

## Requirements for public-private partnership in Iran's health system: A document analysis study

### Abstract

Health systems throughout the world are facing numerous challenges and governmental sections in most countries are facing shortages of resources. Public/ private partnership in the health section is one of the methods to overcome the shortcomings and challenges, however, to run it effectively and efficiently all tools must be recognized and applied. The "Read" approach is a systematic and flexible way to congregate data used to analyze documents, including four steps; (1) ready your materials, (2) extract data, (3) analyze data and (4) distill your findings. To analyze the data, the Maxqda20 software was used in the thematic analytic method.

38 documents were studied in three categories; superior documents, support, and health. All requirements for public/private partnership were divided into 5 main themes fundamental, technical, directional, legal, and financial which also were divided into 23 sub-themes. For a successful public-private partnership, a set of Fundamental, legal, financial, and stakeholder concerns must be considered. In this study, fundamental requirements were given the most attention and it was considered in all documents. Given the rapid speed of changes in the health sector and the numerous challenges accompanied, in order to take over these problems, dynamic structures and policies have to be identified and edited. In addition, outsourcing to other institutions can potentially help solve these challenges with less cost and less utilization of resources.

**Keywords:** *Public/private partnership, document analysis, health system, Iran.*

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### Introduction

The analysis of documents is a systematic way of deliberating or evaluating documents. Analyzing documents requires surveys through a precise exposition of data to draw explanations, acquire perception, and develop science. Documents are social factors that are produced, published, shared, and used in systematic approaches. (1)

The usage of the documents can be different, in regards to the circle of policy's evolution. For example, the content of thematic articles, including politics, media outputs, and political consultation roundtables, contain ideas that could help solve the identified problems and help the process of arranging manual scripts. Therefore, using documents in proportion to the circle of policy can be very helpful and proper. (2) To gain access to documents related to a specific subject requires comprehensive and widespread examinations. Channels and numerous resources have to be examined to obtain the proper documentation. (3) The accumulated documents give thorough and illustrative representations of current discussed policies and should be used in a theoretical and logical approach. (4); i.e. a precise and accurate procedure that is systematically used

for the assurance of originality, deputation, and validity of the data and the conclusion. (5) These systematic procedures also include the identification of disorders and patterns during data collection (in addition to the type of data added or deleted) that confirms which documents have changed without losing meaning and therefore made it to the study. (6)

Document analysis is a complementary approach to other research techniques and is used also as an independent approach. It can also be used in combination with other approaches like interview, observation, exposition, and explanation of quantities as well as other methods in research policy. The researcher has to be aware of his or her dependence on the documents, in addition to the attention, he/she is giving to the conditions and the form of the study. (7)

Within the health sector, analysis of policies and documents is a way to improve the identification of programs and organizational infrastructures and can lead the way to an effective and desired performance. The ultimate goal of any healthcare system in any country is to improve people's health

conditions. Based on World Health Organization<sup>5</sup>, the health system has three goals: improving health, being responsive to the people's expectations, and fair financing. Reaching these goals is only through the proper performance of the healthcare system which includes supervision, providing services, production resources, and financing. Providing services needs infrastructure which in the case of healthcare systems includes services, facilities, institutions, and organizations. Services such as precaution, diagnoses, medicine, and rehabilitation are provided through these infrastructures. Various healthcare systems throughout the world are strongly under the influence of history, national traditions, and social, cultural, economical, and political effects. (8) Healthcare systems are confronted by new fundamental and demographic challenges. The most important challenges of healthcare systems are changes in the pattern of diseases (from contagious to non-communicable), population aging, urbanization growth and suburbanization with special health needs, changes in people's necessities, health services in hospitals, the use of untrained physicians in managerial positions, buildings with old and inappropriate constructions and increased health cost. (9)

