

**Master thesis in Public Administration [fall semester 2011]**

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# **“We are dependent on PPPs”**

**- A case study on Public-Private Partnerships**

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## Abstract

Through a case study, the aim with this thesis is to highlight and explain the consequences of PPPs. To fulfill this purpose an analytical framework based on the theory of “Hollowing out the State”, a well argued consequence of states engagement in PPPs, has been used. Derived from New Governance and the Hollowing out the State-theory, the areas examined concerns five core issues; *accountability, legitimacy, interdependence, mutual resource dependency and capability to coordinate and plan.*

The study is a qualitative case study based on a field study carried out in Gaborone, the capital of Botswana, between March and May 2011. The study’s main empirical material is based on qualitative interviews. The study is a descriptive and explanatory study with the specific case in focus. Important to stress is that this is not a theory testing study. The theory of Hollowing out of the State works as an ideal type and from this phenomenon five characteristics are withdrawn which have been used for the analysis of the empirical material.

The results of the study show that there is a tendency towards a Hollowing out even if the outcome differs between the different characteristics. For accountability, interdependence and mutual resource dependency there are a development towards a Hollowing out. Additionally, the areas of legitimacy and capability to coordinate and plan were reinforced.

**Keywords:** Public-Private Partnerships, Hollowing out the State, New Governance, New Public Management, legitimacy, accountability, interdependency, mutual resource dependency, capability to coordinate and plan.



## List of abbreviations

ACHAP	African Comprehensive HIV and AIDS Partnerships
AIDS	Acquired Immune Deficiency Syndrome
ART	Anti Retroviral Therapy
ARV	Anti Retro Viral
CESPAM	Centre of Specialization in Public Administration and Management
GNP	Gross National Product
HIV	Human Immunodeficiency Virus
MoH	Ministry of Health
MoU	Memorandum of Understanding
NACA	National AIDS Coordinating Agency
NGO	Non Governmental Organization
NOP	National Operational Plan
NPM	New Public Management
PPP	Public Private Partnership
UNAIDS	Joint United Nations Program on HIV and AIDS
UN	United Nations

# 1. Introduction

## 1.1 A changed role of the state

During the last decades the role of the state in society has changed. Privatizations and deregulations can be seen all over the world, from states in Europe, to Asian and African states. This is a part of a global change of the role of the state and public administration. (Kjær 2004:35) This development has led to a change of the public's role and function in the society. Public bureaucracy has gone more and more towards a horizontal steering process. Within the meaning of New Governance lies the formation of networks between governments, private actors and the civil sector. As a consequence of this it has become more and more common that states are engaged in formation of partnerships, so called Public-Private Partnerships (PPPs), for delivering of services. Networks and PPPs characterize New Governance in developed as well as developing economies. (Kjær 2004:148) The areas where these patterns can be seen are for instance health, education and social welfare. (Kjær 2004:35)

In developing countries, PPPs can work as a solution to the problem of lack of sufficient service delivery and as an ability to offer citizens sufficient services such as healthcare. Research has shown that independent efforts by the public sector or by non-governmental organizations to tackle global diseases mostly have failed; public-private collaborations are among many scholars seen as needed to deal with diseases of the developing world. The latter half of the 1990s witnessed an escalating number of initiatives involving collaboration between the corporate and public sectors with the purpose of overcoming market and public "failures" of public health by using PPPs for health development. These partnerships bring major resources into the public health field and they have the potential to benefit large populations. However, PPPs also blur the traditional distinctions between the public and private sector's aims and responsibilities. (Widdus, 2005:1ff)

Well-known scholars such as R.A.W Rhodes and Guy Peters argue that the New Governance leads to a "Hollowing out of the state". (Rhodes 1996, Peters 1994) Rhodes, for instance, says that New Governance leads to the Hollowing out of the State as a consequence of neoliberal policies, such as opening the markets, New Public Management, privatization of public owned services and PPPs. (Rhodes 1997:15ff)

Previous research done around the issue of the Hollow State is essentially based on studies carried out in industrialized western countries, such as states within Europe that are characterized by a strong state with high legitimacy when it comes to delivering service with high quality towards the citizens. Since the importance of PPPs become more and more prominent in the delivering of health services globally, there is an important research problem to highlight the consequences that PPPs gets in less developed countries.

## **1.2 Aim and research question**

Through a case study, the aim with this thesis is to highlight and explain the consequences of PPPs. To fulfill this purpose I have used an analytical framework based on the theory of “Hollowing out of the State”, a well argued consequence of states engagement in PPPs. Derived from New Governance- and the Hollowing out of the State-theory, the areas examined is around five core issues; *accountability, legitimacy, interdependence, mutual resource dependency* and *the states capability to coordinate and plan*. In order to meet the purpose of this thesis the following research question has been stated:

*In what ways does the formation of Public-Private Partnerships within the health sector affect the Botswana state concerning the five core issues?*

Through the results of this study I wish to fill in the research gap that exists on the consequences of PPPs in African countries and contribute to a discussion about the effects the formations of PPPs in Africa can have.

With the use of the Hollowing out of the State-theory, I have in this study described and explained the chosen case. The health sector in Botswana is a suitable case for studying this phenomenon due to reasons that will be further discussed in the next section.

## **1.3 Choice of case**

The case was chosen mainly by three reasons; these reasons are somewhat interwoven where one reason gives another. First, since its independence Botswana has obtained one of the highest average per capita growth rates in the world. (Todaro et.al.2009:739-742) Besides this positive development the country has a huge problem with fighting the spread and the consequences of the HIV/AIDS epidemic. Botswana has the world’s second-highest adult HIV prevalence rate, 37.4 percent in 2003, after Swaziland. Life expectancy in Botswana fell from 65.0 years in 1990-1995 to 56.3 years in 1995-2000. (Ramiah et.al.2005:545) These facts put the country in an enormous challenge, concerning all different levels of the society.

Within the health sector both economic and human resources are needed to treat infected people, provide antiviral drugs, build clinics, provide for testing and prevent further spread of the disease. Second, Botswana's high HIV-prevalence is one of the reasons why the Botswana government has been prominent in bringing in different actors into the health sector and form PPPs<sup>1</sup>, which makes Botswana interesting from a New Governance perspective. The Department of Health in Botswana states that one of the purposes of the department is to:

*“Promote health sector relations and partnerships and to develop, coordinate, and disseminate relevant health sector information and strategies for effective and efficient delivery of health services”.*<sup>2</sup>

The third contributing reason to why I decided to do a case study within the health sector in Botswana is the country's open attitude towards the public health problem that has aroused with the HIV-epidemic. There are a strong political will to fight the epidemic. A prerequisite for this study was that I reasonably easy could get access to information in the country and no particular considerations had to be taken. Botswana fulfilled these requirements.

## **1.4 Disposition**

The following section (chapter 2) outlines the historical, political and social context of Botswana, with a special focus on governance. This chapter will serve as a background to the study. Chapter 3 consists of the theoretical base for the study and chapter 4 presents the Hollow out of the State-theory. In chapter 5 the analytical framework for analysis of the empirical material are presented. This chapter follows by a methodological discussion (chapter 6) and research considerations related to the study. Chapter 7 consists of a pre-empirical chapter. This follows by chapter 8 where I present and analyze the empirical data and in the final chapter (9) I take the empirical findings and connect them back to the theoretical discussion whereby I present my results regarding the research question.

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<sup>1</sup> According to informant 10, around 1600 activities that manifests themselves as PPPs is going on at the moment in Botswana.

<sup>2</sup> URL 1



## 2. The practical context

This chapter gives an introduction to Botswana. The contextual background will prepare and guide the reader and increase the understanding of the study and the outcomes of it. The purpose of this chapter is that it will help the reader to place the research aim in a context, and by this facilitating the reading of the thesis.

### 2.1 Background on Botswana

Botswana is a landlocked country located in Southern Africa and was before independence in 1966 a British protectorate named Bechuanaland. In 2011 the country had 2 million citizens.<sup>3</sup> As mentioned above Botswana has had a very positive economic development, at the time of independence Botswana was one of the poorest countries in the world but has since then obtained one of the highest averages per capita growth rates in the world, 8.4 percent per year over the 1965-1990 and 6.0 percent in 1990-2005. (Todaro et.al. 2009:739-742)

Botswana's successes have been based both on favorable geography, with huge diamonds deposits which generate approximately 30 percent of the GNP and favorable institutions.<sup>4</sup> Diamond export in Botswana has been consistent with democracy and broad-based development. The government has managed to take the incomes from the diamond industry to smooth government services from good to bad periods and invest heavily in education. For instance more than half of the children enroll in secondary education, twice the average elsewhere in sub-Saharan Africa and in 2009 the adult literacy rate was 84 percent (people ages 15 and above) (Todaro et.al. 2009:739-742, URL2) The rather impressive track record of good governance and economic growth stands in contrast to the high levels of poverty (in 2003, 30.6 percent of the population was living below the national poverty line) and the income inequality in Botswana is one of the highest in the world, comparable to that of Latin American countries. (Todaro et.al. 2009:739-742, URL2)

In the past twenty years Botswana has made some progress in reducing its dependence on diamonds for sustained economic expansion and social spending. Botswana got a hard hit when the global economic crisis came in 2008. Today Botswana is emerging from the effects of the global economic crisis, which had a severe impact on the country's economic growth

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<sup>3</sup> URL 3

<sup>4</sup> URL 2

and exports. The long-term challenge for Botswana is how to tackle the predicted decline in diamond revenues.<sup>5</sup>

Botswana is a multiparty democracy, although it has been dominated by one party, the Botswana Democratic Party (BDP) which has never lost its national power. The Botswana constitution grants all citizens equal rights and freedom of speech, and there are no reports of political prisoners. (Todaro et.al. 2009:739-742)

Kjær (2004) points out that for developing countries the state's role is about how to incorporate societal actors in order to gain the capacity to formulate and implement efficient economic policies. The starting point for developed economies is more one of redefining governance in the light of globalization, while the starting point for developing countries is how to strengthen economic governance in a context of weak state institutions and economic dependency. (Kjær 2004: 148)

The importance of a leadership committed to building state capacity and promoting development are stressed out by Kjær (2004). Consultation with the civil society and non-governmental organizations has also proved to be an important part of economic policy making, which has been the case in Botswana. (Kjær 2004: 145-148)

### **3. From New Public Management to Public-Private Partnerships**

In the following chapter I have giving an account for the theoretical framework for this study. The chapter starts with the New Public Management, which leads to the New Governance and Public Private Partnerships. The following theoretical discussion lies as a foundation for the main theoretical chapter (4), the Hollowing out of the State-theory.

#### **3.1 New Public Management**

The New Public Management (NPM) that was spread from the late 1970s and onward meant the growth of a new discourse of public policy implementation and public service delivery. In short NPM involves lessons from the private sector management in public administration; a focus on entrepreneurial leadership within public service organizations, emphasis on inputs and output control and evaluation and disaggregation of public services to their most basic

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<sup>5</sup> URL 2



units and a focus on their cost management. (Osborn 2010: 3-5) Bringing competition into the public service can be seen as the heart of NPM. (Peters, et.al. 1998:230) The concept was first introduced by the Thatcher government in Britain and many more countries followed.

