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PUBLIC-PRIVATE PARTNERSHIP IN THE HEALTH CARE SECTOR: THE CASE OF ALBANIA

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This paper aims to analyse the implementation of public-private partnership in the healthcare sector as a way to use private financing and expertise to achieve public policy goals in Albania. The study consists of an overview of the four public-private partnerships in the healthcare sector and the detailed analysis of major characteristics of two of them. The healthcare sector as a study object was chosen due to the implemented reforms aimed to improve the public health system, and the quality of service. The case study is based on the data collected from the analysis of the contracts signed between the parties, reports, interviews and the documents on the management of these contracts. The research also relies on secondary sources of information focused on legislation and other government legal acts. The article highlights the need to adopt a long-term strategy in the field of healthcare as well as applicable standards of monitoring of the implementation procedures. During the COVID-19 pandemic time, the implementation of these contracts became even more important for a the country where the contracts were treated as a way to improve the quality of public services. A number of offered recommendations in the paper may encourage further research in this field of study.

Keywords: public-private partnership, healthcare sector, public service, long-term strategy.

INTRODUCTION

Governments have turned to outsourcing as a way of accessing external expertise and delivering services more cost-effectively. Government outsourcing is measured as the size of expenditures on goods and services purchased by central, state and local governments. The level of total government outsourcing shows the role of governments in creating demand and, indirectly, employment in the non-government sector [OECD, 2011].

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When it comes to the healthcare, over the last decade, outsourcing has become one of the major issues. There are two major concerns associated to public health care outsourcing practice. The first one involves the suitability of the outsourcing strategy in the public sector, principally with reference to the outsourcing of essential clinical services. The second one relates to the actual benefits of the outsourcing practice in health care, in terms of cost reduction and increasing efficiency [Macinati, 2008].

The implementation of public-private partnership (PPP) in health care have already been an argument of discussion by many researchers in the past. The use of PPP in the healthcare sector can be traced back to the early 1990s, when the United Kingdom government recognized the opportunity that existed for using the private sector as a source of financing for major health care projects [Allard, Trabant, 2007]. In just a few decades, the use of PPP in the healthcare sector has grown massively in the United Kingdom and across Europe. Their popularity in healthcare derives from a basic principle: both the public and private sectors have specific qualities and skills, and by combining those qualities and skills, the result is better [Rosenau, 2000]. PPP is regarded as effective and cost efficient and have become a key mechanism for implementing public and social policy [Osborne, 2000]. PPP projects are currently being used in the healthcare sector not only to deliver infrastructure projects (e.g., new hospitals, staff accommodations, residences, etc.), but also to provide specific services (e.g., energy management schemes, information technology system, catering, integrated management system, etc.) [Akintoyé, Chinyio, 2005; Blanken, Dewulf, 2010]. This article analyzes the dynamics of implementation of PPP in the healthcare sector considered as opportunities for emerging market countries, enhancing the case of Albania. This article contributes to the research debate, shedding light on the ongoing debate on PPP in the health care sector considering the case of Albania.

In Albania, the public health currently receives the second largest budgetary allocation, approximately 36 billion Albanian Lek (ALL), or about 334 million US dollars in 2019, accounting for more than 12% of the total budget expenditure and 2.07% of GDP, ranking Albania lower than the average 8.8% of health expenditure in OECD countries [OECD, 2020]. According to World Bank, Albanians also spend more than this amount in out-of-pocket expenditure for healthcare services. By this account, governmental and individual spending on health sector amounts to more than eight per cent of the country's GDP.

Based on the European Commission Progress Report of 2017¹, the demographic profile of Albania is changing, following an ageing population with rapidly changing health needs, and it will need to be met by a wider range of capacities and competencies of health-care providers. Healthcare delivery remains fragmented and will become a growing challenge as Albania develops, society ages, and EU integration accelerates. Political commitment to grow and sustain financing is essential.

¹ European Commission (2017) Albania 2017 Progress Report. URL: https://www.un.org.al/sites/default/files/GoA-UN-Progress_Report-2017_1.pdf (accessed: 21.07.2021).

