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## **The study of Public -Private Partnerships for Enhancing Health Services Delivery in Afghanistan: Lessons from India**

Habibullah Mohammadi<sup>1</sup> 

Assistant Professor, Economics Faculty of Balkh University

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### **Abstract**

This study analyzes public-private partnership model in India focusing on its implementation and effectiveness in enhancing health services. The study examines various successful PPP initiatives in India, highlighting their impact on accessibility, quality and efficiency of health services delivery. By identifying key factors that contribute to the success of these partnerships, the research aims to provide insights into how Afghanistan can adapt the India PPP-Model to improve its own health services. Utilizing a content analysis method thorough comprehensive review spanning 2015-2024, which includes books, journals, articles, for extracting patterns and key findings. Public-Private Partnership known as contractual arrangement between a government entity and a private sector for delivering of public services. Due to a lack of funding, governments in some sectors are unable to offer adequate services, there for PPP is considered. the finding indicates that before conducting PPP model, India's healthcare sector was faced significant challenges related to accessibility and affordability. In response, India government revised public-private partnership mechanisms and launched major health projects through partnerships. This led to remarkable growth in India's health industry, and changed India health sector to the largest country's economy sector in terms revenue and employment. Key critical success factors (CSFs) of India's health sector include trust, transparency, an effective legal framework, governmental

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<sup>1</sup>.Email: [Habibmuhammadi2020@gmail.com](mailto:Habibmuhammadi2020@gmail.com)

support, and proper risk distribution. Also study further indicates that Expansion of PPP model and its effective implementation in health sector of Afghanistan requires legal framework, transparency and political support, which will lead to health coverage and improvement.

**Keywords:** Accessibility, Afghanistan, Health Services Delivery, India, Partnership

## 1. Introduction

Governments all over the world operate in a variety of sectors, and their duties are growing daily because they were founded to help and give their population a good level of living. Because of a lack of funding and expertise, governments in some places are unable to offer their inhabitants adequate services (Sahibzada, 2023). Public-private partnership (PPP) has been around for centuries, and the private sector has been involved in building infrastructure since the Roman Empire (Biygautane, 2016). The term "public-private collaboration" was initially used in the 1970s, and publications about these partnerships were even released in the 1980s. Scholars agree that the Private Finance Initiative (PFI), which was introduced by the UK government in 1992 to finance public infrastructure, is currently widely used and accepted in both developed and developing countries (Bovarid, 2010).

An arrangement between a government-owned company and a private sector company to provide public resources or services is known as a public-private collaboration. There is a clear risk distribution between the two parties, and the private-sector organization invests and oversees the assets for a set amount of time. When the public entity or its representative satisfies predefined performance standards, the private entity receives performance-linked compensation (Durairaj, 2017). Since 2010, advocacy for PPPs has significantly intensified on a global scale (Bayliss, 2018). In exchange for payment from either the public client or the infrastructure's users, usually lasting 10 to 30 years or longer, a private partner handles the design, construction, financing, and operation of the project; however, certain PPPs may have shorter durations, such as three to five years (Sar, 2022).

A misconception about collaboration of government and private sector and ability of them to expand economies that provide services. It is also suggested that because PPPs are qualitative in nature, their effects may be difficult to quantify (World bank, 2009). Such PPPs can succeed provided sustainable models, according to the SAP-LAP analysis of the Indian

healthcare system. Because PPPs can vary greatly in terms of their structure, scope, and delivery, it is also necessary to have a defined policy or set of guidelines when creating them (Birla, 2010).

Public-private partnerships ought to be accepted on the basis of reciprocal advantages rather than with the intention of favoring investors at the expense of local residents (Cheung, and Chan, 2011). PPPs are agreements where private investors and the government work together to invest in the public sector in order to guarantee the efficient provision of goods and services to the general public (Chan et al., 2009).

This study started base on hypotheses, by identifying and analyzing the factors that influence the improvement of access to health services through public-private partnerships, we can propose strategies to enhance the efficiency of health services in Afghanistan. The study's goals are to define the PPP-Model, identify the critical success factors of PPP-model of India health sector which led to the expansion of PPPs in India. The reason of this study is to fill the lack of analytical studies in health sector of Afghanistan, and finally expand access to the health services, utilize resources of private sector and get lessons from key strengths of India healthcare sector PPP-Model.

## 2. THEORITICAL FRAMWORK

PPPs are supported by the World Bank Group in a strategic framework. The latest approach from the Bank Group, places a strong emphasis on PPPs and plans to increasingly promote public-private collaboration (World Bank 2013).

