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**PUBLIC-PRIVATE PARTNERSHIP IN PROVIDING
HEALTH CARE SERVICES IN VIETNAM**

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SUMMARY OF DOCTORAL THESIS

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INTRODUCTION

1. The necessity of research topic

Entering the 21st century, the change international context with the trend of globalization and international integration has been put out urgent requirement to redefine the role of the State in providing public services. Instead of direct provision of public services through the public organizations established by the State, the general trend is now the state expanding forms of provision of public services, which encourage private sector to participate in providing diversified public services, including forms of cooperation between the State and private sector, also known as collaborative public - private partnership (PPP). PPP has brought many benefits such as cost savings, improving quality of services (WB, 2006). Because economic - society conditions in Vietnam have increasingly developed, people's needs require the high quality service resulting in the State must renew the model and the form of the provision of public services. This reform began in the late 90s when the Party and State issued socialization policies (Resolution No. 90/CP dated 08/21/1997 on the work of socialization in the fields of education, health, culture and sport) to mobilize private resources to provide public services to community. Thanks to the policies of the State, in recent years, many non-public medical facilities have been established at the local level. These facilities have treated and took care of millions of people, contributing a part of reducing the load on the system of public medical facilities, reducing the burden on the state budget, and meeting a part of the needs of people in their treatment. However, the implementation process of socialization is

facing some specific difficulties, such as lack of resources for investment in modern equipment for treatment, unequal assessment to health care services, etc...(Dang Duc Anh, Nguyen Thi Lan Huong and Dang Duc Dam, 2017). Therefore, the healthcare system of the country should have the positive and timely solutions to meet the needs of health care that are increasing rapidly today.

So far, the level of cooperation between the State and the private sector in the provision of basic public services and mechanisms to ensure effective cooperation has not been studied deeply in Vietnam. Therefore, to have a scientific basis to propose mechanisms and innovation policy in order to mobilize the potential of private sector participating in the provision of public services, the study on "The PPP in provision of health care services in Vietnam" is very meaningful.

2. Thesis significance

Theoretical significance

- Contributing a part of clarifying the theoretical basis of the role of the State in general and in the provision of health care services in particular;

- Contributing the additionally theoretical basis for application of PPP in the health care services provision.

Practical significance

- Contributing a part of improving the policies and solutions to attract the sources of capital investment in the health sector;

- Contributing to ensure the assessment of health care services for people fairly and effectively and bring users' satisfaction when using the healthcare services.

CHAPTER 1. OVERVIEW OF STUDIES ON PPP IN THE PROVISION OF HEALTH CARE SERVICES

1.1. Overview of published researches relating to PPP in the provision of health care services

1.1.1. Foreign researches on PPP in the provision of health care services

PPP in the health care services has been mentioned in many foreign studies, typically divided into the following types:

- *First, the studies related to PPP forms in health care sector* typically with studies of Irina and Harald (2006); European Commission (EC, 2013); PWC and UCSF (2018). These studies do not focus on theoretical analysis but introducing forms of PPP in the health care sector, as a study by Irina and Harald (2006) shows the various forms of PPP such as PPP charity, PPP contract, PPP output... Based on analyzing different PPP forms, the author has analyzed the potential benefits as well as the risks to the community resulted in from these PPP forms. In general, these above studies have shown many different forms of PPP, so the effectiveness evaluation of PPP is difficult due to lack of information.

- *Secondly, studies related to the role and criteria for evaluating PPP projects in health care services*, such as Mitchell (2000), World Bank (2009), KPMG (2010), or PwC (2010). Although these studies all agreed on the role of PPP in health care sector, but they offered different criteria for evaluating PPP projects. According to World Bank (2009), there are currently two contradictory views between supporting and opposing PPP. Based on the analysis of these two points of views,

the study has provided evidence of the success of PPP in public services, specifically on access capacity to services, etc. However, one of the conclusions of the study shows that it is necessary to assess the effectiveness of PPP in the specific context of the socio-economic development in the different countries and to evaluate the effectiveness of PPP forms, the state authorities should develop quantitative /qualitative standards to assess the service quality provided by the private sector.