Public expenditure in the health sector increased from 40.9 billion ALL in 2015 to 53.1 billion ALL in 2020. As a share of the total government budget, expenditure in the health sector during 2020 accounted for 12% of government expenditure and 3.8% of the GDP². For the year 2021 in the Republic of Albania, there are 228 signed concession/PPP contracts which are included in the sector of Transport, Energy, Urban Development, Development Economic, Fiscal Control, Environment and Health³.

The focus of this article is an overview of the four PPP in the healthcare sector analyzing the major characteristics of two of them.

The healthcare sector in a country, that aspires for European Union membership, such as Albania, was considered as a case study in the research because in the healthcare were introduced reforms aim to improve the public health system, the quality of care provided, and to reduce out-of-pocket healthcare expenses and the application of PPP in this sector were considered as part of this reforms and their success. The case study is based on the data collected from the analysis of the contracts signed between the parties, different reports, interviews and the documentation collection with regard to the management of this contract are going to be used. During the COVID-19 pandemic, the implementation of these contracts became even more important for a country facing a Global emergency regarding the healthcare sector where these contracts were seen as a way of innovation in the management of public services.

Since 2013 year of the entry into force of the law on PPP — Law No. 125/2013 “On concessions and public-private partnership”, the number of projects requested by contracting authorities has increased, the latter is an indicator of regulating the participation of the private sector in the provision of services/public works. Also, with the entry into force of the Decision of the Council of Ministers No. 50 dated 18.07.2019 “On some additions and amendments to Law No. 125/2013 “On concessions and public-private partnership”, the acceptance of unsolicited proposals was limited only to ports, airports and the energy sector and unsolicited proposals were removed in all areas of concession/PPP provided by this law, as amended.

The article attempts to assess the implementation of PPP in Albania in healthcare as a case of a emerging market country that initiated to increase private sector participation in order to improve the quality of the services for the citizens. The findings of this article indicate that there are different points of view regarding the evaluation and the implementation of PPP from public institutions and from civil society and other professionals of the field. The study highlights a need to adopt a long-term strategy in the field of healthcare as well as applying monitoring standards for the implementation procedures. This article is related with the studies about the problems and perspectives of introduction of PPP in the healthcare systems of emerging market countries, with

² Health sector budget brief. 2022. *United Nations in Albania*. 01.03.2022. URL: <https://albania.un.org/en/173584-health-sector-budget-brief> (accessed: 14.05.2022).

³ Performance of Concession and Partnership Contracts Public Private: Annual Summary Report. 2021. *Ministry of Finance and Economy*. URL: <https://financa.gov.al/wp-content/uploads/2022/11/Raporti-Vjetor-i-Permbledhur-2021.pdf> (accessed: 19.12.2022).

particular attention paid to the emerging market countries considering Albania as a case study.

While studying the Albanian healthcare, as Albania aspires for the integration into the European Union and has aligned the domestic legislation according to the European legislation, the introduction of PPP is instead an interesting example of implementation for the following reason:

- ◆ the path is at an early stage, and considered the pandemic moment due to COVID-19 the country is on time to reflect and evaluate about the future steps and be considered as a case study as well as an example for the other emerging market countries especially in the Balkan;
- ◆ there are diverse extended studies about PPP in the European countries and there is a gap regarding the research of PPP implementation in the emerging market countries. This research can be considered as a step to start filling this gap.

The aim of this paper was, therefore, to emphasize the need to foster political will and leadership, requisite legal and regulatory frameworks, promote economic and political stability, and ensure effective PPP adoption and implementation in emerging countries considering Albania as a case study [Ménard, Shirley, 2002]. Also, such countries must invest in developing adequate market awareness and procedures, incentive mechanisms, institutional acceptance, risk taking, and contract enforcement to positively impact PPP performance [Snelson, 2007].

In developed countries, the evolution of PPP to “state after welfare”, reflects a shared experience in systems theory that has evolved substantially, particularly in Western European economies [Ombashi, Cepiku, Persiani, 2022].

