

Public- public partnerships in health and essential services

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Executive summary

This review paper was commissioned jointly by the Southern African Regional Network on Equity in Health (EQUINET) and the Municipal Services Project (MSP) to gather information to act as a baseline “concept paper” for additional research by the MSP and EQUINET. It aims to provide information on the state of research on “public-public partnerships” (PuPs), an analysis of the conceptual and logistical framework of PuPs that have been implemented, and a discussion of the lessons to be learned from PuPs in SADC countries and elsewhere.

The concepts of public-public partnerships (PuPs) in the literature cover a wide range of organisational arrangements, including relations between different public authorities, relationships between a public authority and the public, or an organized civil society group such as a trade union. There is no single model form of PuP.

PuPs can be categorised according to the type of partners involved. This might consider public authorities of the same type, public authorities of different types, partnerships between public authorities and communities, and international partners. It might also cover the objectives pursued, including improving the efficiency and/or effectiveness of services, capacity-building, and defence of public services through using PUP as an ‘alternative’ to privatisation. Another sometimes conflicting objectives, is the facilitation of Public private partnerships (PPPs). A wide range of types can be observed in South Africa. The range of PuPs is observed in relation to two specific sectors – water and healthcare. The study explores international PuPs, and six case studies are further considered in some detail.

The water sector shows examples of PuPs that reflect the international dimension of the sector and the importance of recognising the different objectives of participants, such as:

- the international environmental improvement as objectives of partnership between states, as in the Baltic Sea;
- traditional development partnerships;
- partnerships with the political objective of capacity-building but which may also contain commercial objectives on the part of the parastatals involved; and
- direct action by communities to take over the construction or operation of facilities.

PuPs in the health sector can be classified according to the main objectives: human resources and capacity building; community involvement and accountability, service improvement, and financing. Evidence of PuPs in the health sector emphasise the development of partnerships and the process of working together. This provides useful insights into some elements of successful PuPs. Partnerships take time and effort to develop. The development of trust and respect emerged as essential elements for good partnership working.

In the health sector, capacity building is recognised as important for effective partnership working. It can involve helping partners to work together more effectively and developing organisational capacity. Training and capacity building also play a central role in partnerships that link low- and high-income countries. They are often small scale and operate with limited resources.

Human resource development and capacity building also contribute to the development of community participation and accountability through capacity building in communities to enable them to contribute to plan services and in training health workers to be more responsive to community needs.

PuPs in the health sector have contributed to improved service delivery. In some case this has been through working with local communities more closely. In other example, partners bring new understandings and expertise which inform the development of new services.

International agencies or municipal networks have facilitated many capacity building partnerships in the public sector. Some of the agencies supporting international public-public partnerships also support the promotion of public private initiatives at national or local level. They do not consistently support public-public partnerships at all levels. This suggests that their commitment to public-public partnerships may be limited.

The six case studies cover examples of different types of partners and incorporate a range of objectives. Four of the case studies are drawn from South African Development Commission (SADC) countries, one from western Europe, and one from a former Soviet union country. They show some common features – such as the importance of external funding for establishing the PuP and the need for a lengthy period to establish good relationships. They also show some differences, for example, in the extent of community involvement, and the degree of central government involvement. The studies demonstrated that subsequent political developments can change the context and operation of a PuP.

In conclusion, PuPs are seen as an effective way of improving the effectiveness of public services through capacity building; restructuring the public sector to improve delivery of public services; and developing transparent systems of accountability. The external funding and expertise brought in through PuPs, and the active participation by communities also contribute to these benefits. The involvement of communities with PuPs is in contrast to PPPs, where community participation is not a central objective. PuPs cannot provide permanent protection against future possibilities of privatisation, but do make a significant contribution to political processes of representation and accountability.

The paper recommends further research by local researchers, in collaboration with communities and NGOs. Such research should cover:

- The possibility of using PuPs for pursuing specific objectives in targeted sub-sectors, such as primary healthcare.
- Assessment of the specific components of PuPs that contribute most strongly to improved service delivery, and what can be gained from PuPs, particularly in terms of improved service delivery.
- The long term effect of PuPs and to what extent service improvements are dependent, or at least influenced by, the nature of the relationship between the public agencies would also contribute to a stronger evidence base.
- Assessment of how structures involve the community most effectively.
- The role of educational institutions working other parts of the public sector.
- The potential for using different forms of PuPs to achieve improvements in systems of user involvement and governance in public services. The research should identify clearly the different types of partnership envisaged and the different objectives pursued.

Funding emerged as a key issue in many PuPs. Future research could address the issue of funding through a comparison of the total cost of funding a PuP with the costs of restructuring through PPPs. This would help to strengthen the use of PuPs as a counter to PPPs.

1. Introduction

This report was commissioned by the Municipal Services Project (MSP) and the Southern African Regional Network on Equity in Health (EQUINET) in 2004. The review was carried out in 2004 and drew on a number of sources. The review started with a review of material already known to PSIRU. Searches of academic research and on-line publications were conducted. Other researchers and activists provided references and guidance to materials.

The paper first discusses the concept of PuPs and proposes a two-dimensional typology for categorising the various forms of partnership so described. The range of types of PuPs is then discussed with reference to specific sectors (water and healthcare), international associations, and six case studies. The final section draws general conclusions and makes recommendations for future research into the subject.

2. Core concepts: types of partners and objectives.

A literature review shows that there is no single consistent concept of ‘public-public partnership’ or of the acronym ‘PuP’. The notion has clearly been developed as some kind of contrast to the concept of ‘public-private partnerships’ (PPPs), but the context in which it is used affects its meaning. Nevertheless it is possible to categorise the uses of the notion according to two main dimensions: the type of partners, and the type of objectives.

2.1. Different types of partners

The narrower concept of “public-public partnerships” (PuPs), most commonly used in North America and Europe, covers collaboration between two or more public authorities in the same country. This may consist of collaboration between public authorities of the same type and level, usually inter-municipal consortia; or collaboration between different types or between different levels of public authorities. These practices probably date back many years, though the name of “public-public partnerships” is certainly a recent creation by analogy with and contrast to public-private partnerships.

The wider use of the concept treats PuPs as including partnerships between public authorities and any part of the public: a recent definition of PuPs in South Africa covers: “government-community partnerships government-NGO partnerships as well as government-government partnerships.” (Kitchen, 2003). This definition thus includes the various forms of partnership with NGOs, community organisations, and trade unions. In addition there are partnerships with an international dimension: ‘development partnerships’ involving the partnering of a public authority from a high income country with a public entity in a lower income country; and cross-border partnerships involving authorities from different countries, including international associations of public authorities.

Table 1: Typology of PuPs: types of partners

Type	Sub-type
Public authority-public authority	Inter-municipal
	Government-municipal
Public authority- community	Public authority-community
	Public authority- NGO
	Public authority- trade union
Development partnerships	High income country public authority-low income country public authority
International PUPs	Public authorities from different countries
	Public authorities from neighbouring countries

2.1.1. Public authority partnerships

The concept of PUPs is applied to a range of forms of co-operation between public authorities in the same country.

The most widespread form is cooperation between public authorities of the same type, typically some form of inter-municipal collaboration to carry out functions on a larger scale. This is common among European municipalities, on a range of functions including utility services such as water and energy. This form of PuP has been the subject of a recent report from the current UK government, which treats PuPs as a vehicle for further restructuring of local government (ODPM, 2004). The report includes examples such as a number of district councils combining to use a shared internal audit service; a municipality and a health authority pooling their budgets in overlapping areas of social services responsibility; neighbouring municipalities merging their building, refuse collection and vehicle maintenance departments.

Another form of this involves a higher level of government (usually central or federal government) providing finance or guarantees for activity by local authorities. One example of this is the “revolving fund”, set up by the USA federal government, to be drawn on by municipalities, which benefit from the credit rating of the higher institution: this funding relationship has also been advocated by a number of bodies as a way of facilitating municipal borrowing in developing countries (Fitch, 2003). Other cases include a state-municipal partnerships to develop housing in declining communities in Pennsylvania (PR Newswire, 1991); a bond issue by a city with good credit ratings to finance capital expenditure on schools run by school boards with low financial capacity (California Public Finance, 1997) ; a similar arrangement, in Canada, whereby investment in schools is financed by a provincial government for a municipal council (Edmonton Journal, 2004) . This form is included in the alternative budget for Canada, proposing a federal level financing agency the Canadian Infrastructure Financing Authority (CIFA), to invest \$5 billion a year in cities and towns for services run by other authorities, thus creating public-public partnerships between the federal and other levels of government (Canadian Centre for Policy Alternatives, 2004).

Other partnerships may also involve collaboration between different types of public authority where responsibilities overlap or connect closely to each other. A common area for this is collaboration between municipalities and health authorities in social services, for example collaborations in the UK in the field of children’s services and social care. (ODPM, 2004).

2.1.2. Partnerships with communities, NGOs and trade unions

Partnerships with NGOs or community groups usually involve the community having some role in managing or even delivering the service. The case of water supply in Savelugu, a town in the north of Ghana illustrates one such partnership. The national bulk water company Ghana Water Company Ltd. (GWCL), formed a partnership with six area committees, comprising equal numbers of men and women. The committees collect the tariffs and report faults to the district assembly. International NGOs and UNICEF also supported the partnership. Between 1998 and 2002, the percentage of households with access to safe water grew from 9% to 74%, and guinea worm disease was largely eradicated (Apoya, 2003).

A specific category of participation by organised social bodies, are cases where trade unions have become formal partners. One such example is the involvement of SAMWU as a partner in the PUPs in water services in South Africa, Odi and Harrismith, whereby the union committed itself as a partner in crating new water supply organizations (see below on Odi and Harrismith). There are more general examples of cases where trade unions have collaborated with public authorities in restructuring: the Swedish union Kommunal creating its own agency (‘Koman’) to develop such projects; the Honduras water union collaborating with a major restructuring of the water company as a defence against privatisation; and USA unions agreeing restructuring of various kinds with public authorities (Hall, 1999). The USA experiences have been analysed as a process of changing attitudes by management and union leaders and the development of a mutual trust (Ospina, 2003).

2.1.3. International partners

One type of international partnership is the ‘development partnership’, where a public authority from a higher income country partners with a public authority in a lower income country, usually

with the objective of assisting the development process in the lower income country. This is related to the practice of 'twinning' (or sister-cities), which originated in attempts to develop transnational cultural ties after the second world war, with twin cities based on similarities e.g. a shared economic base in mining. In recent decades the notion has been extended to other forms of relationship designed to generate specific economic and social benefits (Cremer, 2001).

The European Union (EU) has paid specific attention to the question of cross-border co-operation (CBCs) between public authorities, which are neighbours to each other but in different countries. There are specific funds and policy groups set up to support such partnerships, and European cross-border regions created at EU level. These CBCs have been analysed as a set of vertical and horizontal policy networks, with their governance as the outcome of the aggregate effects of the institutions and actors involved (Perkmann, 1999)

In central and eastern Europe there is a new wave of international contact, involving twinning arrangements and mutual information-sharing visits, usually with municipalities in nearby countries where there is some shared history. These contacts are also analysed as participation in international policy networks (Baldersheim, 2002).