The PPP was first established in Afghanistan in 2014. However, it wasn't until 2016 that the Afghan government began to take notice of PPP implementation and began working on several projects based on president decree in 2016. the goals of establishing PPPs in Afghanistan were to help the country's development and progress by making infrastructure and assisting who making investments in many sectors through PPPs with the Afghan government (MOF, 2017).

The most significant limitations for the PPP-Model are issues with payment delays and a lack of experience and suitable abilities in PPP project implementation. (Sultani, 2022). good governance, political backing, financial market accessibility, risk allocation, and procurement process transparency - have a major influence on the execution of PPP projects in Afghanistan (Sahibzada, 2023).

There are significant issues with quality, cost, time, and sustainability, and traditional procurement processes have frequently failed to complete projects in Afghanistan on schedule and under budget. To satisfy the growing demands on the completion of public projects, the Afghan government is forced to collaborate with the private sector. As a result, collaboration of both sectors has been explored as an effective way for conventional procurement techniques (Karimi S. , 2015).

PPPs in the healthcare industry give governments the chance to take advantage of the resources and experience of the private sector in order to fund major initiatives that promote local and national public health objectives, such increasing access to care and enhancing the quality of services provided. Historically, in order to accomplish one or more of six goals, public sector give the chance to private sector to provide services through collaboration such as: funding for the project, design, Build, Operate, provide and oversee (California, 2018).

One strategy for governments to address the demand for infrastructure is PPPs. It will make capacity to increase the efficiency of public services (WorldBank, 2018).

## 2.1 LITERATURE REVIEW

Table 1. The table below describe relevant studies in this field

No	Author/s	Period	Study	Method	Conclusion
1	(Sulakashana Nandi)	2021	India	A qualitative study employing the multiple case study technique to examine PPPs in healthcare in two Indian states (Chhattisgarh and Bihar) and one union territory (Delhi).	Although only partially and selectively, the PPPs did seem to be effective in the short term and closed the gap in the health system's operation.
2	(Nasrin Joudyian & Leila Doshmangir)	2021	India	Searched the grey literature in addition to conducting a systematic review of peer-reviewed research in six databases.	Access to medical services can be made easier with PPPs in PHC, particularly in rural areas.
3	(Priyanka Panigrahi & Dharmashree Satyarpur)	2024	India	Manual assessment of all found articles to ensure inclusivity and relevancy after a comprehensive search of web databases.	There is a logical choice for cost-cutting healthcare system upgrades. Effective public-private communication and teamwork are crucial.
4	(Dr Utkarsh Shah & Dr Harshad Thakur)	2018	India	Data was gathered from various publicly accessible databases.	Compared to other infrastructure projects, healthcare PPP projects have lower project values.
5	(Megha C. M & Dr. Sigamani Panneer)	2017	India	Comprehensive review of the literature.	Partnerships in the health industry are becoming increasingly popular nationwide.
6	(Georgina Dove & Adam Craig)	2025	India	Peer-reviewed	The TAPIC governance framework's five domains offer direction for thinking about governance in PPPs.

7	(Nayan Chakravarty & Goutam Sadhu)	2015	India	Citations and abstracts were independently evaluated by two reviewers to find papers that would fit the inclusion requirements.	When the current health care system is insufficient in terms of quality or productive efficiency, the PPP model is probably best suited.
8	(Liping FU & Huajun SUN)	2023	India	Publications on PPP in reputable journals between 2012 and 2021 were chosen for this study from the Scopus database.	This study can help advance PPP practice and provide some insight into future PPP research.
9	(A. Venkat Raman & Chandrakant Lahariya)	2022	India	Depth interviews	A clearly defined policy and governance framework are necessary for successful collaborations
10	(Mohammad Ghaseini & Mostafa Amni-)	2022	Iran	Thorough literature search across five databases.	Sustainable development goals can be effectively attained through public-private partnerships.
11	(Mohammad Zahid Zamaludin & Sri Devi)	2025	Malaysia	Employed a multifaceted strategy to collect thorough information about these programs.	These phenomena seem to be significantly influenced by the PPP.
12	(Ghazal Etemadi, & Reza Rezayatmand)	2022	Iran	A method of content analysis and qualitative research is used.	If the necessary requirements are met, PPP could be a suitable financing strategy, particularly for hospitals and their performance improvement.
13	(Hwa Mirzai & Shorash Barkhordari)	2020	Iran	Critical review.	When the government established and backed the public-private partnerships, they were successful.