In view of the foregoing, this article seeks to contribute to the literature by conducting a systematic assessment of selected PPP projects in the healthcare system in Albania as a sample of an emerging market country to analyze the factors that influence the successful adoption and implementation of PPP.

The article will highlight a need to adopt a long-term strategy in the field of healthcare as well as applicable standards for the monitoring of the implementation procedures.

The paper is organised as follows. In the first section after the overview of the background of PPPs in the Health sector. In the second section the paper analyses the healthcare sector in Albania as a case of introducing this contracts in emerging market countries taking into consideration the four ongoing PPP analyzing two of them. Finally, the study settles with the conclusions, limitations and the future steps for this research.

THE RESEARCH METHODOLOGY AND STUDY APPROACH

The case study methodology has been used as a research methodology in this article [Eisenhardt, 1989; Yin, 2004]. The use of this methodology is appropriate when the object of analysis is complex and the aim is to conduct an in-depth analysis of the phenomenon within its reference context [Berry, Otley, 2004; Yin, 2012]. In fact, the case study

offers a variety of data collection and analysis techniques that allow a deep understanding of the phenomena investigated [Parker et al., 2014]. Furthermore, one of its main strengths lies in its ability to investigate phenomena from a practical point of view, thus filling one of the most debated points in corporate literature, namely the gap between theory and practice [Scapens, Ryan, Theobald, 2002; Chiucchi, Giulian, Marasca, 2014]. The methodology of the case study is then indicated in the analysis of country systems, with particular reference to countries in transition given the ability of the same to grasp their specificities, extending them, where possible, to similar contexts [Gerring, 2006].

Albania has been identified as a significant case study because of the aspiration of becoming the first country in the Balkan to be part of the European Union, as well as it is a country which is particularly related with her border countries such as Kosovo, Montenegro, North Macedonia that are using this instruments in their domestic economies.

The research is also based on secondary and primary data information. Secondary research focused on legislation and other government legal acts. Findings of government and international organizations' reports were also considered, including the government's health sector program, alongside World Bank, IMF as well as the annual Progress Reports of the European Commission on the relationship between the health sector and PPP.

The findings of this analysis are based on the first PPP in the healthcare sector in Albania. The study approach involved three primary phases: 1) literature review — reviewing current documentation for PPP projects in the healthcare sector and literature about implementation information; 2) data collection — finding detailed information through interaction with practitioners; and 3) synthesis — synthesizing final results and documentation. The literature review collected data on current and domestic approaches to implementation of the four PPP in the healthcare in Albania. The literature review included the PPP in Albania in all sectors not only the healthsector.

The results of this review provided an understanding of the need for performance-based management systems, a summary of theoretical and applied models, and a basis for developing a comprehensive case study protocol.

Data collection involved the intricate gathering of information from four project case studies and information from the institutions in which they operate giving detailed information for the first as it is considered as a case study. Various of the detailed findings arise from an arduous content analysis of the PPP documents and the consequent PPP contract signed between the parties. The content analysis of the documents was augmented by discussions about projects and with institutions representative when available.

Meanwhile, looking at the topic and the subject addressed in this study, to understand the nature of the research practice, which should be followed and the results that would be produced at the end of these practices, at the beginning of the research we tried to identify some assumptions, set out in the hypothesis. Of course, the assumptions are difficult to clarify, as they cannot be directly observed without making an analysis of the facts and conditions that lead to their rise.

PUBLIC-PRIVATE PARTNERSHIP IN THE HEALTH CARE SECTOR IN ALBANIA

Based on the European Commission Progress Report of 2017, the demographic profile of Albania is changing, following an ageing population with rapidly changing health needs, and it will need to be met by a wider range of capacities and competencies of health-care providers.

Heads of various public institutions see the transfer of part of their operations or all operations to private entities as the proper way to provide added value public services [Spahiu, 2020].