Mitchell's research (2000) explains why PPP in health care services is required. The research also points out that in order to cooperate between the State and private sector effectively, it must meet criteria for each specific project: (i) legibility regulations, realistic goals and sharing; (ii) express and consistent division of the roles and responsibilities of the parties; (iii) equal benefits for all parties; (iv) transparency; (v) equality in rights and obligations.

In general, the reports conclude that in order to success, the interests of the parties must be ensured, in which the role of the public sector is very important. The public sector must redefine its role, considering the non-state sector as a partner, willing to cooperate with the non-state sector to provide public services to users. In addition, the reports also propose that to attract private sector investing in the PPP form, the Government needs to issue incentive policies such as preferential tax, particularly in the field of building infrastructure and training human resources of health care services sector.

- *Thirdly, PPP effectiveness evaluation studies.* Due to the various forms of PPP in health care services and the lack of data, the approach

of PPP effectiveness evaluation is different. Furthermore, because the health care sector is also a special sector, in addition to the efficiency of investment, the factors of service quality, accessibility to services for people are also considered ... In general, the researches by Stephen (2016) and Asian Development Bank (ADB, 2012) offer two approaches to assess PPP effectiveness, namely investment efficiency /value for money (VFM) or indexes related to equity and access to health services such as the number of medical staff / beds; medical examination and treatment time; bed capacity; ability to pay patients ... Besides, the Irina and Harard's research (2006) provides an approach to evaluate the effectiveness criteria such as service accessibility, replication of PPP models, equality in assessing the effectiveness of specific PPP projects. In general, the studies emphasize the financial performance, meanwhile other factors such as service effectiveness or quality of health services also need to be considered.

1.1.2. Domestic researches on the provision of PPP health care services

Overall, these studies of this area can be divided into three main groups as follows:

- The first group is study of the PPP in general, mostly related to international experience and infrastructure development as of Mai Thi Thu and Associates (2013) on "Public private partnership model: international experience and the institutional framework in Vietnam" or of the Ministry of Planning and Investment (2011) on "Improving the legal framework of cooperation between State and private".

- The second group is study of socialization in the healthcare sector. The concept of socialization of public services, including the healthcare sector in Vietnam along with the innovation process from economic mechanism to market economic mechanism that is the shared responsibility for providing public services such as healthcare from the State to the non-state sector. It also implies that the form of PPP is also one of the content of socialization. Healthcare socialization is also associated with the determination of the State's functions that are managed and examined by the policies instead of directly-operated healthcare facilities. This concept is admitted by many authors such as Tran Dinh Hau and Doan Minh Huan (2012), CIEM (2006), etc.

- Thirdly, studies of PPP in the field of public services, including the healthcare sector, namely: Research of the Ministry of Health (2011) on "Assessment of the situation and solution proposal to enhance the PPP forms in the healthcare sector "; Vo Quoc Truong's thesis (2011) on " PPP in the healthcare sector: a case study of HCM City"...

1.1.3. Summary of not-yet-researched issues (the gap in research)

Overall, the studies mentioned above partially answer and provide the necessary knowledge about PPP. However, these studies have some limitations, namely:

- The form of PPP in the world is very diverse in each sector or field, and each sector has different requirements. Therefore, intensive research is needed in each area in order to propose effective development policies on each specific PPP.

- Currently, there have been some studies on PPP in Vietnam, but the PPP concept is different. Moreover, these studies mainly focus on

the infrastructure sector. Therefore, there is still a lack of studies to explain the nature of the PPP in the health care sector and to argue the role of the State in the provision of the healthcare services and the need to apply the PPP model in this field.

- Most of the researches focus on the specific areas such as the legal framework, environment, road ... or at specific localities without mention of PPP in the healthcare sector, except for the research by the Ministry of Health (2011). However, this study has not yet evaluated the regulatory environment and assessed the quality of the healthcare services provided by healthcare facilities (PPP facilities) compared with the quality provided by public health facilities which bring satisfactions for patients or not?.

1.2. Thesis's research directions

1.2.1. Research objectives

The thesis's specific objectives include:

- Clarifying the rationale of the State's role in the provision of the healthcare services; concepts and mechanisms of PPP in the healthcare sector;

- Synthesis and analysis of international experience in PPP in the healthcare services provision; Identifying the positive aspects and limitations of the PPP in the world, which draw out lessons for Vietnam;

- Determining the form of PPP in healthcare exists in Vietnam and assessing the benefits that PPP facilities are providing the healthcare services to community.