14	(Fayaz Gul Mazloum Yar)	2024	Afghanistan	The descriptive-analytical study.	Afghanistan's healthcare sector faces a number of difficulties. These difficulties include a lack of skilled human resources, a lack of healthcare facilities, and managerial issues.
15	(Abul Bagi Sultani)	2022	Afghanistan	Evaluation of the literature.	The top five CSFs for infrastructure PPPs are as follows: political/government backing; political stability; transparent PPP process; defined goals and mutual benefit objectives; and commitment and responsiveness of both sectors.
16	(Sebgatullah Karimil & Poorang A. E. Piroozfar)	2015	Afghanistan	Evaluation of the literature.	Afghanistan is having more difficulties delivering services and infrastructure projects. The most significant obstacles to the efficient use of PPPs in Afghanistan are security, corruption, a lack of capacity, and a lack of funds.

**3. Research Method**

This study Utilizes convenience sampling technique through content analysis method and comprehensive review spanning 2015-2024. Study for Public-Private Partnerships, critical success factors of PPP-model of health sector in India, various successful PPP initiatives and cases were studied analytically in India, that highlighting the impact on accessibility, quality and efficiency of health services delivery. To identifying key factors that contribute to the success of these partnerships. Data were gathered from valuable sources across databases-Web of Science (ISI), PubMed, and Google Scholar and WHO Reports. and try for suggestion of best strategies

for Afghanistan health sector, how to use resources, capacity of private sector with PPP-frame work to expand health services coverage and delivery.

#### **4. Public-Private Partnerships-Model in Health Sector of India**

The process for approving Public Private Partnership (PPP) projects was approved by the government of India in 2005 and evaluate committee for collaboration of both sectors made in 2006 (Indianationalpolicy, 2011). In terms of both employment and revenue, the healthcare industry has grown to be one of the biggest sectors in India. Since 2016, it has grown at a compound annual growth rate (CAGR) of 22.5%, directly employing 4.7 million people. Between 2017 and 2022, the industry could create 2.7 million new jobs in India, or more than 500,000 new jobs annually (Aayog, 2021).

In addition to increased investor interest and FDI inflows over the past 20 years, a number of factors are propelling the growth of the Indian healthcare sector, including an aging population, a growing middle class, the rising prevalence of lifestyle diseases, a greater emphasis on public-private partnerships, and the accelerated adoption of digital technologies, including telemedicine (Aayog, 2021). Along with these demographic and epidemiological trends, COVID-19 is probably going to trigger long-term shifts in perceptions of fitness, nutrition, health insurance, personal hygiene, health monitoring, and medical examinations. Additionally, the pandemic has sped up the uptake of digital technologies, like as telemedicine (Aayog, 2021).

In addition, public-private partnership models are becoming more and more popular in India's healthcare industry. Because of the availability of skilled manpower and relative cost competitiveness, the country is growing in popularity as a destination for Medical Value Travel. When combined, these elements offer a number of investment opportunities in the healthcare sector of India (Aayog, 2021).

The type and severity of diseases as well as the demands for healthcare have changed as a result of India's fast development. People's lifestyles have changed due to widespread urbanization and modernization, and technology has made several cutting-edge, affordable therapies possible, revolutionizing the delivery of healthcare. key new developments and factors propelling the healthcare industry's expansion: change from infectious to "lifestyle" illnesses, In high demand, A rise in private equity and merger and acquisition (M&A) activity, the emergence of telemedicine and technology-driven healthcare services, and changes in delivery methodologies (Sengupta, 2013). Particularly in the previous five years, the India healthcare sector has expanded quickly, with a compound annual growth rate of over 22% since 2016. In terms of both employment and revenue, the healthcare industry has grown to be one of the biggest in India (Aayog, 2021).



Figure 1: Growth Trend of India's Healthcare Sector (USD Billion)<sup>2</sup>

Note: Compound Annual Growth Rate (2008-2022): 16.28%

The health sector in India has seen significant job prospects due to its recent rapid and steady growth. According to a KPMG and FICCI analysis, "the healthcare industry directly employed 4.7 million people in 2015, making it the fifth largest employer".



Figure 2: Direct Jobs in India's Healthcare Sector, 2017 – 2022 Expected (in thousands)<sup>3</sup>

Source: (Aayoga, 2021)

The Indian healthcare industry is expanding quickly and is valued at over USD 40 billion, with private hospitals controlling more than half of the market (Agarwal & Shah, 2010). A 2011 report on healthcare from the Indian Brand Equity Foundation (IBEF) projects that by 2020, the market for this sector will reach USD 280 billion. It would be more than ten times as large as the market was in 2005, when it was valued at USD 23 billion, a remarkable increase in only 15 years (IBEF, 2011).