Healthcare delivery remains fragmented and will become a growing challenge as Albania develops, society ages, and EU integration accelerates. Political commitment to grow and sustain financing is essential. Although the access to and quality of health services have been improving, more needs to be done to ensure universal access for all. Since 2013 year of the entry into force of the Law on public-private partnership, the number of projects requested by contracting authorities has increased, the latter is an indicator of regulating the participation of the private sector in the provision of services (Table 1).

Table 1. Case study overview

Project name	Contracting authority	Location	PPP costs, ALL	Duration, years	Initiation
Package of basic medical examination services for the 40–65 age group	Ministry of Health	Albania	13 833 000 000	10	25.02.2014
Provision of hospital laboratory services; hemodialysis service	Ministry of Health	Albania	8 622 931 792	10	10.02.2016
Provision of hospital laboratory services	Ministry of Health	Albania	13 005 966 000	10	24.04.2017
Offering a personalized set of surgical instruments, sterile single-use medical material in surgical rooms, treatment of biological waste and disinfection of surgical halls	Ministry of Health	Albania	10 300 000	10	10.04.2019

Also, with the entry into force of the Decision of the Council of Ministers No. 50 dated 18.07.2019 “On some additions and amendments to Law No. 125/2013 ‘On concessions and public-private partnership’”, the acceptance of unsolicited proposals was limited

only to ports, airports and the energy sector and unsolicited proposals were removed in all areas of concession/PPP provided by Law No. 125/2013, as amended. The total number of concessionary/PPP contracts approved for the period 2004–2013 marks the value of 176 in total⁴, while during the period 2014–2019 there are 46 concessionary/PPP.

The difference between these two periods consists in the fact that during the Democratic Party government the concessions were approved based on the of green energy policy and were mostly hydro power plants. In the following period starting from 2014 as the law on PPP was approved the number and the typology of the services offered from the private sector changed.

Package of basic medical examination services for the 40–65 age group (Check-up). The Council of Ministers Decision No. 185 dated 02.04.2014 as ammended Council of Ministers Decision No. 721, dated 12.10.2016 launch a 10-year annual program for the health screening of the population initially for the aged 40–65 years to aged 35–70 years.

The primary care already adopted by the Council of Ministers on 2014 was introduced as a national program, free to its beneficiaries, aimed at screening of the population for risk factors as well as the most prevalent morbidity for treatment of health problems, prevention of diseases and complications, detection of disorders, treatment in early stages and improvement of health culture, out of which will benefit all citizens aged 40–65 residing permanently in the Republic of Albania.

The argument in support of this initiative was that: “The check-up is the first concrete step toward universal coverage, the major objective of the government program in the healthcare system”⁵. In order for this primary care to bring benefits, the previously mentioned diseases must meet some criteria. Also, before the application of the respective test, it is necessary to receive the patients’ consent. Various countries have created the so called “screening frames”, based on the principles of screening designed by the World Health Organization, aiming at directing the decision makers where the latter consider issues related to the population screening programs.

There was going to be a new approach that should be based on FD (Family Physician)/HC (Healthcare Center)/Primary Care, via “know-how”, new healthcare and promotingIf it practices, bringing a new step in providing services, increasing the quality and intensive interdisciplinary communication. This new approach was considered as a new added value in the Albanian healthcare system, aiming at protecting the population from threats on health; it will help people live a longer qualitative life, and also protect the society’s vulnerable groups.

The Ministry of Health aim to select the private partner with a duration of 10 years. The public-private partnership targets at basic medical control which is a national pro-

⁴ Performance of Concession and Partnership Contracts Public Private: Annual Summary Report. 2021. *Ministry of Finance and Economy*. URL: <https://financa.gov.al/wp-content/uploads/2022/11/Raporti-Vjetor-i-Permbledhur-2021.pdf> (accessed: 19.12.2022).

