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The public-private partnership; complementarity alternative to the development of the health system and social protection - case of the purchase of dialysis

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Abstract

The enormous need to ensure good health care for Moroccans, as well as the objectives of economy, efficiency and control of expenditure, are increasingly imposing public-private partnerships in the development of different strategies and represent a priority axis of the government's vision for the social protection project.
In this sense, the experience of a public-private partnership (PPP) in the area of purchasing dialysis services is an excellent example of using the resources available to both sectors to achieve synergy and territorial health justice in terms of delivering better quality healthcare.
Our aim in this article is to answer a number of theoretical and empirical questions using a qualitative method based on the case study of the prefecture of Fez: the state of play, strengths, weaknesses and contributions, making it possible to highlight the constraints in the field and to grasp the essential trends and developments. The results of our research have shown the significant benefits of PPP and the very remarkable qualitative improvements in patient health in this area. But they also suggest that we need to take account of the importance of prior training for the players involved, which will strengthen their role in this process.

Keywords: public-private partnership, service purchase, end-stage chronic renal disease, dialysis.
Classification JEL: M41
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1. Introduction

Health is a state to which not only the individual but the whole community aspires. In this respect, we evoke the expression of A. the LAUBADÈRE when he wrote that health is a "national asset, a kind of wealth that is at the origin of modern development".

Its governance in Morocco, with the adoption of a new strategy for regional health agencies, territorial health groupings, and the rehabilitation of health provision with its budgetary constraints, requires public decision-makers to modernize management systems and structural and structuring reforms to make a success of the managerial dimension of social protection.

Initially adopted as mechanisms to fill the financial gap in healthcare provision (Adamou, M., Kyriakidou, N., & Connolly, J. (2021), PPPs in healthcare have experienced one of the most dynamic periods in their history in the last decade, to the point of transforming the global healthcare architecture with a growing range of private players, with particular emphasis on the management of chronic kidney disease (CKD).

Considered to be the 11th leading cause of death worldwide, PPPs are characterized by their heavy economic and social consequences, particularly in low- and middle-income countries, and by their strong dependence on lifestyle-related behavioral and environmental risk factors, (PERROTIN, R LOUBERE J-M, (2001**)**, which influence the decision to use them.

The aim of this article is to examine this alternative and provide an overview of the main issues surrounding PPPs, as well as an analysis of the advantages and challenges involved in solving the health problems in the hemodialysis sector, especially given the volume of funding allocated by the Ministry of Health (60 million dirhams in 2009 to 250 million dirhams in 2016, i.e. an increase of 317%), by entrusting a range of activities to private partners. The aim is also to study the contribution made as an innovative mechanism for financing the results-based budgeting reform.

From an epistemological perspective and in a critical spirit, the case study will be approached in order to respond to the following problematic:

To what extent will the public-private partnership lead to the achievement of the objectives previously set in a participatory approach for both parties, especially social protection?

In addition, we allow ourselves to put forward some damning questions:

How does the prefectural delegation of health -Fez- respect the principles and mechanisms of partnership?

What are the constraints facing the partnership, and what are the prospects for improvement to make the health system more efficient in terms of dialysis?

To make this work more concrete, we believe it would be useful to present this study along three lines, which will address:

The first part concerns the analysis of the theoretical concept of PPP (Baudry, 1991) and deals with the development of certain theories in this area as an alternative method of financing public projects. After defining the problem and presenting the objectives, we will present the conceptual framework of the partnership.

The second part successively exposes the causes of emergence compared to other traditional modes of public procurement and the motivations for private financing. Thereafter, we will present the methodology and begin the results and discussion of the recommendations.

The third part addresses the case of the prefecture of Fez and the preliminary assessment of the achievements of this process in relation to the expected objectives; the explanation of advantages and disadvantages, the issues and the challenges and proposing future prospects for its development.

2. Review of empirical literature

Unlike public service delegations, the PPP as an alternative financing solution that should

complement rather than replace State investment aims to achieve optimised risk sharing (Albert P. § All 2012.)

The concept of public-private partnership is used to orient the normative horizon towards a more efficient offer than the public sector could provide alone without a partner. It emerged in the USA in 1985, and has been the subject of economic and political analysis to make it an optimized route to building infrastructure and providing public services. (SAVAS, 2000)

2.1. The conceptual framework

It is a form of cooperation, and collaboration for organizational and strategic reconfiguration by which the state, or public establishments, engages private law partners called " private partner ", through a fixed-term contract called "a partnership contract public-private".

