expansion team) by the to produce the final and improved model of Tabriz cooperatives and four following studies conducted:

### **Review of delegating the health care center/health care services to the cooperatives health services in Tabriz:**

The aim of this study (descriptive study) was the documentation of delegating the health care centers to the health cooperatives in Tabriz, which was performed through interview with managers and experts in this field and collecting all of the documents. The result was the documentation including history of cooperatives health centers in Tabriz, Executive Instruction and Mechanism of participation to provide health services.

### **Situational analysis of delegating the health center/health services to the cooperatives health centers:**

The aim of this study was identifying the pros and cons of the current model and the execution obstacles of the health cooperatives through counseling STC and the interview with the expert

group. The weakness and strengthen points and the improving views were of the results of this study.

### **Designing the suggested primary model to participate the health cooperatives in management and serving health services:**

This study was conducted with the aim of identifying the appropriate strategies to remove the defects in the current programs of the cooperatives. In this section the prior studies results, literature review and national and worldwide experiences were used. Furthermore, through the qualitative study by Expert Panel with the presence of the experts and agents of the cooperatives, a suggested model was obtained to participate the cooperatives in management and representing the health services in the country.

### **Compiling the final model of participating the medical service cooperatives in the health services:**

The aim of this study, was realizing the suggested model based on the execution of the suggested model in other provinces, which was studied by a consultative workshop and the collective work of the primary model and the evaluation method. Consequently, the final and evaluative model was prepared to be executed in the other provinces.

## RESULTS AND DISCUSSION

**An overview of the Tabriz model:** In general the health cooperatives operate as private clinics or private medical centre, but in cooperative project each cooperative health centre provide health services to defined population based on defined health services which has been designed by health ministry and University.

In Tabriz experience in PPP there are two approaches:

### **Delegating the health services to the cooperative sector:**

The cooperatives of the health have started representing the medical services in the framework of private clinics. But through a contract with the health deputy of university of medical sciences affiliated with the health services and all of the resources of the health and medical centers including the physical, equipments and humane resources belong to the cooperative sector.

**Delegating the public health centers:** In this kind of the participating the cooperative sector in management of the health programs, the public health centre are delegated to "the health cooperatives with all of the physical resources and equipments; even the manpower sometimes.

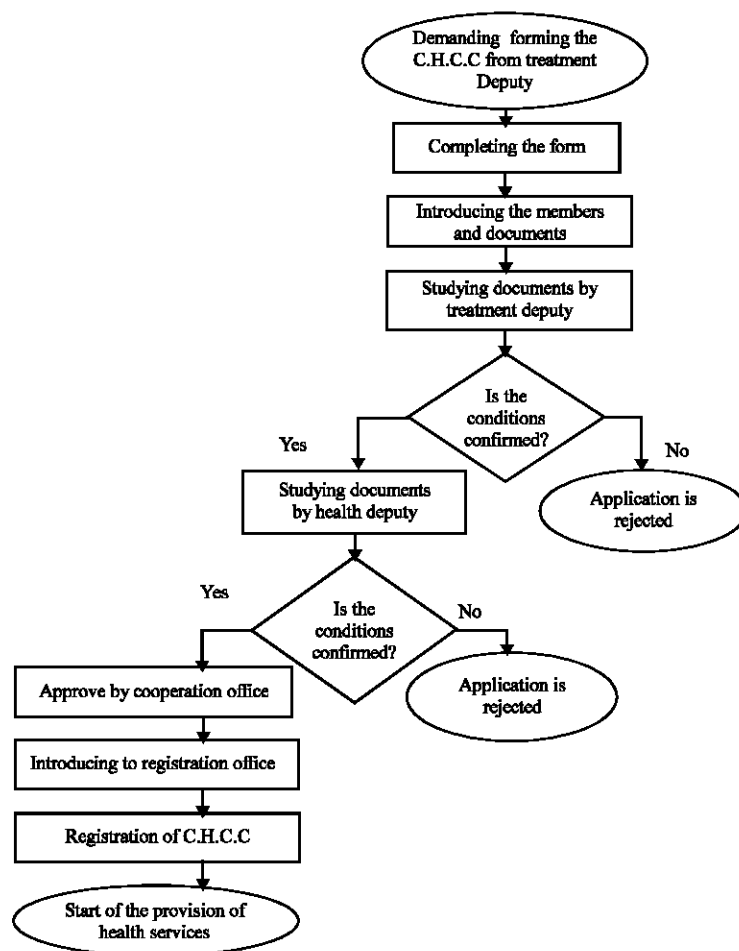


Fig. 1: The flowchart of establishing the Cooperatives Health Care Center (C.H.C.C), Article 1 192, Tabriz experience

**The main topics in delegating the health services in Tabriz model include:** Defined population, Service package, Equipments, Serving team, Education (Before provision of services and in-service), Informational system and documenting, Monitoring and evaluation, Payment method and Referral system. The process to establish cooperative health care centre has been show in Fig. 1 and transferring services to cooperatives health care centers has been show in Fig. 2, flowcharts.