The second form is of international associations of public authorities from different countries, to address common issues in various areas, such as the Agenda 21 network.

2.2. Objectives of PUPs

There is a range of objectives associated with PuPs. These include objectives related to the service, and wider political objectives, but also objectives related to private interests. For example private consultants may see some forms of PuPs as a way of breaking municipal services into discrete management units with reduction of political influence, public sector corporations may see PuPs as an opportunity to practice commercial operations while expanding into privatisation opportunities elsewhere.

The most common stated objective of the different forms of PuPs is the achievement of greater efficiency, but partnerships may also be intended to improve coverage, access and equity of provision. Another frequently stated objective is capacity building, either in the sense of building institutions or more specifically enhancing workers' skills. Political objectives associated with PuPs include the defence of public services from privatisation or PPPs by improving services within the public sector, and also the development of services which increase public participation and accountability,

There may also be other, divergent public and private objectives involved: for example in some cases in the USA one purpose of PuPs has been to facilitate PPPs. Different parties may have different objectives in relation to the same PuP.

Table 2: Typology of PuPs: types of objectives

Type	Sub-type
Service efficiency and/or effectiveness	Improved efficiency of service delivery
	Improved coverage and access to services
	Promotion of equity in service delivery
Capacity development and human resources	
Defence against privatisation	
Accountability and participation	Incorporation of civil society organisations and trade unions in service planning and delivery
	Improved transparency and accountability in service delivery
Other objectives	Facilitating PPPs

2.2.1. Efficiency and effectiveness

The most common stated purpose of PuPs is the achievement of efficiency through efficiencies of scale leading to improvements in service provision. Similar forms of partnership have been developed in the USA and elsewhere as a way of achieving efficiencies and synergy in delivering services or specific projects. The same phenomenon is observed in Switzerland, where both inter-

municipal cooperation and mergers between municipalities develop as attempts to improve efficiency in service provision (Steiner, 2003).

The rationale for cooperation throughout the recent UK report (ODPM, 2004) is also to achieve further efficiencies in local government, in the great majority of cases through economies of scale in delivery of services. The report was produced following research on outsourcing in UK local councils, which concluded that there were strong reasons for retaining and developing in-house provision, which could be further developed because “councils will form public/public partnerships with other authorities to offer economies of scale and develop the expertise of the internal providers” (Entwistle, 2002; Guardian, 2002; Public Services Network, ???date accessed??). However, economies of scale are not always possible. Studies in the water supply sector in the UK and other European countries suggest that increased size of water companies, and even the combination of water and sewerage services, may reduce efficiency (Stone and Webster, 2004).

2.2.2. Capacity-building

The notion of PUPs as a capacity-building instrument has been most strongly developed in the international context, whereby an established public agency helps train and builds organisational competence in service delivery. It also applies to the same process happening within one country. This has been of great relevance in water, especially the international PuPs between the Scandinavian public water operators and the municipal water authorities in the transitional Baltic States. (These examples are discussed in detail in the next section).

SAMWU in South Africa, and Public Services International (PSI) and other bodies campaigning against water privatisation have used this understanding of PuPs. These partnerships have taken place in other sectors. For example, in Ecuador, where the country’s public electricity companies have received technical support and advice both from Cuba and from public electricity companies in Colombia (Hall, 2004).

An interesting discussion of the complexities of these relationships concerns a training partnership between the World Bank and the University of Sao Paulo, based on development and knowledge partnership concepts (Mita, 2004). Mita’s presentation of this case includes a critique of the limited empirical knowledge and methodological basis for evaluating the supposed knowledge-transfer taking place in such partnerships:

“The partnership approach seems to be predicated on efficiency and effectiveness considerations as much as it is expected to bring about organizational and managerial change. However, there is scant empirical evidence on how partnerships work and on whether they bring about the desired outcomes.
.... Particularly in the domain of knowledge creation and distribution, Hellstrom and Jacob (1999) note that intangible activities are often difficult to specify and map among the various participants in the system. There are no stable formulae or recipes for translating inputs into outputs of knowledge (OECD, 1996), nor is there much agreement on the analytical and methodological approaches to evaluation....
.... there are global and national implications for network management because of lack of formal authority and enduring asymmetrical Northern–Southern power relations. Thus, it becomes difficult to capture these international experiences from a national or regional perspective. The WBI/USP partnership involved an inter-organizational activity that gave rise to interactions among actors playing at different levels—local, regional, international. partnering does not lead to change, regardless of the nature, the goals, and the mission of the institutions and organizations partaking in it. Rather, partnership unfolds in a wide variety of organizational arrangements: global and local, tangible, intangible, formal, and informal. These are closely linked to, if not dependent upon, the actual institutional constraints, opportunities and interests inherent to the partners and their common undertaking.”

2.2.3. Defending public services against privatisation

The clearest examples of PuPs designed as political alternatives to privatisation are the South African initiatives in water services in Odi and Harrismith (see below for more details). The participatory systems in both Brazil and Kerala are based on the wider political objective of strengthening the control of communities over the financing and delivery of public services.

More generally, collaboration through the various forms of PuPs has been analysed as a general process of 'concertation' attempting to defend and develop a social democratic model of public service in the EU, where this model has been under threat. The various forms of this concertation can be categorized according to the use of external or internal partners, with problems arising when the actors include global players, or the form of concertation is excessively institutionalised: PuPs can be seen as one subset of these efforts at building collaborations. (Picchieri, 2002)

Collaborations between public authorities may in themselves be an important alternative to privatisation by outsourcing. This may not always be the case, and PuPs may pave the way for wider scale privatisation through co-operation cross local government areas. Much depends on the political forces. A study in the USA observed that both privatisation (through outsourcing) and collaborative arrangements were common in the suburbs of USA cities, but that privatisation was most common in the wealthiest suburbs (Warner, 2002). Houston Texas is an extreme case of a deliberate strategy of outsourcing based on competition between municipalities, a mechanism, which reinforces inequalities of income (Vojnovic, 2003). Cooperative inter-municipal arrangements may thus facilitate more equal redistribution of resources and promotion of economic development than privatisation, where there are sharp inequalities of income.

2.2.4. PuPs, accountability and public participation

The concept is also used to express a notion of participatory democracy, as a partnership between the public itself – or an organised element of it – and a public authority. This is sometimes indicated in a very general way, e.g. PuPs are presented in contrast to PPPs, as an intrinsically more democratic form of organisation. (Oppenheim, 2003).

The best-known examples of general public participation in the activities of public authorities are the participative budgeting arrangements in some cities in Brazil and in the Indian state of Kerala. In Brazil, the practice of participatory budgeting has been established for a number of years in Porto Alegre, is a core policy of the Workers Party (PT), and has attracted global interest as a potential model for more democratic forms of local governance (Baiocchi, 2003). In Kerala, the devolution of 40% of the state budget to village councils (*panchayats*) has been seen as the second stage of Kerala's progressive political development, and also creates a large layer of political activity at grass-roots level (Isaac, 2002). These objectives of greater participation as an end in itself are now being adopted by some political groups in the north: one example is the demand in Canada for a transport project to be based on: *"a neighbourhood-based consultation process that begins to create a transit system that meets the needs of the communities it is intended to serve. The funds can now be used as the catalyst to create a new force for community building: The Public-Public-Partnership. This means a planning process designed around the active participation of neighbourhood groups, transit advocacy and user groups. Projects should be designed to allow for on-going participation of these groups, together with the small business sector"* (Green Party Canada, 2004).

These objectives of accountability and participation may include a range of more specific objectives, including: better utilisation of knowledge and skills, providing better sense of "ownership" of services, providing better accountability of managers/politicians, providing better responsiveness to community/labour needs, overcoming resistance to reforms, greater inclusion of community voice and priorities in decision making, strengthened leadership, planning and co-ordination in service provision, greater trust between providers, clients, communities and financiers of services, strengthened public interest regulatory capacities and enforcement.

The actual role of the local or global state remains of critical importance, and privatisation of any part of the processes may be contradictory to the participatory processes that are supposedly being supported. A study of participatory housing schemes in Australia found that: “the government role, in terms of providing support positions and allowing adequate time for residents to participate is critical to the success of community participation activities...; the ever-increasing privatisation of public sector activities and pre-occupation with developing a more efficient, effective and lean public sector, essentially defined in economic terms, is in conflict with meeting government social goals of community participation.....; much of the rhetoric used in neighbourhood regeneration projects of 'rights and obligations' and 'sustainability' is not well defined and is sometimes implemented in contradictory ways.” (Arthurson, 2003)

2.2.5. Other objectives: PuPs to support PPPs

Other public and private objectives may be present. In the same PuP, a parastatal company may aim to develop its capacity for working with municipalities in order to support its expansion into international commercial ventures, while the local authority and trade union partners may be aiming to avoid privatisation and improve public participation. Analysis and evaluation of PuPs thus needs to refer to the objectives of different interest groups, not necessarily restricted to the stated objectives of the initiator or official leader. PuPs may also be used to advance business expansion more generally, for example through PPPs, or as part of a private sector oriented economic development.

Some consultants in the USA advocate PuPs principally as a way of facilitating public-private partnerships, using at least two rationales. The first is the coordination of public sector agencies to create a critical mass, which can then form the public side of subsequent PPPs (Stainbeck, 2002). For example, a report on transport in Wisconsin (BA Wisconsin 2002) recommending: “*WisDOT should develop a series of standing public-public partnerships with states, other Wisconsin state agencies, cities, counties, MPOs, transportation authorities and other public entities as a foundation for future agreements with private partners.*”. The second rationale, surprisingly, is that PuPs may bring in public authorities with finance to invest in the PPP, which is presumed to need more finance than is provided by the private partner or the ‘primary’ public partner. The National Council for Public Private [sic] Partnerships publishes a report (Stainbeck, 2001) on the transport sector, discussing ‘transit-oriented developments’ (TODs): “*For TODs to be all they can be, public/private partnerships between the primary public partner and the private developer, may require investment by “secondary public partners”. For example, if a city serves as the primary, or lead public partner for a TOD, tax revenue and new jobs provide a strong rationale for structuring “public-public partnerships” between the city, county, state and/or federal governments, which derive tax revenue from the private commercial developments contained in the TOD.*”

These objectives may be influenced by concepts developed in the context of purely business activities. There is a surprisingly large literature on the theory of cooperation between businesses and other organisations, including customers, customers, suppliers, research institutes, competitors, co-suppliers, and distributors in order to get access to knowledge, skills, markets and distribution channels; to enhance compatibility; to speed up the product development process; and to reduce product development risks and investments (Hillebrand, 2004). There is also literature on the importance of cooperation for the performance of joint ventures between companies (Pearce, 2001); and on the role of cooperation in ‘cluster development’ as a tool of economic development (GTZ, 2004a).