In Morocco, the introduction of the public-private dichotomy as a "value-creating, win-win situation" (i.e. one in which there are only winners and no losers), was integrated at a time when the private sector was able to reach a remarkable maturity in terms of financial and technological resources, justified by the increased competitiveness of private companies.

In recent years, several laws and reforms have been introduced to strengthen harmonization between the two sectors within the framework of public-private partnerships, with the aim of boosting certain sectors and reinforcing the provision of services and administrative infrastructures.

Notably Law No. 12-86 of February 05, 2015, the public-private partnership contract is a fixed-term contract, by which a public person entrusts a private partner with the responsibility of carrying out a global mission of design, financing of all or part, construction or rehabilitation, maintenance and/or operation of a work or infrastructure, or provision of services necessary for the provision of a public service (law no. 86-12, 2015).

Therefore, it is no longer the traditional “less state” conveyed by neoliberal theorists but the “better state”.

Its mobilization in healthcare delivery has become a necessary decision to eliminate existing deficiencies in the delivery and management of public sector projects. PPPs have transformed the architecture of global healthcare, with a growing number of players from the private sector, civil society and others becoming involved in global healthcare issues.

2.2. The theoretical framework

On the basis of all the contractual theories that have carried out an in-depth analysis of puplic-private partnerships, we have called on two main theories to deal with our subject: agency theory and the stakeholder theory enshrined by Freeman.

2.2.1. Agency theory (AT)

Among the major theories of the analysis of economic organization firms, reconstructed on the basis of the rediscovery of a 1937 article by Ronald Coase, the "agency theory" stands out. It focuses its analysis on inter-individual relationships and organizational behavior, based on the assumption of rationality on the part of players, especially managers.

Its influence has spread far beyond finance to become one of the main branches of contractual theory, and it stands as an orthodoxy on the subject. Its main feature is to place at the heart of its elaborations a vision of the firm conceived as "a knot of contracts". (Baudry B. C., (2008))

This theory defines the agency relationship as "a contract by which one or more persons (the principal) engage another person (the agent) to perform, on their behalf, a task or activity, and which involves a delegation of some decision-making power to an agent". Contractualization imposes cooperation, a partnership that translates into a reciprocal agency relationship.

Other authors, such as Charreaux, note that any partnership or cooperative relationship between two individuals is considered an agency relationship. The first is called the "agent", the one who acts (takes charge of the task). The second is the "principal", who delegates

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responsibility for carrying out a task to another agent. The distinction between the two is based on information. In general, the agent holds information to which the principal does not have free access, and vice versa. (Costly information). (Charreaux J, (1999))
Indeed, in this field of dialysis provision, the logic of the contractual approach fits into this perspective, since the public sector operating in this field has been led to formulate relationships with other private sectors using contracts generally based on the determination of commitments and in a situation characterized by incomplete or asymmetrical information (here, the incomplete information is the possibility of contract renewal or its duration). (LEFEBVRE, (2010).)
main aim of agency theory is to explain the different characteristics of the relationship between the players involved, and to seek to optimize the results obtained from their agreements. As a result, we need to know how these contractual relationships are established, and how they should be designed to be the new roadmap for alternative modes of economic organization. (Baudry B. C., (2014))
According to this theory, two factors can stand in the way of a complete contract. They relate to the behavior of individuals, represented by their maximal rationalities and their egoisms or opportunisms. They always seek to maximize their own satisfactions without regard for the general interest, and aim to achieve their own objectives, which do not necessarily correspond to the objectives of others. (Chaserant, 2002)
This search may lead these actors not to respect their contractual commitments. This suggests that, in a contractual relationship, everyone's interests are likely to be at least partly divergent.
Consequently, such a relationship presents the following risks:
- Asymmetry of information (whether voluntary or not) ;
- moral hazard (failure to respect all agreed rules and regulations); (because the employer will not be able to perfectly supervise the agent during his work);
- Anti-selection (excessive asymmetry of information may lead the principal to choose a lower-quality good or service for reasons of profitability, and the agent to behave like a stowaway).
In all cases, the clauses inserted in the contract are incentive clauses: they create discouraging obligations for the employee, should he or she break the contract, but also costs, known as "agency costs": supervision of the agent (e.g., a board of directors); obligation costs borne by the agent; residual losses due to the principal's opportunity costs.