The governmental sector is facing huge shortages of resources for supplementing and developing national healthcare policies and also lacks an efficient mechanism for monitoring health sector performance. Healthcare systems around the globe and the organizations related to healthcare are concerned with limited resources and lack of resources for contributing to all health problems of target groups. Consequently, rationalizing the usage of resources is an inevitable aspect of all health systems. (10)

public/private partnership<sup>6</sup> is a reasonable solution that can be important and helpful for the public health section facing financial challenges and can help in managerial affairs, supply of equipment, and service requirements. One of the main features of PPP is to engage the proficiency, expertise, ability, and resources of the private sector for service provision. As a matter of fact, none of these two sections can operate individually to provide health and medical services, accordingly, the alternative solution is PPP which is destined to exploit the potential of both sides. (11)

PPP is used as a strategy to confront challenges in the health systems of different countries which is two-way participation and a win-win political attitude to reach the final outcome. (12,13)

In proportion to the PPP in the health sector, only if partnerships fit the political, economic, and social structures and also the development level of a country and realize the current situation in the health sector will they bring eligible results and improve the performance of the health system.

Therefore, analysis of data and the policies of PPP in the health sector can be a guide to recognizing the essentials and getting accustomed to the regulation of these partnerships. The question of the study is what are the requirements of PPP in the health system of Iran? Thus, the purpose of this study is to identify the requirements of PPP using document analysis based on the READ approach: (1) ready your materials, (2) extract data, (3) analyze data and (4) distill your findings. The identification of requirements in PPP, their accessibility, and conforming to these requirements in the health sector can lead the way to appropriate policy-making, effective application of strategies and editing of efficient projects, and reducing current challenges in PPP.

**Material and method:** the study proposes to utilize the READ approach which is a systematic and entirely flexible way of collecting documents and acquiring information for health policies in any classification (worldwide, national, local). The steps include: (1) ready your materials, (2) extract data, (3) analyze data and (4) distill the findings. An abstract of the study steps is as follows.

**Preparations:** At first, according to the question of the research, the documents required for analysis were procured. The inclusion criteria were: (1) related to health subjects (especial policy or program) or concerns, (2) study timeline, and (3) a distinctive list of documents for the research and the research place of documents. (14) the documents were collected through field study, searching the organizations and their websites and the institutions related to them, and also through library research and a general search on the internet. In this study, only documents related to PPP were collected at all levels. Including constitutional law, top documents related to the whole system plans for development and regulations, and general documents related to all sectors as well as healthcare documents actions carried out by each sector. In terms of time, the documents collected and studied were from the last two decades. However, the top documents and the policies and regulations related to the Islamic Republic of Iran's government are special cases in terms of time. Due to the importance of inspecting these documents as a protocol which makes the whole regulations mentioned before an executive order, they were all included in the study. Some documents which were reinforcing and supportive orders and related to the structure of healthcare ministration (universities of medical sciences) and have only been edited once, were also included in the study except for time.

**Data extraction:** First and foremost, the documents were sorted in order of the last date of edition in an excel file. The related documents were classified based on Jupp's four considerations including originality (being original and right),

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<sup>5</sup> WHO

<sup>6</sup> PPP

validity (accuracy), being representative (all the documents in that class), and meaning (what is said). (15) Based on the four considerations mentioned, first documents that firstly with contents adjusted by the authorities in charge were evaluated, secondly, those that have been certified as credible and accurate documents, thirdly documents on the population involved in the sector and their meaning and those in which the intended subject is vividly conveyed. Documents satisfying these four considerations were included for further analysis.

**Data analysis:** Data analysis was conducted in the form of thematic analysis using Maxqda20 software. This approach comes in handy when analysts pursue meaningful and thematic patterns which are valuable for study and analysis. The involved steps include:

- **Data identification:** this step includes the repetitive and active reading of data which is a way to become acquainted with the text and recollect it completely.

- **Primary code formation:** this step includes the formation of primary codes from the data. Codes define the features of the data and can be of interest for purposes of analysis.

- Searching for themes and labeling them: In this step, different codes are sorted into different thematic categories.

- Report presentation: This step includes the final report from the themes. (16)

**Distillation of the findings:** finally, the data is sorted and organized into themes and sub-themes which were the result of analyzing the categories.

**Results:**

Based on the research, 48 documents were included in the study. The collected documents were classified into three categories according to Table (1).