While none of it refers to the development of public services, it may influence some thinking on PuPs by analogy, by reshaping the public authority component of PPPs to facilitate the business objectives of PPPs, and by re-shaping the notion of development. The GTZ’ toolkit specifically advises that: “In the specific case of South Africa, it is notable that local economic development is often understood in a very different way from elsewhere in the world: It is often confused with territorial planning (in particular as Integrated Development Plans claimed to address, among other things, local economic development); it is often entangled with community development, which

tends to lead to a situation where, due to conflicting rationales and goals, neither social nor economic objectives are actually achieved". The solutions advocated include PPPs: "Involve both the public and the private sector in LED. Don't leave local economic development to the private sector alone, since this may create too narrow a perspective." (GTZ, 2004b)

Apart from differences in ownership structure, the main differences between PuPs and Public Private Partnerships (PPPs) that emerge from this review are: a stronger commitment to capacity building and skills development; increased participation of local communities; clearer systems of accountability; and commitment to keep public services in the public sector.

Box 1: Different types of PuPs in South Africa

A range of different partners and objectives can be observed in South Africa.

1. Partnerships between different public sector entities are common in South Africa. A number of such partnerships are listed by Kitchen (2003), including the Cato Manor Development Project (CMDP), Durban involving provincial and local governments with the local community; Amanziwethu Services, Maluti-Phatong (Harrismith), aiming to develop a sustainable water service delivery unit, involving Rand water and local municipalities; Community-based maintenance and environmental management project, Pietermaritzburg-Msunduzi, which involved a local NGO in service delivery arrangements with the local community; uThukela Water Partnership, an intermunicipal group to deliver more efficient water service provision in a rural area. Other partnerships described as PUPs include partnerships with parastatals: in the eastern Cape between the provincial government and Spoornet to transfer freight off the roads onto rail (Business Day (South Africa) 29 May 2003) and even the parastatal arms manufacturer, Armscor, taking over the running of the Simonstown naval base from the South Africa's defence department to facilitate the company making arms sales overseas and reduce the defence department's liabilities (Financial Mail 17 October 2003).

2. An international partnership was created by the agreement for international cooperation between two South African water parastatals and the Brazilian public water companies was described as a PuP when it was launched at the WSSD in Johannesburg in 2002. This PuP has since been rescinded, because of differences over objectives between the two sets of companies: the South African companies saw it as a vehicle for engaging in PPP-style ventures abroad, whereas the Brazilians saw it as a global vehicle for promoting public ownership and operation of water services.

3. PUPs as an alternative to privatisation and PPPs have been developed in the context of major municipal restructuring in the post-apartheid state. In 1998 the concept of PUPs was articulated by SAMWU as part of a critique of PPPs, and articulated by government ministers in the formulation of the Municipal System Act (Africa News, 1998; Business Day, 1998), which specifically enables municipalities to form public-public partnerships with other public sector entities for service delivery, and these PuPs do not have to be submitted to competitive tender (Mare, 2003).

4. PUPs have been used as a capacity-building process, whereby an established public sector operator assists less developed authorities to develop their capacity to deliver services. The first such PuP in South Africa, the water services at Odi, was described and analysed in the MSP's first occasional report (Pape, 2001). The project involved a parastatal water supply company, Rand Water, helping a number of peri-urban municipalities in poor areas develop their capacity to provide water services. The project was also supported by SAMWU. Pape quotes a SAMWU official highlighting the PuP as capacity-building and providing a clear alternative to privatization, stating that the PuP "fits perfectly with our vision of building the capacity of disadvantaged municipalities so that they can deliver good quality, affordable services to the people instead of throwing in the towel to a multinational company."

3. PuPs in water and health

This section examines reported experience with PuPs, which are analysed using a framework of five main objectives:

- service efficiency and effectiveness assessed through improved quality, increased access and improved equity;
- capacity development and human resources development;
- defence against privatisation;
- accountability and participation as seen through increased involvement of communities and greater transparency and accountability in service delivery; and
- funding and financing.

It focuses on two sectors: water and healthcare. A third section looks at international partnerships between agencies involving health and municipal services. This section draws from assessments and evaluations of the various PuPs based on published reports.

3.1. PuPs in Water

The water supply sector, globally, has undergone considerable pressures to privatise and commercialise since 1990. This has stemmed from pressure from the water multinationals, supported by conditionalities of the World Bank and other international financial institutions. This has disrupted the historical tendency to operate water supply as a public service, and has encountered widespread opposition, with growing demands for water supply as a human right. At the same time, environmental concerns have led to greater demands on water and sanitation systems.

In this context, the sector shows examples of PuPs, which reflect the international dimension of the sector, and the different objectives of participants. These objectives include:

- international environmental improvement as objectives of partnership between states (as in the Baltic Sea);
- traditional development partnerships, pursuing objectives of development banks, but also cases of pursuit of political solidarity objectives;
- partnerships using parastatal agencies with the political objective of capacity-building (but which may also contain commercial objectives on the part of the parastatals);
- direct action by communities to take over the construction or operation of facilities (which may also be used for commercial objectives); and
- the international expansion of public sector agencies for commercial purposes.

3.1.1. Inter-municipal collaboration

Inter-municipal associations are common in the provision of water supply or sanitation. The objectives are invariably focused on the perceived efficiency gains, although the detailed arrangements may be influenced by other considerations: for example, in Slovakia the number of inter-municipal water companies was reduced from 14 (the number proposed by the municipalities for optimal accountability) to 7, because this reflected the size which the water multinationals regarded as necessary to make the companies profitable if – as they hoped – the operations were later privatised.

3.1.2. Internal capacity-building PuPs: Tegucigalpa, Odi

Capacity-building PuPs have also been established between water companies in the same country. In Honduras, where most rural water systems are administered through community-based bodies, or NGOs, capacity building through training and technical assistance (TA) is given at the development stage by technicians employed by the national water corporation SANAA (Walker, 1999). SANAA has also transformed itself between 1994 and 1996, based on joint working with the trade unions and positive involvement of the workforce. Leaks were reduced - in Tegucigalpa savings amounted to 100 litres per second - and the continuity and reliability of supply also improved allowing the majority of the population to receive piped water 24 hours a day (Hall, 2001).

The best-studied example of this kind of PuP is the Odi project in South Africa (Pape, 2001). The project was based on a parastatal, Rand Water Company, acting as a capacity-building partner to peri-urban municipalities with the support also of the trade union SAMWU. The project was

successful in capacity-building but encountered financial problems, with a lack of support from central government making the project unsustainable. A similar partnership has been initiated in Harrismith (which is the subject of a specific case study in Annexe 1).

3.1.3. Participation and direct action

There are examples of water operations, which have developed public participation, most notably in Brazil and Kerala. There are also interesting cases where local organisations participate in the processes of extending services such as water through direct action or a contribution of free labour. One well-known example is the Orangi project in Pakistan, based on an organisation of inhabitants of a peri-urban area of Karachi, supported by a research project, a credit agency, and direct action, which constructed a network in the area which was subsequently connected to the main system (Khan 2003) This model was later extended to other areas in Pakistan, such as Faisalabad (Alimuddin, 2001). Other examples come from Brazilian municipalities where communities donated free labour to help build sanitation systems (Briscoe, 1995).

Another case of direct action can be seen in Dhaka, Bangladesh, where a trade union representing water workers took over one of the seven districts to demonstrate that it could be better managed using principles which gave more status and reward to workers. The district doubled wages of workers, and, partly through reduced incentives for corruption, demonstrated a greater increase in efficiency than other districts taken over by contractors or run along traditional lines (Hoque, 2003).

The Orangi-style approaches have received support from a number of different actors. They have been used by some opponents of privatisation as examples of how peri-urban service development can be undertaken without dependence on global institutions or companies. On the other hand, World Bank officials (Briscoe, 1995; Saghir, 1999) have used them as examples of good decentralisation, which can form the basis for systems which are privatised – and Suez used the Brazilian cases as elements to make their La Paz contract profitable, taking advantage of free community labour.

3.1.4. Baltic Sea PuPs

The Baltic Sea in northern Europe provides the best-known examples of international PuPs. These took place in the early 1990s, supported by the Baltic Sea programme (Helsinki Convention), which identified pollution hotspots in the region and directed finance and capacity-building resources towards them (Hall, 2003). The result was been an international programme of capacity-building and investment throughout the basin, with established public sector water companies from Sweden and Finland providing capacity-building assistance for cities in transition countries. In Lithuania, there have been major projects to develop wastewater plants at Kaunas, funded by the European Bank of Reconstruction and Development (EBRD), and advised and assisted by public sector bodies from Finland (the Finnish Environment Institute) and twinning arrangements with Stockholm Water. Similar twinning arrangements were made between other Swedish municipal companies and water authorities in Estonia, Latvia and Lithuania.

Reviews and evaluations of these processes have been consistently enthusiastic, whatever their critical observations on specific aspects (Helsinki Commission, 1998). The SIDA review of its overall municipal twinning programme described it as “a successful experiment”; the review of the Kaunas experience in 1998 described it as “overwhelmingly positive”; the review of the Riga twinning set out a striking summary of major technical, environmental, financial, managerial and governance achievements: *“The twinning arrangement has essentially stimulated and supported the process of transforming Riga Water (RW) into an autonomous, self-financing and self-governing enterprise. There is a better understanding and appreciation on a political level of the requirements for arriving at an administratively and financially independent water company. RW is very satisfied with the twinning arrangement and wishes to continue close cooperation with SWC beyond the current twinning agreement.”* (Lariola, 2000).

The impact of these PuPs was to create a set of efficient, effective and corporatised municipal water operators, which acted as a limitation on the privatisation of water in the Baltic States. One city, Tallinn, has nevertheless been privatised subsequently. Tallinn is the subject of a specific case study in Annexe 1.

3.1.5. International development PUPs

More traditional forms of development partnership can also be observed in the water sector. These cases take the form of a partnership between a public agency in developed countries 'twinning' with water authorities in developing countries with objectives of capacity-building, institution-building, and improving service delivery. During the 1990s such traditional development PUPs diminished and were replaced by support for PPPs from the development banks. More recently, some public authorities in Europe have revived such partnerships in an attempt to provide support for public sector operations as an alternative to the privatisation projects.

One example of a traditional development PUP in water was a long-term project World Bank project in Malawi, which started in the 1980s. The project involved the UK water company Severn Trent (then a public sector agency, before its privatisation) supporting Lilongwe water authority, to improve the water and sanitation services. The World Bank rated it a success, from the point of view of institution building (World Bank 1997). Lilongwe is the subject of a specific case study in Annexe 1.