- Proposing policy recommendations to promote the efficiency of the PPP mechanism in providing the healthcare services in Vietnam.

1.2.2. Research subjects, research scope and research method

1.2.2.1. Research subjects: The subject of the thesis is the form of PPP in the provision of the healthcare services.

1.2.2.2. Research scope

- In term of content scope: the thesis focuses on the areas of medical examination and treatment.

- In term of timing scope: the thesis only focuses on the PPPs in health from 2010 to present.

- In term of space scope: The thesis researches on the whole country.

1.2.2.3. Research methods

The thesis uses both qualitative and quantitative methods.

CHAPTER 2. THEORETICAL BASIS FOR PPP IN THE PROVISION OF THE HEALTHCARE SERVICES AND INTERNATIONAL EXPERIENCES

2.1. Characteristics and role of the State in the provision of health care services

2.1.1. Some related concepts

2.1.1.1. The concept of public goods and services

According to the "Modern Economics" dictionary by Macmillan (David W. Pearce, 1992), the concept of public goods and services is a commodity or service if provided to a person, it still exists for others without incurring additional costs. Public goods or services can be classified in accordance with different criteria such as classification by

the nature of the services, or in the form of services. According to the Government's Decree No. 16/2015 / ND-CP regulating the autonomy mechanism of public service delivery units, the healthcare services are a type of essential public services.

2.1.1.2. The concept of the healthcare services and provision of the healthcare services

Currently, there are many concepts of the healthcare services but its common characteristics are: (i) this is an essential public goods/services to meet the basic needs of the people and the community; (ii) it may be provided by the State or private to the users, but it must comply with the legal regulations.

According to the report of the WHO (2010), the supply of the healthcare services is the inputs combined to allow offering a series of interventions on health activities. In other words, the provision of the healthcare services in each country is done by the healthcare system, with the participation of many organizations, institutions, resources and people to enhance and maintain their healthcare.

2.1.2. Market characteristics of the healthcare service provision

Due to the nature of the healthcare services, the market of the healthcare services has the particular characteristics that are: (i) the asymmetric information; (ii) the unforeseeable information; (iii) the "externalities " and "mandatory". In addition to the above features, there must distinguish the nature of the healthcare services in the following issues: (i) there are not all the health activities for profit purpose; and (ii) the healthcare services are divided into two types, namely pure and un-pure public services.

2.1.3. The role of the State in the provision of the healthcare services

Typically, for basic services, the state is completely responsible for ensuring the supply, especially expenditure. The highest principle is to ensure equity in access and use of the services for all the people. For unpure public goods such as beauty, use of the healthcare services with high quality etc... The State is still responsible for ensuring the supply through the creation of equal playground, or the formation of the service market for all economic sectors that can participate and fairly compete on the market. Overall, both public and private sector provide the healthcare services in the world and there has recently appeared in a form of joint venture that links between the public and private sector to provide the healthcare services (called public-private partnership, PPP).

2.2. PPP in the provision of the healthcare services

2.2.1. The concept, characteristics and necessity of PPP in the provision of the healthcare services

2.2.1.1. The concept of PPP in the provision of the healthcare services

Although there are many different definitions, in this thesis, PPP in the provision of the healthcare services is defined as "Cooperation between public and private, linked by the common goal to improve community health, based on the agreed roles and principles" (Stephen, 2016). In Vietnam, the Party and State have been implemented the policy on mobilization of resources and the transfer of certain types of public services, including the healthcare services for private since the 90s of the last century. This policy is also known as healthcare socialization. This is a long term policy to promote all resources and mobilize the whole society involved in people's health care. It also

brings better conditions for the whole society to access and use of health care services. Under this approach, PPP in the healthcare services is one of the contents of healthcare socialization.

2.2.1.2. Characteristics of PPP in providing the healthcare services

Naturally, PPP is a form of cooperation between the State and the private sector to integrate the strengths of both sectors in the implementation of a certain project. In the process of cooperation, the State can play a role as a funding partner (it means supporting in terms of capital, assets ... for the private sector in providing public services on the basis of contracts signed or not signed by both parties). The State can also act as a "buyer of services" (provided by the private sector) for a long term; or the State plays a role as a "coordinator" to create a forum to attract the participation of the private sector.