2.2.2. The theory of stakeholders

To approach this research, the conceptual and theoretical framework is represented by the partnership pentagon of Boelen from 2001 (figure n° 1) which served as a benchmark to better understand the roles and obligations of each key actor in this partnership.
Our study will also be apprehended within the framework of the theory of stakeholders consecrated by Freeman (1984) which seems appropriate to us because our research tries to model the different actors as stakeholders who are effective and influential in the governance of the health system. (Arrow. K et Lind. R . (1970.)
In this context, Benoît Pigé presents three main interests for this approach:
Firstly, in descriptive terms, it makes it possible to report on the actions and expectations of each group of actors within the organization;
Secondly, in positive terms: it helps to provide keys to understanding the behavior of the actors;
Thirdly, in normative terms it is considered that an organization is not only a property tool but also a social structure involving individuals with very different expectations.

This conceptual model integrates both the concerns of the public sector in financing and highlights the contribution of the private sector in the provision of care in a contractual PPP formula.
The responsibility to carry out a global mission of design, financing of all or part, construction or rehabilitation, of a work or infrastructure necessary for the provision of a public service. Our work aims to take care of patients on waiting lists at private dialysis centers.
The PPP (Asquith A, Brunton M, Robinson D (2015) the first of its kind in the health sector, is a purchase of services in a way to save costs is a renewal of management practices by establishing a partnership between the public and private sectors.

3. Material and Methodology

In terms of the methodology used to carry out this study, qualitative research methods, and more particularly those based on case studies, seem to us to be better suited to the nature of contemporary management issues and to the context of the study, given the exploratory nature of the Moroccan context, in order to describe, decode, translate and generally get to the bottom of the meaning rather than the frequency of certain phenomena" (Coutelle, 2005) through a study of the managerial and regulatory framework governing this partnership, carried out by means of a field survey on the local experience of the prefecture of Fès and its effects on the production of care, direct observation and the use of documents (the contract of execution and the specifications of the public-private partnership for the care of CKD patients, the use of reports and activity reports).
Hypothesis 1: the public-private partnership initiated by the ministry has a positive impact on the health sector, especially on dialysis services.
Hypothesis 2: the ingredients of a successful public-private partnership have been applied in the case of the delegation of health to the prefecture of Fes.
To answer this search, we referred to the terms of the agreement between the health services and the Association of Nephrologist Physicians (signed for this purpose, on February 12, 2012), we proceeded through a documentary consultation on the use of reports, activity reports, and special requirements
Qualitative methodology helps us to understand complex phenomena that receive little or no attention in the literature because the data was collected in a specific context, not by mail or telephone.
We conducted semi-directive interviews with the fundamental managers involved in this partnership, on its communication and coordination, as well as on its usefulness and the possibilities of its revision. Then to the professionals of the center in order to collect their perceptions in general and particularly in terms of governance, participation in the decision-making process and evaluation of this experience. This is a purposive sampling, the selection of people to interview was made by targeting key players, given their knowledge or involvement in the project.
The data collected from the actors involved in this research was analysed in three stages. was carried out by means of a content analysis which took place in three stages: pre-analysis, exploitation of information and interpretation of results.

3.1. Research model or research design

Also appropriate to public management, and therefore to the health system, this theory considers that taking into account the interests of stakeholders creates an organizational type value, it is the partnership value which is the criterion of efficiency, and leads to promote coordination between the actors.