A large number of twinning projects in water have existed between European cities and cities in transition and developing countries (Hall, 2000). Some PuPs between European cities and Asian ones are supported by an EU programme, the Asia-Urbs initiative. For example, a long-standing twin of Kampong Thom (Cambodia), Alessandria municipality (Italy) and Limbourg province (Belgium) used funding from the EC Asia-Urbs programme to install a local water works in Staung and develop a public health education programme. Others derive from more local initiatives. The French department of Val-de-Marne is engaged in a number of public-public partnerships (PUPs) with local authorities in developing countries such as El Salvador, the Palestinian Occupied Territories, South Africa and Vietnam, in a number of sectors, including water supply. The PUPs are financed in France through local taxation, and to a minor extent through individual donations. They consist of the transfer of competence to the recipient local authorities and the financing of local infrastructure investment. For example, in the province of Yen Baï, north Vietnam, Val-de-Marne authorities reacted to requests from Vietnamese medical personnel and set up a water treatment system for the local hospital, so that drinking water supply could improve conditions under which surgical operations were carried out.

3.1.6. False PUPs: commercial expansion by public authority owned water companies

There is a further category of activities which appear to be similar to PuPs but which involve a public sector company extending its operations outside its home territory for profit in the same way as private sector companies. Past examples of this include ventures by Berlin water, Acea (the semi-privatised utility of Rome). More recently, Hamburg Water has launched an international venture; and the South African bulk water supply companies, including Rand Water and Umgeni Water, are targeting expansion in other African countries as a business opportunity (personal communication, date??). These are of interest, as an aspect of the actual and potential commercialisation of municipally owned utilities, and as a sub-category of international development of business in this sector. They should be distinguished from partnerships, which are not based on commercial motivation.

3.2. PuPs in health services

As a result of Health for All by the Year 2000, the Alma Ata Declaration and the Ottawa Charter, there has been a strong international policy commitment to encourage partnerships between agencies, which are involved in the determinants of health. Although the past 15 years has seen an eclipse in the implementation of these policies, the basic principles of partnership working, as

well as promoting equity and community involvement, still have a strong influence on public health practice. Although partnership working was originally meant to include public, private and non-governmental sectors, many public health partnerships are partnerships between public sector agencies.

The four main models of public-public partnership in the health sector correspond to the classification of partners introduced earlier:

- Partnerships between different parts of the public sector, which are found in high and low income countries with the aim of improving or promoting health. These can operate at different levels- local, regional and national – and are sometimes partnerships between agencies at different levels, e.g. local and regional. Sometimes primary healthcare agencies are involved with other public sector agencies working with health determinants, e.g. housing.
- Partnerships between public sector health agencies and local communities, which aim to make the planning and delivery of health services better informed by the needs of local communities.
- Partnerships between public sector health agencies in high income countries and public healthcare agencies in low income countries which are called “development” partnerships. They often involve providing advice, training and capacity building within organisations. Learning is increasingly a two way process. Hospitals, medical schools and local health services may all be involved.
- Partnerships between the public sector agencies at international level, e.g. local authorities working in partnerships to promote Agenda 21, or Healthy Cities. These usually involve sharing of information and experience as well as training and capacity building.

A review of some of the research relating to these types of partnership in the health sector is set out below. It shows that PuPs in the health sector are mainly focused on human resource development and capacity building, increased participation and accountability and different types of service improvements. It highlights the importance of partnerships between the health and educational sectors in working with local communities.

The literature that examines public-public partnerships (PuPs) in the health sector focuses on the development of partnerships and the process of working in partnership. It provides useful insights into the process of bringing public-public partnerships together. Some common elements emerge in several studies of partnerships in health. Partnerships require extensive time and effort to develop. Measuring outcomes and impacts is difficult and often forgotten. The development of trust and respect emerged as essential elements of good partnership working (Dowling, Powell and Glendinning, 2004). These can be achieved if partners work towards a shared goal and each partner is aware of the needs of other partners.

Health PUPs are analysed in the following pages using the same typology that has been applied to the water sector: service efficiency or effectiveness; capacity building and human resource development; accountability and participation; and funding and finance. The only exception is that ‘defence against privatisation’ did not appear as an issue for the health sector, within the literature reviewed.

3.2.1. Capacity building and human resource development

Capacity building is recognised as important to effective partnership working (El Ansari and Philips, 2001). This can be viewed as helping partners to develop skills needed to work more effectively together and to develop organisational capacity.

Capacity building was used to help reduce inequities between institutions in the case of the Thusano School of Public Health in 1991. This was formed as a partnership between previously privileged white institutions and underprivileged black institutions to address public health training needs in South Africa. It aimed to provide flexible, multi-disciplinary, multi-sectoral public health learning activities for people working in areas that impact on public health. Other objectives were to promote suitable public health research and consultation to improve and maintain people's health and to liaise with institutions involved in public health training.

In the United States, the Centre for Disease Control (CDC) uses capacity building with public health agencies at state and municipal level to improve public health services. One example of this approach is its programme supporting leadership and partnership opportunities with state agencies and other organisations working to prevent violence against women (Graffunder *et al*, 2004). This has resulted in partners taking a more active advocacy role. Four principles underpin these programmes: leadership, partnership, comprehensive approaches and evidence based strategies. The Violence against Women (VAW) programme has now identified a new role for partnerships. It is recommending that the partnerships have to be more than “an expansion of committed and interested parties. They must also be strategically designed to build and, when necessary, and expose the failings of community and political will to end VAW (Violence Against Women).” This shows that there are expectations that partnerships will play a more challenging advocacy role in future, an indication of how health partnerships contribute to changing the roles of the partners.

There is increasing attention focused on the exchange of expertise and information between health services in high and low income countries, often described as ‘development partnerships in health’. Within the past decade, the World Health Organization (WHO) has recommended that high-income countries develop partnership health programs with low-income countries to increase the access to essential health services focusing on specific interventions (twinning programmes).

In Europe and North America there is also a long tradition of health professionals volunteering to work in low-income countries, which is reflected in national governments funding voluntary service agencies, e.g. Voluntary Service Overseas. Over the past 30 years, there has been a growing awareness that health services in low income countries require access to new skills and recent research which can be gained through partnerships with health institutions in high income countries. As an indication of how widely this has been accepted, the Department of Health in the United Kingdom has recently published a ‘Compendium of the NHS’s Contribution to Developing Nations’ (2004). This sets out details of partnerships between NHS hospitals and hospitals in low income countries. In many cases the partnership consists of one health professional spending time in another hospital and maintaining links with own NHS hospital. In other cases, there is a regular exchange of healthcare staff with one or more hospitals in different countries. Other examples of collaboration involve health professionals from low-income countries undertaking short periods of training in the UK.

Development partnerships in health are often small scale and operate with limited resources. The leadership of a few individuals is key to the setting up of many of these partnerships. Training and capacity building play a central role. The limits of partnerships may become apparent when development partnerships in health are located in national programmes and the shortage of resources and infrastructure becomes more apparent.

Takeda *et al* (2004) present the results of a cooperation programme between Japan and Jamaica, which aimed to prevent chronic lifestyle diseases in Jamaica. A group of public health nurses from Japan worked in Jamaica for five years and were funded by the Japanese government’s international development programme. The project started as a twinning international exchange programme between two cities and had then become part of a Japanese national government cooperation programme. The study explains that although the focus of the programme was on delivering health promotion to local people, training of Jamaican staff was also important. The process of exchange between these two professional groups helped to inform the development of the programme. The experience of working in Jamaica led to the Japanese health promoters questioning their role within their work in Japan. This study shows learning is often a two way process for health professionals and institutions involved international cooperation.

Brusamolino and Maffi (2004) analyse the potential for international health cooperation through a partnership between an Italian teaching and research hospital (Policlinico San Matteo of Pavia (Italy) and a hospital in a rural area of the Ivory Coast (Hôpital Général d’Ayamè) with the catalyst of a non-governmental organisation. A major part of the cooperation involved training health

personnel, including doctors, nurses and a laboratory technician. This was achieved through short visits by medical staff from Italy. A further team of ophthalmologists from Messina (Sicily) visited the hospital to carry out consultations and surgical interventions. There were also initiatives to develop joint research projects but these have been limited due to lack of financial resources, political turmoil and lack of human resources. Brusamolino and Maffi (2004) conclude that there has to be long-term commitment with a steady flow of resources if international cooperation is to be successful.

3.2.2. Participation and accountability

Human resource development and capacity building also contribute to the development of participation and accountability. This is achieved through initiatives which involve local communities in planning services and in developing ways of delivering services to make them accessible and through the training of health professionals who through their experience of working with local communities will have the skills and awareness to work with communities more effectively in future, so increasing access and reducing inequities.

Several health PUPS involve educational institutions, health services and communities which have been set up to strengthen community based health work and the training of health workers. These PUPs also involve capacity building with all partners. The most successful type of education, health and community partnerships involve the community from the beginning of the initiative (Greenberg, Howard and Desmond, 2003; El Ansari, Phillips and Zwi, 2004).

This is illustrated by the example in South Africa of the Community Partnerships with Health Professional Education Initiative, which aimed to increase the number of students choosing to work in primary healthcare through the development of community responsive research and an expansion of contacts between students, primary healthcare services and local communities. The partners involved were health service providers, academic medical and nursing training institutions and communities and their organisations. New academic- community primary care centres were set up to provide teaching, service provision and community development.

The process of working in partnership has resulted in communities developing skills for working with health professionals and negotiating for improved services. In the longer term, increased awareness and experience of working with underserved communities is seen as helping to make health professionals more aware of their needs in their future practice.

Research that looked at the health workers' perceptions of how these partnerships worked most effectively, highlighted the importance of professional staff expertise and educational activities. This indicates approval of the skills that the health services and academic institutions brought to the community projects and the degree of involvement of the community projects in educational initiatives. A larger proportion of the group of nurses who expressed the beneficial aspects of partnerships also attended over 50% of the partnership meetings, suggesting that satisfaction was influenced by direct involvement in partnership activities (El Ansari *et al.*, 2004).

Another study, which looked at the collaboration between 14 Prevention Research Centers and the Division of Adolescent and School Health of the US Center of Disease Control (CDC), looked at the dissemination of effective school health programmes and opportunities to increase collaboration between academic centres and schools. The study made eight recommendations to decrease barriers to academic/school partnerships, which can be applied to the development of many partnerships. Identify potential partners, including those not typically considered; work to change organisational cultures and reward systems; develop a common vision which is above organisational interests; develop a plan for ongoing collaboration; maximise resources through sharing and collaboration; share leadership roles in coalitions; identify and respect individual contributions and expertise; offer pre-service and in-service training.

CDC also has a large extramural research programme, the Prevention Research Center (PRC) which aims to establish academic- community partnerships to "*conduct innovative community-*

based prevention research relevant to public health practice" (Doll et al, 2001) and to disseminate this research and translate it into programmes and policies. Doll et al (2001) looked at the experience of the Prevention Research Center (PRC) collaborating with state health departments in two case studies; the West Virginia Prevention Research Centre and the West Virginia Bureau for Public Health and the Harvard Prevention Research Center and the Maine Bureau of Health. These two case studies show differences that are related to the level of integration into local communities. The West Virginia collaboration is a long-standing relationship between the state providing funds to the West Virginia Prevention Research Centre for research. "*The researchers live in the community and have a commitment to improving the health of their state.*" (Doll et al, 2001) They have been involved in meetings of state consortia and have given to the state in numerous ways not just to promote their own careers. The Harvard – Maine partnership was set up more recently. Key people within the two institutions have worked together before but they are "*aware of their outside status*" (Doll et al, 2001). Collaborations are seen as necessary to achieve results rather than as a valuable process in their own right.