⁵ Free check-up, a major step toward universal health coverage. *Republika e Shqipërisë Kryeministria*. 08.02.2016. URL: <https://www.kryeministria.al/en/newsroom/check-up-falas-hapi-madhoh-drejt-mbulimit-universal-ne-shendetesi/> (accessed: 17.03.2022).

gram aim to screen the population for risk factors and the most prevalent diseases, with the purpose of health care, prevention of diseases and complications, early detection of disorders, treatment in the early stages and improvement of health culture. While specifications required project implementation to start within 45 days of the signing of the contract, deployment time was included in the evaluation criteria and given a 10% weight.

Based on the report of 2019 of the Ministry of Finance and Economy the contract signed in 07.01.2015 has started to be implemented on 31.03.2015 and the implementation of the project has proceeded according to the expected deadlines. Based on this contract, the concessionaire company has undertaken to build, equip the necessary medical equipment, operate and manage 20 laboratories. Through this control program it becomes possible that, for the medium to long term, diseases can be detected in time and prevented as much as possible, which if not identified in time, would bring significant consequences for themselves. The concession contract established a ten-year period for the service, with a fixed price for the entire period. It also provided a minimum payment guarantee of about 55% of the eligible population, despite the number of persons that would take the annual health check-ups. It also foresaw international arbitration and not Albanian courts for the resolution of disputes.

The risk of demand will be high in the case of this service as in this project through this contract the Contracting Authority guarantees a financial support to the concessionaire up to 475 000 checks per year. Based on the reported data, the number of beneficiaries of this service has increased over the years (Table 2), marking 365 802 checks for the 9-month period of 2019, or 2.7% more compared to the number planned for this period⁶.

Table 2. Number of beneficiaries of basic medical check-up, 2015–2020

Year	2015	2016	2017	2018	2019	2020
Number of beneficiaries	244 420	329 555	316 601	428 891	482 716	101 426

Based on: Performance of Concession Contracts and Public Private Partnerships. 2020. Annual Summary Report. *Ministry of Finance and Economy*. URL: https://financa.gov.al/wp-content/uploads/2021/10/Raporti-Vjetor-i-Permbledhur_2020_pdf-1.pdf (accessed: 14.12.2021).

Government data show that about 37% of the eligible population took the health check-up in 2015. This was equal to 52% of the minimum target guaranteed by the government, which means that the private partner was paid for almost twice the number

⁶ Performance of Concession and Partnership Contracts Public Private: Annual Summary Report. 2020. *Ministry of Finance and Economy*. URL: https://financa.gov.al/wp-content/uploads/2021/10/Raporti-Vjetor-i-Permbledhur_2020_pdf-1.pdf (accessed: 14.12.2021).

of tests analyzed. In 2016, only about a third of the target population or 44% of the guaranteed minimum took the check-up, which means that the private partner was paid for more than twice the number of tests. In money terms, in 2015 and 2016 the private contractor received respectively about 2.2 million US dollars and 2.4 million US dollars for tests it did not run, or twice the cost of the tests it carried out⁷.

In 2016, the number of citizens who have performed a checkup is 329 555, while in 2017 this number is 316 601, means that the number of persons that performed check-ups decreased by 4% (12 954 fewer patients)⁸. If we recall that target age group by October 2016 was 40–65 years old and in 2017 it has been extended to 35–70 years, so the number is even lower. So, the demand for this service has come to an end, which means either the checkout package is not properly managed or the civic credentials have come down.

To the competent Ministry of Finance and Economy it results that the authority has reported on contract risks in the prescribed format, specifying the party taking the risk, the fiscal impact if materialized, the probability of occurring in the future, and the expected impact if it occurs. Regarding the risks arising from the implementation of the concession contract, including the construction risk, and the risk of operation and performance, the risk of asset transfer have been transferred to the private party, while the risk of legal changes, material risk from political decisions, and financial risk have been allocated to the public party. Meanwhile, the risk of demand, the risk of force majeure, the risk of renegotiation, the risk of termination of the contract, and the risk of permits and licenses are divided between the parties.

Regarding the demand risk it is reported to the competent ministry that the Contracting Authority has undertaken awareness campaigns for the population, and has changed the contract regarding the age of the beneficiaries by extending the covered range from 40–65 years to 35–70 years.