NPM principles were also applied in many developing countries as a condition for loans set by the international financial institutions. (Kjær 2004:35) There has been a focus on implementing management techniques from the private sector in developed countries derived from a long standing critique of how the public sector had worked. However, managerialism in developing countries reflected a transfer from western NPM principles with little consideration as to whether they could be adapted to other cultures and social settings. The changes that have taken place, such as privatizations and deregulations, have been argued to create a shift in the balance between the public and the private sector. This shift is only partly the results of different reforms; it is also due to new ideas about PPPs and task-sharing. (Kjær 2004:35)

### **3.2 The way to New Governance**

From a public administration point of view the concept of Governance came up again during the 1980s and takes in the debate about the changes that has taken place in the public sector. (Kjær 2004:2ff) An emergence of public action through which governments at different levels and private organizations have joined forces to meet human needs have been seen. Governance is a broader term than government with services provided by any combination of government and the private and voluntary sectors. (Rhodes 1997:47ff)

According to Peters et.al. (1998), the main differences between NPM and Governance are that the governance debate takes a more positive view of the public service. In contrast to NPM; in Governance the perspective is not so much that the public service is forced to adapt to public-sector philosophies and ideals. The current view is rather that public institutions can and should play a leading role in cross-sectoral resource mobilization and concerted efforts, as an expressions of the public interest in the society. Both governance theory and NPM theory therefore see the public-private dichotomy as essentially outdated, although for different reasons. (Peters, et.al. 1998: 229)

Salamon (ed. 2002) discuss in the book *The Tools of Government* what they call the New Governance. Unlike the privatization school and traditional public administration, which is occupied with issues concerning control and centralizing authority, New Governance suggests

a third way for achieving public purpose which emphasizes the continued need for public management. New Governance brings a new perspective to the relationship between government and other sectors. Important complementariness that exists among the sectors can through combined efforts be build upon to help solve public problems. (See e.g. Salamon, ed. 2002, Rhodes 1996) The perspective is connected to the perception that the state has lost or delegated an increasing proportion of its power and competence to various local, national and international actors and networks. New Governance raises the question of the role of the state in society and the changed role in conducting public affairs and management of public administration. Hufty (2009) points out that the New Governance discussion allows questions to be asked about the role of the State in society, but also questions about the internal management of the State and especially public administration. (Hufty 2009: 6)

The discussion of New Governance has been largely European. The European roots of this debate appear to be a function of the preeminent role of government in the welfare state in Europe and of the strength and established position of interest groups in these societies. Peters and Pierre (1998) argues that there is some evidence that changes such as PPPs and a host of other interactions with the private sector moving the government away from its role as the authoritative and central source for distribution of values for the society. (Peters, et.al. 1998: 224) When the use of networks increases the effect this get is that it easily leads to a blending of public-sector and private-sector resources. These resources may blend in a variety of ways, one of the most common being the creation of more or less formal partnerships between actors in government and actors in the private sector. This has led to a “public domain”, which cut through state, market and civil society. The formation of partnerships gets the results that each side permit to use resources that would not be at its disposal if the two sectors remain on its own side of the supposed divide between public and private sector. (Peters et.al 1998:226ff, Mörth et.al. 2006: 15-19)

The New Governance school of thought is linked to the perception and discourse that the State has lost or delegated an increasing proportion of its power to different local, national and international actors. The notion of networks and other social actors supplying governance still depends on the capacity to enforce decisions in some ways, something that implies the power of the public sector and its legitimate authority. (Pierre, et.al. 2005: 6)



### **3.3 Public-Private Partnerships**

A part of New Governance, as mentioned earlier, is the formations of PPPs. These partnerships between the public and the private sector contribute to a new style of governing emphasized in the New Governance debate. Close relationship between the public sector and the private and civil society is of course not something new. Most societies are characterized by collaboration and intertwined between the public and the private sector. What can be seen as something new is the widespread creation of partnerships with the form of project oriented and formalized cooperation of a network character, which has increased since the 1980's and 1990's. (Madell 2010:21, Mörth et.al. 2006:12-13)

Mörth et.al (2006) emphasizes the fact that PPPs is mirroring one important trend in society, the one of changed borders and relations between the public sector and the private sector. PPPs are a way to provide for different needs in the society. What can be seen as the shared characteristics in different forms of partnerships is the collaboration between the public and the private organizations is durable over a certain period of time and that the partners together execute a service or a development activity. The term partnership implies that the private and the public actors do not have a hierarchic relationship, they are partners. (Mörth et.al. 2006:11-ff) For this thesis the term PPP will be used in a general way that refers to the ways in which government and private actors work together in pursuit of societal goals. (Skelcher 2005:348) Most PPPs comprise partners from three distinct spheres, which are (i) the public sector; (ii) the for profit sector; and (iii) the civil society sector, which includes academia, non-profit making organizations such as NGOs and philanthropic institutions. (Widdus 2005:4) The concept of PPPs has grown out of the privatization era, but PPPs could also be seen as a genuine new way of bonding between the public-sector and private-sector organizations. (Osborne 2010: 149ff)

PPPs can be seen as an issue of legitimacy and responsibility. Legitimacy can be derived from both efficiency and democracy. In this study the use will be legitimacy derived from efficiency as this study don't have an explicit aim to examine the democratic level of New Governance and PPPs, even though these two can be seen to have a mutually fundamental relation. One question is how legitimacy is generated. Scholars have discussed two types of legitimacy, input-oriented legitimacy and output-oriented legitimacy. Input-oriented legitimacy derives from agreement of those who are asked to comply with the rules. Out-put oriented legitimacy derives from the effectiveness of rules to produce tangible results, which

means that policies can claim legitimacy if they serve the common good. (Mörth et.al. 2006:46, Kjær 2004:12)

Mörth et.al (2006) points out one important driving force behind partnerships, the discovery of every single sectors lack of capacity to effectively answer to the big and complex challenges. An argument for PPPs is that the state is too small to handle big problems of today, such as climate related issues and health issues. (Mörth et.al. 2006:14) PPPs can be motivated both of a wish to strengthen and make the public sector more effective, and to decrease it. The NPM has in many ways meant a shrinking public sector which got the consequences that public commitment moved over to the private sector. This can be related to the development of American companies to carry out charity activity, which has become more and more common during the last decade. (Mörth et.al. 2006:17) Below are six perspectives stated that can be seen as explanatory factors why governments enter PPPs.<sup>6</sup>

1. *Management reforms and modernization.* By working in partnerships with the private sector, public managers will learn how to run programs more flexible and efficiently.
2. *Gain access to private financing for public services.* By partnering, public agencies will be able to tap into private finance, enabling them to pursue projects which could not (yet) be afforded from public budgets alone.
3. *Public legitimacy.* Participation in a partnership is seen as a good in itself- symbolic of a pooling of talents from government, the market sector and the voluntary sector in the pursuit of worthy public purposes.
4. *A way to handle or share risks.* Private partners are expected to take part of the financial risk associated with projects.
5. *Downsizing the public sector.* Like contracting out or privatization, PPPs may be seen by those who favor downsizing the public service as a way to get tasks which were formerly performed by the public sector handed over to the staff of commercial or voluntary organizations.
6. *A form of sharing influence and more developed horizontal relationships between private and public.* Partnerships may be seen as promoting cooperative, “horizontal”, less authoritarian and hierarchical relationships. (Pollitt 2002:58, Mörth et.al. 2006:17)

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<sup>6</sup> The perspectives are loosely based on Linder 2000

All of these motives can be connected back to the New Governance debate as they are linked to a development in which social structures more clearly expects to be built up in a mutual interaction between private actors and the public sector.

### **3.1.1 Public-Private Partnerships within the health sector**

PPPs have become a common approach to health care problems worldwide. There was a rise in PPPs within the health sector during the late 1990s and most partnerships focused on specific diseases such as HIV/AIDS and tuberculosis. Barr (2007) argues that the enthusiasm to the PPP approach to global health care problems arose in response to the coming together of a number of forces during the mid- and late 1990s. The first one was the growing skepticism directed at a private sector approach. The second one was the growing amount of collaboration in the United States between public and private actors in development and marketing of new products. The third force was the decision by the Rockefeller foundation and the Bill and Melinda Gates foundation, and other organizations to rely extensively on the PPPs model when funding efforts to address the growing worldwide crises of HIV/AIDS. There has been enthusiasm for PPPs for delivering of health care services for a wider range of health problems, especially for the developing world. (Barr 2007: 19- 21)

## **4. Consequences of Public-Private Partnerships; The Hollow State?**

Based on the previous discussion, I have here presented the argued consequence of NPM, New Governance and PPPs. This section works as the main theory chapter for the study and the Hollowing out of the State-theory also function as an ideal type for analysis. The chapter follows by chapter 5, where the analytical framework is presented.

### **4.1 Hollowing out of the State-theory**

The nature of these changes that have occurred under the New Governance can be captured by using the phrase “the Hollow State”. (Peters 1993:46-57) Rhodes (1997) argues that New Governance leads to the Hollowing out of the State as a consequence of neoliberal policies, such as opening the markets, decentralization, NPM and PPPs. Rhodes’ research has mainly focused on the changes which have, and are taking place in the British government regarding to the loss of power and functions. In this development it is an increase in inter-organizational networks delivering major welfare state services. (Rhodes 1997:15ff) Hollowing out is not just a process of transference of authority; it also involves transferring of government functions to new forms of governance, which includes a wide range of non-elected community, non-profit and private providers. (Jones et.al. 2005:337-360) Regardless Rhodes own research on the British State, he stress that the Hollowing out of the State-theory is not restricted to central government, or to Britain. (Rhodes 1994: 139ff)

The Hollowing out of the State-theory emphasize core areas or characteristics that derives from New Governance. First is the area of accountability. Accountability is an issue at a financial stage, with public money being expended without the types of controls that might normally be required for funds expended directly by the public sector. Problems may also rise around policy and administrative issues, because many of the procedural and ethical guidelines mandated in the public sector is not required for private programs. (Peters 1993:46-57)

Second, is the issue of legitimacy which the Hollowing out of the State-theory emphasize have been an apparent loss of in many states, even those with long histories of active and effective governments. Democracies have legitimated themselves during the post-war period by being an important service provider. The concept of the [mainly European] State as an important service provider has been weakened. Program content may be determined



nominally by one set of actors at the national level, with service provision occurring at another level of government, or through some form of partnership with the private sector which may pose problems of legitimacy. According to Peters (1994) loyalty and political correctness is important, but service delivery may be more important for creating legitimacy among the public. (Peters 1994: 740ff) The public sector have a more complex task than their commercial counterparts, because they have to both practice and visibly display values of equity and impartiality to retain legitimacy in the eyes of citizens. (Pollitt 2003:24) As mentioned earlier legitimacy may derive from efficiency, but efficiency goals may be difficult to reach due to the difficulties in coordination and control. (Peters 1993:46-57)

Third is the fact that the relations between organizations that characterize New Governance leads to interdependence. These relations are characterized by game-like interactions, which are agreed by the participants in networks and PPPs. (Rhodes 1997: 53, *ibid* 1997:15-21) Rhodes argues that in many ways the hierarchical rationality of the State has been given away to various networks, which include autonomous and interdependent actors and to agreements upon which the states become dependent. (Rhodes 1996: 652 ff)

Fourth, government organizations become dependent upon the other actors in the network for resources, and the other actors become dependent on the government for resources. This mutual resource dependency was at first characterized by the relationship between central governments and sub national government, but the argument has been extended to cover the range of relationships between central government organizations and the other organizations with which they interact. (Peters et.al. 1998:226, Rhodes 1997:9)

Fifth, the New Governance and PPPs results in an erosion of the states' capability to coordinate and plan. This because the complex sets of interactions between organizations that are involved in networks and formations of PPPs that characterize New Governance is difficult to steer. (Rhodes 1994: 139ff)

#### **4.1.1 Critique and considerations about the Hollowing out of the State-theory**

The Hollowing out of the State- theory has been criticized due to several reasons and I want to bring up some of the critique here. E.g. Hufty (2009) argues that the study of the Hollowing out of the State mainly is based on studies carried out in industrialized countries and over a relative short period of time. Non-European countries seem to, on forehand, have been excluded from this analysis. (Hufty 2009: 7)

Concerning the British State, from where this debate originally is derived, Holliday (2000) argues that that the hollowing-out and the weakening of the British State still remain to be demonstrated. Evidences that the state is losing its grip because of the complex operating environment are hard to find. Holliday rather means that there are indicators on that by contracting on its principal functions; the British state was in fact reinforced. (Holliday 2000: 175)

Hufty (2009) is critical about the fact that the Hollowing out of the State-theory often is viewed as a zero sum game; the states gets weaker, the other stakeholders get stronger. This critique is also connected to New Governance, which Hufty says, has an idealistic part which no considerations are taken towards unequal relationships between those who are involved in the more network based society. (Hufty 2009: 6-7) This argument gets support by Jones et.al. (2005), they say that regardless to the consequences that the New Governance may pose, it is clear that not all state functions need to be hollowed out. For example, states may not provide services, but remain dominant in terms of funding and regulation. (Jones et.al. 2005: 337-360)

## 5. Five characteristics for analysis

The theoretical framework is not alone sufficient to answer the research question. An analytical tool, which allows connections to be made between theoretical proposals and empirical observations, is needed. In this chapter the analytical framework are present, which has been used on the empirical material for analysis.

### 5.1 Analytical framework

Based on the discussion above an analytical framework has been developed. In this chapter five core characteristics derived from the Hollowing out of the State- theory are presented, these characteristics have been the most prominent during the literature review. This analytical framework will capture the most essential ideas and concepts in the Hollowing out of the State-theory.

**Accountability:** The Hollowing out of the State-theory involves that accountability gets eroded. The formations of partnerships may blur accountability and raise the questions about to whom the public private partnerships are accountable. How central government funding for health services is spent may be difficult to detect when a plurality of health authorities, private sector providers and voluntary organizations become involved in service delivering. To some extent there is a prerequisite of continuity, reliability and predictability to be able to achieve accountability, and these factors may lack when many actors are involved in complex health delivering networks. Accountability may simply disappear in such a web of institutions because defining who did what is no longer straightforward. (Kjær 2004:14ff).