Both sets of partnerships are based on having a shared set of principles: commitment to contribute to public health; commitment to partnership; open and regular communications; compatibility in goals and work styles; building consensus. Both Prevention Research Centers (PRCs) have leaders who are committed to applying knowledge to improve public health practice with measurable results. Once again partnerships have been found to require time and energy and building trust "*is an intensive and incremental process*" (Doll et al, 2001).

Doll et al (2001) conclude that a federal agency like CDC has an important role to play in facilitating academic- public health collaborations. This may be through criteria for grant approval as well as working with professional organisations to overcome the barriers to the promotion of community-based research. It can also provide financial support and other incentives for public health departments to collaborate with academic centres.

Accountability within a partnership was strengthened through the development of a planning process. This may involve partners in a planning process or it might cover the more formal process of drawing up a partnership agreement and plan of action.

In Namibia, a study (El Ansari and Phillips, 2001) found that partnership depended on "*careful planning to create mutual understanding and agreed roles and responsibilities*". The Regional Health Management Team, the Regional Council, the Municipality of Windhoek and donors were most involved in the setting up phase of the programme. One outcome of the programme was good working relations among the partners. Even after the initial period of funding was over, there is still commitment by the three major Namibian partners, even though they will have to provide future funding.

Planning can also be seen in the development of partnership agreements, which introduced systems of governance and accountability to the partnership. In 1998 a long term partnership with Seat –Pleasant, Maryland, USA was established with a signed partnership agreement making clear the goals and limitations (Greenberg et al, 2003). Once signed, a board of directors was appointed, including city and university appointees and representatives of the Mayor and city council. City appointees are always in the majority to ensure that the health partnership always acts in the interests of the city. The operational procedures were determined by the partnership agreement. The board approves all projects of the health partnerships.

In the United Kingdom (UK), a key evaluation finding (Asthana, Richardson and Halliday, 2003) of a study of a Health Action Zone set up to promote partnerships between agencies that will impact on health, was the need to identify available inputs for the partnership. Increasingly agencies in the UK are becoming more aware that collaboration with other local agencies is necessary to achieve their goals because of "*an awareness of overlapping agendas*" (Asthana, Richardson and Halliday, 2003). The provision of resources, leadership and management, and organisational ethos emerged as important factors. Conflict resolution and consensus building, knowledge/information sharing, networking, accountability were all considered important processes

involved in partnership building. One of the most important outcomes to emerge was *“the realisation that partners need to work together in order to achieve some of their main goals”* (Asthana, Richardson and Halliday, 2003). Partners have also learnt about the *“aims and philosophies of.. other organisations”* and also appreciate the barriers to engagement. One of the most significant changes was in the perception of the Health Action Zone, from being an agent of the local health authority, to *“an initiative, which engages in an effective dialogue with partners around the wider health agenda”* (Asthana, Richardson and Halliday, 2003).

3.2.3. Improving services

PuPs in the health sector have made some contributions to improved service delivery. In some cases this has been through working with local communities more closely and as a result, meeting their needs in service delivery. In other examples, partners have worked together to introduce new initiatives.

The Community Partnerships with Health Professional Education Initiative in South Africa worked predominantly with isolated rural communities, which have been underserved by existing health services. By bringing the local communities together with health professionals, the partnerships addressed current health concerns through the development of more health clinics, youth health desks, and teenage pregnancy projects which have helped to increase access to services especially for young people. A community college, and job-creation schemes were also set up.

In the case of SEAT Pleasant (Maryland, USA), the partnership between university, health services and local community led to increased use of existing services. This was mainly through increasing people’s awareness of services through better access to information. Tools such as a community health resource guide or a health fair were used. The results of a study of children’s enrolment in the Maryland Children’s Health Insurance Programme were used to make information about the programme more widely available. This led to increased take-up of the service.

In the United Kingdom since 1997, the promotion of partnerships for health improvement has been accompanied by a broader acknowledgement that effective delivery of services to disadvantaged groups and reduction in health inequalities are dependent on effective partnership working.

More specific partnerships between health and local authority sectors can also result in improved service provision. A partnership between the health sector and public libraries in Scotland, aimed to make health information more accessible to the public, showing a more practical approach to partnership development between a health promotion department and a local authority. Henry and Marley (2004) analyse the nature of this partnership. Each partner had specific roles. There was openness about what each partner could bring to the project. The health promotion department provided the funding and the local authority provided the accommodation and information communication technologies. They succeeded in delivering a more accessible information service that enabled health information to be delivered through traditional leaflets and by providing access to the internet. The study concludes that people need time to develop relationships in partnerships as well as a commitment to training of frontline staff.

The examples of population health partnerships are primarily focused on improving public health services so that strategies to prevent disease and promotion health are more effective. This enables scarce resources to be used more effectively. In some examples, the promotion of public health practice is closely linked to working with local communities, which results in more effective community interaction with public health agencies and increased accountability of public health projects. School health projects also contributed to improved access to information and services for young people, a group traditionally underserved by health services.

The process of working in partnership, however successful, often results in changes in public health practice. As a result of the attempts to increase pandemic planning in partnership with state and local public health departments, the Centre for Disease Control (CDC) and the Council of State and Territorial Epidemiologists have changed their practice for influenza surveillance in order to

improve support and interaction from partners at state, local and federal levels. This involves increased training and retraining, using more uniform definitions and outcomes, integrating influenza with other state based surveillance systems, standardising reporting procedures and developing a system of rapid feedback (Gensheimer *et al*, 2002).

3.2.4. Financial issues

Financial issues in partnerships often have a strong influence on the expectations of partners involved, in both positive and negative ways. An indicator of the success of some partnerships was when the collective power of the partners enabled them to access new funding for the development of new initiatives and services. The Community Partnerships with Health Professional Education Initiative (South Africa) concluded that partnerships enhance the strategic leverage of groups because by working in partnership there is increased access to finance, technical expertise and to the target population.

Financial issues can also have a negative effect on a partnership because of a lack of clarity about what resources partners can contribute or because of a lack of joint action to look for additional resources. In the case of a project in Namibia, although the relationships between partners had been strengthened through the process of working together, an evaluation concluded that more should have been done earlier in the project to explore the financial long-term commitment of the Namibia partners project (El Ansari and Phillips, 2001). There was no written commitment made by each partner and so the different expectations that developed as the programme development were difficult to manage. More clearly established expectations might have avoided later uncertainty about the future of the project.

The Centre for Disease Control (CDC) in the United States has used funding of prevention activities, among health agencies in several states, as a way of promoting an increased role for public agencies (Graffunder *et al*, 2004).

Studies of partnerships between public health sector agencies show that the process of working in partnership is recognised as having value because it often brings different areas of expertise together and supports capacity building. However, partnerships take time to develop and should be considered as a long-term process. The involvement of research and training institutions with service delivery agencies and local communities are one form of partnership, which receives some attention. The extent of community involvement often varies. There are extensive process indicators for successful partnerships, which can also capture the changes that partnerships go through as a programme evolves. However, it is much more difficult to measure specific outcomes of partnerships in the health sector in terms of improved service delivery or health status.

3.3. General issues of partnerships between public sector agencies (including water and health) at international level

International agencies or municipal networks have facilitated many capacity building partnerships in the public sector. Many of these initiatives bring together public sector agencies which work on health and other related issues. Research into these initiatives is more limited. Several international networks, which support capacity building initiatives, are outlined below. Some of the agencies supporting international public-public partnerships also support the promotion of public private initiatives at national or local level. They do not consistently support public-public partnerships at all levels. This suggests that their commitment to public-public partnerships may be limited.

The initiatives outlined below show a range of public-public partnerships developed by international organisations or alliances of municipal agencies. Much of the material is descriptive and so assessing the effectiveness of these initiatives is not possible at this stage. Some of the initiatives are in early states of development and so assessing their impact on access to services, reducing inequities or on the changing nature of citizen-state relations is difficult.

3.3.1. Healthy Cities

Over 1000 cities and towns from more than 30 countries of the WHO European Region are healthy cities. These are linked through national, regional, metropolitan and thematic healthy cities networks, as well as the WHO Healthy Cities network for more advanced healthy cities. Cities participating in these networks have developed and implemented a wide range of programmes and products including city health profiles and city health plans and strategies based on intersectoral cooperation, community development initiatives and programmes that address the needs of vulnerable groups, lifestyles, environmental health and Agenda 21.

3.3.2. LA21 Charters Project

The aim of the LA21 Charter Project is to establish partnership agreements between local governments on a North-South basis to guide and assist each other in the implementation of their Local Agenda 21 action plans. The cooperation partners are International Council of Local Environmental Initiatives (ICLEI), International Union of Local Authorities (IULA), Towns & Development (T&D). The city partnerships in east and southern Africa are:

- Leuven, Belgium and Nakuru, Kenya
- Tampere, Finland and Mwanza, Tanzania
- Bremen, Germany and Windhoek, Namibia
- Almere, Netherlands and Mutare, Zimbabwe
- Birmingham, UK and Johannesburg, South Africa

ICLEI works with city partners, to develop a Memorandum of Understanding (MOU) between the cooperation partners (ICLEI, IULA and Towns & Cities) and each local authority (Project Partner). This specifies the mutual obligations of both the Project Partner and the Executing Agencies. Secondly, ICLEI works to develop a Local Agenda 21 Charter between two or more local authorities, which specifies their agreements to each other to implement their Local Agenda 21s. Once the governing council of each city partner approves these documents, they become project partners. The Memorandum of Understanding and the Local Agenda 21 Charter serve as an accountability mechanism between local authority staff, municipal staff and elected officials, local residents and ICLEI/IULA and Towns & Cities.

3.3.3. International Union of Local Authorities (IULA)

The International Union of Local Authorities has established the Association Capacity Building (ACB) Partnership Gateway, which provides information on a wide range of partnerships between national local governments associations. These Association-to-Association partnerships aim to strengthen local government associations so that they can represent their members, facilitate exchange of experience and work towards effective decentralisation and good governance. Many of these partnerships were facilitated through the IULA Association Capacity Building (ACB) programme, and most of the Associations in the ACB Partnership Gateway are members of United Cities and Local Governments.

One example of the work of the Association Capacity Building programme is the strengthening of the Urban Councils Association of Zimbabwe (UCAZ), which created an opportunity for UCAZ to review its operations and enable it to lobby and represent the interests of its members more effectively. Other local authority associations that have taken part in this capacity building programme include the National Association of Local Authorities of Ghana, Federation of Colombian Municipalities, Association of Municipalities in Nicaragua, the League of Cities and the League of Municipalities of Philippines.