Table (1): documents involved in the study with type categories

Top documents	Supportive documents	Healthcare documents	Total documents
12	21	15	48

In this step, according to the question of the research with an emphasis on content, the documents were cohesively organized and top priority documents were selected along with development programs. The documents are then refined for Table (2): selected documents based on Jupp’s consideration

final selection and entry into the study. Based on Jupp’s four considerations, some documents weren’t certified and therefore were removed from the study; The total number of the selected documents is depicted in Table 2 below.

Documents	Top documents	Supportive documents	Healthcare documents	All the documents
documents removed based on Jupp’s considerations	0	5	5	10
Documents approved by Jupp’s considerations	12	16	10	38

For the analysis of the adjusted policies, first, a general view of data was obtained through surface examination. Then, each document was studied carefully and primary coding was conducted, subsequently, the primary codes were inspected and each collection of similar codes was arranged to create themes. In this step, some of the primary codes involved themes and while others involved sub-themes. Our accurate Table (3): requirements for PPP concluded from the study

analysis led to the discovery of five themes and 23 sub-themes in requirements for PPP. (According to table 3). The coding was conducted by the researcher and was after sent to the expert researcher for examination and judgment. The result of this study was sent to the research team and upon their approval, the themes and sub-themes were finalized and recapitulated.

Themes	Sub-themes
Fundamental Requirements	Sufficient structure to improve the partnership The theoretical and practical potential of the units Support and reinforcement of the partnership solving problems in collaborative ways A good relationship between associates Following and conducting guidelines

Legal requirements	Following top priority instructions and regulations A facilitative legal channel for partnership Stable regulations and policies The commitment of chief executives to implementation of regulations of partnership.
Technical requirements	An approved model or strategy for partnership Allocating responsibilities and risk-taking Technical feasibility study of the partnership Choosing the right partnership Defining plans and responsibilities.
Managerial requirements	Flexibility and flexible directorship Manager's acquaintance with the principles of the partnership Transparency in the process Forming a competitive environment Efficient use of assets and equipment.
Financial requirements	The designation of financial resources fitted to the partnership type The settlement of financial obligation from the associates Stability of economic status and safety of investments.

### **Fundamental requirements:**

PPP needs a legal structure and a variety of shareholders from outside and inside of the organization to be able to establish new plans or adjust the current plans based on new approaches. The establishment of operative structures or institutions can improve the partnership conditions as long as these structures are operated in submission to the rules and policies. According to article 11 of the allocation of healthcare services policies: "governmental institutions are assigned to adjust and upon approval by the authority reduction committee, the plan of undertaking or the transformation of institutional tasks is sent to the corresponding committee center of the ministry." The proper correspondence between the associates and anticipating future changes and accounting them into policies will help progress the cause. According to the agreement of the PPP "if policies are determined to restrict employee's performance, it is deemed efficient grounds for the execution of the project and will extend the construction period or in the marketing operation period, there have to be a new agreement for the associates to make constant use of financial assets. The change of policies will probably increase or decrease the cost of the project; therefore, there should be preparations for the agreement in case changes occur to the policies of the agreement, wherein the association of the partners will be revised according to the new regulations.

### **Legal requirements:**

Legal requirements are introduced as regulations including practical policies, adjusting performance standards, the origin and the basics of observational policies, and regulatory processes. In the PPP sector, stable policies obtain consistency in the situation. As stated in article 8 of the legal establishment of the healthcare ministry "all healthcare and medical institutions in the country which are operating through the PPP,

must operate under the supervision, control, and schedule of the administration after approval of the policy date. The related operative policies will be prepared and approved by ministry authorities." Regulations obtain the basic and general principles, so the chief executives are constrained to execute the PPP as stated in article 88 of the government regulation of financial allocations: "assets involved in PPP can delegate their authoritative sectors to the other (the owner of all assets being the government) based on their contract with non-governmental public institutions, charity organizations, cooperative organizations separated from the personals which are all listed as operative assets and have the conditions mentioned in section (A). In this case, units are administrated based on the terms of the new contract.