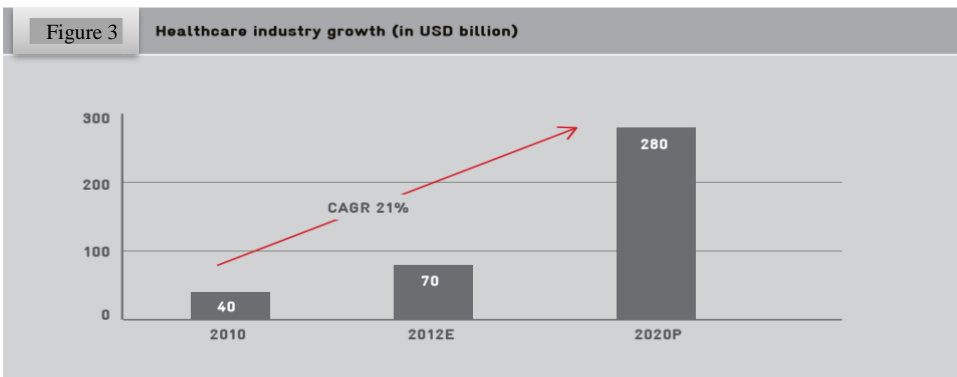


Figure 3: Shows health industry growth of India Source: (Sengupta, 2013)

Indian public healthcare sector as a proportion of GDP, spending is really less than half the global average, as indicated below (WHO, 2012).

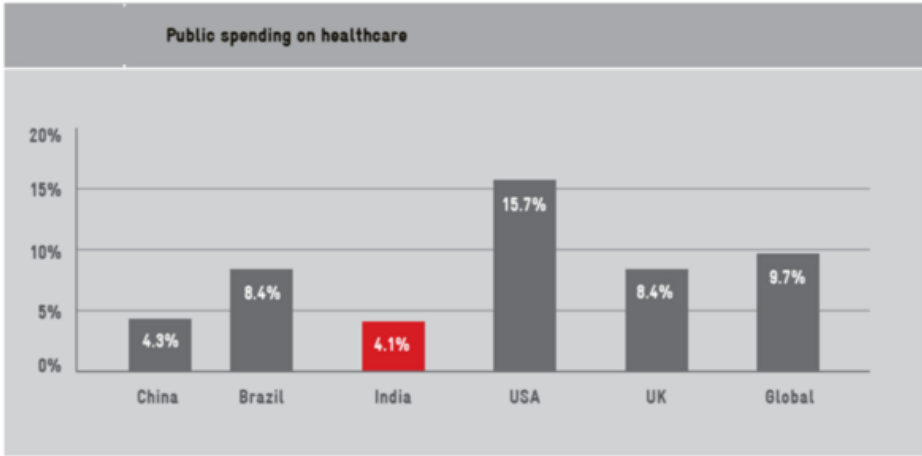
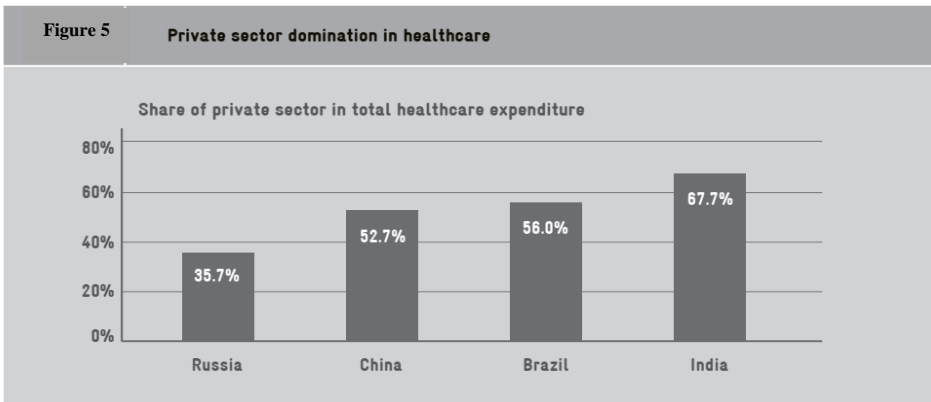