2.2.1.3. Necessity of PPP in the provision of the healthcare services

- Firstly, to help the health sector to address the growing people's needs;
- Secondly, to resolve a part of state budget investing in the healthcare sector;
- Thirdly, PPP can improve the efficiency of investment and the quality of the healthcare services provision.

2.2.2. The forms of PPP in the healthcare services

2.2.2.1. The forms of PPP in health from a theoretical perspective

In term of the level of the private sector's participation, PPP has the following main forms: (i) service contract; (ii) business cooperation - management; (iii) cooperation for rent; (iv) concession; (v) building - transfer - operation (BOT); and (vi) privatization.

2.2.2.2. The forms of PPP in health care in practices in Vietnam

- Firstly, the form of contract/cooperation for purchasing clinical, non-clinical support services or human resource exchanges.
- Secondly, the form of cooperation / joint venture for investing in medical equipment procurement or the common use of hospital's infrastructure.
- Thirdly, the form of construction, operation and transfer of healthcare facilities (this is the form of BOT mentioned above).

Moreover, there are other forms, such as mixture forms.

2.2.3. The factors affecting PPP in the provision of the healthcare services

In order to be successful PPP project, the role and mechanism of all parties participating projects are very important. According to Ngo Thi Thu Hang (2015), there are three main factors that impact on the success of PPPs, namely: (i) the role of the State; (ii) private partners and (iii) service users. In addition, with the typical feature of the healthcare sector, the role of service providers needs to be considered.

2.2.4. Criteria and method of PPP assessment

In the ADB's study (2008) or the report of the Ministry of Planning and Investment (2018) shows that VFM method is often used to evaluating the effectiveness of the project and there is a comparison between project implementation plan in the form of PPP with a "Method of comparison with public sector" (Public Sector Comparator - PSC). Because of the typical features of the healthcare sector, social welfare factors may be over than investment efficiency and these factors need to be considered. Therefore, when assessing a PPP

project/program, it is necessary to consider whether a PPP project brings effectiveness and equity for society or not. The following criteria may be assessed:

- Firstly, the criteria of improving the quality of healthcare services aims at the satisfaction of patients. In order to measure this criteria, in many countries, including Vietnam, use the method of patient satisfaction index (PSI) in the process of medical examination and treatment for evaluation. This is the comprehensive output index to assess the quality of examination and treatment services of the healthcare system.

- Secondly, it is the equity in the health system. To measure it, the following indexes may be considered and assessed: (i) Total Expenditure on health/GDP; (ii) Total public expenditure/total expenditure on health; (iii) Household out-of-pocket/total health expenditure; (iv) Total health expenditure/total state budget expenditure; and (v) Total monthly healthcare expenditure per capita.

- Thirdly, the capacity to meet the demand from the community. This criteria measures by the following indexes: (i) Number of healthcare facilities/10,000 population; (ii) Number of health workers per 10,000 population; and (iii) Number of hospital beds/10,000 population.

- Fourthly, the criteria is efficiency, including indexes: (i) Number of Outpatient utilisation rate and Inpatient admission rate/10,000 population; and (ii) Bed occupancy rate.

2.3. The international experience of PPP in the health sector and lessons for Vietnam

2.3.1. The experience of developed countries

2.3.2. The experience of developing countries

2.3.3. Lessons for Vietnam

- Firstly, the state should be cautious when deciding to implement each project and commit to provide the conditions for private investors.
- Secondly, the State should be active or in cooperation with investors in research and accurate forecasts of the situation and changes of the business environment as well as the factors affecting the investment and exploitation of the investment performance of investors of PPP projects.
- Thirdly, the partners need thorough research on the perceptions and opinions about the nature of the content and concepts mentioned in the project documents.
- Fourthly, the factors affecting the success of the PPP are: adequate and transparent legal framework; selection of capable partners; maximizing the benefits to the partners; a stable macroeconomic environment.
- Fifthly, it is necessary to consider the specific characteristics of the healthcare sector.
- Sixthly, there are many forms of PPP in the healthcare sector in the world, hence Vietnam needs to apply these forms effectively.