### **Technical requirements:**

Technical requirements include expertise and technical science needed for providing services that lay the ground for effective and proper service supplementation. Technical science and expertise perform as a facilitator to accurately define roles and responsibilities and distribute risk between the associates. According to article two of the legislation of PPP "balanced distribution of responsibilities and risk: obligations and risks of the project, as stated in the contract documents, are allocated between the associates, adequate for the purpose." The accurate definition of roles and obligations is an effective way for transparency and reaching program goals. Section (H) of article seven of the establishment of the board of directors of the healthcare ministry of legislation, accurately and vividly states one of the main roles as "an attempt to draw the private and local section support in matters of finance, structure, and facilitation under principles of Supreme Council of the Cultural Revolution."

**Managerial requirements:**

Resources are an important and basic aspect of service provision. The right management can obtain the best results from limited and rare resources. Managers must guarantee that projects are effectively operated. The transparency of procedures leads a bright way toward the effective operation of the plans. This can be approved by Article 19 of the constant improvement of occupation law: In order to obtain validation and competition among all shareholders in agreement with the operative units, the vice president of strategic planning is obliged to (with the use of all equipment and human resources) develop and upgrade the national information foundation of bidding into the national information foundation of transactions. This foundation has to publicly announce all small, medium, or huge-scale public trades including buying, selling, and renting, despite being dealt through an auction or bidding or other ways with the names of each unit, the subject, and also the related province, city, and nation when there's an equal opportunity for all eligible candidates. Also, following the termination of the trade, all information on qualities and quantities, the amount of the transactions, and all further supplementations have to be announced.

The flexibility of managers and management can secure a useful and efficient relationship to reach the goal. According to the agreement of PPP: "The partnership which is established on long-term contracts can be revised with changes in policies and regulations of the agreement, changes in authoritative power of both associates or changes in the project conditions. Partnership rules and regulations inevitably change in 25 to 30 years, which can affect both associates in all matters" thus, one of the methods to reduce the side effects of this alteration is to be flexible towards changes in regulations suitable for the current conditions.

**Financial requirements:**

The cornerstone of consistency in the partnership is the supplementation of financial resources and solving financial problems. Acquaintance with the institutional principles and information, income resources, costs, the maintenance of the organization the services provided, can be helpful. The provision of financial resources through partnership type is an important part of a partnership. As it was written in the PPP "the investor makes a quick list of shareholders after the agreement. While the list is being published, the investor hands over his competent initial financial models and demands".

To execute joint programs and projects, financial liability has to be distributed between both sides according to the section c of article 70 of the sixth development program of economy, society, politics, and culture of the country, which states: "all physicians and paramedics, organizations and service centers, medicines and health products in the country, whether it be governmental, non-governmental public institutions, private

sections or charities are obliged to observe tariffs passed by the government as well as guidelines of the ministry of healthcare and medical science. Receiving any bills higher than the tariff of government, by any juridical person or person and institutions and service centers, medicine, and health products, will be followed up by legal persecution and punishment.

**Discussion:**

This research was conducted on the READ approach for the analysis of requirements in PPP in the health sector. This was led by the lack of adequate research to identify requirements based on the analysis of documents as well as close examinations and analysis of partnership documents to reach the partnership objectives. Among social sectors, where variants of partnership have been conducted, the health sector acts as an important platform for the application of PPP. In most countries, after fundamental reformations in the health sector, PPP was employed to facilitate innovations and new technologies and to provide services with better quality in the health sector including prevention, treatment, education, and research. (17) For the accomplishment of PPP, it is essential to examine a collection of structural, legal, political, and financial factors as well as political restrictions and shareholder concerns. (18)

After close investigations, the requirements in this study were categorized into five main themes. Document reviews indicated the point of the attention as respectively in the classes of fundamental and financial requirements. All documents mentioned proper structure, the relationship between the associates and policies, and the principles, which are all sub-themes of fundamental requirements. Noho et.al. stated about the fundamental arrangements of PPP that discovering the essence of institutional arrangements of the partnership is essential to the recognition of operative problems. Health services in Tanzania follow the institutional arrangements which guide the operation of the partnership. Governmental and private activists are obliged to follow institutional policies to provide health services. Principles in the partnership contract determine the institutional arrangements, while key factors of performance and the measurement of these factors determine operative conditions in the contract. Cooperation in decision making and the flux of information between public/private partners is a main institutional provision to facilitate the operation of partnership procedures.