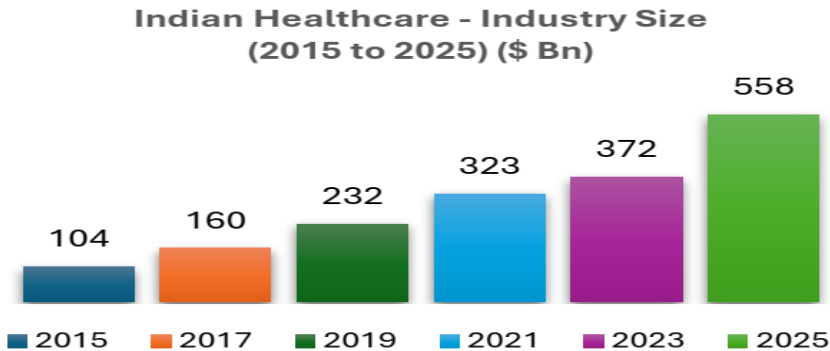
Figure 4: Public spending on healthcare of India Source: (Sengupta, 2013)

Even worse is India's public spending percentage of overall healthcare expenditures (23%), which is less than half of the global average, highlighting the fact that the private sector plays a dominant role in maintaining appropriate health standards (Sengupta, 2013).



Source: (Sengupta, 2013)

With a compound annual growth rate of 22.5% from 2015 to 2023, the Indian healthcare sector has grown remarkably. The business was estimated to be worth US\$ 372 billion in 2023 and is expected to grow to over US\$ 600 billion by 2025. Both government and private sector initiatives are responsible for this rise, with the public sector getting significant backing to increase healthcare accessible and coverage. India's strong economy, which has a 6.9% GDP growth rate (ASSOCHAM, 2024).



The government's commitment to universal healthcare coverage, which it hopes to accomplish by 2030. In order to accomplish this goal, the Indian government is working with private organizations to build a strong healthcare system that is essential for enhancing population health outcomes and guaranteeing that everyone, regardless of socioeconomic background, can get the care they require. This includes bolstering healthcare infrastructure, especially in rural and underserved areas (ASSOCHAM, 2024).

The most CSFs in Indian health sector: trust and transparency, a favorable and effective legal framework, political support and stability, and adequate risk distribution and sharing (Khalifa Alteneiji, 2020). Political will is a crucial component of health PPP success. The political party must be willing to start and encourage collaborations between the public and commercial sectors (WorldBank, 2011). Due to resource shortages of governments worldwide, partnerships with the business industries have become a new way for transformation. significant, purposive effort to improve the performance of the health-care system (Weaver; Manning, 1992).

The PPP model has had a fair amount of success in India during the last ten years. The greatest investment commitment in South Asia, with US\$7.7 billion spread over 25 projects, was made to India in 2021 alone. In contrast to 2020, the PPI fell precipitously in the majority of South Asian nations, although private investment commitment increased by 49% in India. PPP initiatives can assist in resolving the issues of affordability and accessibility in rural Indian healthcare in three ways: In India, private sector supply eighty percent of hospitals and eighty one percent of physicians, and focused on cities. In many situations, including the one described above, technology serves as the main factor in guaranteeing accessibility and affordability. Public-private collaboration model can guarantee that current medical infrastructure and resources are utilized efficiently as possible, while remaining reasonably priced for the end user. (WorldBank, 2021).

Since 1955, Dr. T.M.A. Pai of Kasturba Medical College (KMC) in Mangalore has been the first self-financing organization in India to suggest, implement, and successfully provide significant results utilizing the PPP model. KMC Mangalore has been using the clinical facilities at Lady Goschen and District Wenlock hospitals for about 70 years in order to train its undergraduate and graduate medical students and deliver high-quality healthcare services (Bhaskaran; Kumar, 2024).

## **5. Profile of the Health Sector in Afghanistan**

Afghanistan is facing serious health problems, including a shaky healthcare system and unequal access to services, especially in rural areas. These problems include limited access to high-quality healthcare services, transportation challenges, and a shortage of medical professionals (WHO, 2024). Afghans spend an estimated \$300 million a year on medical care abroad, mostly in Pakistan, India, and Turkey (Unitednation, 2025).

In 2024, 49 Health Cluster partners will be operating 957 medical institutions over 317 districts across all 34 provinces. 206 The Health Cluster predicts that as of August 2024, a flood, earthquake, and returnee influx will raise health vulnerabilities. This emphasizes how urgently more health infrastructure is needed, as well as critical health services like MHPSS, disease surveillance and outbreak planning, and trauma treatment (WHO, 2024).