3.3.4. United Cities and Local Governments

United Cities and Local Governments, is committed to supporting democratic local self-government worldwide. It is involved in a range of activities to strengthen local governments and supports international cooperation between cities. It facilitates programmes, networks and partnerships to

build the capacity of local governments and their national associations. The International Union of Local Authorities (IULA) and the United Towns Organisation (UTO), and the World Associations of Cities and Local Authorities Coordination (WACLAC) founded United Cities and Local Governments in 2004.

United Cities and Local Governments is committed to Association Capacity Building (ACB) and sees the development and strengthening of national local government associations as a crucial tool in supporting local governments and promoting the exchange of good practice. It promotes partnerships between Associations, and supports the establishment of national Associations in countries where they don't yet exist.

3.3.5. International Union of Dutch Municipalities (VNG International)

The Association of Netherlands Municipalities (VNG) is often approached for its experience and expertise with decentralization and local government. In 1994 VNG International was established to strengthen local governments and their institutions in developing countries and countries in transition and to support Dutch municipalities in the development of their international cooperation policies.

In the last decade, VNG International, together with over a hundred municipalities in the Netherlands, has worked with partners in developing countries and countries in transition. Partners are often the national association of municipalities, training institutions for local government and individual municipalities. The co-financing programme enables 300 Dutch municipal experts are dispatched to their sister city and a similar number of their foreign colleagues is invited for short-term internships. VNG International also supports Dutch municipalities in designing and developing their policies concerning international cooperation and lobbies actively on their behalf. Two thirds of 500 Dutch municipalities support 700 international partnerships.

The Programme "Association Capacity Building for Good Local Governance" builds on the IULA Association Capacity Building programme and is a response from VNG International to this growing demand for support. VNG International designed this programme and will execute it during the period 2003-2006, with financial support from the Dutch Ministry of Foreign Affairs. Two thirds of 500 Dutch municipalities support 700 international partnerships.

3.3.6. Commonwealth Local Government Forum

The Commonwealth Local Government Good Practice Scheme was launched in 1998 to enable local government practitioners from across the Commonwealth to share experiences and good practice, and to pool resources by working together on practical projects to address poverty. During its pilot phase 30 technical cooperation projects between local authority partnerships in 14 different Commonwealth countries were supported.

Partnerships have emerged in different ways. Some involve long standing links, others are new partnerships set up in response to a defined need, or growing out of existing community links. All projects are jointly developed and implemented to address a specific issues being faced by one authority. Project partners aims to achieve practical outputs.

The Commonwealth Local Government Forum (CLGF) can fund exchange visits, work shadowing, and pilot initiatives. The overall aim is to reduce poverty through more efficient local service provision. The CLGF can help local authorities and local government associations to identify partners from its network of members from across the Commonwealth. This work is funded by the UK Department for International Development (DFID).

Examples of projects funded through the Commonwealth Local Government Good Practice Scheme include:

- Daventry UK – Iganga, Uganda – improvement of surface water drainage
- Daventry UK – Iganga – improvement of environmental health provision

- Chesterfield Borough Council, UK – Tsumeb, Namibia – Environmental health policy for market (the Tsumeb Market Development Project is examined as a case study in Annexe 1).
- Leeds City Council, UK – Durban, South Africa – Community safety strategy for Cato Manor
- Somerset County Council, UK – Mufulira, Zambia – Development of a community planning policy
- Torfaen District Council, UK, Oostenberg, South Africa – Development of social exclusion strategy

The Australian Government has also funded the Commonwealth Local Government Good Practice Scheme in the Pacific. There are four partnerships between Australian local authorities and local authorities in the Pacific, e.g. Coffs Harbour, Australia – Suva, Fiji – green waste management

Following an evaluation of the first phase of the scheme, a second phase is being funded by DFID for 5 years with £2 million. The emphasis will remain on the promotion of good governance and poverty reduction but in order to maximise the impact of the projects, four target countries will be identified and a cluster of partnership projects will be supported, related to national priorities for local government.

3.3.7. Food and Agriculture Organization (FAO)

In January 2003, the FAO and the Italian government agreed a programme of decentralised cooperation between Italian municipalities and developing countries, which will focus on food security and rural development. This will enable FAO to work with municipalities in both Italy and developing countries. This arrangement partly builds on commitments made at the World Food Summit (1996) by governments to develop an international alliance against hunger.

The first decentralised cooperation pilot project will be launched between Rome and Kigali, Rwanda to develop agriculture on the outskirts of the city and is funded by the Italian government. Municipal cooperation projects in other countries will also be developed. For example, the town council of Montreuil is expected to offer its support to local Mali authorities, who are being advised by Vietnamese experts as part of South-South Cooperation, within the Special Programme for Food Security (SPFS) (www.fao.org).

4. Case studies of PuPs in water and health services

Six case studies were identified to try and answer questions about how far these public-public partnerships have been successful in achieving their stated objectives as well as examining more general learning about public-public partnerships. These case studies cover examples of different types of partners and incorporate a range of objectives. Four of the case studies are drawn from Southern African Development Community (SADC) countries, one from western Europe, and one from a former Soviet union country.

The case studies show a number of common points and differences between the PUPs in relation to service improvement, capacity building, partnership working, financial resources, vulnerability to political developments, and influence of external partners.

Table 3: Case studies: types of partnership and objectives

Partnership	Country	Sector	Partnership type	Objectives
Harrismith A 3-year contract was signed in October 2000 between the Harrismith municipality (now part of	South Africa	Water	Public sector, public sector-community	Service, capacity, anti-privatisation,

Maluti-a-Phofung) and Rand Water – a parastatal bulk water supply company – which created Amanziwethu Water Services (AWS)				accountability, other
Lilongwe Water	Malawi	Water	Development	Service, capacity
Manguang- UFS	South Africa	Health	Public sector-community	Service, capacity
Sheffield Health Action Zone	UK	Health	Public sector	Service
Tallinn Water	Estonia	Water	Development	Service, capacity, other
Tsumeb Market Development	Namibia	Health	Development, international	Service, capacity

4.1. Services - efficiency and effectiveness

For each public-public partnership there is some evidence of either improvements in service delivery or infrastructure development. Sheffield HAZ managed to achieve some direct improvements in local health service delivery and changes in the organization of local services. The Tsumeb market development led to improvements in both available market services and the way in which the market was managed. The water partnerships of Harrismith, Tallinn and Lilongwe were considered successful in terms of service delivery, improved efficiency and financial management. For the MUCPP, infrastructure development was an important part of the programme and provided a focus for the development of the partnership as well as improvements in service delivery.

4.2. Capacity building

Capacity building contributed to the success of most of the partnerships. Capacity building usually involved the development of technical skills or managerial skills. Training often led to increased expectations at either individual or organizational level. In some cases, there are signs that capacity building had not been extensive enough. There were differences in how training requirements were specified and this led to different levels of capacity building

4.3. Defending services against privatisation

Although the process of developing the PUP often led to a short term strengthening of public sector agencies, in the long term the partnerships did not remain insulated from the results of political dynamics. This was most noticeable in the water case studies, where developments after the partnership ended were strongly influenced by political changes. The most dramatic example was Tallinn, where changes in the municipal council led to the privatisation of the reformed municipal company. In Harrismith, changes in local political control affected the commitment to the project. In Lilongwe, later developments were strongly affected by the changing policies of the World Bank, as it moved to encourage the introduction of the private sector. The changed priorities of the Department of Health in England also directly affected Sheffield HAZ and led to the end of the HAZ initiative.

4.4. Community involvement and accountability

Each case study shows some degree of successful partnership working. Those that were most effective had the longest lead-in time and also involved the community as a partner. For example, the MUCPP has operated for over 10 years and has developed strong partnerships between the community, university and local/ provincial authorities. The Harrismith project ensured that the community organizations and unions were fully involved in the project. Lilongwe created water committees in peri-urban areas and, at the same time, was capacity-building in the water company. The partnership between Chesterfield Borough Council and the municipality of Tsumeb has evolved as a twinning arrangement over 10 years.

The levels of formal partnership arrangements varied with some of the case studies having detailed accountability agreements and others having informal unwritten arrangements. In cases

where a partnership board had been set up, this played an important role in providing a forum within which partners could make decisions.

In some cases the commitment of the partners was more limited and could lead to partners pursuing their own interests. Tallinn did not show much evidence of any significant new partnership working. In other cases, some of the partners were stronger and more dominant which could also lead to other partners becoming less committed. In Sheffield, although there was also a history of partnership working between the health and local authorities since the 1980s, the health sector was dominant within the partnership arrangement, which led to a lack of commitment by other partners.

4.5. Influence of external partners

By contrast, some of the external/funding partners, although essential for providing resources, appear not to have a strong influence on other aspects of the partnership projects. Each of the water partnerships involved an external partner from an established public sector water company but it is not clear that the policies of these companies themselves had a strong influence on the results of the partnerships. In both Lilongwe and Tallinn, the external partner water company effectively faded from the scene after the completion of the project. In Harrismith, although Rand saw the project as part of its commercial goals of expansion, the company's objectives do not appear to have had greater or more lasting impact than those of other partners. This is in contrast to the situation in water public-private partnerships, for example in concession arrangements, where the external company interests are a long-term constraint on developments.

4.6. Importance of funding

The provision of funding from an external funder was an important factor that contributed to the success of all the partnerships although the amounts of funding varied. In four of the case studies, funding came from external/ international sources. The Tallinn and Lilongwe partnerships were both funded by external development banks. The Chesterfield-Tsumeb market development project had received project funding from the Commonwealth Local Government Forum. MUCPP was funded for eight years by the WK Kellogg Foundation in the United States and also obtained funding from other external sources. The Harrismith project and Sheffield HAZ were both funded by national government sources. There were variations in the amount of funding provided and in the funding period. The behaviour of external funding partners varied with some experiencing direct changes in policy while others remained unchanged

Two of the biggest differences between the PuPs can be seen in the differing role that government policy played in stimulating or supporting the partnership. Some partnerships were directly supported by government policies, but others remained relatively independent. The other significant difference between health and water PuPs is that long-term working in healthcare/ health sector often led to other issues being addressed, for example, economic development. In the water sector, there was no apparent process of addressing wider issues with other sectors.

4.7. Vulnerability to political developments

Successful public-public partnerships are also not necessarily influenced by the agendas of external funding partners during the period of the initiative. However, they are still subject to local and national political processes. Yet, public-public partnerships do provide a way of making privatisation less likely in the short term. By bringing public sector agencies together to work on different dimensions of partnerships, e.g. external funding, expertise, community involvement, the public sector can restructure itself so that services are improved or new services are developed.

5. Conclusions and recommendations

5.1. Conclusions

The concept of 'partnership' is extensively used for a range of PPPs, including many contractual relationships, but the concept of a PUP now seems to be quite well established as indicating a

restructuring without the involvement of a private sector partner. There is however no single concept of public-public partnership, no single model or 'correct' form.