Institutional provision was another stimulant for private health centers which improve services based on outcome and partnership with governmental institutions. As most PPPs were adjusted according to old reformations, the policies are inefficient for meeting new challenges in the partnership sector and therefore, require new adjustments based on updated policies and current scientific advances. (19)

As document analysis show, dynamic structures and flexible policies are a way to keep up with the challenges and problems of our evolving world in line with changes in the environment. In an effort to overcome these changes, all requirements have to be adjusted dynamically to the current conditions of the time. (20) Resources are essential for providing services and especially health services, particularly financial resources which are necessary for the provision of services and execution of any plan and project. One of the problems of governments is the deficiency of resources, notably dynamic financial resources which distinctively shows the fact that PPPs are necessary. Dynamic financial provision is an important aspect that should have been considered a priority in financial requirements demanding further attention. According to Gong most joint projects fail due to the private sector's financial incapacity to attain objectives of construction and operation. Accordingly, the selection of the appropriate investment is key to the success of the project. The terms of the institution, plan of the bid, and economical indexes along with financial and social indexes are respectively the predominant factors for the selection of investment and the success of PPP. Other requirements were determined as, financial qualification, technical power, management level, operational experience, credentials, and cooperative competence. (21)

Determination of financial requirements sufficient for partnership type, financial liability between associates, economic stability along with security in financing is the sub-themes of financial requirements which serve as an effective asset for the development and improvement of partnership programs. Zhang stated that the success factors of PPP in an auspicious investment environment are the inclusions of stable and sufficient political and economic systems, enough market places, ideal political support, and economic stability which is key to a long term demand of service with sufficient profit, suitable organizational structures with the good management team and fair connections, creation of inventive solutions, effective expense and the proficiency in partnership, along with the right financial application with eligible tariff, lower financial costs, acceptable financial analysis, and proper risk allocation through stable contractual arrangements. (22)

Managerial requirements inclusive of purposeful leadership, congenial authority, transparency of procedures, and the manager's knowledge of the principles and the policies of the program through the correct and essential use of the resources can be profoundly helpful. Kwak affirmed that the stimuli to the success of PPP include the entities of a team, independent leadership, successful competitive performance, measurable results to observe and evaluate project development, the purposefulness of the projects and concentration on results, periodic observations during operation, approaches and transparent agreement and mutual trust. (23)

A good associative program can facilitate mutual participation. In addition to providing the required transparency, effective correspondence can pave the way for mutual negotiations on argumentative subjects, before losing the public's trust and leading the way to a common understanding. (24,25)

Hashim et.al. suggested three main performances of associative programs of management at strategic levels such as the adjustment and development of strategy, requirements for service determination, and correspondence. Development of strategy concentrates on the main features of the performance such as politics, perspective, mission, alignment of strategies, and long-term commitment. Analysis of requirements emphasized services required by users and the level of the services and finally the relationship between chief managers of organizations and customers and other key partners. (26) Institutionalization and development of policies and the effective correspondence between associates are the main sub-themes considered for fundamental requirements. Morledge claims that the success of PPP relies on entrepreneurship and leadership, practical solutions, different financial applications and also internal flexibility for development and future changes, supportive circumstances, and perception of the system in the current situation. (27)

Stable policies, facilitators of partnership, and political support of the programs are primary factors of success that draw the attention needed for partnership. Opara realized that the institutional environment is a particular and effective element for the performance and consistency of partnership programs. Requirements to successfully operate PPP include endorsement of PPP from political leaders, suitable political environment, and effective organizational capacity. (28)

As regards technical requirements and determined tasks and capabilities of both sides, they operate in proportion to their capabilities. Kosycarz et.al. named several factors impacting the success of the PPP; including alteration in contracts with the service client, stable political and economic conditions, sufficient guarantee for risk-taking, great experience of both sides, credible private partners, and sufficient initial fund. (17)

The analysis of requirements indicated that the rare but essential subject in the health sector is the final user of the services. Services have to be suitable for the final user's need to accept and consume as was stated in the Liang research that the five aspects of the stable partnership include: adaptation of the project with operational requirements and technical features of the program, adaptation of the final user's need relative to the cost, quality, quantity, general satisfaction with the results of the project, and profit for the private sector and preparations for the future. (29)

#### **Conclusion:**

Public/private engagement is not a new phenomenon, the constant use of which has risen in recent years. It has been used

to construct and develop infrastructures and provide services in the health sector as well as other sections using various methods. The provision has to be identified and followed for the partnership to succeed.