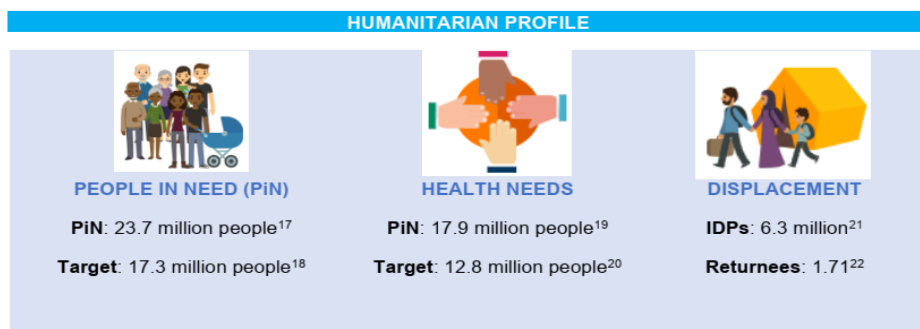


Figure 6: Afghanistan Health Needs Gap

Source: (WHO, 2024)

Afghanistan has one hundred thirty-four hospitals, 26 health centers are in Kabul, Eithen are primarily serving hospitals (WHO, 2024). In Afghanistan, access to healthcare has grown to be a serious issue. The advancements in healthcare infrastructure, capacity, and health indicators that have been made over the past 20 years (2001–2021) have been jeopardized by the regime change in August 2021. The Interim Taliban Authority (ITA) and the previous Government spent approximately USD 3 billion on health care in 2021. The primary funding sources were household expenses paid out of pocket (77.2%) and donations (19.3%). 3.3% of government spending came from domestic revenue (MOPH, 2023).

Table 2: Healthcare Funding Gap in Afghanistan

Appeal Sector	2024 HAC Requirements (US\$)	Funds available			2024 Funding Gap	
		Humanitarian resources received in 2024	Resources available from 2023 (carry-over)	Other resources available, including from 2023 (carry-over)	\$	%
Health	477,798,280	97,845,409	337,319,869	17,094,472	25,538,530	5%
Nutrition	185,510,711	39,105,837	14,178,991	8,714,924	123,510,959	67%
Child protection, GBVIE and PSEA	57,174,120	17,370,861	2,036,314	3,693,688	34,073,258	60%
Education	227,693,910	10,582,395	55,824,759	8,804,032	152,482,723	67%
Water, sanitation, and hygiene	298,399,962	14,893,133	16,293,701	8,492,929	258,720,199	87%
Social protection	87,285,585	10,611,326	12,826,331	2,389,649	61,458,279	70%
Cross-sectoral (HCT, SBC, RCCE and AAP)	18,450,000	5,006,927	7,189,950	3,105,760	3,147,363	17%
Emergency preparedness and response	77,050,114	0	0	0	77,050,114	100%
Gender, adolescents, and youth development	10,762,500	0	651,138	2,297,620	7,813,742	73%
<b>Total</b>	<b>1,440,125,182</b>	<b>195,415,888</b>	<b>446,321,053</b>	<b>54,593,074</b>	<b>743,795,166</b>	<b>52%</b>

Source: (WHO, 2024)

Another long-standing issue is the brain drain of skilled medical personnel; following the Taliban takeover, many female nurses departed the nation in search of employment and more schooling. Afghanistan has 9.4 health professionals per 10,000 patients as of October 2021, which is much less

than the WHO's recommended level of 22.8 health professionals per 10,000 patients (TAO, 2023).

There have been some successful PPP experiences in Afghanistan, despite the difficult circumstances, with contracts given to all domestic telecommunication networks. The Afghanistan Telecom Regulatory Authority oversaw the competitive tendering of these contracts, which resulted in nearly US\$2 billion in private investment and a 95% reduction in tariffs since 2002. Additionally, the growth of the Mazar-e-Sharif and Bayat Gas-to-Power Projects shows that the private sector is clearly eager to get involved in the collaboration (WorldBank, 2018). “Lack of healthcare infrastructure, a shortage of specialized human resources, and management issues are among the primary challenges facing Afghanistan's healthcare system” (Yar, 2024).

Traditional procurement methods have repeatedly failed to deliver projects on time in Afghanistan, and there are serious concerns about quality, cost, time and sustainability. The Afghan government has no choice but to partner with the private sector in order to meet the increasing demands on delivery of public projects. Therefore, Public Private Partnerships (PPPs) has been considered as an alternative to traditional procurement methods (Karimi S., 2015). Afghanistan is poorest country in the world; Therefore, in order to reduce future dangers, Afghan government might learn from developing nations and there is the necessity of structural reforms in public administration. PPP initiatives could be successfully directed, in particular, by increasing government servants' project management skills, creating a strong legislative foundation for PPP projects, increasing procurement process transparency, and avoiding political meddling (Sarwari, 2016).