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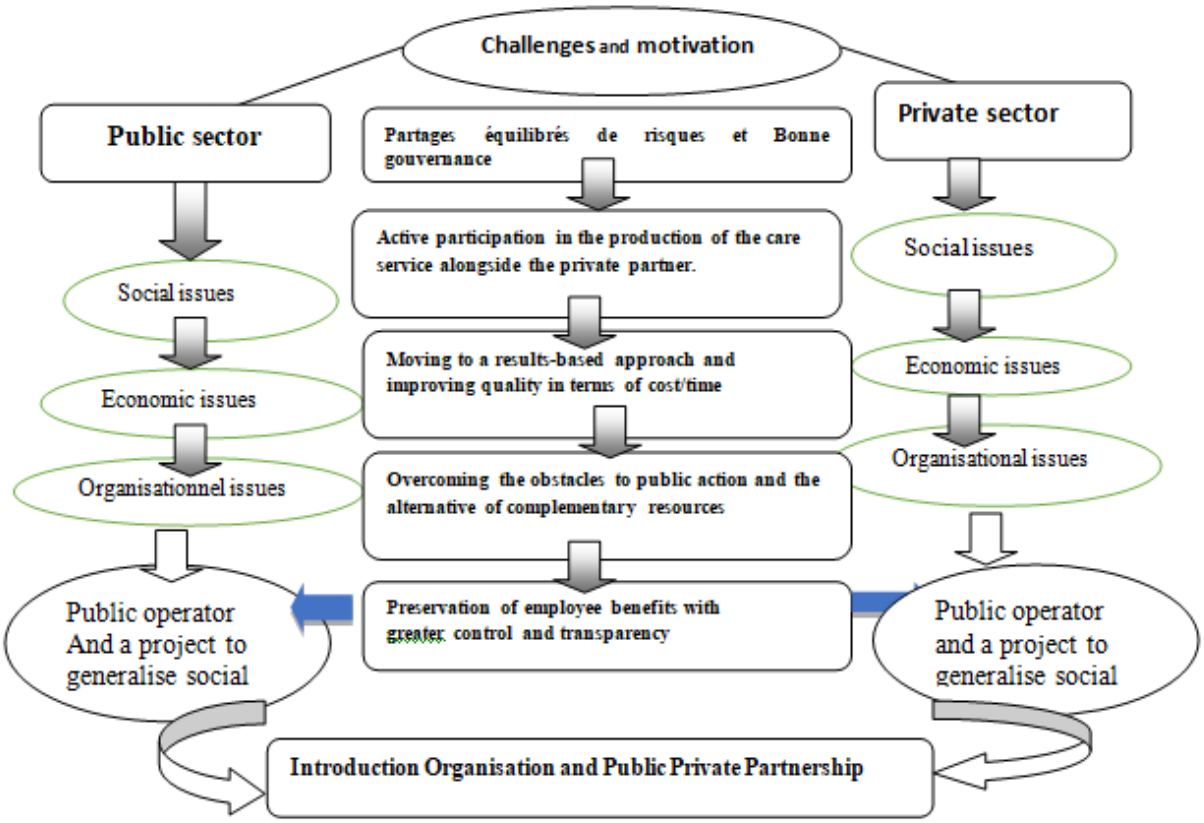
Figure 1: The conceptual model for the introduction of PPP



Source: Compiled by us on the basis of the Boelen partnership pentagon.

3.2 Sample or field of study and description

The province of Fez is the capital city of the Fez Meknes region. Its total population is estimated in 2014 at 1.15 million inhabitants, of which 48.88% in rural areas. The supply of dialysis care is based on two sectors: public and private. The traditional sector is a significant route and is characterized by the presence of two public centers (one at AL GHASSANI hospital with 120 patients and 34 generators, and a second center at ibn Al khatib hospital which houses 50 patients with 15 generators) the number of patients fully covered is 170 in the public sector in 2022, and 208 patients in the private sector (at the 17 private dialysis centers where each center receives between 11 and 15 patients).

The choice of the prefecture of Fez is justified by the presence of a very large public and private hemodialysis care offer, the existence of a public-private partnership in the field of dialysis service purchase with a very large volume. credits allocated by the Ministry of Health to services related to hemodialysis (17846.400.00 million dirhams between 2021 and 2023), for the provision of hemodialysis to 208 patients, accessibility to information and databases, the maturity of the experience of the prefecture of Fez which constitute a reference at the national level. In addition to the new dialysis center in partnership with the Mohammed V Foundation for Solidarity and the Ministry of Health with 60 generators/200 patients which will open in 2022.