CHAPTER 3. PPP SITUATION IN THE PROVISION OF THE HEALTHCARE SERVICES IN VIETNAM

3.1. Overview of the status of the healthcare services provision in Vietnam

3.1.1. Current development of the examination and treatment system

In general, in recent decades, the system of the healthcare in public and private sectors has been strengthened, expanded and developed to meet a part of the demand of health care of the people. By

the end of 2017, there were 13,583 healthcare facilities, including 1,085 hospitals, 609 regional general hospitals, 62 nursing and rehabilitation hospitals. Number of medical establishments and beds increased steadily over the years, of which the private hospitals raised 3-fold in comparison with 2004. Private hospitals accounted for 11% and 3.7% of total hospitals and the nation's hospital beds, respectively (GSO, 2017).

3.1.2. The State's policy system in mobilizing participation of private investment for the healthcare sector

3.1.2.1. General healthcare policies

In recent years, the policy of the Party and State of Vietnam has been "The investment for the protection and care of people's health must rely on many different resources, including State investment, private investment, the contribution of community and international aid ... in which State investment plays the leading role "(Ministry of Health, 2007). To implement this policy, the Government has promulgated new policy to improve the legal framework to encourage the development of the non-public healthcare system in examination and treatment. The major contents of the legal and innovation policies described above are: (i) to allow the private medical practice, including allowing public health staff to work overtime, collecting hospital fees; (ii) to organize and develop health insurance; and (iii) to allow public hospitals set up "on demand service" faculties or semi-public faculties.

3.1.2.2. Intensive policies on investment in the healthcare sector

Along with the renovative policy for providing the healthcare services above, the State has also enacted many policies to encourage,

attract the non-public sector in investing public services. These are made primarily through two types of policies: (1) socialization policy and (2) incentive policies on investments (Enterprise Law, Investment Law since 2005 and a number of other related tax laws). In general, the private investors investing in the healthcare sector can enjoy preferential policies such as: (i) the preferential policy on land and infrastructure; (ii) the preferential policy on taxation; (iii) the preferential policy on credit.

3.2. Analysis and current assessment of the PPP forms and service quality in the provision of the healthcare services in Vietnam

3.2.1. Current assessment of PPP forms in the provision of the healthcare services

3.2.1.1. Form of cooperation in the provision of the healthcare services

3.2.1.2. Form of joint ventures

3.2.1.3. Form of building, operation and transfer of healthcare establishments

3.2.2. Evaluating the quality of healthcare facilities based on the level of users' satisfaction

3.2.2.1. Evaluating the quality of healthcare facilities based on the level of users' satisfaction according to the thesis's survey

The survey results show that the PSI for private hospital quality obtains the highest points (3.59 out of 5), respectively 71.8% compared with expectations; then semi-public hospitals (3.42 out of 5 points), respectively 68.4% compared with expectations; and finally public hospitals gain 3.05 out of 5 points, respectively compared with expectations of 61%. It can be seen that all types of healthcare facilities

are achieved over average points although PSI of public hospitals is lowest. This is partly due to respondents who used to the services in the private sector, where there are better facilities than the public sector. Thus, the expectation level of service quality is relatively high.

There are five factors to assess the quality of the hospital. They shows that the most indicators of private healthcare facilities have higher satisfaction levels than the semi-public and public healthcare facilities, although the cost index of private healthcare services is lower than the public and semi-public healthcare facilities (accounting for 3.32, 3.44 and 3.48 point, respectively). This cause comes from the private hospitals' service prices, which must be calculated on the basis of full costs and a portion of profits to investors, while public and semi public hospitals are partly subsidized by the State. However, the difference is negligible because users tend to be willing to pay higher costs to ensure health for themselves. Infrastructure element of public hospitals reaches the lowest level in the assessment factors (accounting for 2.54 points) and among all type of healthcare facilities. Infrastructure and medical equipment of private and semi public hospitals are often invested better than public hospitals.

3.2.2.2. Evaluating the quality of healthcare facilities based on the level of users' satisfaction by quantitative method

The thesis used the survey data by Tran Ngoc Anh and *et. al* (2018) based on the interview by phone with 2692 inpatients in 29 hospitals across the country, of which 533 patients treated by semi public hospitals. From the model by Tran Ngoc Anh and *et. al* (2018), the thesis performs a regression analysis to the following equation:

$$Y_i = \beta_0 + \sum_{j=1}^{11} \beta_{1j} X_{ji} + \sum_{z=1}^7 \beta_{2z} C_{zi} + \sum_{k=1}^6 \beta_{3k} D_{ki} + \varepsilon_i \quad (1)$$

Where: Y_i is a patient satisfaction index (PSI).