PuPs can be usefully categorised by the different types of partner – between public authorities, or public authorities and communities, development partnerships, and international associations – and by the various objectives of the PuPs – service improvement, capacity building, accountability and participation, and other objectives.

PuPs can be used to develop a significant increase in the level of public participation, but time is needed to develop strong partnerships with community participation. The extent of community involvement may be affected by local political conditions.

It is advisable for partners entering a PuP to have a clear statement of their own objectives in terms of improved service, capacity building, and an understanding of other partners' objectives. Most effective partnership working takes place when all partners have an understanding of each other goals and are willing to work together to reach any shared goals.

PuPs can lead to improved services because they operate as a form of restructuring of the public sector, which helps to overcome some of the limitations of current public sector structures. They may lead to greater efficiency, or access to services, or more equitable treatment.

However, PuPs can be an effective way of restructuring the public sector and improving public services without privatisation. This can help to mobilise stronger support for services. Partnerships with a strong community presence and with robust accountability mechanisms may also be better able to survive political changes, and so be easier to defend.

PuPs can lead to improvements in the capacity of public agencies and the skills of a workforce. There is evidence that the process of capacity building, which involves different groups or parts of the public sector, is often the most successful in drawing groups to learn together.

PuPs do not necessarily stop privatisation in the medium to long term. PuPs are themselves part of political processes, and are thus vulnerable to other changes, for example, changes in the political control of municipalities, or the implementation of global initiatives such as GATS.

External partners providing advice and expertise may be crucial, not only by helping with technical improvements but also by providing a facilitative role to help different partners work together more effectively. The specific objectives of external partners do not necessarily dominate the agenda of PuPs. The withdrawal of external funding may damage the viability of some PuPs.

5.2. Recommendations

This report has drawn from varied research to develop an understanding of the different types of PuPs. There is evidence that certain types of PuPs can contribute to capacity building, service improvements and increased levels of community involvement and accountability. Finance and funding also emerges as important elements of PuP success.

There were some differences in the research that examined PuPs in the water sector and the health sector. The research that looked at the water sector was more focused on specific outputs and results of the PuPs. Research on partnerships in the health sector tended to focus more on the process of partnership, which made some of the results more difficult to assess. However, the evidence from both sectors can be used to inform campaigns for a greater recognition of the value of PuPs in delivering public services.

There are some important conclusions about the process and nature of successful partnerships that need to inform any long-term strategy for promoting PuPs. Partnerships need adequate funding. They take time to develop, operate more effectively when there is a sense of trust between partners and when partners recognise that they have shared goals that can only be met by working together.

There is evidence to show that partnerships between public sector agencies of the same type e.g. municipalities, often contribute to improved services. This can be used to show which PuPs can be developed most easily. Research on the water sector also provides evidence about some of the combinations of agencies that have been able to work together to deliver improved services.

Research is needed to show more clearly which specific components of PuPs contribute most strongly to improved service delivery. This would provide more evidence about what can be gained from PuPs. There are suggestions that PuPs contribute a form of restructuring to the public sector and that it is this that leads to improved service delivery. This needs to be explored in more depth.

Research on the long-term effect of PuPs and to what extent service improvements are dependent or at least influenced by the nature of the relationship between the public agencies would also contribute to a stronger evidence base.

Additional research is needed to assess structures that involve the community most effectively. In terms of campaigning, there is evidence that involving educational institutions and local communities in PuPs in the health sector does contribute to improved capacity building and service provision, although this is a long-term process. This model could be applied to other public service sectors, stressing the role of educational institutions in contributing to improved service delivery through training and research. Research that examined the role of educational institutions with other parts of the public sector would support this type of PuP.

Funding emerged as a key issue in many PuPs. Future research could address the issue of funding through a comparison of the total cost of funding a PuP with the costs of restructuring through PPPs. This would help to strengthen the use of PuPs as a counter to PPPs.

Further research could also focus on identifying the potential for using different forms of PuPs to achieve improvements in relation to user involvement and governance in public services. The research could identify the specific relationships between types of partnership envisaged and models of user involvement and governance.

Studies could focus on specific sub-sectors, for example, primary healthcare, to see if improvements in service efficiency or effectiveness, capacity building, or strengthening of participation, can be achieved through a form of PuPs. Studies in the same sub-sector could be conducted across a number of different countries in the SADC region. The research should be carried out by local researchers in collaboration with community and trade union partners. It could be conducted alongside education programmes.

6. Annexe 1: Case studies

6.1 Harrismith/ Maluti-a-Phofung water partnership, South Africa)

Harrismith (population 500,000) is in Free State province, South Africa. A 3-year contract was signed in October 2000 between the Harrismith municipality (now part of Maluti-a-Phofung) and Rand Water – a parastatal bulk water supply company – which created Amanziwethu Water Services (AWS) as a corporatised water service delivery unit. This was not tendered, because under the Local Government: Municipal Systems Act, 2000 councils can make service delivery agreements with other public sector bodies without having to follow procurement procedures. The agreement was signed following an 18-month consultation process involving labour and community representatives. The agreement includes clauses providing continuity and security of employment for all council workers seconded to AWS. Both SAMWU and IMATU supported the project.

Under the contract, municipal staff were seconded to work for AWS, and the company was managed by staff, seconded by Rand Water. Responsibility for providing the water service, and for collecting revenue, was assigned to the new company by the municipality. The scheme did not transfer responsibility for investment. The municipality was entitled to receive 5% of annual revenues, to help finance other public services: Rand water received a management fee of 1.5m Rand, capped at 5% of the total revenue (van der Merwe and Ferreira, 2001).

The main objectives for the municipality were to make the water service “efficient, equitable, cost effective and sustainable”; and to establish corporatisation through “a sustainable ringfenced service delivery unit” which would operate with improved efficiency, management, and financial structure (ibid). The objective for the Government/MIIU was to enable the municipality to “ring-fence the water system, sort out management and personnel problemsand become comfortable working with a service delivery partner”; it could then prepare a longer-term solution (MIIU, undated). For Rand water, the PUP was a management contract in retail distribution of water, and helped the company’s commercial growth policy. Rand’s policy is to expand into new markets beyond its traditional role of bulk water supply, both in South Africa and in other countries (Business Day, 2003). SAMWU in 2004 “strongly advocates” the use of public sector partners as long as it is for capacity-building and the form of the partnership “is not commercialised” (SAMWU, 2004).

The Centre for Policy Studies, in an assessment (2003) concluded that the partnership has improved services, finance, institutional structures and tariffs (Fakir and Smith, 2003). Service gains included: reducing the unaccounted for water (UAW) rate from 30% to 12%; putting in place 1000 new connections to waterborne sewerage; and improving effluent standards. The report also noted that cost recovery policies resulted on cutoffs of thousands for non-payment, and the installation of ‘trickler valves’, which it described as ‘stripping people of their dignity’.

Financially, AWS inherited a deficit of R 7 million, but within 16 months was generating surpluses which were reinvested back into infrastructure maintenance. These surpluses were on top of Rand Water’s management fee as well as an annual R 2,1 million paid to the city council to help fund other services. The contract is monitored through a team of a councillor and a consultant. However, the CPS report questions whether the council’s capacity has been increased sufficiently to cope after the contract with Rand ends: the senior engineer responsible for monitoring the contract is also responsible for all infrastructure services to the Maluti-a-Phofung area.

The political context is also problematic: the party that signed the original agreement lost control of the council, and the new leadership was much less enthusiastic about the partnership. The institutional capacity has been improved, with increased training of workers and attention to performance, but no local workers have been trained as top-level managers. The council’s capacity has not been directly increased, and the council may not be able to sustain the management fees of R1.5m or employ managers on equivalent salaries.

6.2 Lilongwe Water Board, Malawi

A World Bank project to improve the water and sanitation services of Lilongwe, Malawi, from 1987, used a water authority from the UK as partner to the Lilongwe Water Board. The project is treated as a public-public partnership because it started in the 1980s, before UK water was privatised, and before water privatisation became general World Bank policy in the early 1990s.

A review by the WB's Operations Evaluation Department (OED)(World Bank,1997) declared that the project had initiated successful institution building, and provided the model for a national approach to managing water in cities and larger towns:

- access to water improved significantly;
- the project helped develop an effective management support and training programme;
- the efficiency of operations increased considerably;
- the level of unaccounted-for water fell to 16 percent;
- labour costs were reduced; response time to new service applications and customer complaints has improved; and
- subsequent capital investments were more effective as a result.

A key role of the partnership was in providing training to the point where local officials took over all the running of the authority themselves.

Access to water improved significantly in new housing areas, but coverage was poor in low-income areas until the second project developed an effective. The water board and the city council strongly promoted the creation of consumer committees to run the network of water kiosks in traditional housing areas and villages in Lilongwe's outskirts. Most kiosks are privately operated and managed by these committees, and most of them are run by women. The Lilongwe Water Board appears to manage the kiosk operator contracts in a transparent and effective manner, and the village consumer committees have encouraged discipline and efficiency in kiosk management.

The OED noted that the international loans created the problem of costs varying with exchange rates: - between 1994 and 1995, foreign exchange losses erased almost five years' worth of sales. The OED recommended foreign exchange risk relief to sustain the utility's financial viability, but this was only done in part: currency fluctuations continue to have a major impact on the finances of LWB, due to the cost of servicing the international loans (Government of Malawi, 2001/2).

Partly as a result of the currency losses, and partly because of cost recovery policies, the OED noted that water prices had risen sharply, and affordability could be threatened in future: even many middle- and higher-income households, consuming about 100 litres per capita per day (lpcd), now pay 5 percent of their income for water. Lower-income households consuming 20lpcd pay about 10 percent of their income.

In 2001 there was a strike by water workers demanding a substantial pay rise, and criticising the LWB management for financial mismanagement and extravagant spending on expensive vehicles and huge allowances. The LWB management responded by dismissing all the strikers and selectively rehiring, in order to get rid of militants (Agence France Press, 2001).

Despite the efficiencies and institutional improvements noted above, WB projects and policies continue to require privatisation (Privatisation Commission of Malawi, 2002). The WB project makes privatisation the top priority. In the World Bank's country assistance strategy for Malawi water board privatisation is seen as already established policy, and failure to progress it is an indicator of no reform which would prevent Malawi getting any but the lowest level of assistance from the WB (World Bank, 2003).

6.3 Manguang – University of Free State Community Partnership Programme (MUCPP), South Africa

The Manguang University of Free State Community Partnership Programme (MUCPP) was established in 1991.¹ The initial objectives of the project were to establish an effective partnership between the community of Manguang, the University of the Orange Free State and the Department of Health; an effective primary health service; a community development programme; affirmative action to select students for supporting programmes; bridging courses for the less privileged students; and training of community centred health care personnel and also implementing training strategies.² These objectives were extended to cover economic development, district health services, education and training of health personnel, and sustainability. Other objectives cover the development and maintenance of the partnership, marketing and organisational development.