3.3. Analyse

Indeed, the hemodialysis service is experiencing an increasingly growing demand from patients with ESRD and who are, in the majority of cases, indigent people registered, in large numbers, on waiting lists. (More than 100 patients registered each year). This proves that

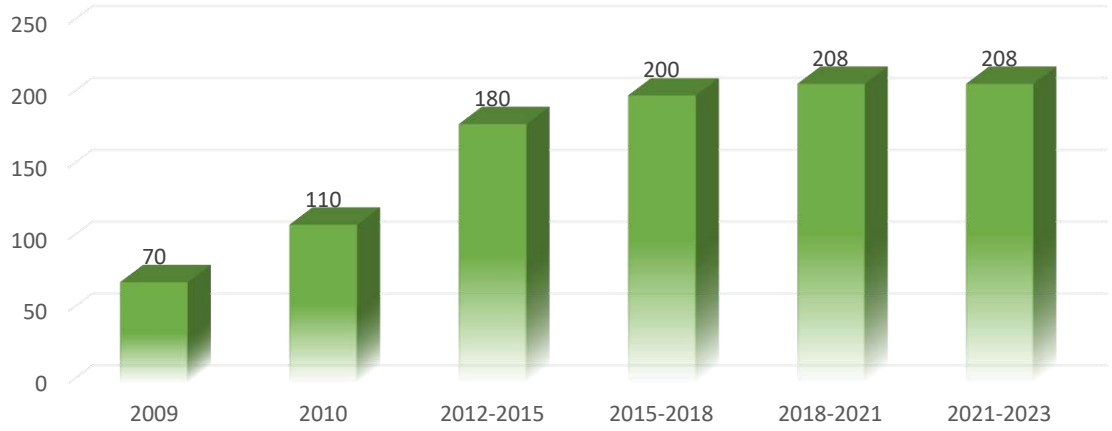
providing the hemodialysis service in partnership with the private sector was a strategic decision, given the limited resources and the constraints weighing on the health sector.
The table below shows the evolution of the number of patients treated within the framework of this partnership and the private dialysis centers.

Table n° 1: evolution of the number of PEC patients within the framework of the partnership

YEARS	2009	2010	2012 -2015	2015-2018	2018-2021	2021-2023
Number of CEP patients by public-private partnership	70	110	180	200	208	208
Evolution of newly created private hemodialysis centers	4	4	4	10	12	17

Source: activity report for the year 2021 / 2022 of the Delegation of the Ministry of Health to the prefecture of Fès

Number of ECP patients through public-private partnership



Source: activity report for the year 2021 / 2022 of the Delegation of the Ministry of Health to the prefecture of Fès

For this partnership to exist and be operational, it is imperative to define the field of intervention, roles, responsibilities and commitments of each and every one of its actors, through the provisions and clauses of the agreement that unites them.3.1 Presentation of PPP
It was in 2009 that the Ministry of Health signed a partnership agreement covering 3 renewable years with the Association of Moroccan Nephrologists with a view to taking care of patients suffering from terminal chronic renal failure, registered on the lists of waiting for hemodialysis centers. Currently, it devotes a budget of 250 million dirhams per year to the purchase of dialysis sessions in the private sector, for the benefit of RAMED holders. The number of dialysis patients in Morocco has increased from 4,800 in 2004 to nearly 32,000 in 2020. This has required the construction of no less than 400 hemodialysis centers, two thirds of which are private centers.
By concluding this agreement, the first of its kind within the framework of the ppp, the Ministry of Health is beginning to set up a platform to strengthen partnerships with the private sector with a view to developing consistency in the provision of care and to ensure complementarity between the two sectors, public and private.
The care of patients under the agreement was based first on the basis of a monthly lump sum which will be borne by the Ministry of Health, then it is established on the basis of the sessions carried out, which constitutes a vast improvement in management in order to ensure the optimization of the management of this public service, by setting up an updated version of the standard specifications governing the conclusion of contracts.

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4. Results and discussion

On the basis of the above, the case study and the various relevant documents (agreement), we have been able to identify three main factors underpinning the development of the concept studied and the causes of the emergence of PPPs.