**Legitimacy:** The Hollowing out of the State-theory involves the issue of legitimacy. States enter PPPs to enhance their legitimacy through better service delivery. They also have to managing the rule of the game in order to enable an effective service delivery and through this enhance the legitimacy of the public domain. (Rhodes 1996:658, Kjær 2004: 12, 189-191)

**Interdependence:** The Hollowing out of the State-theory involves interdependence among the actors involved in networks. In many ways the hierarchal rationality of the State has been given away to various networks, which include autonomous and interdependent actors. These networks results in agreements upon which the states become dependent. (Rhodes 1996: 652 ff) In PPPs there exists an intrinsic interdependency among the actors involved.



**Mutual resource dependency:** The Hollowing out of the State-theory involves mutual resource dependency. This because organizations are dependent on each other for resources and, therefore, enter exchange relationships. (Rhodes 1997:9) The use of networks and formations of PPPs easily leads to a blending of public-sector and private-sector resources. (Peters, et.al. 1998:224) Resources in this sense refer to both financial resources and human resources.

**Capability to coordinate and plan:** Hollowing out of the State-theory involves that the capacity of the centre to coordinate and plan gets eroded. Capability to coordinate and plan is to a great extent based on game-like interactions that are rooted in trust and regulated by the rules of the game, negotiated and agreed by partnership participants. The involvement in PPPs gets the results that the states capability to coordinate and plan weakens. (Rhodes 1994: 139ff)

### **5.1.1 Critique and considerations about the analytical framework**

Criticism can be raised against the substantive dimensions of the analytical framework. One can argue that other areas would be involved or that the characteristics should be replaced with other characteristics. Anyhow, through the extensive literature study done on New Governance and the Hollowing out of the State-theory the selection of the characteristics are very well founded. However, it needs to be pointed out that the analytical framework might leave a risk to fail to explain or highlight important parts in the empirical material. An ideal type analysis may have the weakness that the analyze tool is too rigid, it is up to me as a researcher to ensure responsiveness to this risk.



## **6. Methodology**

This chapter consists of an exposition of the method used for this thesis, the critiques and considerations that came up during the work, the conduction of the study, the gathering of material and the selection of informants. The chapter ends with a disposition on how I have related the empirical material to the theoretical framework.

### **6.1 Design**

The decision of research design is of course dependent upon the thesis aim and question. This study is a qualitative case study based on a field study carried out in Gaborone, the capital of Botswana, between March and May 2011. The study's main empirical material is based on qualitative interviews. This study is a descriptive and explanatory study with the specific case in focus. Important to stress is that this is not a theory testing study. For analysis I have used an analytical framework based on the Hollowing out of the State-theory. This theory also works as an ideal type and from this phenomenon five characteristics are withdrawn as the five most important areas that affect the state. These characteristics can be seen as what contributes to a Hollowing out of the State, not suggesting that the era of the hollow state has arrived.

### **6.2 Choice of Method**

In general, case studies is the preferred method when a how or why question is posed, the investigator has little control over events and the focus is on a contemporary phenomenon within a real-life context. A case study method also allows investigators to retain the holistic and meaningful characteristics of real-life events such as organizational and managerial processes. (Yin 2009: 3-15)

The case study approach has the advantage of capturing the complexion and meaning of the context in a way that the quantitative method would not fulfill satisfactory. The aim of this study has the characteristic that need an in-depth method and not a quantitative approach. The material that lay as a foundation for this study had different characteristic, and is based both on a literature study and through interviews. The literature worked as a complement to the interviews and gave me a better understanding of the phenomenon.

When doing a case study such as this it is important to be critical towards my own understanding of the research field without mixing empery and analyze. (Yin 2009: 47ff) I have described the material in an unbiased manner and analyzed it through the framework to

make the outcome of the research as correct as possible. Since this is a study based on informant interviews, I would argue that the outcome is more reliable compared to a study based on respondent interviews where the results in a greater manner are connected to a personal opinion. The use of primary sources, interviews, also contribute to a better validity compared to a study essential based on secondary sources, such as documents.

Every method has its advantages and disadvantages. Concerns regarding case study methods are that it has been argued that case studies do not contribute to the scientific results in the same ways as comparative studies or statistical analysis. (Yin 2009: 3-15) However, a study like this can contribute to increased knowledge about the effects of PPPs in neighboring countries, other countries in Africa, or other developing countries that have adopted similar systems with PPPs for service delivery. And even though a case study alone can form the basis for generalizations, it can still make an important contribution to theory building and increased knowledge. (Yin 2009: 40-45)

### **6.3 Interviews**

According to Yin (2009) interviews are the most important sources for information in a case study. I used semi-structured interviews, which means that the interviews are not too rigidly structured, but different topics and underlying questions exist. The interviews will therefore be a guided conversation rather than structured queries and the stream of questions will be fluid rather than rigid. (Yin 2009:106) This method has the advantage that the interview becomes more of a conversation and I as the interviewer am able to change and modify the interview to fit the situation and the informant. During interviews I used an interview guide (appendix I) developed from the analytical framework and based around the specific characteristics presented in chapter 5.1. It is the informant's task to tell the researcher, and the researchers' task to interpret and analyze the interview. (Esaiasson et.al.2007: 298) I tried to let the informants talk freely around the themes in the interview guide. Since the English language knowledge is very widespread in Botswana, all interviews were conducted in English. This had the advantage that I did not need an interpreter. During most of the interviews I used a tape recorder, which gave me a possibility to be totally focused on listening and paying attention to the informants rather than having to take extensive notes during the interview. The recordings also gave me the possibility to re-listening and transcribing the interview word by word, which turned out to be very useful for me as the interviews often were packed with a lot of information that would be hard to grasp at once. As

soon as possible after each interview I transcribed them to written form. The interviews varied in length, but on average each interview took about forty five minutes up to two hours. It should be added that I before every interview presented myself as a master student from Gothenburg University, and made it very clear that I was not representing any donor agency or other organization likewise.

Important to discuss is the issue of the informants' independence. It is likely to believe that the interview subjects in management positions have something to gain by not telling me the whole truth about a scenario if it reflects the specific department in a bad light. To reduce this risk the informants were informed that they would be anonymous in the written report. (Esaiasson et.al. 2007:309) Another issue to mention here is the risk that the informants giving me the information that they think I want to hear. There is of course no easy solution to this dilemma, but I think that my approach as a student helped me in getting true and correct information. Besides this, by always trying to explain the aim of the study in a clear way and explain the reasons why I conducted interviews; there should be a limitation to the interest of modifying the answers.

### **6.3.1 Selection of informants**

Yin (2009) points out key informants as critical to the success of a case study. The key informants provide the researcher with insights into a matter. (Yin 2009: 106-107) The first contacts with the interview subjects were in some cases settled up by e-mail correspondence and in some cases as a direct visit to the department in question. I presented a short introduction of the study and their part in it before we agreed to set up the interview.

According to the aim of this study I identified the Ministry of Health to be the best suitable institution to start with. After the first interview I used the informant to further identify people that would be suitable to interview. One risk with the use of key informants is that the selection can be directed by the informants that points out the next informant. (Trost 2007:119) I handled this risk by doing critical consideration towards the informants that I got recommended to interview, whether they were relevant to interview according to the aim of the study, or not.

After the first interview, I conducted four other interviews with informants at the Ministry of Health. I found it important for the study's quality that the informants had different backgrounds and different tasks in the process. The main criteria have been about knowledge and experience of the informants, to get such a good picture as possible. All of the informants

working within the Ministry of Health had different connections and tasks according to PPPs at the moment of the interview. What was important was that the informants' had privileged information regarding the origin, the development, factors affecting the partnerships, and the Botswana state's role and opinion according to PPPs. All of the informants at the Ministry of Health had key positions within the field of research, which turned out to be very useful for the study. According to the nature of the study, two interviews were also made with civil servants at the National AIDS Coordinating Agency (NACA).

As the Botswana context was new to me, I needed more additional information on a broader perspective. This led me to set up a couple of interviews with scholars at the University of Botswana. One of the informants worked at the department of public administration and at CESPAM; Centre of Specialization in Public Administration and Management. The other informant was a part of the University of Botswana's Centre for the Study of HIV and AIDS. These interviews gave me the opportunity to speak more freely and to ask questions in a broader meaning. To conduct interviews with informants from both "sides" helps to maintain good criticism of the source. (Esaiasson et.al. 2007: 291)

In total eight interviews were conducted. I stopped searching for new informants when I could, in a critically and credibly way, covered what I needed to know for moving on with the study. (Esaiasson et.al. 2007: 291)

The informants' position and workplace are presented under references.

## **6.4 The interpretation of the material**

The empirical material gathering has been collected with concern to the theoretical framework and the five characteristics in the analytical framework. When I had transcribed the interviews I started to categorize and value the material according to the characteristics. I laid a puzzle out of the information, which contains of both interviews and other material such as documents. I sorted out under which character in the analytical framework the material belonged. This was also a part of the analyze phase, where I build a comprehensive picture of the investigated empirical material. This procedure finally merged into the concluding picture, which is presented in the final chapter. (Yin 2009:127)



## **6.5 Advantages, disadvantages and problems**

There were some ups and downs during the gathering of the empirical material. It is always a challenge to work in a new cultural and social context. As I conducted my research including the interviews in a, for me, different cultural area, the cultural and linguistic differences made a risk for misunderstandings greater. Hence, it can also contribute with a greater ambition to understand more and that not take things for granted in the same extent as working in your own cultural context. One of the greatest challenges concerning the gathering of the empirical material was the aspect of time. Sometimes it was very hard to come in contact with people that I needed for the interviews. And as my time in Botswana was limited it was sometimes stressful when appointments and responses from people dragged on. A lot of time was spent on just getting in touch with people, many times a kind of trial and fail. The fact that it was a major public strike in Botswana during most of my stay there did not ease this, as it was a bit of a turmoil involved with demonstrations and traffic problems in the capital.

### **6.5.1 Ethical concerns**

I have been aware of the ethical concerns that a study like this can face. I have been conscious about the risk of ethnocentrism, meaning that a person sees and interpret the world through their cultural glasses. I have always been sensitive and respective to cultural differences, but of course cultural misunderstandings have arisen during the field work. (Mikkelsen, 2005: 327) The nature of this study involved that the informants often had high positions within the public administration. I have chosen to let all the informants be anonymous, this because it feels better for me not to point out informants with name as I did interviews in a social and cultural context that was not mine. Neither can I see the meaning of not keeping the informants anonymous, as this will not affect the study's quality in any meaning. However, a disadvantage with keeping the informant anonymous is that it becomes impossible to give the reader details about the informants' positions and specific tasks. Botswana is a small country, where seldom more than one person upholds a key position in a unit at a ministry or agency. The reader will find the interviewees coded 10-17 in the text.

## **6.6 Ideal type analysis as a method**

The methodology of the ideal type was coined by Weber. According to Weber the use of ideal types can make the characteristics in a particular context viewable and understandable. An ideal type is formed from characteristics and elements of the given phenomena, in this case the Hollow State, but it is not meant to correspond to all of the characteristics of any one

particular case. The characteristic features of an “Ideal Type” are to see it as a generic notion, but it is not a hypothesis, although the ideal type helps to systematize the empirical reality. The meaning of ideal types is that they can be used as a border concept from which the reality can be measured to compare the empirical reality with the concept. (Weber 1977:138ff) The analysis of the empirical material follows by a discussion that relates the results to the research question. In this thesis the focus is around the five characteristics that are distinctive to the phenomenon of the Hollow State. (Bergström et.al. 2005:159ff)

Two issues are important to pay attention to when using the word ideal type. The first is that “ideal” refers to the word of ideas and not to perfection; the “ideal type” is an idea-construct that helps to analyze the reality. Second, there is no empirical counterpart in reality to an ideal type. (Weber 1977: 138 ff)

## **6.7 Disposition of the empirical findings**

The empirical findings of this study starts with an introducing empirical chapter whereby the problem is presented and the finding from mainly secondary sources (documents, pre-interviews etc) are presented. This chapter follows by the main empirical and analytical chapter (8) where the material is presented according to the analytical framework. Every subchapter ends with a concluding analyze of that specific character.

## **7. The Botswana case of Public-Private Partnerships within the health sector**

In this chapter I have clarified the results of the documentary study and the interviews I made to get a better understanding of how PPPs within the health sector in Botswana works. This is an exhibition of the results of the first step in the data gathering. This means an overall presentation of the development of PPPs within the health sector in Botswana, the main actors and how the Botswana state has acted. Since HIV is the single biggest challenge for Botswana the main focus will be on this issue.