β_{01} : Coefficient.

X_{ji} : are the variables that affect the PSI.

β_{1j} : the corresponding coefficients after regression of X_{ji} variables.

C_{zi} : are 6 variables of characteristics of individual patients, including: age, gender, timing in staying hospital, education level, ethnicity and occupation.

β_{2z} : the corresponding coefficients after regression of C_{zi} variables.

D_{ki} : are variables of interests, used to make PPP assessments, including:

+ KV: is a nominal variable indicating healthcare examination at the semi-public services (PPP-KV = 1) or at the public examination.

+ DL: is a nominal variable indicating that healthcare examination location is rural (DL = 0) or is urban (DL = 1).

+ DLE1: is an interactive variable between location and satisfaction level of healthcare fees.

+ KVDL: is an interactive variable between location and type of examination (public hospital or semi public hospital).

+ Poverty: is a nominal variable if the patient is classified as poor or near poor (Poor = 1).

+ KVngheo: is an interactive variable considering the satisfaction of the poor at semi public hospital.

+ KVE1: is an interactive variable between examination at semi public hospital and the level of fee satisfaction.

β_{3k} : the corresponding coefficients after regression of D_{ki} variables.

ϵ_i : Error.

In general, the results of the regression show that the PSI index between the public and the semi public hospital does not differ, indicating that there is a statistical correlation between the component indexes and the overall patient satisfaction for both areas. This is reflected in the KV variable at Model 1. It is noteworthy that these results remain the same when there are controlled variables of individual characteristics such as education level, age, ethnicity, gender, timing in staying hospital, occupation of patients in hospitals across the country. Moreover, the results of statistical and quantitative analysis show that public hospitals have lower PSI figures than other types of healthcare facilities, especially in urban areas. This means that the PSI in private and semi public hospitals higher than in public hospitals, and also reflects that PPP brings the partly welfare of the people.

3.3. General assessment of PPP status in the provision of the healthcare services in Vietnam

3.3.1. Some achievements

3.3.1.1. Improvement of the equity in accessing healthcare services for people

3.3.1.2. Improvement of capacity and efficiency of healthcare system

3.3.1.3. Improvement of healthcare facilities' infrastructures and equipment

3.3.1.4. Improvement of the working attitude and morale of healthcare staff

3.3.2. Some drawbacks

3.3.2.1. The inequality in accessing the healthcare services

3.3.2.2. Increasing the burden of examination and treatment costs

3.3.2.3. The shortage of qualified healthcare staff

3.3.2.4. The quality of healthcare examination and treatment services is uneven

3.3.3. Causes

- Firstly, the lack of a legal framework of the PPP management.
- Secondly, the lack of the law and policy framework of providing the healthcare services.
- Thirdly, the administrative procedures are still cumbersome, complex and unattractive to investors.
- Fourthly, the inspection and examination activities in the healthcare sector have been inadequate.
- Fifthly, the financial mechanism for the healthcare sector has reformed slowly, especially in terms of the price of the healthcare services.
- Sixthly, the mechanism of financial autonomy for public service delivery units has not created motivation for them to cooperate with the private sector to attract capital into the healthcare sector actively.
- Seventhly, the capacity of the apparatus to promote PPP implementation in the healthcare system is limited.
- Eighthly, so far, the role of the State has not been identified for investing and developing the healthcare system in the market economy.

CHAPTER 4. ORIENTATIONS AND SOLUTIONS TO PROMOTE PPP IN THE PROVISION OF THE HEALTHCARE SERVICES IN VIETNAM

4.1. Context and basis for promoting PPP in the provision of the healthcare services in Vietnam

4.1.1. Context

Vietnam is beginning a new stage of development and integration, which brings both positive and negative factors for Vietnam's socio-economy such as: (i) the limitation of state budget capital; (ii) the industrial revolution 4.0 affecting examination and treatment activities; (iii) Vietnam is facing the challenge of aging population in the future. All these factors are creating a pressure on the healthcare system in Vietnam. However, besides the difficulties and challenges above, there are some advantages to attract investment from the private sector for the healthcare sector, namely: (i) the legal framework for public investment in general and healthcare sector in particular has relatively completed; (ii) the State has still prioritized its investment in the healthcare sector; (iii) appearing many opportunities of PPP invests in the healthcare sector.

