PUBLIC-PUBLIC PARTNERSHIPS IN HEALTH AND ESSENTIAL SERVICES

Municipal Services Project

Occasional Papers No.9

Occasional Papers Series

Number 9

August 2005

Public-public partnerships in health and essential services

by
David Hall, Jane Lethbridge and Emauele Lobina

Public Services International Research Unit, University of Greenwich

Series Editors

David A McDonald
and Greg D Ruiters

ABOUT THE PROJECT

The Municipal Services Project (MSP) is a multi-partner research, policy and educational initiative examining the restructuring of municipal services in South(ern) Africa. The Project's central research interests are the impacts of decentralisation, privatisation, cost recovery and community participation on the delivery of basic services to the rural and urban poor, and how these reforms impact on public, industrial and mental health.

The research has a participatory and capacity building focus in that it involves graduate students, labour groups, NGOs and community organizations in data gathering and analysis. The research also introduces critical methodologies such as 'public goods' assessments into more conventional cost-benefit analyses.

Research results are disseminated in the form of an occasional papers series, a project newsletter, academic articles/books, popular media, television documentaries and the internet.

Research partners are the International Labour Research and Information Group (Cape Town), Queen's University (Canada), Rhodes University (South Africa), the Human Sciences Research Council (Durban), EQUINET (Harare), the South African Municipal Workers Union, and the Canadian Union of Public Employees. The Project is funded by the International Development Research Centre (IDRC) of Canada.

ACKNOWLEDGEMENTS

This project was jointly funded by the Municipal Services Project and the Regional Network on Equity in Health in Southern Africa (EQUINET). EQUINET is a network of professionals, civil society members, policy makers, state officials and others within the region who have come together as an equity catalyst, to promote and realise shared values of equity and social justice in health. We are particularly grateful for the contributions of Rene Loewenson of EQUINET for her critical role in the development, design and editing of this research paper. For more information about EQUINET please visit their website at www.equinetafrica.org.

ISBN 0-620-34873-9

Editors: Pierre Norden and Rebecca Pointer

Design and layout: Joe Goosen

Printed and bound by Logo Printers

TABLE OF CONTENTS

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.

The concept of a public-public partnership (PuP) was developed in the context of private-private partnerships. As a result, it can be regarded as a partnership in which there is no private-sector partner. However, there are many definitions for the concept of a public-public partnership. For practical purposes, PuPs can be categorised according to:

- the different types of partners, such as:
  - partnerships between two public authorities;
  - partnerships between public authorities and communities;
  - development partnerships;
  - international associations; and
- the partnership's objectives.

PuPs can be used to achieve the following objectives:

- They can lead to *improved services* because they are a way of restructuring the public sector, which helps to overcome some of the current limitations of the public sector. They may lead to greater efficiency, improved access to services or more equitable treatment.
- PuPS can be used to *build capacity* in 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 together groups to learn.
- They can be an effective way of restructuring the public sector and improving public services as a *defence against privatisation*. However, PuPs do not necessarily stop privatisation in the medium to long term. They are themselves part of a country's political processes, and are vulnerable to other changes, for example, changes in the political control of municipalities, or the implementation of global initiatives such as GATS.

- They can help *build stronger community support and accountability* for services. Partnerships with a strong community presence and robust accountability mechanisms may also be better able to survive political changes, and so be easier to defend against privatisation. 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 also be affected by local political conditions.
- They can be used to achieve other objectives, such as paving the way for privatisation, as occurs in the US.

It is advisable for partners entering a PuP to have a clear statement of their own objectives and show an understanding of other partners' objectives. PuPs are most effective when all partners have an understanding of each other's goals and are willing to work together to reach their shared goals.

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

Six case studies were analysed from the water and health sectors: four from South African Development Commission (SADC) countries, one from western Europe, and one from a former Soviet Union country. They demonstrated that subsequent political developments can change the context and operation of a PuP. The paper recommends further research by local researchers, in collaboration with communities and NGOs, which should cover:

- the possibility of using PuPs for pursuing specific objectives in targeted sub-sectors, such as primary healthcare;.
- an 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;
- an assessment of how structures can involve the community most effectively;
- the role of educational institutions working with other parts of the public sector; and
- the potential for using different forms of PuPs to improve 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 public-private partnerships (PPPs). This would help to strengthen the use of PuPs as a counter to PPPs.

INTRODUCTION

This paper was commissioned by the Municipal Services Project (MSP) and the Southern African Regional Network on Equity in Health (EQUINET) in 2004. Research was carried out the same year, drawing from a number of sources:

- Material already known to PSIRU was reviewed.
- Searches of academic research and on-line publications were conducted.
- Other researchers and activists provided references and guidance for materials.

The paper is structured as follows:

- first, different types of public partnerships are discussed, focusing on PuPs;
- then the paper investigates PuPs in two specific sectors – water and healthcare – and looks at international PuPs;
- thereafter, six case studies are presented; and
- the final section of the paper draws general conclusions and makes recommendations for future research into the subject of PuPs in water and healthcare.

CORE CONCEPTS: TYPES OF PARTNERSHIPS AND OBJECTIVES

A review of existing literature shows that there is no single consistent use of the concept of 'public-public partnerships' (PuPs). It appears to have originated as a response to the concept of 'public-private partnerships' (PPPs); its meaning also depends on the context in which it is used. Despite these uncertainties, PuPs can conveniently be classified according to:

- the different types of partners involved; and
- the objectives of the PuPs.