### **7.1 The problem**

When Botswana's first official AIDS case was discovered in 1985 no one could think how bad the country was going to be hit by the disease. When Botswana realized the enormous impact HIV had, the country tried to confront the problem with a high degree of commitment. The president of that time, Mogae, declared in 2000 HIV/AIDS a national emergency. Botswana therefore developed a national strategic framework to turn the tide of the HIV/AIDS epidemic.<sup>7</sup> During the late 1980s and 1990s international agencies had withdrawn aid from Botswana because the country was perceived to have moved to be a middle income country and Botswana had to fund all programs, thus creating an additional drain on the national resources. (Todaro et.al. 2009:739-742)

Botswana ranked in 2011 only 118 out of the 187 countries listed in the Human Development Index.<sup>8</sup> Botswana's human development is far lower than its level of real per capita income. The life expectancy at birth was in 2011 only 53 years.<sup>9</sup> Botswana has been falling in this ranking due to mortality from AIDS. (Todaro et.al. 2009:739-742) Education and health outcomes are below those of countries in the same income group due to the high rates of HIV/AIDS.<sup>10</sup> In 2007, according to UNAIDS and the government of Botswana, as many as 33 percent of the pregnant women in Botswana were HIV-positive.<sup>11</sup>

Botswana signed the Declaration on HIV/AIDS at the UN-General assembly in June 2000 and as one of the first countries in Africa, Botswana established a national antiretroviral (ARV) therapy program. An ambiguous treatment program called "Masa," a Setswana word meaning

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<sup>7</sup> Document 2, interview 11

<sup>8</sup> URL 3

<sup>9</sup> URL 3

<sup>10</sup> URL 2

<sup>11</sup> URL 4, document 1



“a new dawn.” The Government of Botswana conducted a study in year 2000 to determine the macroeconomic impact of HIV/AIDS in the country. The study predicted devastating economic impact the epidemic would have on the lives of Botswana and the magnitude of human suffering AIDS would cause. These underpinned the decision in 2001 to provide ARV medication through the Botswana public healthcare system. The Masa program is a PPP developed between government of Botswana, ACHAP, Merck and Bill and Melinda Gates foundation. Botswana has received grants for its universal ARV drug program totaling more than \$100 million over five years from Bill and Melinda Gates foundation and drug maker Merck has committed over years to help Botswana strengthen its health infrastructure. (Sharma et.al. 2008:322-333)

The Masa program provides free ARV drugs and counseling, according to the MoH, in 2007, 91 780 (82.3 percent) of those with advanced HIV infection were on treatment, comparable to 2003s number of 7.3 percent. During the interviews and the document studies, it becomes evident that the strong and foreseeing leadership of the former president Mogae was one of the absolutely most important reasons for Botswana’s early action to combat HIV.<sup>12</sup> (Sharma et.al. 2008: 322-333)

The interviews show that there has been a massive enthusiasm for ARV programs, and the focus on prevention has been put aside. It rises up a problem that the government has not really realized the importance of prevention, and with the economic slowdown this shift has been really hard. One informant says that Botswana has to put a big effort in starting prevent people to be on treatment in the first place. According to the informant this has been proven to be the sore point:

*“Hopefully now with the National Operation Plan there will be a better change and actually moving forward to some kind of sustainability. The National Operation Plan will help us look at whether there is a overlap, where there is a lack of documentation, whether there is a oversubscription in one area and be able to rationalize and harmonize both in terms of human and financial resources.”<sup>13</sup>*

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<sup>12</sup> URL 5

<sup>13</sup> Interview 11



The informant continues with the fact that there need to be cost effective studies done when it come to ARV programs and orphans program<sup>14</sup>, which the informant says is one of the most costly programs. Other challenges that are facing Botswana in the fight against HIV, according to one informant that do research on Public Administration in Botswana and HIV management at the University in Gaborone, is the split jurisdiction of ministries and departments, e.g. the Ministry of Health, the Ministry of Local Government and NACA. This creates problems of coordination and harmonization. According to the same informant there has been and still are great challenges in mainstreaming HIV. Besides this there are challenges in the management of donor funds, often HIV funds are not centralized and this causes bottlenecks in their management. The informant means that some funds bypass the state revenue fund and are not incorporated in the national budget. At present Botswana's HIV related programs are donor driven and 72 percent of the spending on HIV/AIDS comes from external resources that are multi-and bilateral.<sup>15</sup>

### **7.1.1 African Comprehensive HIV and AIDS Partnerships**

ACHAP (African Comprehensive HIV and AIDS Partnerships) is a collaboration of the Government of Botswana, the Bill & Melinda Gates Foundation, and The Merck Company Foundation. ACHAP supports Botswana in the development and implementation of a national comprehensive HIV strategy to prevent new infections and reduce morbidity and mortality of HIV. What has characterized ACHAP has been a quite unique governance structures with government facilitate program implementation. The key areas of operation are to support the Botswana Government with prevention of HIV infection, expansion of HIV counseling and testing capacity including strengthening of post-test services, support for the antiretroviral treatment rollout and finally support for advocacy, community mobilization and empowerment of people living with HIV. For instance are ACHAP paying the salary for some professionals in governmental bodies, e.g. the National AIDS Coordinating Agency, NACA. In 2009 Botswana had its first National Operation Plan (NOP) on HIV/AIDS; the work had been founded by ACHAP.<sup>16</sup> According to the informants, the PPP has made a significant contribution to the HIV fight in Botswana. ACHAP has contributed to capacity development for coordination, planning and reporting system. The partnership has also brought up health sector interventions and collaborations with research institutions and other development

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<sup>14</sup> The Orphan Program is run by the government and means that orphans get a supply package that contains food, education, hygiene products etc.

<sup>15</sup> Interview 17

<sup>16</sup> Interview 11

partners, local civil society organizations have also added value. According to ACHAP and one informant, the challenges that face the work is measurement of program impacts in multi-partner environment facilitating national interventions and to identifying and scaling up evidence based prevention interventions.<sup>17</sup>

## **8. The five characteristics; empirical findings and analysis**

This chapter will provide the empirical findings of the study combined with an analysis of the material. The focus in this chapter will be on the empirical material collected through interviews. It needs to be pointed out that the different characteristics in the framework are interrelated. It is sometimes difficult to distinguish one from another, which was also the case during the interviews, but the intention here has been to present the different characteristics as distinctly as possible. In order for the reader to better be able to follow the material I have chosen to present my material in accordance to the structure of the analytical framework. Every characteristic ends with a concluding analysis, where the main points of the analysis are presented. The analysis leads up to the conclusions of this thesis which are presented in chapter 9.

### **8.1 Accountability**

For further information on accountability, see Analytical Framework 5.1.

#### *“The state is accountable”*

According to the informants the government has a very important role in society. The state is what keeps the society together and sets the framework, and the agenda. One informant argues as follows:

*“I believe that the state is the major stability in every environment, if you let other actors coming in, the state will set the pace on how things should be run, the platform. The state is framed by the legal framework, the constitution. And policies are still within the government, just the service that is outsourced.”<sup>18</sup>*

The informants are eager to point out the importance of the core activities for the state, which is the policymaking and the legal framework. The accountability issue is not seen as a certain problem among the informants.

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<sup>17</sup> Interview 11, URL 6

<sup>18</sup> Interview 14

*“What is important here is the service, where it is provided by others, I don’t think the community will be bothered much to know whether[...]who is providing the service as long as they got the service. And the government will remain accountable, because however deliver the service, the government will be accountable for providing the service. And people say; yeah, the service is provided so why should we bother?”*<sup>19</sup>

For the citizens to know by whom the service is delivered is an accountability mechanism. How to hold anyone accountable if you don’t know who provided the service? The informant does not see this as an issue of concern as long as the government has the final responsibility towards the citizens. The government will be remained accountable, and as long as it is like this the informant does not see any concerns whether the citizens know or do not know delivers the service.

*“A lot of areas of service delivery can be delivered by a partnership arrangement. They can look after the government’s infrastructure, while the professions in government can do their professional work. And even in those areas some of it can be outsourced to, but not the final policymaking. There are a lot of defenders in giving out hospital works away from the state and giving it to commercial companies.”*<sup>20</sup>

How PPPs affect the accountability is not widely discussed. The issues of continuity, reliability and predictability to be able to achieve accountability were not raised up during most of the interviews. No informant discussed in a deeper meaning that these factors may lack when many actors are involved in complex health delivering networks. Obviously this was not something that was seen as a problem.

***“In a partnership it is more blur”***

When the Botswana government enters PPPs for health service delivery the informants state that it is obvious that the government shares the resources that provides the service. In contrast to PPPs, in outsourcing of public health services the government will be paying for the service provided. And as one informant states: *“we expect the service to meet certain standard”*. The same informant also points out that *“the government is fully accountable for*

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<sup>19</sup> Interview 14

<sup>20</sup> Interview 10

*the outsourced service provided towards the citizens*".<sup>21</sup> If a service is outsourced, it is regulated by rules and follows certain restrictions:

*"In an outsourced environment you have to have penalties if you don't provide as you should."*<sup>22</sup>

In addition to outsourcing, in PPPs resources derives from a plurality of actors. It is public resources as well as private resources and resources from voluntary organizations that become involved in service delivering. The following informant expresses the problems with accountability within PPPs in addition to outsourced services with some frustration:

*"But in a partnership between the government and the private sector, if there are some things that don't work, we have to sit down and talk... In a partnership, of course there are obligations on both sides. In a partnership, in addition to an outsourced service, it is more blur, not so clear who is accountable for what and who has the main accountability. In that concern I would say it's better to outsourcing services, not and service delivery through partnerships."*<sup>23</sup>

This quote shows that there are issues of accountability when services are delivered through PPPs. The Botswana government has during the last years stressed out the importance of evaluations of PPPs. There is a perception that through evaluations of projects ongoing within PPPs, the ability to be able to achieve accountability will increase. The informants express that there are a correlation between accountability and evaluations and monitoring of the PPPs. Many of the informants say that the government has improved during recent years when it comes to monitoring and evaluation.<sup>24</sup> The following quote express this as follows:

*"We have established a monitoring unit, which is supposed to assess the impact of the programs. Before the end of the financial year we will meet the ministry of finance to evaluate implementation and to also get impact on our programs. We have to ensure that the service is provided and to evaluate to get the impact. We will bring in consultancies to evaluate programs to see that there is satisfactory from the private provider. We make the assessment on a regular basis of service provision."*<sup>25</sup>

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<sup>21</sup> Interview 14

<sup>22</sup> Interview 14

<sup>23</sup> Interview 14

<sup>24</sup> Interview 10,13, 14,15

<sup>25</sup> Interview 13



Monitoring and evaluation of the activities carried out within the PPPs is one important step to be able to achieve accountability. Increased efforts within this field can result in better quality and less inefficiency. Another positive effect of a better evaluation apparatus is the presumed greater clarity around the issue of who is accountable for what.

### **8.1.1 Concluding analysis of accountability**

The empirical material shows that the accountability issue is a difficult one in PPPs. It seems that accountability is such a complex issue and hard to grasp even for the informants that works within the government with PPPs. The informants did not have clear answers on how the accountability was affected by the activities in PPPs. There were neither no stories nor information about any cases where the accountability had been put to the limit. And before a project or a whole partnership goes the wrong way it is hard to say how the accountability mechanisms work. Due to the empirical material it seems like the state still has the main responsibility but it is also evident that the responsibility within PPPs gets blur.

According to Rhodes, Kjær and other scholars mentioned earlier it is not easy to define accountability in PPPs. It depends on how the partnerships are structured and if there is a clear set of rules for accountability written from the outset. However, the study seems to prove that the state is primarily responsible for the outcomes of the PPPs.

To achieve accountability there is a prerequisite of continuity, reliability and predictability to be able, and these factors may lack when many actors are involved in complex health delivering networks. In this case it is clear that the resources coming from different sources, which in turn becomes difficult to trace. For instance the fact that salaries for staff employed in the governmental bodies are paid by a partnership. The fact that accountability may disappear in those webs of institutions because defining who did what is no longer straightforward (Kjær 2004:14ff) are therefore strengthened by the informants answers. One informant points out just the fact that accountability within partnerships is more blur than in pure outsourcing. This statement is supported by Kjær (2004), which says that how central government funding for health services is spent may be difficult to detect. In this case there is a plurality of health authorities, private sector providers and voluntary organizations become involved in service delivery.

Additionally, there might be other underlying much more complex factors affecting accountability which I have not looked into. This can for instance be the possibility that accountability can be difficult in Botswana in general. However, in the empirical material

there are no clear evidences indicating that accountability should be strengthened by the partnerships.