Changes in the health sector are far faster than in other sectors, and to provide services suitable to these changes, there have to be dynamic principles and policies. The policies from the last reformations fail to respond to the new demands and evolutions in the entire health system. The health system cannot individually answer such changes; thereby, PPP has been underlined. For the improvement and the success of the partnership, policies have to be updated to confront the challenges and overcome the evolutions with lower costs and less energy and resources. Political support of the authorities for the policies as well as political and financial stability are the prosperous factors for optimal partnership which can lay the ground for partnership in all sectors and guarantee the success of the partnership. Analysis of the documents suggested no significant and comprehensive attention to the requirements of PPP with failure to cover all required aspects of the optimal partnership, especially in the health sector in regards to the sensitivity of services provided. Therefore, to accomplish the objectives, there has to be a general and complete vision to adjust documents based on their respective themes, to be conducted pervasively and comprehensively and also with more transparency and accuracy to the subject of the partnership, such that in case of any problems, the inclusiveness of the documents can act as facilitator and problem solver. Ppp needs a certain structure and a variety of investors. The structure and the definition of roles and responsibilities have to be transparently determined in the PPP documents to improve the management performance and finally to promote the partnership situation. One of the reasons for the failure of the PPP is the lack of stable financial resources, therefore the right economic policies can create competitive environments and are crucial for stable financial provision to form the suitable groundwork to solve the problems of financial provision—which is a serious issue for consideration when adjusting documents. Document's attention to the final user and service receiver and consideration of their needs as a target society for providing services and the correspondence approach of the public/private user, have to be prioritized for the consistency of programs and services. The lack of symmetry between services and the needs of the target society will raise challenges to the efficiency of the services. Finally, for the documents to obtain the efficiency needed for PPP in the health section, they have to be updated, all-encompassing and pervasive with close attention to all the aspects of partnership in the adjustment of documents.

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#### **Conflict of interest:**

The writers affirmed that there is no conflict of interest

#### **References**

1. Corbin J, Strauss A. Basics of qualitative research: Techniques and procedures for developing grounded theory: Sage publications; 2014. P.230-1
2. Mogalakwe M. The documentary research method—using documentary sources in social research. *Eastern Africa Social Science Research Review*. 2009;25(1):43-58
3. Berner-Rodoreda A, Bärnighausen T, Kennedy C, Brinkmann S, Sarker M, Wikler D, et al. From doxastic to epistemic: a typology and critique of qualitative interview styles. *Qualitative inquiry*. 2020;26(3-4):291-305.
4. Bowen GA. Document analysis as a qualitative research method. *Qualitative research journal*. 2009
5. Scott J. A matter of record: Documentary sources in social research: John Wiley & Sons; 2014.
6. Tesch R. Qualitative research—Analysis types and software protocols. Hampshire, UK: The Falmer Press. 1990. P.108-10
7. Angers J, Machtmes K. An ethnographic-case study of beliefs, context factors, and practices of teachers integrating technology. *The qualitative report*. 2005;10(4):771-94.
8. Glickman SW, Baggett KA, Krubert CG, Peterson ED, Schulman KA. Promoting quality: the health-care organization from a management perspective. *International Journal for Quality in Health Care*. 2007;19(6):341-8
9. Rajabi F, Esmailzadeh H, Rostamigooran N, Majdzadeh R, Doshmangir L. Future of health care delivery in Iran, opportunities, and threats. *Iranian journal of public health*. 2013;42(Supple1):23.
10. Kabir MJ, Heidari A, Jafari N, Honarvar MR, Behnampour N, Mirkarim S-K. Developing basic health services packages: Defining a prioritization of effectiveness criteria. *International Journal of Healthcare Management*. 2021;14(3):650-5.
11. Soeters R, Griffiths F. Improving government health services through contract management: a case from Cambodia. *Health policy and planning*. 2003;18(1):74-83.
12. Casady CB, Eriksson K, Levitt RE, Scott WR. (Re) defining public-private partnerships (PPPs) in the new public governance (NPG) paradigm: an institutional maturity perspective. *Public Management Review*. 2020;22(2):161-83.
13. Vian T, McIntosh N, Grabowski A, Nkabane-Nkholongo EL, Jack BW. Hospital public-private partnerships in low resource settings: Perceptions of how the Lesotho PPP transformed management systems and performance. *Health Systems & Reform* .2015;1(2): 155-66.