## 6. General Proposed Models of Public-Private Partnerships in Health sector

Local health demands and environmental (political, social, etc.) considerations have a major role in each government's choice of model (California, 2018).

**Table 1** Overview of the three most common PPP business models in healthcare

PPP model type	Infrastructure-based model	Discrete Clinical Services model	Integrated PPP model
PPP model components	Infrastructure + financing + nonclinical services + clinical support services (as relevant)	Clinical services	Infrastructure + financing + nonclinical services + clinical and clinical support services
Private partner responsibilities	Private partner is contracted to design, build, finance and maintain facilities. Delivery of nonclinical services can be included (e.g., laundry, cafeteria). More advanced projects include delivery of clinical support services (e.g., lab, radiology)	Private partner is contracted to deliver discrete clinical services (e.g., clinical support services, specialty care services)	Private partner is contracted to design, build, finance, operate facilities and deliver nonclinical and clinical services
Common PPP model name(s)	Design Build Finance Maintain (DBFM), Design Build Finance Maintain Operate (DBFMO), Design Build Operate Transfer (DBOT), Private Finance Initiative (PFI), Infrastructure PPP, Accommodation model	Operation and management (O&M) contracts	Design Build Operate Deliver (DBOD), Clinical services PPP, Integrated PPP, Public Private Integrated Partnership (PIIP), Alzira model
Healthcare delivery impact			

### 6.1 Distribution of risk and reward

The proper distribution of accountability between partner is a success factors. Usually, risk come in initial stages. The public partner can reduce the risk of cost overruns or project delays by giving the private partner most of the construction and financing risk (University of California, 2018).

**Table 4** Typical allocation of risk and responsibility across three healthcare PPP business models<sup>vi</sup>

Types of risk	Infrastructure-based model	Discrete Clinical Services model	Integrated PPP model
<b>Planning/design risks</b>			
Land acquisition and planning	Public	Public	Public
Design	Shared	Private	Private
Changes in planning/approvals	Varies	Varies	Varies
<b>Construction risks</b>			
Construction	Private	Private	Private
Cost overruns	Private	Private	Private
Completion delays	Private	Private	Private
Latent defects	Varies	Varies	Varies
<b>General risks</b>			
Force majeure	Shared	Shared	Shared
Changes in legislation/guidelines	Shared	Shared	Shared
Financing	Private	Private	Private
<b>Operating risks</b>			
Operating and maintenance costs	Private	Private	Private
Equipment	Varies	Private	Private
Demand for services	Public	Public	Varies
Labor and staff issues	Public	Shared	Private
Clinical performance failures	Public	Private	Shared

Source: Health and Economics Analysis for an evaluation of the Public Private Partnerships in health care delivery across EU, European Union, 2013

Source: (University of California, 2018)

## 6.2 Assessing achievement

The public, private parties, and governments all closely monitor PPP initiatives. The ability to assess and prove their effectiveness in relation to the project's initial goals, however, has been noted as a major obstacle. There hasn't been much effort to find or create precise measures to gauge clinical performance and impact across health PPPs. Furthermore, formal project evaluation is rarely included in contracts for projects (UniversityofCalifornia, 2018).

**Table 5** Sample measures of success

	Clinical	Access	Quality and efficiency
<b>Sample indicators</b>	<ul style="list-style-type: none"> <li>• <b>Average length of stay (days)</b> <ul style="list-style-type: none"> <li>- Case mix adjusted</li> </ul> </li> <li>• <b>Hospital readmission rates</b> <ul style="list-style-type: none"> <li>- Emergency Department % of patients readmitted within 30 days</li> <li>- Inpatients, % of patients readmitted within six months</li> </ul> </li> <li>• <b>Hospital acquired infection rates</b></li> </ul>	<ul style="list-style-type: none"> <li>• <b>Inpatient and outpatient volumes</b></li> <li>• <b>Occupancy rates</b> <ul style="list-style-type: none"> <li>- Measurement of how referrals are managed or obsolescence</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• <b>Built on time (usually for PFIs)</b></li> <li>• <b>Build on budget (usually for PFIs)</b></li> <li>• <b>Staff efficiency metrics</b></li> <li>• <b>Patient satisfaction &amp; experience</b> <ul style="list-style-type: none"> <li>- Wait times</li> <li>- Evaluation of cleanliness</li> <li>- Interaction with staff</li> </ul> </li> </ul>
<b>Key notes</b>	<ul style="list-style-type: none"> <li>• Case mix adjusted mortality is difficult to measure and to attribute any improvements to the PPP directly to</li> </ul>	<ul style="list-style-type: none"> <li>• Focus should also be on measuring access to individuals/patients who did not have access before the PPP was in place</li> </ul>	<ul style="list-style-type: none"> <li>• Cost efficiency metrics can be hard to measure as most hospitals don't have good cost accounting measures in place</li> <li>• Mixed thoughts on Value for Money metric</li> </ul>