I would argue that it might not be possible to give a coherent answer on accountability, but according to the analysis of the empirical material, the involvement in PPPs tend to lead to less accountability.

## 8.2 Legitimacy

For further information on legitimacy, see Analytical Framework 5.1.

### *“They are ten times of a local doctor”*

The HIV-epidemic requires highly trained specialists who can both conduct research and work in teams on HIV/AIDS patients. Patients that have developed AIDS suffer from a number of diseases that need treatment; they have multi diagnoses, for instance tuberculosis, intractable pneumonia and unusual fungal diseases. To treat these patients it requires a team of highly trained doctors and nurses at the hospitals and clinics. Having skilled health workers, which is not possible to find inside Botswana, is a very high cost for the Botswana state. A reason why the Botswana state is eager to enter PPPs is to maintain and increase the legitimacy for the government. One informant expresses this legitimacy problem for the government with the following quote:

*“They [international high research professors/doctors] are ten times of a local doctor. That will cause resentment within the Botswana government if that will happen. And it will go up to the parliament [...]. So it’s better to get a private partnership and a private donor to get the donor to fund the professional person and pay him what he will get elsewhere if he would not work here. It is about legitimacy for the government.”<sup>26</sup>*

As the informant expresses; the wages are, in a global perspective, very low in Botswana. The cost of a local doctor compared to one with an international research background is about ten times as high. There is a risk for internal conflicts at hospitals and clinics among the employees about the fact that some doctors may be paid ten times more than his or hers colleague in the same hospital. The legitimacy of the state is at risk if the salaries are very low among the local Botswana doctors meanwhile the international health staff get a high salary. It is important for the Botswana state to maintain the legitimacy in this concern as a loss can jeopardize stability in the society; huge inequalities in the wages can lead to strikes and other

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<sup>26</sup> Interview 10

protests by the local medical staff. The government of Botswana is trying to solve this problem by seeking private donors and form PPPs in order to finance the highly paid doctors.<sup>27</sup>

***“We learn from mistakes to keep the legitimacy”***

During the interviews some of the informants discussed the importance of learning from other countries with experience from PPPs within the health sector. There is an awareness of the risk that the formations of partnerships will have a negative impact on the public realms legitimacy towards the government. In order to maintain legitimacy, the Botswana government has been studying other countries with a long experience in forming partnerships between the state and the private sector, for instance the United Kingdom. One informant points out; *“things have gone the wrong path in the United Kingdom”*<sup>28</sup>, this because the British has had an even greater loss of legitimacy through PPPs and outsourcing. The informant believes that by studying other countries, Botswana can avoid going the same way. Compared to countries in Europe, Botswana is a relatively new state. The informant expresses this learning as follows:

*“We learn from mistakes from some very well organized public sector services in the west that have exist for 400 years [e.g. the UK]. We can shorten the loan gap here.”*<sup>29</sup>

By looking at other countries the lesson learned is that there need to be a link between the different layers in the delivery of services in the healthcare chain in order to maintain the legitimacy for the state. The service delivery cannot be totally decoupled, there needs to be a link between the end-user and the state in the service:

*“[The state] needs to be there, you can’t break that line by putting something else, like a private company, in the way; you have to do it. [...]”*<sup>30</sup>

The informants also says that the state form PPPs to gain legitimacy by getting access to the resources and knowledge that exist outside Botswana in the form of highly trained specialists:

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<sup>27</sup> Interview 10

<sup>28</sup> Interview 10

<sup>29</sup> Interview 10

<sup>30</sup> Interview 10



*“All the professionals [from outside Botswana], they can do it better than we can do it, mainly because that they got 200 years of history behind that of finding the knowledge, and we got 44 years. It’s a very multifaceted legitimacy why you should do it. [...]”*<sup>31</sup>

This multifaceted reasons mentioned by the informant mentions include the fact that if it is possible to get access to specialized professionals within areas of healthcare, there is no legitimacy in the decision not to do enlist the assistance of advanced research and professionals.

The state need to be present among the citizens otherwise there is a risk that the legitimacy becomes reduced. The informants stress the need for the state to be visible and present towards the citizens who use the health care system. The economic crisis in the state budget affects the legitimacy among the public.<sup>32</sup> One informant states that the Botswana government is in a danger of not believing that it is possible to get something for nothing. The informant continues to say that the government is *“out with the begging bowl, trying to get something for nothing.”* The informant continues with a discussion on the wider use of PPPs. *“The use of PPPs is not always that of saving money, but for the service that the use of PPPs can bring. The main efforts should be concentrated on service delivery to the citizens.”*<sup>33</sup> What is pointed out here is a flag about that the government not always has improved service delivery as the primary objective for PPPs.

Another informant says that there is a problem if the government has the opinion that PPPs are for saving money in front of improved service delivery. *“Sometimes the government is out on the wrong path when they think Public-Private Partnerships are just about saving money.”*<sup>34</sup> The economic crisis has triggered a great need for capital and the government sees that the partnership could provide the financial resources to government needs. What then can be problematic is that the service will be sidelined, which in turn can affect the legitimacy as the service delivery is the most important issue.

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<sup>31</sup> Interview 10

<sup>32</sup> Interview 10, 11, 13, 14, 16

<sup>33</sup> Interview 10

<sup>34</sup> Interview 10



***“We will lose legitimacy at first but we will get more in the long run”***

During the interviews, when the legitimacy issue was raised up, many of the informants stressed the public sector’s dilemma with at on one hand having the responsibility to create jobs and at the other hand providing an efficient and good service towards the citizens to be able to achieve legitimacy. One informant argues the following way:

*“We need to secure jobs for the people but the decisions that we make must also provide services more efficient. That’s a compromise that we make. Of course we need that jobs but in the long term the service will be much more efficient. In the short term it can be bad but in the long run, the service should be much more efficient and better that we can provide.”<sup>35</sup>*

The informant states that it is two sides of this coin. One side is the short term benefits, and on the other side the long term benefits. The decline in the legitimacy that comes first is just something that the government needs to handle. The informant is convinced that the use of PPPs in the long run will increase the legitimacy for the government:

*“In the long run this is the benefit; good services and it will also create legitimacy in the long run. The immediate impact in the short run will be that people lose their jobs, politically it is not good. But in the long term it is good; more efficient, less money for the government and more legitimacy from the public.”<sup>36</sup>*

The government of Botswana is struggling with the problems that follow of cutting costs in the public sector. One informant expresses it like the average Batswana understand that cuts have to be done if there is economical recession, but the legitimacy for the state will be damaged anyhow. People are losing their jobs and it does not really matter if they know that cuts in the public expenditures are absolutely necessary.<sup>37</sup> Another informant emphasizes this dilemma with the following expression:

*“It’s very hard to change the public sector because you going to take someone’s livelihood away.”<sup>38</sup>*

Since it is difficult to get jobs in other sectors in Botswana, the public sector has a very high pressure in being the absolutely biggest employer. There is a dilemma in either letting

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<sup>35</sup> Interview 14

<sup>36</sup> Interview 14

<sup>37</sup> Interview 13

<sup>38</sup> Interview 10

employees keep their jobs or cut the costs by terminations. Savings and cut expenditures are necessary but the government risk losing legitimacy when people losing their jobs. During the interviews the informants expressed that it is awareness on this problem. However, the state does not really have a choice not to cut cuts if there need to be savings, and if this benefits the legitimacy in the long run there is a positive outcome.

***“With efficiency comes legitimacy”***

One of the ways to create and sustain legitimacy of the public domain is to enable effective service delivery. This is widely known among the informants and one of them says that the government of Botswana has noticed that implementation has been lacking. The government saw a need for improvement of the efficiency in the health sector. A problem is the ineffective management in the health sector, which results in shortcomings in the implementation and effectiveness. One informant says that *“the efficiency was not satisfactory.”*<sup>39</sup> This in turn creates problems regarding legitimacy, as an ineffective health apparatus creates questions of distrust from the citizens. The same informant says that one of the main reasons for taking in other actors within the health sector and form PPPs is the benefit this will bring in terms of increased efficiency. A way for the government to increase legitimacy is to deal with the problem of inefficiencies:

*“The reason was that the government post that implementation was lacking in terms of problems, there was a gap between political leadership in terms of efficiency and officials. There was a wish to breach that gap so that there are a certain level of efficiency and effective management in terms of political implementation.”*<sup>40</sup>

According to the informants there is an expectation of increased efficiency with the use of PPPs. And the material also shows that in some cases the efficiency has been improved. The use of PPPs is connected to a wish of increased efficiency within the health sector and an opinion that this in turn will increase the legitimacy.

***“To reach global standard creates local legitimacy”***

To enhance legitimacy for the health sector in Botswana there is important to reach a certain global standard. Legitimacy is not just connected to the citizens, which are direct users of the services. By reaching legitimacy within the global community the legitimacy among the

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<sup>39</sup> Interview 14

<sup>40</sup> Interview 14

citizens in Botswana may also increase. The following quotation shows that legitimacy somehow is connected to the reach of an international standard:

*“But you have to waive up to what is up to it here. You want your hospital up to an international standard, then it needs to be clean other than filthy, using proper systems and proper detergents, but still that it’s going to cost you more than you can pay but you get you hospital accredited. It’s just the laundry and the cost is minimal but the service will be much better, with clean beds most of the time instead of dirty beds most of the times.”<sup>41</sup>*

During the interviews the informants stressed out the importance of having a good reputation globally when it comes to health care. A possible explanation to this can be globalization and the increased internationalization which has increased the importance of have a global reputation. Botswana has a pressure from the international community and from donors to have health service that reach a certain standard and a health sector that are competitive among other countries. The importance of reaching international standard might also be connected to the competition among countries to attract international well known companies, foundations and other potential actors that can be future partners in PPPs.

### **8.2.1 Concluding analysis of legitimacy**

Legitimacy works in different ways and the empirical material shows that there are two approaches to legitimacy; the first one is to keep legitimacy i.e. not losing legitimacy, but not necessarily enhance it either. The second issue concerns the fact of increasing the legitimacy. The empirical material shows that the Botswana state did not have any choice not to enter PPPs when the HIV-epidemic turned out to be vast. The Botswana state enters PPPs because they need to do it to be able to deliver sufficient service to the citizens. Through the activities in PPPs the Botswana state enhances the legitimacy towards the public. One can also say that they enter partnerships to be able to sustain legitimacy. As the HIV-epidemic demands high educated specialist and these specialists are not to be found inside Botswana, the government found PPPs to be able to attract these specialists.

The legitimacy in Botswana according to health service delivery has been low, since there has been a lack of delivering the right service to the right amount of people. The state decides to form PPPs to increase the legitimacy by getting more resources and improved health care.

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<sup>41</sup> Interview 10



There is a discussion about legitimacy loss if the state pays salaries that are ten times more to international doctors compare to a local doctors, despite the international doctor's higher education. The solution to this problem is to form PPPs that cofounds the high wages. There is an increase in legitimacy not to pay unequal salaries. This is supported by Pollitt (2003) when he says to retain legitimacy in the eyes of the citizens; the state has both to practice and visibly display values of equity and impartiality.

It is possible to argue that the state just tries to keep legitimacy, which not enhances the legitimacy, it just maintains it. What the informants point out is that through better efficiency the legitimacy will increase in the long run. There is a perception that the PPPs will increase the efficiency.

There is in some cases too early to make any statements on whether there is an increase in efficiency and how this then would affect the legitimacy. But the cuts in the public sector that might lead to a decline in the legitimacy temporarily are not specifically connected to the partnerships and therefore of little interest here. However, there is no evidence that the partnerships have decreased the legitimacy of the state.

### **8.3 Interdependence**

For further information on interdependence, see Analytical Framework 5.1.

#### ***“Partnerships need to go on for a certain time”***

During the interviews the informants argued around the importance of partnerships that are ongoing for a sufficient period of time. A major part of the informants points out the importance of knowledge transfer within the partnerships. They mean that knowledge transfer to local Batswana's is ensured by having local people employed in the project alongside with skilled people from outside Botswana. A requirement for sufficient knowledge transfer is the amount of time. Most of the informants say that the average partnership is going on for one to two years, which sometimes is too short for a sufficient knowledge transfer to take place. The informants say that the government of Botswana is dependent upon partnerships that continuous for a certain period of time as the transfer of knowledge need time to be really effective. For the state to have a useful exchange they also need to ensure that the partnership



works well from the beginning so the risk that a partner withdraw beforehand are reduced, as the state then will lose valuable knowledge transfer if the partnership becomes dissolved.<sup>42</sup>

*“For instance the partnership ACHAP, one of the major things is knowledge and skill transfer. Whatever they do and what ever officer they put in and whatever program they design and found, has to be run by Batswana, or has to have a Batswana counterpart. You have to have your people alongside them so knowledge transfer can take place.”<sup>43</sup>*

As mentioned earlier the partnership ACHAP has been in Botswana for several years. When writing this there is no fixed plan how the future is supposed to look like for ACHAP. There have been indicators that there are some issues for ACHAP to withdraw their activities. A couple of the informants make hints in the direction that ACHAP has become somewhat indispensable for Botswana in the work for HIV/AIDS. Mainly because ACHAP are such a prominent partner and over the years the partnerships has made huge efforts and investments in the HIV/AIDS work in Botswana.