**The improved Tabriz model for PHC management:** Reviewing the Tabriz experience by study of all the documents in TUMS as well as the consultative descriptive-analytical study with the participation of the experts showed that the most important problems in the health cooperatives project are as following:

**Selection indicators of the cooperatives health care centre to delegate the services:** Usually in the process of delegating the health services to the cooperative sector,

the tender method is used in which the cost index is mostly considered. This indicator alone isn't useful to chose Cooperative Centre.

**Monitoring and evaluation system:** The MandE of the Cooperative health care centers is of the strong points of this intervention. The health ministry operates ideally with focus on the evaluation of the Cooperative health care centers. But this procedure has not been used ideally and it has been used just to determine amount of payment to cooperative centers..

**Duration of agreement (contract) and the conditions of its extension:** This issue from the most perspectives, is an important problem in the model of Tabriz. Because based on the status quo the duration of the contract between cooperatives and universities is one year, which is not appropriate time according to the personnel and managers of the C.H.C.C. This restricted time prevents from the development of the cooperatives. Repetition of the tender

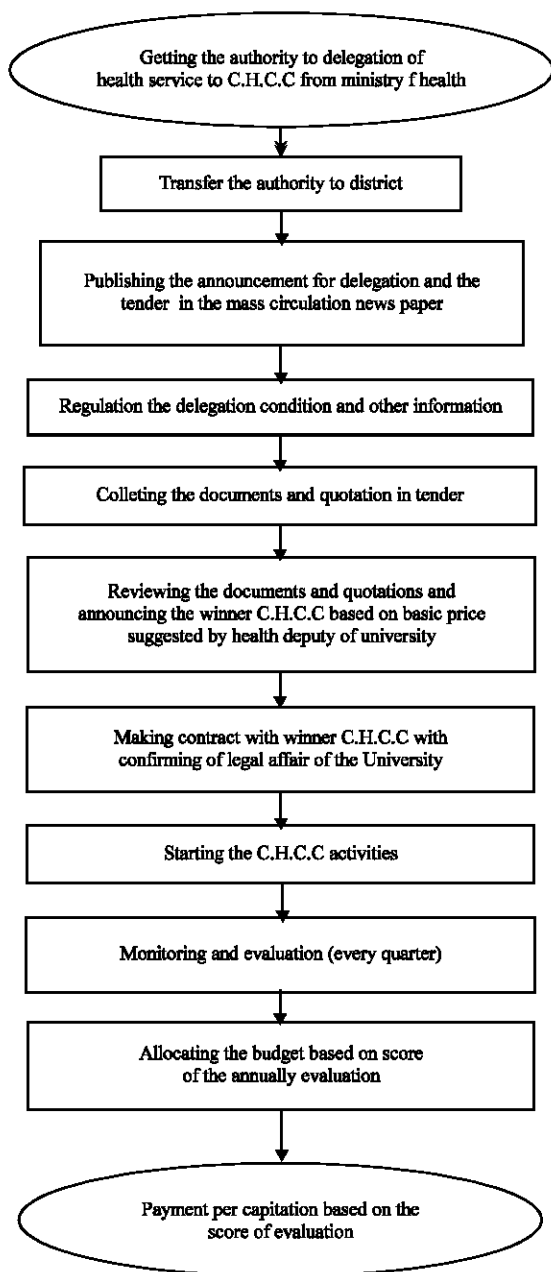


Fig. 2: The flowchart of delegating of health services to the Cooperative Health Care Center (C.H.C.C), article 192, Tabriz, experience

process in the end of the one-year agreement overshadows the work security of the cooperatives. Perhaps one of the critical subjects in this regard is the lack of a relationship between the results of evaluation and the extension of cooperation or agreement extension.