4.1. The causes of the emergence of the PPP

The causes of the emergence of this public-private partnership have been reinforced by the following objectives:

Public health issues: improving the organization of care according to the situation and needs of people with IRCT, and medical demography, improving the quality of life of patients and reducing inequalities, promoting the quality of care, and safety of care, given the constraints linked to the evolution of medical demography in nephrology, the aging of the population and the inevitable increase in the prevalence of IRCT,

Political issues, in the context of the social protection project, in particular in terms of consistency with the objectives of the MS strategy which define the modality of overall care. Fill the lack of the public sector at a time when the supply of public hemodialysis centers does not follow the demand especially in terms of beds, infrastructure capacity, equipment, and human resources (Acute deficit Morocco among the 57 countries in a situation of acute shortage of personnel) especially in certain geographical areas where there are not enough health care offers (eg a nephrologist doctor, a dialysis generator, etc.) .Sometimes under-active while other services are over capacity.

Financial stakes for the State, the high cost of treatment, budgetary constraints; taking into account the savings that can be made and the rationalization of practices related to the implementation of more efficient care strategies; (Benali , N. (2013.)

Issues in the organization of care: optimizing the overall care of patients with ESRD according to treatment techniques (hemodialysis, peritoneal dialysis, transplant), modalities, places of care

Issues for patients or users of the healthcare system; promote their state of health and their quality of life, improve patient information in the knowledge of the different treatment techniques and ways of organizing their care. (BENSAÏD. J et MARTY. F (2013.)

First, the search for the performance and efficiency of public expenditure, because the management of end-stage chronic renal failure (ESRD) requires specific infrastructures and organization of care, which take into account the particular pathological, physical, psychological and social characteristics of these patients.

Then, by improving the quality of services between the two sectors in the management of IRCT, this causes synergy, complementarity and decompartmentalization between the two sectors.

After that, the provision of hemodialysis costs less in the private sector than in the sector public given certain problems of governance and management in the public according to certain studies.

Finally, some technologies are better in the private sector in terms of equipment that it would be a shame not to include in the national health policy.

The care program for beneficiary patients under this partnership has been established by mutual agreement between the contracting parties.

4.2. Identification of the actors of the partnership and their commitments

Nephrologists are health professionals recognized as important partners in the implementation of a sustainable reform of the health service delivery system. The agreement covers all care,

including hemodialysis sessions, resuscitation care, and the transfer of patients to a care facility in the event of an emergency, medical monitoring and educational activities.
They provide patients with the services necessary for the most satisfactory management of their state of health.
The nephrologist as well as the rest of the staff of the center are required to inform patients about their state of health as well as about the care, treatments and any additional examinations prescribed to them (radiological, biological, etc.) necessary for monitoring the patients and the use of a specialist consultation is excluded from the partnership.
Medications and hemodialysis consumables used during the dialysis session as well as the transfer of patients to healthcare establishments are the responsibility of the holder. In case of emergency
The Ministry of Health, for its part, is committed:
To identify the patients to be treated, to ensure funding, and to ensure the sustainability of the partnership with the private sector in the field of the management of end-stage chronic kidney disease.
To designate a regular / available interlocutor of the Ministry of Health, coordinators will be responsible for carrying out supervisory visits to the centers.
hemodialysis intended for the performance of this contract. These visits will have as an objective in particular, the verification of the execution of the service.
The ANM undertakes to supervise the private nephrologists concerned for active participation in the achievement of the objectives set and above all to ensure compliance with the various clauses, in particular the coverage of care for patients appearing on the lists drawn up by the Ministry of Health. Health, on the basis of a preferential price in the form of a "monthly package".

4.3 Additional Results

Drawing on the theory of organizational learning (Argyris, C., Schön, Donald A. (2001), and on the basis of a succession of experiences of partnerships at the level of the Fez prefecture delegation since 2009, and also on the basis of the Court of Auditors' report on haemodialysis services for patients suffering from chronic end-stage renal failure, we can see that these players have acquired a certain managerial maturity and in-depth knowledge of this cooperation.

4.3.1 From organizational learning to rigor in compliance with partnership procedures

According to the examination of the various measures taken, the delegation of the Ministry of Health of Fez has successively and step by step initiated a certain number of necessary processes in order to establish an internal control system that makes it possible to identify the procedures, follow the effectiveness of the execution of the contracts concluded within this framework, prevent all forms of deviation from the objectives set, achieve the best conditions for a public-private partnership and the expected results of the services provided to patients with chronic renal failure terminals including:
The constitution of the delegation of the Ministry of Health of Fez to two commissions:
The first is the follow-up and conformity of the hemodialysis sessions received in the reports, those recorded in the registers, the reports prepared and the vouchers provided by the patients. It also ensures the systematic monthly control of the lists of beneficiaries of the hemodialysis sessions to ensure the reality of the services invoiced by the contract holder. The activity reports prepared by the contract holder serve as a basis for preparing invoices.
The second commission is multidisciplinary and responsible for monitoring the quality of care for patients as well as the consumption of drugs and measures.