Besides this type of dependency, the informants also stress out the risk of becoming too dependent on PPPs for service delivery. The informant expresses that it is not positive to form new partnerships too often, which is seen as necessary if the partnerships do not continues for a sufficient amount of time. The resource shortage that exists in the health sector in Botswana requires partnerships of long term character. One informant expresses the dependency as follows:

*“That’s the danger of too many PPPs. We need long term arrangements, ten or twenty years, while we build our resources. Otherwise we will be dependent upon partnerships and dependent to form new partnerships all the time to be able to deliver health care.”<sup>44</sup>*

The informant says that the desirable time frame is ten to twenty years, which is a long time. To start up and form partnerships requires a lot of resources, and knowledge transfer takes a long time. During the interviews the informants have expressed that the average partnership has a time frame of two years<sup>45</sup> and with this in mind, forming partnerships that is ongoing for twenty years sounds like a utopia.

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<sup>42</sup> Interview 16, 10, 11

<sup>43</sup> Interview 10

<sup>44</sup> Interview 10

<sup>45</sup> Interview 16, 13, 10

### ***“We are dependent on Public-Private Partnerships”***

Alongside the information about the need for a sufficient time frame for the programs the issue of “brain drain” was raised during the interviews. Botswana has a huge problem with what is called “brain drain” i.e. educated skilled people leaving the country for a better future and salary elsewhere in the world. This “brain drain” gets the effect that the Botswana government increases its dependency because Botswana is lacking resources to pay a globally competitive salary for people in the health sector. One informant expresses it as follows:

*“We are dependent on PPPs, and for a foreseeing future we will be brain drained. And in the way medical science are accelerating and the way the HIV is spreading alongside with all other diseases.”<sup>46</sup>*

The informant continues:

*“The dependencies on PPPs has grown, because we are losing skills and the only way we can replace those skills when it takes 20 years to train a professor in medicine, we need to find a partnership arrangement to do it or we are losing the battle.”<sup>47</sup>*

As the quotes show, there are several problems that come together in an interwoven complexity when discussing interdependence. Dependency has increased since alongside with the need for more highly skilled personnel. The dependency has also increased as the world has become more global and the mobility has increased among highly educated professionals within the health sector. The escalating dependency due to the HIV-epidemic has become widespread in a relatively short time and developed into a major problem that has put the health sector in a great need of resources.

### ***“You have to go with it”***

During the interviews a major part of the informants says that the Botswana government is dependent on other actors for delivering health service in a sufficient way to the citizens.<sup>48</sup> As one informant says about the fact that Botswana had no choice when the HIV/AIDS epidemic came and showed to be very widespread Botswana got the opportunity to form a partnership with Bill and Melinda Gates foundation and the drug company Merck (ACHAP). The informant works at NACA, and explains the dependency like this:

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<sup>46</sup> Interview 10

<sup>47</sup> Interview 10

<sup>48</sup> Interview 10, 11, 13, 14, 17

*“So really there was no choice to be made, there was something that they [the government] had to do for their own citizens the government and ACHAP sat down and looked at what was possible and how they could do it. And they [the government] couldn't really do it by themselves. When a partner steps in with a hundred million dollars and free drug supply, you have to go with it.”*<sup>49</sup>

The informant says that here it was an opportunity to have a huge injection of cash and also have expertise and a drug program that would actually keep people alive so there was a moral intermit to form ACHAP. The informant says that this arrangement with this particular partnership was not something that had not been done before. It was something new and very important. The quote above shows that it was not a question of choice rather than something that had to be done. In this sense the state was not autonomous.<sup>50</sup> One informant points out that the government more and more seeks money from private partners:

*“We are seeing a warning trend. Where government is getting lazy in doing what it should be doing but is very quick in letting the hand out for a private partner or donor. And it is getting more and more from this last recession.”*<sup>51</sup>

There is a possibility to interpret this quote like the government sometimes decides to form partnerships because the government knows that the possibility exists. Instead of improving the health service by on their own and spend public money on development of the health sector the government sees PPPs as an easy and cheap solution.

***“The hierarchy is not particularly affected by the partnerships we got here”***

One can argue that the interdependency between the government and the other actors exists because it can. If the government sees PPPs as an easy solution to get resources the risk for dependence is imminent. To lock up the service delivery on partners makes the government dependent. On the other hand, one informant expresses that the government of Botswana is spending money unwisely. The informant means that Botswana is not *that* poor and that the government for instance put a lot of money into a big military force. He continuous to argue the fact that sometimes the government needs to be more “*down to earth*” and there is a big

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<sup>49</sup> Interview 11

<sup>50</sup> Interview 11

<sup>51</sup> Interview 10

opportunity to take to form partnerships, because the world is hungry for research and new influences.<sup>52</sup>

Although, many of the informants express interdependence between the state and the other actors in the partnerships, there is no significance that the entering of partnerships within the health sector really affects the hierarchal rationality of the state. The hierarchal structures are there, one informant express it as follows:

*Within countries there are always people that are eager to learn and to bring change. You know; we must have democracy, we must have a ruler... there is always someone that wants to be the president and so on... If you look at it, it is the same as it is in Sweden. All the positions are all the same and the hierarchy is there. This is not particularly affected by the PPPs we got here. And our danger has been in the past that people that have been raised up haven't had the true capability to do what they got.*<sup>53</sup>

It is important for the informant to express the view that basically the same structures that exist in Sweden do exist in Botswana. The reason why there sometimes are ineffective organizations is the lack of knowledge on how to build an effective health care with different categories of professionals. The informant means that the problem lies more in the lack of internal capacity than in the risk of losing the hierarchy rationality to various actors because of dependence and interdependence in partnerships.<sup>54</sup>

Besides the opinion that PPPs do not affect the rationality of the state significantly is the expression that the partners' activities are intertwined. The nature of networks and partnerships is seen as an interdependence event and in a partnership no actor is independent. There is a quite widespread opinion that there is no way of going into a partnership and still keep the independence; then it would not be a partnership.<sup>55</sup> The notion that partnership is something that is done together is confirmed by the following quotation:

*"It is a "went-together", nobody is independent. Every actor complements each other."*<sup>56</sup>

The actors are mutually dependent on each other, and this is not seen not as something automatically negative. Every actor involved needs each other to achieve a common goal.

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<sup>52</sup> Interview 10

<sup>53</sup> Interview 10

<sup>54</sup> Interview 10

<sup>55</sup> Interview 10, 13, 16, et.al.

<sup>56</sup> Interview 13



### **8.3.1 Concluding analysis of interdependence**

Interdependence and mutual resource dependency is sometimes very much intertwined. Anyhow, the empirical material shows quite clear that there is interdependence between the actors involved in PPPs. I agree with the fact that in PPPs there exist an intrinsic interdependency among the actors involved, since nothing in the empirical material disproves this argument. Participation in PPPs means some commitments, and becoming increasingly immersed in each other results in increasing interdependence. The empirical material shows that the state seems to sometimes agree to form partnerships even though they necessarily want to but because they are more or less forced to do it because of the need for resources.

The information obtained in the study does not indicate any direct evidences or support for the fact that the state is losing its hierarchal rationality. No informant pointed out that such is the case. Nor are there any evidences that the state would lose its autonomy because they get involved in PPPs.

What I found might be the case is that there is more evidence that indicate that the state of Botswana is dependent rather than that of all actors are interdependent. On the other hand, what the other actors are driven by exactly is not possible to answer here. However, it would probably be difficult to get any concrete answers from a pharmaceutical company on their exact motives for enter partnerships in Botswana. And as the aim of the study is to study the state's role, this is not the focus for the study.

The characteristic of interdependence is somewhat difficult to analyze as it is so much intertwined with the mutual resource dependency characteristic, but there exists an intrinsic interdependency among the actors involved in PPPs. Evidences in the empirical material clearly shows this. However, there is no support for the statement that the state is losing it hierarchical rationality.

## **8.4 Mutual resource dependency**

For further information on mutual resource dependency, see Analytical Framework 5.1.

*“We have something that they need and they have something that we need”*

During the interviews it came up that Botswana has a lot to offer when it comes to research opportunities. The economic importance of the PPPs cannot be ignored but there is a mutual resource need that drives many of the partnerships. The interviews show that Botswana has

many research advantages as a country when it comes to HIV-research. Botswana can work as a Greenfield concerning research opportunities, i.e. an area of research that is undeveloped and where it is possible to find new opportunities for research breakthroughs. One informant expresses it as follows:

*“You know, the ambition of a doctor is to cure people and finding ways of curable to cure. So they are not necessarily driven by money but also, it is an open Greenfield to solve your problems.”<sup>57</sup>*

As a result of this, major research institutions come to Botswana to do research. The informants emphasize that it somewhat has become a global competition for research conductors, research institutions and research money. The reasons why research institutions and doctors come to Botswana differ of course but one informant says that many of the major universities in the U.S. that conducts education and research through PPPs in Botswana with the pretext that it favors both the international research on e.g. HIV/AIDS as well as it benefit Botswana’s citizens. The chance to get access to drugs and better treatment by highly educated staff increases, and many of the informants express that this mutual resource dependency really benefits Botswana. An informant at the Ministry of Health puts it this way:

*“A lot of international researchers are not necessarily driven by money. They can be driven by research opportunity. Come and try and do it. So from that point of view we get better results than saying no you can only come and do any of [something] and we only paying you what we pay our doctors, like a thousand pula a month. So this is very conducive to PPPs.”<sup>58</sup>*

This quote suggests that reasons and driving forces behind the actors’ decisions to enter partnerships differs. What they have in common is that all of them are dependent on some kind of resources, in one way or another. The Botswana government needs both financial and human resources, and in turn they can offer good research opportunities. One can say, to form partnerships is both due to resource shortages and a mean to handle health problems in a global world. It is important to get recognition from the international health research community. To have certain distinguished partners inside Botswana, working with high-end research on global health problems is important. So, besides the need for resources there is also a need for being a part in the global research world. One informant expresses it as follows:

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<sup>57</sup> Interview 10

<sup>58</sup> Interview 13

*“Partnerships don’t have a negative impact, because they come in and they assist us where we cannot afford to do everything alone, we need to get some people on board, we need to work with partners. So on our own we cannot achieve anything. And besides, it is a global world, or village, isn’t it?”*<sup>59</sup>

***“We really need educated people”***

Botswana lacks sufficiently trained human resources and is in huge need of expatriates within various fields of medicine, both in the public and private health sector. Up to 90 percent<sup>60</sup> of all doctors are expatriates and staffing levels are inadequate to meet demand in the future. Although the rate of erosion is negligible, there is a high turnover of staff at all levels of the health sector. Since Botswana does not have medical training and education institutes at the moment, the training of health care professionals is mostly provided out of country institutions. Botswana’s effort to address the shortage of health professionals is believed to have had a major boost from the economic meltdown in Zimbabwe. Currently, there are a significant number of Zimbabweans who work within the health care sector in Botswana and if these professionals decide to move to their home country, Botswana will face further shortage of skilled professionals.<sup>61</sup> Apparently, it seems uncertain how the future will look like. But according to one informant the development for the health sector in Botswana lies in an increased use of PPPs:

*“The use of the private sector in PPPs, the use of professional organizations external to Botswana, as PPPs, is set to boom here. There is going to be an inversion of using specialist skills. [The government] need to find knowledge, the government learns by this.”*<sup>62</sup>

According to the interviews, PPPs is filling a role within the health sector in Botswana which the government would prefer to have in many cases. But due to the resource shortage in Botswana the service cannot be provided without external resources. One informant argue around the issue that one of the biggest problems that face Botswana is that the country need so much resources. It is also a problem that the wages in Botswana is so poor that people who are professional are leaving the country.<sup>63</sup> The informant ends with:

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<sup>59</sup> Interview 13

<sup>60</sup> Document 3

<sup>61</sup> Document 3

<sup>62</sup> Interview 10

<sup>63</sup> Interview 10



*“In US or EU they [the medical staff] earn a month what we earn a year. Around 500 work visas a month goes to the UK. [The ones that leaves are] professional people and they are gone to up to ten years.”<sup>64</sup>*

The government is trying to handle the problem with professional specialists that leaves the country the following way:

*“What you do is to try to get your partner in to run it [the project] and then get your resources to come in and start it or you wait and see if you got some resources and then find a partnership where you can have a fifty-fifty arrangement thing. Gradually decreasing the partner shares while you increase your share...”<sup>65</sup>*

One informant puts this answer to the question on how to increase the state's share in the partnership if there is a constant resource shortage: “[...] I don't know. It's a problem that nobody really has sorted out... it is a problem here...”<sup>66</sup> i.e. no solution to the “brain drain problem” in sight as long as there are not enough financial resources to keep the highly skilled people in the country.