**The calculated per capita of the health care services:** The problems related to budgeting the health care services are

of the essential subjects, which raise more in the health sector. Indeed this subject results from the budgeting system in the health ministry based on the health facilities and is not the health needs of budgeting. what is more distinguished is the dissatisfaction from the agreements per capita which is determined considering the use of tender method in delegating these minimum amounts.

In the process of this project, regarding the expertise views on the above-mentioned problems the C.H.C.C model was improved and the suggested model was prepared through the necessary reforms. In this direction apart from performing the necessary reforms based on the process of service purchasing (what should be purchased, how and from whom?). The executive instructions and the forms of agreements, the program flowchart was reformed. Figure 3 illustrate the improved model to delegate health care services to private sectors or cooperative centers.

#### Improved model

**Aim:** Developing the participation of the cooperatives health care centre in the management and providing health care services.

**Objectives:** Creating appropriate opportunities to participate the private sector in providing the public sector services in the cooperative framework, Introducing the participatory improved model of the Cooperatives Health Care Centre. The flowchart in bellow shows steps to transfer management of primary health care services to Co-operatives and mechanism to continue provision of services by them:

**Assumption of improved model of PHC management:** Based on the experts views and the studies performed, the following issues is necessary in implementation the model of PHC Management.

- Forming the delegation committee consisting of the technical experts to conduct and expertise the delegation of health centre/services process is important assumption of this project.
- Considering the cost as the alone Indicator to selection of cooperatives to delegate health services is not appropriate to participate in service and so the delegation committee proceed compiling the selective Indicators like cooperation record previous collaboration, quality of service, the satisfaction of the personnel and customers and the evaluation results.