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To be taken for the sterilization of the equipment used with recommendations for improving the service provided through audit reports;
The establishment of the delegation of the Ministry of Health (DMS) established a meticulous process of daily monitoring of the dialysis status of patients through faxes transmitted by the hemodialysis centers, as well as absences recorded at the level of the patients.
Continuous monitoring of the obligation to inform of any change in the list of PPP beneficiaries, for example, any deceased patient is declared within 24 hours for replacement on the waiting list, as well as patients who have benefited from treatment charge from CNSS or CNOPS as well as a transfer or change of city.
The organization of consultation meetings first with the partners of the private centers and then information and awareness meetings with the beneficiary patients made them aware of their rights and obligations in terms of PPP, which allowed the patient to know the exact number of sessions thanks to a voucher or a notebook specific to the sessions carried out in his possession.

4.3.2 From the private sector.

On the basis of the semi-structured interviews addressed to the private partners and certain patients treated within the framework of this partnership, we observe the positive impact of this experience of working together and of the interpersonal agreement. This experience has saved the lives of many patients who were before stuck on the waiting list. However, despite the many advantages traditionally recognized in partnership practices—cost reduction, risk reduction, improved quality and flexibility, skills transfer, increased development potential, certain criticisms include:
Problems of geographical accessibility and transport persist in relation to the places of care for patients. According to the different addresses of the hemodialysis centers, it was found that the majority are concentrated in the city center of Fez.
Also, there is a need to intensify communication within the group and between nephrologists so as not to monopolize information and collaboration.
Additionally,, the invoicing methods and mechanisms for monitoring and controlling the services invoiced by the service provider still need to be perfected.
Moreover, the need to draw up the contract completion report, provided for in article 91 of decree n° 2-06-388 of 5 February 2007 relating to public contracts (article 163 of decree n° 2-12-349 of March 20, 2013) ; as required by the contractual clauses;
The audit reports provided for the contracts were stopped during the covid period because the containment and prevention measures were not drawn up, and this was, in disregard of the provisions of Article 92 of the decree relating to public contracts.

4.4 Recommendations

As part of the diagnosis and analysis of the results obtained, the main recommendations set out in order to improve this public-private partnership in the field of service purchasing are:
Encourage fair competition between centres as they adopt a standard grouping system that prevents the development of partnership conditions (a single grouping imposes its own rules, eg the price of the dialysis session).
Provide ad hoc expertise, in particular to the prefectural monitoring commission.
Create a monitoring and training commission composed of nephrologist doctors from both the public and private sectors using skills and know-how on new preventive and curative practices in collaboration with the CHU of FEZ for the contribution to the improvement conditions for the care of patients with end-stage chronic renal failure and to innovate on traditional forms (kidney transplant, peritoneal dialysis).

Multiply the coordination and communication meetings with the partners for a cultural change in the relations between the public and private sectors, resulting in the pooling of resources and the sharing of risks in a winning relationship for both parties.
The need to extend the partnership clauses to other services, in particular analyses, medicines, transport of patients, etc.
The need to assist new dialysis centers in conducting and implementing the PPP and ensuring rigorous monitoring and control in their implementation, based on good practices in force at the national level.
The obligation of Homogenization and standardization of practices in terms of this partnership, for a better understanding of the procedures and approaches used (BIOSCLAIR, M DALLAIRE, (2008).
It should be noted that this partnership is also supported by the support of the ISAAD association to solve the problems associated with care, in particular the problem of follow-up, assessments and additional examinations.
This purchase of service made it possible to take care of a large number of people registered on the waiting lists that the public service had not been able to PEC until then. Certainly, it brings out positive aspects, but many uncertainties and some reasons for concern persist (Table 2).
The public managers who had the duties and responsibilities of managing the partnership. On the other hand, private nephrologists are beneficiaries of the market who should ensure the care of patients with renal insufficiency.