#### **8.4.1 Concluding analysis of mutual resource dependency**

The empirical material shows that there is a mutual resource dependency between the actors involved in partnerships. The resources in question that the actors are dependent on differs though. However, the Hollowing out theory states that different actors are dependent on resources and therefore enter partnerships, which is supported by the empirical material. The study shows that research institutions, such as drug companies and universities are looking for new challenges and new areas to conduct research on. Botswana on the other hand needs financial resources, human resources and resources connected to medical equipment. In turn Botswana "gives out" research opportunities. There are several reasons why Botswana is a country that offers big research opportunities. Not single the fact that Botswana has the highest HIV-prevalence in the world, it is also a country characterized by “good governance”, an open problem-solving attitude and not least a comparable homogeneous population, to conduct experiments on. This in turn will benefit the people but also drug companies and the big research institutions, which is constantly looking for countries, people, places, and new diseases conducting research on.

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<sup>64</sup> Interview 10

<sup>65</sup> Interview 10

<sup>66</sup> Interview 10



The study shows that the resource dependency is more severe between the state and the other actors, in other words, the state is more dependent on the other actors than these actors are dependent on the state. On the other hand, one could argue that the participation in partnerships builds up a structure that the state in the long run becomes less dependent on external resources. But according to the informants there is not a solution yet to the problem of increasing the government's share in the partnerships over time.

The study supports Peters et.al. (1998) in the fact that the formations of PPPs leads to a blending of public-sector and private-sector resources, and that this in turn will increase the dependency furthermore. The formation of PPPs leads to increased mutual resource dependency.

## **8.5 Capability to coordinate and plan**

For further information on capability to coordinate and plan, see Analytical Framework 5.1.

### ***“It's a mutual arrangement”***

Every partnership agreement with the government, here in form of the Ministry of Health, results in a signed Memorandum of Understanding (MoU) between the partners involved. The conditions of the partnership are coming together in the MoU, the strategies are traced and the time frame is agreed upon. During the interviews there were some uncertainties about how the rules are settled up and how much the state actually has to say in concerning the coordination and planning within the partnership once it is ongoing. One informant expresses it like this concerning the stringency in the MoU:

*“If one partner feels that they done what they wanted to do, there is a dialog in saying no we have done enough we draw back from coaching.”<sup>67</sup>*

This quote shows that the planning and coordination of the activities carried out by the partnership seems to be rather fluid. If one partner not is satisfied with the arrangement or that they had achieved what they wanted before the set end date, there is a possibility to withdraw their part of the partnership. What can be withdrawn is everything from skilled labor and finances to material supply, like drugs and medical equipment. This quote support the statement that the capability to coordinate and plan is to a great extend based on game-like interactions. The arrangements are based on trust and mutual agreements that satisfy all

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<sup>67</sup> Interview 13

partners involved. In turn, the agreements are negotiated by every actor with a wish to get as much as possible out of specific wishes.<sup>68</sup>

It is of course possible to argue that it is good that there is a mutual arrangement when the partnerships are set up. But this also implies certain requirements, the capability to coordinate and plan the governments' part of the partnership need to be there.

***"It's a learning process"***

The interviews show that sometimes the reason for coordinating and planning problems seems to be the internal rather than the state's ability reduces due to the involvement in PPPs. One informant expresses the difference between being a state employee and employed within ACHAP when it comes to the issue of coordinating and planning efforts:

*"It's a problem here [with continuity and long term planning]. [When the informant was employed by ACHAP] I had a five years budget and I knew what to do, I had a strategic plan. Here its one year in the time. So the 31 of March you clean the board and start with a blank sheet paper. Not a long term plan. I have just managed to get a five years strategic plan here. And people are very troubled about this, because they think they have to commit for five years. It is very difficult to change that year upon year thinking in budgeting cycle."*<sup>69</sup>

This quote shows that ACHAP had the effect of increasing the state's capability to coordinate and plan. The state got new influences, and employees from outside Botswana contributed with knowledge around how to plan and coordinate to reach the most efficient results. The informant believes that it is a major concern for the Ministry of Health to plan on an annual basis. The employees at the ministry feel that they are booked for years to come, which is not seen as something positive. This can be explained by the fact that highly educated people within the health sector are a scarce commodity in Botswana. As the wages are relatively low in Botswana, those with high education would like to be open to career opportunities outside the country if the possibility arise.

Botswana has undergone a huge change since independence, and during the last twenty years. This can be an important fact in the capability to coordinate and plan. The following quote says something about the start the new country got. With no experience of ruling a country

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<sup>68</sup> Interview 13, 10, 14

<sup>69</sup> Interview 10



and with people that know nothing else than being oppressed; coordination and planning can be a challenge:

*“Most of the people in this country which is still in the decision making age remember the colonialism. There were two hospitals in the whole country and there were very few schools. Everybody was very poor and they had no say what happened to them and they had no say to a relation. Our danger has been in the past that people that have risen up haven’t had the true capability to do what they got. That is where the problems start in the decisions in the government works; it is still true in some areas to certain things. The government still needs to realize that you do not need a doctor to run a hospital. In the old days everything was run by Europeans and the Europeans were professionals in their skills [...] the history stuck as we transfer it to Botswana rules.”<sup>70</sup>*

The same informant wants stress out that Botswana has managed the transition from colonialism to self governance remarkably well. The informant also points out that the governmental infrastructure is genuine in Botswana [compared to many other African societies] and that the positions is the same and that the same hierarchy found in Europe is to be found in Botswana. The main difference is that the public sector employs a greater percent of the population; implicitly meaning that the public sector is ineffective in many cases.<sup>71</sup>

To promote diversification, employment and increase the efficiency of health care, the government of Botswana decided in 2008 to create a Health Hub. This hub has the task to try to see whether efficiency and performance can be brought into the public health care system. Some of the main objectives of the Health Hub are to ensure efficiency in service delivery and enhance service delivery through PPPs.<sup>72</sup>

### **8.5.1 Concluding analysis of capability to coordinate and plan**

The interviews show that the capability to coordinate and plan gets affected somewhat negatively of the partnerships. First is the issue of continuity, which is sometimes unclear within the partnerships which can affect the states capability to coordinate and plan. Second, the nature of partnerships is that they are temporary, and this affect the continuity of the services delivered. Since the partnerships being overlapped and have different time periods it can be difficult to coordinate the efforts. Beside this it can also be difficult to coordinate the

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<sup>70</sup> Interview 10

<sup>71</sup> Interview 10

<sup>72</sup> Interview 14

efforts made within the various partnerships, since they often function as independent units. This is supported by for instance Rhodes that says that the capability to coordinate and plan is to a great extent based on game-like interactions which are negotiated and agreed by partnership participants. On the other hand, there is no evidence that the coordination and planning problems are related to the fact that there are PPPs involved in the service delivery. The creation of a Health Hub is one way to work more effectively with planning and coordination of the health service. And the Health Hub is not directly connected to the formation of PPPs.

On the other hand, the empirical material shows that there is a learning process for the government, working in partnerships. The interviewees mention that the state's capacity to plan and coordinate sometimes has internal weaknesses. Some informants say that it is difficult to plan long term. This may be due to several reasons that this study does not examine. One factor that points out as a reason for this is that Botswana is a relatively new state with just forty years of experience of managing a state. Anyhow, for this study it is just possible to make assumptions on why this is the case.

However, there are evidences that the participation in PPPs actually strengthen the states capability to coordinate and plan. The evidences mainly points to the fact that the involvement in partnerships influenced to new ways of thinking according to planning activities for a longer period of time, e.g. with three years budgets instead of annual budgeting. This information gets support by Pollitt (2002), when he says that the reasons why states enter PPPs are because of expected management reforms and modernizations of the public sector. And one effect this gives is by working in partnerships with the private sector, is to learn how to run programs more flexible and efficiently. In this case the participation also increases the capability for long term planning.



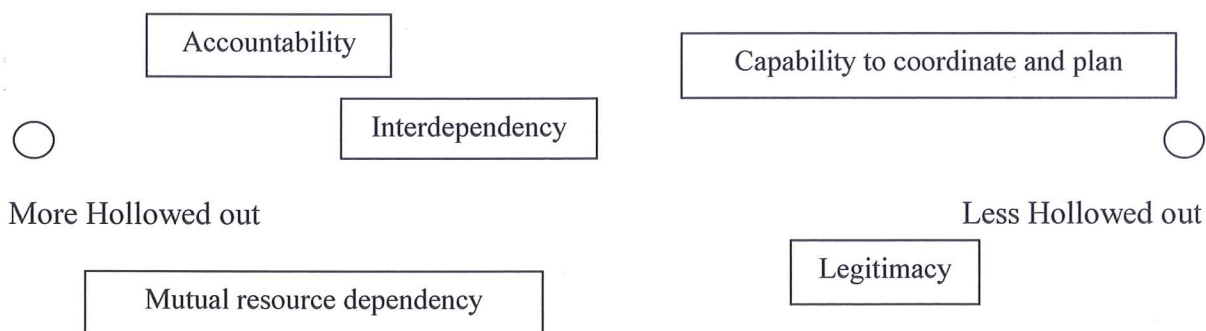
## 9. Effects of Public-Private Partnerships

This chapter provides the reader with the concluding discussion of the results of this study according to the aim and research question. I have brought up the main findings made out from the analysis of the empirical material and present them in a precise and exact manner. The chapter ends with reflections and suggestions for further research on this subject.

### 9.1 Conclusions

This thesis has had the ambition to, through the use of an analytical framework based on the theory of Hollowing out of the state, answer the following research question: *In what ways does the formation of Public-Private Partnerships within the health sector affect the Botswana state concerning the five core issues?*

By using five important characteristics or themes, I have tried to map out what effects the formation of and participations in PPPs have had according to these characteristics. I have visualized the results of this study with the following picture. By placing the characteristics besides each other, where the part at the left stands for a development towards an increase in the Hollowing out and the part at the right stand for a development where the PPPs do not have the effect of a Hollowing out, a foreseeable and comprehensive picture is possible.



As displayed in the empirical and analytical chapter, the outcome differs between the characteristics.

It might not be possible to give a coherent answer on *accountability*, and there are indicators that the state seems to be primarily responsible for the outcomes of the PPPs. However, I

The *mutual resource dependency* increases as an effect of involvement in PPPs, which is not very surprising as the state enter PPPs with the aim to bringing resources together to achieve something bigger than every actor are able to do achieve by themselves.

A comparison between *interdependence* and *mutual resource dependency*, since these two characteristics have similar features in many ways, shows that the mutual resource dependency is increasing to a greater extent than the interdependence. The outcome for interdependence is more unclear and one can say that interdependence neither increases nor decreases due to the involvement in PPPs. For instance, the rational hierarchy of the state does not get affected particularly. However, PPPs in the health sector is a quite new phenomenon, and it is hard to say how the activities in PPPs affect the hierarchy of the state in a longer timeframe. Anyhow, it would be wrong to say that there is none or little interdependence, as there is a complex interweaved relationship between the actors in a PPP.

Regarding *legitimacy*, the results does not convince for any evidences that the legitimacy has decreased according to the activities in PPPs. The legitimacy has been maintained due to the activities in PPPs, and in many ways the legitimacy has even become enhanced. This outcome can be derived from the fact that the PPPs have enabled increased health service delivery to a significant degree.

The area where the activity in PPPs does not have the effect on the state that leads to a hollowing out is the issue of the states *capability to coordinate and plan*. There are evidences that activities in PPPs increased the states capability to coordinate. Even though it can be questionable of who is coordinating and planning within the PPPs, the state has got valuable inputs and increased knowledge within the area of coordinating and planning.

These facts put together, I would argue that there is a tendency towards a Hollowing out even if this is not the case in every area. If the use of PPPs for service delivery increases in Botswana, as some of the informants pointed out will be the case, the possibility that the Hollowing out also increases exists but this is just predictions.