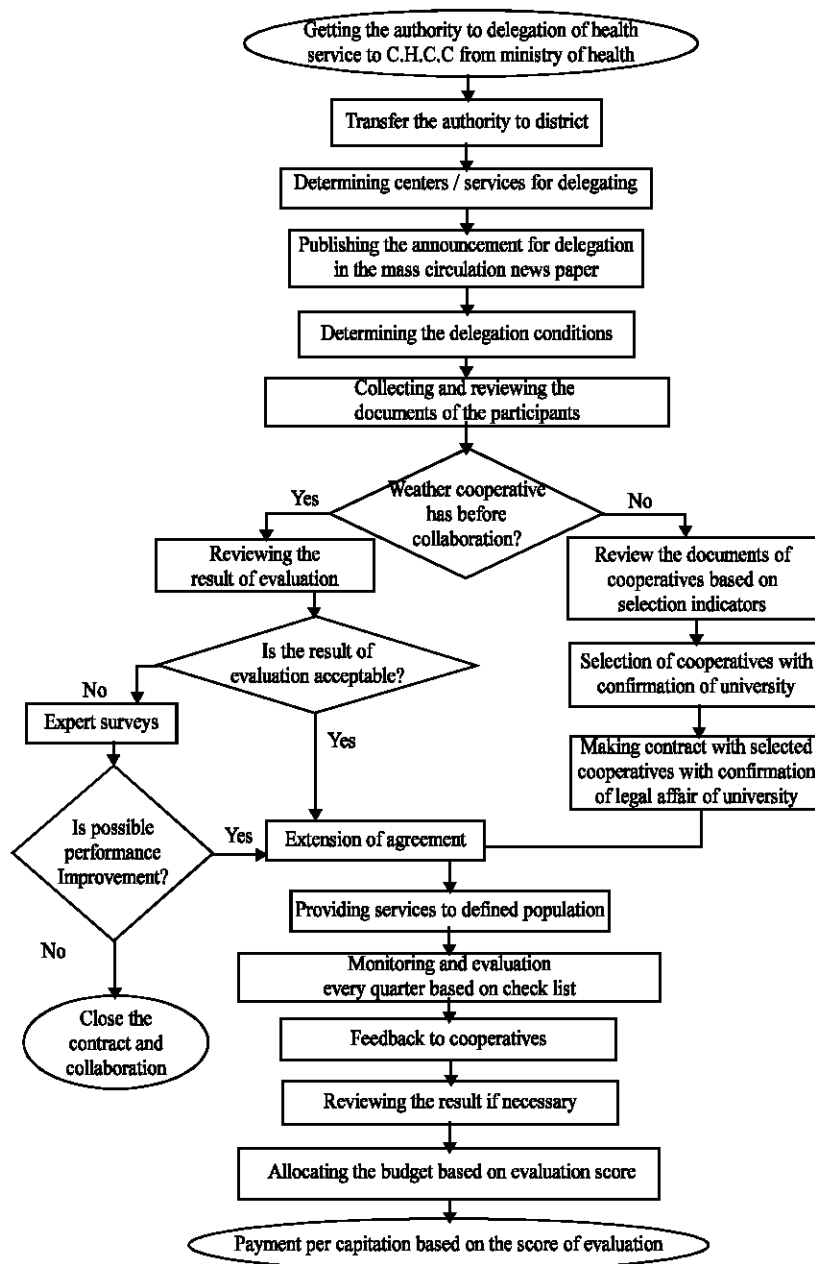


Fig. 3: The flowchart of Improved model to delegate primary healthcare services to the Cooperatives Health Care Center (C.H.C.C)

- The quality of services, the personnel satisfaction, the quality of service as well as the performance of management of services should be considered in the checklist of the evaluation and decision making to continue cooperation.
- Considering the negative effect of the one-year agreement in the contracts and in order to create suitable motivation for continuous cooperation and the necessary facilitation in this field, the time of

agreement should be possible to expiration to five years or more and the duration will depend on the result of evaluation.

- The necessity of determining per capita in terms of financial calculations with the regional conditions and considering this issue in contract. In determining the per capita, apart from the real costs, the quality of the services should be considered as well. Using the

scientific and standard methods and making the costs up-to-date can influence integration of the quality principles in delivery of services.

### CONCLUSION

Applying the different strategies to improvement performance of the health systems has been considered by the policy-makers in the health area from the ancient times. The increasingly changes in the health needs, entering the new services to the health area and the limitations of the resources are some reasons for exist of challenges in the health system (Berman, 1998). There are various strategies to deal the pressures caused by the resource limitation which include (Bennett *et al.*, 1994):

- Improvement technical efficiency.
- Reallocating in financial resources within health sector (Reallocating efficiency).
- Reallocating in financial resources among health sector and other sectors.
- Increasing the accessible resources through Generation of new methods of income.

According to this project, some of these aspects are considerable. In selecting every intervention or strategy, the following criteria should be considered apart from the context of the region or country (Team, 2001):

- Capability of the system in executing and applying the strategies.
- Ability of resource generation.
- Effect on Equity.
- Effect on participation, especially the intersectoral collaboration.

During the recent years, the participation of the C.H.C.C in managing the health services ratified by the ministry of health at TUMS has implemented with the approach of the private sector participation and supervising and the policymaking and the stewardship role of Government.

Following the participation of the cooperatives in delivery of the health care services, the consequences of this intervention were evaluates positive to some extent. For example, in studying the comparison of the health service efficiencies with the public health centers and cooperatives health centers at TUMS, it has been concluded that the participating of the cooperatives in serving the primary health cares has shown that in the cooperatives there are more freedom and independence.

The distance between physicians and patients is decreased and the social objectives based on the consumer and user needs are supported. The physicians are committed to provide the highest quality of the medical services. The quantity of their works is not important and they focus on the quality of their services. The members of cooperatives participate in the policy making, decisions making and the management of the cooperative. Therefore, it is expected that these units represent different performance rather than the public health care centre (Tabrizi *et al.*, 2002). Applying the suggested model of PPP in the field of service with the participation of the cooperatives or private sector based on the past experiences can be followed by the following results (Saltman, 2002):

- Increasing the coverage of health services.
- Optimized utilization and potentials of the private sectors resources in order to reinforce of the comprehensive health programs.
- Decreasing the role of the government and the relevant costs.
- Increasing the role of the government in the field of policy making, Monitoring and evaluation.
- Empowering the private sector to participate along with the national health policies.

It seems that there is no constant model for participation of different sectors in health and based on the economic, social and political conditions and context of communities should select suitable methods. Of course, there are clearly similarities between the different experiences of the countries. However, the most important point is considering the special factors of country or region.

In the process of this project, based on different models and prior experiences, it was tried to decrease the defects and the necessary improvement were performed in the model in order to being effectiveness and positive in action. So the suggested model is a suitable model to participate in the framework of the cooperative health care centre and creating a background for organizing the services and creating convergence in different party of health to meet the aims of health system. Considering the differences in the executive facilities at different universities it is suggesting that the model should present to university in order to implementing of that voluntarily after adapting with their context. It should be mentioned that harmonizing with the core team of this project can be helpful to get more the technical assistance.

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