Following consultation with partners, a trust was set up to ensure that community needs were addressed. In 1994, a constitution was drawn up and a trust board with 16 members was established. Five university personnel, three health services members and eight community members are trustees. Financial control of the programme rests with the trustees.

The project received funding from the WK Kellogg Foundation from 1991 until 1999. The Department of Health and the Free State Provincial Government provided funding for a Community Health Centre and the Irish Government funded a multipurpose Economic Development and Training Centre. International donor funding has been used for capital projects and project seed funding. The Free State provincial government is considered the key to sustainable funding because of the human and financial resources that it has and the grants and subsidies that it also receives from national government.³

In January 1995, the infrastructure of the MUCPP was moved from the University of the Free State to a site in Manuang chosen by the community, which strengthened the community focus. A multipurpose health centre was opened in 1996. Ownership of the centre was subject to much debate and it was finally decided that the Provincial Administration would assume ownership but the Board of Trustees would have control of the centre. This was followed by a larger more permanent centre in 2001 as well as an Economic Development and Training centre.⁴

The community health centre is now open 12 hours a day and provides a much wider range of services both curative and preventive, than were previously available.⁵ It is difficult to assess to what extent the efficiency of services has increased or whether there has been a change in the equity of service delivery.

MUCPP now focuses on economic development through the development of small businesses and growth of entrepreneurship. There has also been an emphasis on incorporating community service learning at the University so that university students participate in learning and sharing skills with the community.⁶ It is unclear whether newly trained workers remain in the district.

MUCPP has evolved from a community partnership programme to a sustainable community partnership programme. Key success factors include: the existence of local community networks; a needs assessment process at the beginning of the project; project coordinators managing projects and linking with community and other partners.⁷ Departments at the University were able to provide more in-depth knowledge to the MUCPP activities and this process stimulated more cooperation between university departments. Community members, project coordinators and academics learnt much from each other. The local authority was also recognised as an important partner. Greater cooperation between provincial governments and the

¹ <http://kiewiet.uovs.ac.za/community/mucpp/>

² <http://kiewiet.uovs.ac.za/community/mucpp/>

³ <http://kiewiet.uovs.ac.za/community/mucpp/>

⁴ <http://kiewiet.uovs.ac.za/community/mucpp/>

⁵ <http://kiewiet.uovs.ac.za/community/mucpp/>

⁶ <http://kiewiet.uovs.ac.za/community/mucpp/>

⁷ <http://kiewiet.uovs.ac.za/community/mucpp/>

project partners was identified as central to the long term survival of MUCPP. International partners and funders also played a crucial role.

6.4 Sheffield Health Action Zone, England

In 1997, the incoming Labour government in the UK announced the Health Action Zone (HAZ) initiative, which aimed to reduce health inequalities through “the modernisation of services and the building of local capacity for collaboration”. In Sheffield, a city in the north of England, there has been a history of partnership working between the health and local authorities. The aim of the HAZ was to develop local capacity for addressing health inequalities rather than to aim explicitly at reducing health inequalities because the HAZ initiative was not considered to be long- term enough or have enough resources to make a measurable impact on health inequalities in the district.

The partners in the Health Action Zone included the local authority, various NHS agencies, two local universities and several voluntary and community groups. A Partnership board was formed with representatives from the HAZ partners. The close relationship between the health authority (NHS) and the HAZ during the first two years created problems of ownership for other agencies. There several reviews of partnership structures which resulted in the HAZ partnership board being disbanded (University of London, 2003).

The HAZ team was merged into a general partnership support unit and focused on trying to get the HAZ commitment to reducing health inequalities and evaluation embedding within local structures and mainstreaming HAZ investments. The team helped HAZ funded projects to get continuation funding, disseminated the lessons from the HAZ at different levels and trying to embed ways of addressing health inequalities and evaluation into citywide structures (ibid). Sheffield First for Health is now part of Sheffield First, a ‘family’ of partnerships which has now been recognised by national government as Sheffield Local Strategy Partnership. This recognition has given it access to new resources (Sheffield First, 2004). It has also formalised planning with other sectors that influence the determinants of health.

Voluntary and community organisations were Health Action Zone (HAZ) partners but full involvement in the work of the HAZ was uneven although there was a strong community development approach in many of the HAZ funded projects.

The HAZ projects were community- based initiatives that aimed to promote healthy lifestyles. A community development project led by the leisure services department of the local authority was established to promote healthy lifestyle choices in disadvantaged areas. With close links to the local authority services, the project led to changes in organisational work practices in the leisure department (University of London, 2003).

The HAZ also funded an initiative to improve access of women and South Asian communities to primary care services to reduce mortality from coronary heart disease. It focused on improving secondary prevention services in primary care. The evaluation showed that there had been a reduction in prescribing in certain areas of the city, considered a positive indicator of lower levels of CHD risk (ibid).

The evaluation of Sheffield HAZ, showed that it successfully managed to raise health inequalities on local agendas, broadened understanding of the determinants of health locally, and set up new partnership structures which are still working together with health integrated into a city wide planning framework. It also contributed to some improvements to mainstream services. All 26 Health Action Zones addressed health inequalities in at least one of four ways by providing: new funding; a dedicated funding space; a driver for change; and a badge for bringing more resources into the locality (ibid).

6.5 Tallinn, Estonia

The Baltic Sea Convention (the Helsinki Convention) has been working since the 1980s to reduce the pollution of the Baltic Sea. In the Baltic states of Estonia, Latvia and Lithuania, there were a series of major projects to develop wastewater plants, and to develop the capacity of the municipal water and sewerage companies. These were based on 'twinning' partnerships between Swedish and Finnish municipal water companies, and the municipal water undertakings of cities in the Baltic States. The programmes were financed by donor money in the initial phase and longer-term loans from development banks for infrastructure development (Helsinki Convention, 1996). Reviews and evaluations of the Baltic twinings have been positive. The SIDA review of the Swedish municipal twinning programme described it as "a successful experiment", and specific projects at Kaunas (Sida, 1998) and Riga (Sida, 2000) praised for their achievements.

A Helcom review process in 1998 reconfirmed the soundness of the basic approach and concluded that it should be maintained as the framework for this regional environmental programme. It emphasised the importance of partnerships and the co-financing using loans from international financial institutions and grants from donors. The loans were based on assessment of the ability of governments and municipalities to borrow on a medium and long-term basis; the grants allowed the projects to be larger, reducing the effective cost and also reducing the impact of adjustments to tariffs on populations with low or fixed incomes (Helsinki Commission, 1998).

Helsinki Water was the designated partner for Tallinn, Estonia. The project included the construction of new wastewater treatment facilities, and its objectives included the achievement of operational and maintenance cost savings, but also environmental and service objectives of sustainable water resource utilisation, water quality improvement, pollution prevention and, explicitly, protecting the jobs of the workforce.

It also included the specific objective of corporatisation, by restructuring the water and sewerage into: "a self-managed, self-financing water utility enterprise, independent of any state or municipal subsidies." The twinning arrangement with Helsinki Water was the key instrument for achieving this transformation, proving advice on enterprise development and on project implementation (EBRD, 1995).

In 2001 Tallinn water company was privatised by the city council creating a joint venture with IWL/United Utilities: the private consortium acquired a 50.4% stake in AS Tallinna Vesi. The council decided to use most of the revenue from the sale to reduce the city council's borrowings. The privatised company also obtained a loan from the EBRD (PSIRU, 2001)⁹ The privatisation rapidly became controversial due to financial manipulations of the foreign operator, which included demands for a surcharge for water drainage, price increases, extraordinary dividend payments and the remuneration of the supervisory council (Lobina, 2001; Lobina and de la Motte, 2003). By the end of 2002, the company had cut a total of 200 jobs, about 30% of the workforce, and extracted from the company dividends and repayments worth 93% of what they had invested 2 years previously (Baltic News Service, 2002). The company received a further EBRD loan of €80m: and when IWL sold its stake the EBRD effectively acted as a new equity partner by buying the stake (EBRD, 2002).

Tallinn Water is the only one of the cities in the Baltic states which were 'twinned' under the Helcom programme which has been privatised. The others remain municipally owned. The EBRD has not made privatisation a general condition of funding for water service projects: a significant number of loans have been made to municipal operators in Poland, as well as the Baltic states (Hall and Lobina, 2003).

⁹ Source: PSIRU database, "International Water acquires control of Estonian capital's water", News ID 4425

6.6 Tsumeb Market Development Project, Namibia

Tsumeb Municipality, Namibia and Chesterfield Borough Council, UK, have had an official twinning relationship since 1993. The two towns had both experienced the closure of local mining industries and are now diversifying their local economies. The focus of the twinning links have been on capacity building for staff of Chesterfield Borough Council and for staff and councillors of Tsumeb municipality.

The market development project was supported by funding from the Commonwealth Local Government Forum. The aim of the partnership between the two towns was to contribute to the sustainability of the town of Tsumeb by developing its informal local market into a well-managed market with good amenities, which would contribute to improved standard of food safety and public health.

At the beginning of the market development project, the informal market (at Nomtsoub) was the largest income generator for poor people in the town and provided a living for 234 families. The market was a focal point for the local community and it provided a source of affordable food and other services. However, there was a need to upgrade and extend the existing market. Hygiene standards were poor and the market lacked basic amenities (Didcock, 2002).

A previous attempt to improve the market has failed and as a result, market traders refused to pay their rent. This led to a breakdown in relationships between the market traders and the municipality of Tsumeb, although a market committee continued to function. The Urban Trust of Namibia, a non-governmental organisation, wanted to promote the development of life skills for the market community, but by 1999, was about to withdraw because of lack of progress (ibid).

The capacity building project involved three groups of players: the market community; Tsumeb municipality; Chesterfield Borough Council. As a way of taking action, the exchange group (two environmental health officers) from Chesterfield, the market committee and a field worker from the Urban Trust of Namibia formed the Okapana Action Force and set up the "Let's Build a Sink" project.

Negotiations took place between the Urban Trust of Namibia, Tsumeb municipality and the market committee on the increased role of the committee and the creation of a community based organisation Tulongeni Pamwe, which will take over the roles of the market committee (Friends of Namibia newsletter, 2003).

The project has led to a number of public health improvements. Sanitation has improved. Food hygiene training continues. There are enough legal power connections available and sharing of power connections is banned. Meat is inspected daily in the morning. Traders take pride in the cleanliness of the market and welcome public health advice. The municipality understands the needs of the traders and communication has improved (Didcock, 2002).

Stallholders are beginning to invest in the market, an indication that the community is beginning to initiate change. One of the most significant factors in the success of this initiative was the change in culture in the town that enabled the municipality to allow the market traders to take action and to respect their views about how to develop the market. This led to the market committee having a sense of ownership of the market.

The Urban Trust of Namibia raised money from the Africa Development Foundation which had to be matched with money from the municipality (ibid). Funding for the improvements came from the municipality. Market stallholders have started to invest once they saw the improvements to the market (ibid). This has ensured the sustainability of the public health improvements.

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