The Ministry of Finance and Economy in the Report of 2020⁹ is also informing that during 2020, the risk of force materialized major as a result of the COVID-19 pandemic and for which the parties decided to suspend the service for one period of time. Regarding addressing the risk of the request, the Contracting Authority has taken the initiative for changing the contract regarding the age of the beneficiaries by expanding the coverage band from 40–65 years old in the 35–70 age group, as well as has undertaken awareness campaigns for the population, for their awareness regarding the importance of performing check-up checks for the prevention of many diseases or their early diagnosis

Offering a personalized set of surgical instruments, sterile single-use medical material in surgical rooms, treatment of biological waste and disinfection of surgical halls. This project result as a proposal requested by the Ministry of Health and Social

⁷ Performance of Concession and Partnership Contracts Public Private: Annual Summary Report. 2020. *Ministry of Finance and Economy*. URL: https://financa.gov.al/wp-content/uploads/2021/10/Raporti-Vjetor-i-Permbledhur_2020_pdf-1.pdf (accessed: 14.12.2021).

⁸ Ibid.

⁹ Ibid.

Protection launched in February 2015, signed in December 2015 aiming to manage the sterilization center, providing sterile surgical instruments according to the personalized set, clothing in surgical rooms, treatment of biologically hazardous medical waste and disinfection of surgical rooms where this service will be provided.

The project extends to all university, regional and municipal hospitals. The service is performed near surgical rooms, facilities where there is surgical, microsurgical, outpatient and emergency departments of university and regional hospitals. his partnership has aimed at better managing the situation of operating rooms in the country's hospitals.

Replacing the existing equipment scheme and sterilizing surgical instruments and disinfecting surgical rooms has aimed to increase efficiency and effectiveness in reducing the number of infections received by surgical equipment.

Based on the reported data to the Ministry of Finance and Economy for the report of 2020 regarding the financing activity of this contract, the number of interventions and the reimbursed value of this service has increased over the years¹⁰.

Over the years, the specific weight of the type of interventions used has changed, according to the Table 3.

Table 3. Budgetary payments, 2018–2021

Year	Budget payments, thousand ALL	
	Plan	Fact
2018	1 627 151	1 625 581
2019	2 168 827	2 163 282
2020	1 300 700	1 288 269
2021	1 704 982*	—

Note: * — projected.

Based on: Performance of Concession Contracts and Public Private Partnerships: Annual Summary Report. 2020. *Ministry of Finance and Economy*. URL: https://financa.gov.al/wp-content/uploads/2021/10/Raporti-Vjetor-i-Permbledhur_2020_pdf-1.pdf (accessed: 14.12.2021).

The Authority has reported on contract risks in the prescribed format, specifying the party taking the risk, the fiscal impact if materialized, the probability of occurring in the future and the expected impact if it occurs. The risk of design, construction, operation and performance, as well as the risk of asset transfer were transferred to the private

¹⁰ Performance of Concession and Partnership Contracts Public Private: Annual Summary Report. 2020. *Ministry of Finance and Economy*. URL: https://financa.gov.al/wp-content/uploads/2021/10/Raporti-Vjetor-i-Permbledhur_2020_pdf-1.pdf (accessed: 14.12.2021).

party, while the risk of legal changes, material risk from political decisions and financial risk were allocated to the public party. Meanwhile, the risk of permits and licenses, the risk of demand, the risk of force majeure, the risk of renegotiation and the risk of termination of the contract are divided between the parties.

To date, the following risks have materialized: a) *demand risk* which has resulted from the need for surgical instruments more than the initial forecast. Regarding the current level of demand for contracts that have a guaranteed minimum demand, Ministry of Health informs that referring to this contract it results that the services subject to the contract are provided according to the pay per use formula; b) *risk of renegotiation* which has resulted as a result of increasing the number of requests above that provided in the contract and is working to achieve an efficient solution for both parties, in order to realize the object of the project.