4.1.2. Basis for PPP promotion orientation

The Communist Party and the State have promulgated the orientations, mechanisms and policies to develop the healthcare system, in which emphasizing the role of PPPs. On October 25, 2017, the 6th Plenum of the 12th Central Committee of the Party issued a Resolution No. 20 -NQ/TW “on people's health care, promotion and protection in new situation” with a number of solutions to develop the healthcare system toward the specific objectives in 2025 and 2030. Accordingly, the Resolution has introduced 8 groups of solutions, including public and private health systems development solution as a basis for policy making in the coming time.

4.2. Some points of views and solutions on PPP development in the healthcare sector

4.2.1. Points of views

-Point of view 1: The participation of the private sector in providing the healthcare services is an inevitable trend of countries, including Vietnam.

- Point of view2: Enhancement and application of the PPP forms in the healthcare sector.

-Point of view 3:The master plan of the healthcare service provision should consist of PPP development plan.

-Point of view 4: Treating equality between public and private healthcare facilities.

-Point of view 5: Monitoring the quality of the healthcare services should be considered as a core mission of state management on the healthcare system development.

4.2.2. Some solutions to develop PPP in the healthcare sector until 2030

4.2.2.1. Completion of the generally legal framework of PPP

4.2.2.2. Improvement of the legal framework and the policy on the healthcare system.

4.2.2.3. Clearly defining the role of the State in the provision of healthcare services

4.2.2.4. The financial mechanism reform of the healthcare system

4.2.2.5. Enhancing inspection and examination activities in the healthcare system

4.2.2.6. Improvement of preferential policies for investors

4.2.2.7. Reform of the operation and administration mechanism of public healthcare facilities

4.2.2.8. *Enhancement of the responsibility of health staff*

4.2.2.9. *Raising the community's awareness to promote socialization of the healthcare services*

4.3. Orientation to build PPP in the healthcare sector

To ensure the effective, realistic, equity and sustainable criteria, especially the orientation of public the healthcare services is special and non-profit services, the thesis proposes PPP operating under the social enterprise (SI) form to develop it in the future. For this form, because the current operational mechanism of public hospitals is non-profit purposes, hence these hospitals should be proposed to operate under SI. That will help hospitals operate more efficiently and still keep non-profit purpose.

4.4. Conditions for implementation of PPP in the healthcare sector

- *Legally*: In the long term, a law on PPP is needed to legalize the regulations of PPP that has been stable application and feasibility.

- *Capacity of the State management agency on PPP*. In the long term, Vietnam needs to have a multi-sectoral agency for PPP.

- *In terms of financial support mechanisms*: implementing universal health insurance scheme in order to expand the capacity of healthcare service access for all citizens.

- *In terms of the preferential policies*:The State should create more favorable conditions for investors to access the preferential tax policies, premises, credit and human resources.

CONCLUSION

New contributions of the thesis

1. The thesis systematizes the concept of PPP in the healthcare services, theoretically current framework for PPPs providing healthcare services and the role of the State in providing the healthcare services.

2. The thesis researches, analyzes and compares international experiences of PPP in the healthcare sector and draws 6 lessons for Vietnam.

3. The thesis analyzes the current situation of policies and the forms of PPP in the healthcare services and assessed the quality of services provided by these PPP forms.

4. The thesis proposes a number of perspectives, solutions and the PPPs evaluation criteria to promote PPP forms in the healthcare sector. Simultaneously, it might promote the strengths and limitations of the PPPs in the healthcare sector.

Limitations and proposals for further research: The thesis only focuses on analyzing only the forms of PPP while there are many forms of PPP in the healthcare services which also need to be considered, namely: services of preventive medicine, services of health care community ... Moreover, the thesis also focuses on assessing benefits of PPP for society but not yet evaluating other aspects such as financial sustainability for investors. These issues need to be further studied in the future. Besides, due to the limitation of sample size, the thesis only conducted a survey in a big city (Hanoi) without conducting surveys in in other cities and rural areas. Therefore, there is a essential to further study and expand the scope of the research for finding the diversity of interests and benefits of different objects.

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