14. Dalglish SL, Khalid H, McMahon SA. Document analysis in health policy research: the READ approach. *Health policy and planning*. 2020;35(10):1424-31.

15. Mehrolhassani M, Najafi B, Yazdi Feyzabadi V, Abolhallaje M, Ramezani M, Dehnavieh R, et al. A review of the health financing policies towards universal health coverage in Iran. *Iranian Journal of Epidemiology*. 2017;12:74-84.

16. Namdarian L, Kalantari N. Thematic Analysis of the Evaluation Indicators for Science, Technology, and Innovation of Countries in Iran's Vision 1404 Document. *Rahyaft*. 2020;30(77):45-70.

17. Kosycarz EA, Nowakowska BA, Mikołajczyk MM. Evaluating opportunities for successful public-private partnership in the healthcare sector in Poland. *Journal of Public Health*. 2019;27(1):1-9.

18. Yescombe E. *Public-private partnerships. Principles of policy and finance*, wyd. 1. Elsevier/BH, Amsterdam; 2007.p.78-9

19. Nuhu S, Mpambije CJ, Ngussa K. Challenges in health service delivery under public-private partnership in Tanzania: stakeholders' views from Dar es Salaam region. *BMC health services research*. 2020;20(1):1-12.

20. Heydarzadeh S, Majed V, Ghobashi A. Factors affecting public-private participation in selected countries (With an emphasis on institutional factors). *Journal of Economic Strategy*. 2021;9(35):237-61.

21. Gong J, editor *Research on the factors affecting the choice of private capital in PPP projects of urban underground comprehensive pipe gallery*. IOP Conference Series: Materials Science and Engineering; 2019: IOP Publishing.

22. Zhang X. Critical success factors for public-private partnerships in infrastructure development. *Journal of construction engineering and management*. 2005;131(1):3-14.

23. Kwak YH, Chih Y, Ibbs CW. Towards a comprehensive understanding of public-private partnerships for infrastructure development. *California management review*. 2009;51(2):51-78.

24. Basu S, Andrews J, Kishore S, Panjabi R, Stuckler D. Comparative performance of private and public healthcare systems in low-and middle-income countries: a systematic review. *PLoS medicine*. 2012;9(6):e1001244.

25. Wakaba M, Mbindyo P, Ochieng J, Kiriinya R, Todd J, Waudo A, et al. The public sector nursing workforce in Kenya: a county-level analysis. *Human resources for health*. 2014;12(1):1-16.

26. Hashim HA, Sapri M, Azis SSA. Strategic facilities management functions for public-private partnership (PPP) healthcare services in Malaysia. *PLANNING MALAYSIA*. 2019;17(9).

27. Morledge R, Owen K. Developing a methodological approach to the identification of factors critical to success in privatized infrastructure projects in the UK. *Profitable Partnering in Construction Procurement*. 1999:487-98.

28. Opara M, Elloumi F, Okafor O, Warsame H, editors. *Effects of the institutional environment on public-private partnership (P3) projects: Evidence from Canada*. Accounting Forum; 2017: Elsevier.

29. Liang Y, Wang H. Sustainable performance measurements for public-private partnership projects: empirical evidence from China. *Sustainability*. 2019;11(13):3653.