CONCLUSIONS AND RECOMMENDATIONS

There are already known not only practically, but also theoretically the advantages or disadvantages of public-private partnerships, which are being implemented in the country. As [Cepiku, 2006] argued considering PPP in this article, the international outsourcing experience shows that the outsourcing of activities and services in public administration should be evolving, similar to what happened in private companies, towards a greater orientation to the concept of public value. It is a dimension that, unlike costs, needs further specification in order to effectively become a guiding criterion in decision-making processes.

The relationship between government, the private sector and civil society is considered an important factor in achieving sustainable development and enhances the quality of governance. It is a well known fact, the partnership are best established through consultation, coordination, participation and mutual communication. They always remain organized on a constant debate both economic and political, hence these types of connections develop in the arena of political economy, where contracting partners are not equal.

The civil society should be considered as a factor, because it has a valid role in the implementation of the partnership, and actively participates in disseminating information about them, as well as in informing about their results. Then it becomes necessary to make a full explanation, regarding the theoretical, legal and practical reflection, especially on the need for a new remedial approach in the legal framework governing this type of activity. For the debate to be properly understood and interpreted, it is necessary to have all the right “know-how” about this contemporary way of financing the economy.

Also, on the role of the Ministry of Finance and Economy that will not only conduct the evaluation of PPP, but will also monitor the implementation of the respective contracts, based on periodic reports submitted by the contracting authorities, should be reconsidered. An important element that might be considered to be included is a monitoring independent institution in charge with the monitoring process.

There is an obvious need for establishing clear standards, procedures and guidelines and clear responsibilities in the process of designing and drafting policies, in order to avoid arbitrary or illicit interferences, in particular by politics.

Public administration should be trained in policy assessment and evaluation; in particular in cost-benefit analysis, impact analysis, risk assessment and other advanced policy evaluation techniques. An important element that might be considered to be included in policy-making process is the corruption impact assessment.

Access and transparency in the policy-making process should be increased, by instituting mandatory consultations within and beyond government, including hearings with interested parties, civil society, business associations, academia and media. Further improvement is required in the transparency and fairness of procedures in practice [Leshi, 2017].

Legal framework and PPP practice should be reviewed in order to avoid the use of PPP for creating economic rents and concentration of economic power. Publication and public access of studies, analysis and other documents related to PPP preparation and contracting should be made public, in order to guarantee transparency.

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**ГОСУДАРСТВЕННО-ЧАСТНОЕ ПАРТНЕРСТВО В СФЕРЕ ЗДРАВООХРАНЕНИЯ:
НА ПРИМЕРЕ АЛБАНИИ**

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Цель статьи — проанализировать реализацию проектов государственно-частного партнерства в области здравоохранения на примере Албании. Такое партнерство рассматривается как способ использования частного финансирования и экспертных знаний для реализации задач государственной политики. Исследование включает обзор четырех примеров государственно-частного партнерства в сфере здравоохранения и подробный анализ основных характеристик двух из них. В качестве объекта исследования выбран сектор здравоохранения, так как в нем проведены реформы, направленные на улучшение системы здравоохранения и повышение качества предоставляемых услуг. Внедрение государственно-частного партнерства — составная часть этих реформ, обеспечившая их

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успех. Исследование основано на данных, собранных в результате анализа контрактов, подписанных между сторонами, а также отчетов, интервью и различных документов, касающихся управления этими контрактами. В работе использована и другая информация из первичных и вторичных источников. Вторичные источники — это преимущественно законодательные и другие государственные нормативно-правовые акты. В статье освещена необходимость принятия долгосрочной стратегии в области здравоохранения, а также разработки соответствующих стандартов для мониторинга процедур внедрения. В период пандемии COVID-19 внедрение этих контрактов стало еще более важным для страны, столкнувшейся с глобальной чрезвычайной ситуацией в здравоохранении, где они рассматривались как способ повышения качества государственных услуг. Представлен ряд рекомендаций, которые могут способствовать проведению дополнительных исследований в рассматриваемой области.

Ключевые слова: государственно-частное партнерство, сфера здравоохранения, государственные услуги, долгосрочная стратегия.

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