Source: Interviews and PwC analysis

## 7. Discussion

When India overcome health sector challenges and got improvement in health services delivery by leveraging Public-Private sectors, Afghanistan's healthcare sector faced same challenges. Afghanistan can learn from India's experience to make collaborations between public -private institutions, it will use resources more effectively and improve health services delivery in remote areas. India's infrastructure industry normally used PPP methodology. From 1990 to 2022, overall, 1,265 PPP projects are completed in many sectors of India. These projects completed through joint investment of both sectors, which changed Indian health sector, one of the main parts of the economics of the country. This collaboration has impact effectively access to health services. In India, private sector has taken share of supplying about 80 percent of Doctors and hospitals. Successful PPP projects in India have led to the construction and modernization of health facilities, improved overall health system.

In return, Afghanistan's healthcare system is hindered by a severe scarcity of medical workers and a lack of basic facilities, especially in rural regions. These issues are similar to those in India and are mostly related to

inability of payment and lack of access to health services. Additionally International norms are higher than the existing ratio of healthcare staff. Financial obstacles prevent many Afghans from receiving healthcare services, as households bear the brunt of 77.2% of health expenditures. Afghanistan's healthcare system mainly depends on foreign funding, which has grown more unpredictable, and this condition further underscoring the need for sustainable finance mechanisms. The public-private collaboration was established in Afghanistan in 2016 to support the investors and brought the economic growth through infrastructure development in the country by inviting and securing the public-private sectors' collaboration. An ambitious Program of collaboration which worth 3.7 billion dollars in 2020 by the Ministry of Finance's Private Public Partnership Directorate in sectors of: energy, agriculture, technology, urban development, health, aviation, and mining were implemented. According to the survey, the top five important success elements for PPPs are: political stability, government support, a transparent PPP process, objectives and mutually beneficial responsiveness of both sectors. The majority of these projects are not completed and still looking for partners and investors.

## 8. Conclusion

Before 2014, access to health services and the inability of people to pay for government health services were major challenges in India. Population growth in India exacerbated this issue, there for India government reshaped health sector and has witnessed significant changes from 2014 to 2025, emphasizing a people-first approach. The government has placed greater emphasis on access to health services, with the slogan "accessibility, affordability, and accountability for all." To achieve this goal, the Indian government revised the mechanisms for approving and evaluating public-private partnership schemes in 2017 and launched the largest health insurance and telemedicine projects. India health industry has grown by 22.5% annually since 2016, making it one of the largest sectors of the country's economy in terms of both revenue and employment. This sector has played a significant role in public-private partnerships, which have gained considerable support.

India currently has a positive trade balance in the pharmaceutical industry. Additionally, COVID-19 pandemic was a wake-up call for India, it caused to reached \$371.3 billion telemedicine industry in India in 2024. By 2030, the vision for India's health sector is to ensure access to services for everyone, while 67% of health services provided by the private sector.

These reforms have given for India's healthcare sector a unique character. Furthermore, the strengths of India's sector include: trust, transparency, Afghanistan's health sector faced similar challenges which India faced before 2014, particularly in terms of access to services and the high cost of medicines. According to a report of the Ministry of Public Health, only 3.3% of Afghanistan's health budget comes from domestic revenue in 2024, according to the World Health Organization reports Afghanistan health sector has huge budget gap. Additionally, Afghans spend \$300 million annually abroad for treatment. This budget deficit and challenges present an opportunity for investment in Afghanistan's health sector, there for, one of the alternatives can be public-private partnerships model, this model is supported by WHO, world bank, developing and developed countries experiences and the findings 16 literature of this research. according to the finding of the research we suggest to Afghan government to politically support private sector and developed a public-private partnership policy, it will fill up the health sector funding gap and improve health services coverage and accessibility to health services across the country.

## 9. future Research

This research is qualitative in nature, future researchers can explore how the specific socio-economic, cultural, and political context of Afghanistan might influence the adaption of PPP-model in health services delivery. And also, can focus on potential barriers to implementation of PPP-model in Afghanistan.

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