As discussed in the beginning of this study, there has been a lack of empirical studies in African countries on how the activities in PPPs affect the state. Consequently, there has been little knowledge whether the theory of Hollowing out of the State actually is appropriate for a context different than the one in industrialized western countries. This study shows that the effects that PPPs gets in industrialized western countries appear to a great amount work in



similar ways in Botswana. But despite the outcome of this study, it is difficult to say to what extent the results from Botswana are transferrable to other African countries since the public administration system works differently and higher levels of corruption and maladministration may exist.

## **9.2 Possible underlying factors and reflections**

When conducting a field study like this, it is of course impossible to completely isolate for other, not examined, factors that might affect the outcome. There are some factors that are so specific to the Botswana context that could work as possibly underlying explanations to why the outcome looks like it does in Botswana, and that cannot alone be explained by the activity in PPPs. These specific factors go beyond the analytical framework, and can therefore not be explained by it. One important factor that I want to raise here is the dependency on diamonds. Diamonds contributes to the economic growth in Botswana but the dependency caused a severe strain on the state budget during the global economic crisis in 2008. Another issue is the high unemployment and the lack of sectors to work in, which in turn make the state the major employer in Botswana. It is hard to streamline and do cuts in the public sector as this will lead to the loss of jobs for a lot of people. In Botswana it is not uncommon that one income sustains many people. This “extended family system” gets the effect that people are very vulnerable to changes in the labor market.

During the work with this study one issue rose up as very prominent; the question of sustainability. The main concern of using PPPs within the health sector and for health service delivery expressed by the informants was the issue of sustainability. If the traction to form PPPs within the health sector in Botswana goes down among private companies or research institutions, how will the health care look like then? Many of the informants expresses that PPPs not is a very sustainable way of delivering health care. Since many PPPs goes on for a short period of time the knowledge transfer might not be sufficient. It is important not to underestimate the time and need for practical training to make service delivery through PPPs sustainable.

### **9.3 Suggestions to further research**

Despite the continued enthusiasm for PPPs by the public sector, philanthropic institutions and the medical industry, and some academics, there is a relative lack of attention given to the sustainability of many PPPs. For further research it would be interesting to look at the sustainability aspect of using PPPs within the health sector in African countries. This study has shown that this issue is an unexplored field and something that are shadowed by the euphoric feeling of using PPPs for health service delivery. What we have seen is that PPPs can work as a very tempting solution for huge problems of service delivery and resource shortness. Unfortunately, very few discussions are taken around the issue of the sustainability about using PPPs for service delivery within such an important core area as health. Therefore, to further develop the understanding of the consequences of service delivery through PPPs in African countries, future studies are needed around the subject. As the study has shown, the case today is that the Botswana state is more or less forced to enter PPPs for health service delivery and are dependent on that PPPs are ongoing for a long period of time. Including a sustainability perspective of the use of PPPs in future studies may contribute to a more nuanced understanding of the use of PPPs and its consequences on African states than existing literature provides today.



## References

### Books:

- Bergström, Göran & Boréus, Kristina (ed.) (2005). *Textens mening och makt: metodbok i samhällsvetenskaplig text- och diskursanalys*. 2. ed. Lund: Studentlitteratur
- Esaiasson, Peter, et al., (2007). *Metodpraktikan: konsten att studera samhälle, individ och marknad*. 3.ed. Stockholm: Norstedts juridik
- Keshav C. Sharma & Thabo Lucas Seleke, (2008). HIV/AIDS in Africa: Botswana's response to the Pandemic. In Jack Pinkowski (ed.) (2008) *Disaster Management Handbook*, CRC Press, Taylor & Francis Group, LCC.
- Kjær, Anne Mette (2004). *Governance*. Cambridge: Polity Press
- Madell, Tom & Indén, Tobias (2010). *Offentlig-privat samverkan: rättsliga förutsättningar och utmaningar*. Uppsala: Iustus
- Mikkelsen, Britha (2005). *Methods for development work and research: a new guide for practitioners*. 2. ed. New Delhi: Sage
- Mörth, Ulrika & Sahlin, Kerstin (ed.) (2006). *Privatoffentliga partnerskap: styrning utan hierarkier och tvång?* 1. ed. Stockholm: SNS förlag
- Osborne, Stephen P. (ed.) (2010). *The new public governance? Emerging perspectives on the theory and practice of public governance*. London: Routledge
- Peters, Guy (1993). In Eliassen, Kjell A. & Kooiman, Jan (ed.) (1993). *Managing public organizations: lessons from contemporary European experience*. 2. ed. London: Sage
- Pierre, Jon & Peters, B. Guy (2005). *Governing complex societies: trajectories and scenarios*. Basingstoke: Palgrave MacMillan
- Pollitt, Christopher (2003). *The essential public manager*. Philadelphia, Pa.: Open University
- Rhodes, R. A. W. (1997). *Understanding governance: policy networks, governance, reflexivity and accountability*. Buckingham: Open University Press
- Salamon, Lester M. (ed.) (2002). *The tools of government: a guide to the new governance*. Oxford: Oxford University Press
- Skelcher (2005). In Ferlie, Ewan et.al. (2005) (ed.). *The Oxford Handbook of Public Management*. Oxford: Oxford University Press
- Todaro, Michael P. & Smith, Stephen C. (2009). *Economic development*. 10. ed. Harlow: Addison-Wesley
- Trost, Jan (2007). *Kvalitativa intervjuer*. Studentlitteratur, Polen, Pozkal

Weber, Max (1977). *Vetenskap och politik*. Göteborg: Korpen

Yin, Robert K. (2009). *Case study research: design and methods*. 4. ed. London: SAGE

### **Articles:**

Barr, Donald A. (2007). A Research Protocol to Evaluate the Effectiveness of Public-Private Partnerships as a Means to Improve Health and Welfare Systems Worldwide, *American Journal of Public Health, Health Policy and Ethics*, Vol. 97, No 1, Peer Reviewed

Holliday, Ian (2000). Is the British State Hollowing Out? *Political Quarterly*, Vol.71 (2): 167-176. Blackwell Publishers, Oxford: UK

Hufty, Marc (2009). The Governance Analytical Framework: Method and Case Studies (working title). *National centre for competence in research North-South*

Jones, Rhys, et.al. (2005). Filling in' the state: economic governance and the evolution of devolution in Wales, *Environment and Planning C: Government and Policy* vol. 23

Peters, B. Guy (1994). Managing the Hollow State, *International Journal of Public Administration*, 17:3-4

Peters, B. Guy & Pierre, John (1998). Governance Without Government? Rethinking Public Administration, *Journal of Public Administration, Research and Theory*, J-PART 8

Pollitt, Christopher (2002). The Hollowing out of the State: The changing nature of the public service in Britain. Clarifying Convergence Striking Similarities and Durable Differences in Public Management Reform. *Public Management Review* Vol. 3 No. 4 London, UK: Routledge/Taylor & Francis

Ramiah, Llavenil & Reich, Michael R. (2005). Public-Private Partnerships and Anti retroviral Drugs for HIV/AIDS: Lessons from Botswana, *Health Affairs*. Vol. 24, Number 2: 545

Rhodes, R.A.W (1994). Hollowing out of the State: The changing nature of the public service in Britain. *The Political Quarterly* Vol.65, Blackwell Publishers, Oxford: UK

Rhodes, R.A.W (1996). The New Governance: Governing without Government. *Political Studies Association*, Blackwell Publishers, Oxford: UK

Widdus, Roy (2005), Public-Private Partnerships: an overview. Initiative on Public-Private Partnerships for Health (IPPPH), Global Forum for Health Research, *Royal Society of Tropical Medicine and Hygiene*, Elsevier Ltd

### **Electronically sources:**

URL 1: The Botswana Government website, via:

<http://www.gov.bw/en/Ministries--Authorities/Ministries/MinistryofHealth-MOH/>, viewed 2011-12-08

URL2: The World Bank, via:  
<http://web.worldbank.org/WBSITE/EXTERNAL/COUNTRIES/AFRICAEXT/BOTSWANAEXTN/0,,menuPK:322821~pagePK:141132~piPK:141107~theSitePK:322804,00.html>,  
viewed: 2011-09-13

URL 3: United Nations Development Programme, via:  
<http://hdrstats.undp.org/en/countries/profiles/BWA.html>, viewed 2011-12-22

URL 4: UNAIDS, via:  
[http://www.unaids.org/en/dataanalysis/monitoringcountryprogress/2010progressreportsubmittedbycountries/botswana\\_2010\\_country\\_progress\\_report\\_en.pdf](http://www.unaids.org/en/dataanalysis/monitoringcountryprogress/2010progressreportsubmittedbycountries/botswana_2010_country_progress_report_en.pdf), viewed, 2011-12-22

URL 5: The Botswana Government, Masa program, via:  
[http://www.hiv.gov.bw/masa\\_program.php](http://www.hiv.gov.bw/masa_program.php), viewed 2011-11-05

URL 6: ACHAP, via:  
[http://www.globalhealth.org/conference\\_2010/presentations/c2\\_moeti.pdf](http://www.globalhealth.org/conference_2010/presentations/c2_moeti.pdf), viewed 2011-12-21

### **Documents:**

#### Document 1:

The National Response, HIV and AIDS information package. NACA, Ministry of State President, November 2008. For more information: [www.naca.gov.bw](http://www.naca.gov.bw)

#### Document 2:

National Operation Plan for Scaling Up HIV Prevention in Botswana 2008-2010, February 2008. For more information: [www.naca.gov.bw](http://www.naca.gov.bw)

#### Document 3:

Botswana In Depth Study – Health Sector, The Swedish Trade Council in Botswana. January 2011

### **Interviews:**

Informant interviews conducted in Gaborone, Botswana, between March and May 2011. In text coded 10-17.

Informant 10: Senior civil servant at the Ministry of Health, the Public-Private Partnership Unit and advisor to the Ministry of Health concerning PPPs.

Informant 11: Strategic senior civil servant at NACA.

Informant 12: Civil servant at NACA.

Informant 13: Senior civil servant at the Ministry of Health, the Unit for Health policy, Development, Monitoring and Evaluation.

Informant 14: Senior civil servant at the Ministry of Health, the Outsourcing Unit.

Informant 15: Senior civil servant at the Ministry of Health, the Public-Private Partnership Unit.

Informant 16: Civil servant at the Ministry of Health, the Health Hub.

Informant 17: Researcher at University of Botswana's Centre for the Study of HIV and AIDS.



# Appendix I

## Interview guide

### General questions:

- *Your profession?*
- *Your role? What are you working with? Tell me about your work.*

### Background questions:

- *Tell me about the HIV-epidemic here in Botswana.*
  - *The first case, the discovery of the disease, the political reaction and so on.*
- *Tell me about the development/ the history of using PPPs within the health sector here in Botswana.*
- *How does it work with HIV-treatment and prevention here in Botswana?*
- *How is the health service structured?*
  - *Costs, access to service and so on.*
- *Tell me about ACHAP.*

### General questions concerning PPPs:

- *Can you describe how the discussion goes before a PPP takes place?*
- *How is the decision making made before entering a PPP?*
- *Would you say that there are any negative consequences of PPPs?*
- *How is the power divided among the actors?*
- *Can you tell me about positive and negative experiences of using PPPs?*
  - *Some examples*
- *Why is the Botswana state involved in PPPs for health service delivery?*

### Theme 1: Legitimacy

- *How is the legitimacy for the state among the citizens of Botswana today?*
- *What would you say happens to the legitimacy of the state when using PPPs for health service delivery?*
- *How do you think that the legitimacy for the state has affects due to the issue of HIV?*

**Theme 2: Accountability**

- *Who is accountable in the PPPs?*
- *Can you see any concerns regarding accountability?*
- *How does accountability mechanism working in the PPPs?*
  - *If something goes wrong what happens then?*

**Theme 3: Interdependence**

- *How is the independence in the PPPs?*
- *Tell me about independence and dependence.*
- *Can you tell me about the autonomy of the state?*
- *How dependent/independent on PPPs would you say that the Botswana state is?*

**Theme 4: Mutual resource dependency**

- *How is the resources divided between the partners?*
- *What resources does the state contribute with to a PPP?*

**Theme 5: Capacity to coordinate and plan**

- *How is the PPPs generally planned?*
- *Tell me how the coordination work within the PPPs.*
- *How much, according to you, are the state involved in the coordination and planning of PPPs?*
- *How does it work with the coordination and planning of the activities within the PPPs?*
  - *Who is planning what, and how? - Communication and so on.*
  - *How does it work before a PPP is set up?*
- *How does the communication work during the ongoing time?*
- *Anything that you would like to add to this conversation?*

**Thank you!**