Table n°2: result of the evaluation of the ppp in terms of strength and weakness

Strength	Weakness
Equitable distribution in recent years of patients across all private hemodialysis centers	Concentration of the majority of dialysis centers in the city center of the prefecture of Fez Unequal non-egalitarian geographical distribution on the territory
The diversity and multiplicity of dialysis centers compared to other cities in the region, which allows fair competition for the benefit of the patient and an increase in the quality of care	A climate of mistrust.
Specifications that meticulously specify the duties and responsibilities of each in this partnership.	Lack of training that could also be given to those involved before entering into a partnership.
On this subject, we found that the contracting authority involved in the project has been in office for more than 10 years so has a better knowledge of the partnership file.	Absence of benchmarking at national and international level for the evaluation of experience
Easier budget management with a different contractual and financial arrangement and private commitment A reduction in tensions between the sick population and the health system and reduction in the number of complaints.	At the price level: in the absence True competition, the prices offered by a single group cannot allow any savings to be made in the management of the public service in question
This partnership made it possible to make up for the lack of public resources and to	– In terms of the quality of services: the absence of real competition creates, for the

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develop private investment in collaboration with the State. A way to benefit from skills, quality infrastructure with negotiated prices.	agent representing the group of dialysis centres, a de facto monopoly situation in this type of service.
Minimizing the additional cost of private funding compared to public funding. Allowing to preserve the social advantages of the contract against the opportunism of private capital	Health is a source of vulnerability for Moroccans since 38% of the population has no medical coverage according to the new development model report
The PPP has alleviated a great and insurmountable burden for people who do not have medical coverage. The cost of a hemodialysis session is 850 dirhams, it is in the African average which ranges from 30 to 100 US dollars, lower than in some Western countries such as France and the United States.	At the rate of 3 sessions per week, hemodialysis costs 11,000 DH per month and 130,000 DH per year, one of the most important expenses for social welfare organizations. 132,600 DH /patient/year,
The difficulties of a requirement to preserve the life of patients faced with a pathology influencing the vital prognosis, on the one hand, and the existence of economic constraints of an expensive treatment on the other hand. Having policies in place …will provide optimal clinical outcomes while minimizing health care costs and the financial burden on patients.	The establishment of therapeutic education programs dedicated to hemodialysis still remains Moderate Coverage of expensive treatments such as erythropoietin.

Source: Compiled by us.

5. Conclusion

PPPs are widely seen as a way to improve the functioning of organizations and the delivery of health services because they are united around a culture of results. (Bayliss K, Van Waeyenberge E (2018).

This is what our research presents as a successful PPP case. As a result, it may underestimate the dark sides and weaknesses, which have been widely reported in Table 2 and the Court of Auditors' report published to this effect, and which makes the role of PPPs in the and has both positive and negative aspects (Torchia et al., 2015).

In order to succeed in the strategic project of social protection, the development of the Public-Private Partnership as so-called "hybrid" organizations in order to build or strengthen the supply of care in the field of health, seems inevitable and the experience of the Ministry of Health in the field of dialysis remains the most important in the history of the partnership.

Forecasts made by the Moroccan Society of Nephrology based on mathematical modeling predict 45,900 to 48,900 dialysis patients and 530 to 550 dialysis centres by 2030. It is therefore imperative to work quickly to improve prevention and partnership strategies for our health system, which is currently subject to reforms aimed at improving its financing, organization, management and regulation.

Finally, although we used multiple sources of information, we did not collect quantitative data (number of dialysis sessions versus costs incurred per person) highlighting the implications of

innovations developed by partners on health outcomes. Although this limited the depth of our research, it allowed us to focus our attention on the dynamics of PPPs and the role of actors.
Lessons learned from PPP economic theory on the role of private finance in the delivery of public works. With a view to approaching the contribution that can be made by the private sector for the financing and delivery of public projects in a PPP contractual structure.
We hope that our work will provide policymakers and health system professionals with a clearer vision from the field on how to manage partnerships between the two countries.
Three ingredients have been found to foster cohesion and success of the PPP:
(1) The alignment between the needs of the public partner and the competences of the private partner, (2) The contamination of knowledge between the different health delegations overseen by the regional directorates and the Ministry of Health and (3) the adoption of the patient-centred approach as a source of inspiration, the principle of collaboration. The PPP represents a first step in the Fifth Curve transition.

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