Different types of partners

The narrowest definition of the concept of 'public-public partnerships' (PuPs) is the one most commonly used in North America and Europe, which refers to any collaboration between two or more public authorities in the same country. This collaboration may occur between public authorities of the same type and level (usually inter-municipal consortia) or it may occur between different types or levels of public authorities, for example between provincial and local authorities.

However, this narrow use of the concept of PuPs has been broadened to include partnerships between public authorities (government) and any part or member of the general public. For example, a recent definition of PuPs in South Africa includes ''government-community partnerships, government-NGO partnerships, as well as government-government partnerships" (Kitchen, 2003), in other words, partnerships with NGOs, community organisations and trade unions.

In addition, there are partnerships with an international dimension: 'development partnerships', which partner a public authority from a high-income country with a public authority in a low-income country, and cross-border partnerships between authorities from different countries, including international associations of public authorities.

Table 1 lists the types of PuPs to be discussed in this section.

Table 1: Typology of PuPs according to 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

Partnerships with other public authorities

Partnerships between two or more public authorities in the same country are common. Two or more public authorities of the same type, typically of different municipalities, may cooperate in order to carry out functions on a larger scale. This type of PuP is often found in Europe, and includes utility services such as water and energy. It 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 refers to instances where a number of district councils have combined to use a shared internal audit service; municipal and health authorities have pooled their budgets in overlapping areas of social services responsibility; and neighbouring municipalities have merged their building, refuse collection and vehicle maintenance departments.

Partnerships also occur between public authorities on different levels. For example, a public authority that is at a higher level of government (usually central or federal government) may finance or guarantee the activities of a local authority. One example of this type of partnership is a 'revolving fund', set up by the US federal government for municipalities, which benefit from the better credit rating of the higher institution. This type of 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 the following:

- government–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) ; and

- a similar arrangement in Canada, where some schools are financed by the provincial government on behalf of the municipal council (Edmonton Journal, 2004) .

The alternative national budget for Canada proposes establishing a federal financing agency, the Canadian Infrastructure Financing Authority (CIFA), which will invest CDN$5 billion a year in cities and towns for services run by other authorities, thereby creating public–public partnerships between federal government and other levels of government (Canadian Centre for Policy Alternatives, 2004).

Where their responsibilities overlap, different public authorities may enter into partnerships with one another. For example, municipalities and health authorities in social services in the UK commonly work together in the fields of children's services and social care. (ODPM, 2004).

Partnerships with communities, NGOs and trade unions

Partnerships with NGOs or community groups usually mean the community has 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, supported by international NGOs and UNICEF. These committees collected the tariffs and reported faults to the district assembly. 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).

Other partnerships may involve trade unions. For example, the South African Municipal Workers' Union (Samwu) is a partner in PuPs providing water services in Odi and Harrismith in South Africa, and has committed itself to helping to create new water supply organisations (see below on Odi and Harrismith). There are other examples of PuPs with trade unions to help with restructuring: the agency ('Koman') created by the Swedish union, Kommunal, to develop restructuring projects; the collaboration of the Honduras water union with a major restructuring of the water company as a defence against privatisation; and the agreement of unions in the United States to restructure various kinds of public authorities (Hall, 1999). The experiences in the United States suggest changing attitudes by management and union leaders and the development of trust between them (Ospina, 2003).

International partners

One type of international partnership is the 'development partnership', in which a public authority from a country with a higher income enters into a partnership with a public authority in a country with a lower income,

usually to assist development in the country with the lower income. This practice is similar to 'twinning', which originated in attempts to develop international cultural ties after World War II.

In twinning, cities with similar interests are paired (referred to as 'sister cities'), for example two cities that share an interest in mining. In recent decades, twinning has evolved to produce other types of relationships designed to generate specific economic and social benefits (Cremer, de Bruyn and Dupuis, 2001).

The European Union (EU) has paid specific attention to cross-border cooperation (CBCs) between public authorities in neighbouring countries. There are specific funds and policy groups set up to support such partnerships, such as the European cross-border regions created at EU level. These CBCs consist of vertical and horizontal policy networks, structured according to the institutions and actors involved (Perkmann, 1999).

In central and eastern Europe, a new trend in making international connections has sparked twinning arrangements and mutual information-sharing visits, usually with municipalities in nearby countries with a shared history. These connections create new elements in international policy networks (Baldersheim, Bucek and Swianiewicz, 2002).

A second type of PuP between international partners occurs when public authorities from different countries work together to address common issues, for example the Agenda 21 Network.

Objectives of PuPs

The objectives of PuPs vary from those related to service delivery and wider political objectives to those related to private interests. For example, private consultants may see some types of PuPs as a way of breaking municipal services into discrete management units, thereby reducing political influence, and public sector corporations may see PuPs as an opportunity to practice commercial operations, while exploring privatisation opportunities elsewhere.

The most commonly stated objective of PuPs is the achievement of greater efficiency; this includes improving coverage and access, and ensuring greater equity in service delivery. Another frequently stated objective is capacity-building, either by building institutions or, more specifically, by 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, as well as the development of services to increase public participation and accountability.

Other objectives may also be important. For example, in the United States, one of the purposes of PuPs is to facilitate PPPs. In addition, the objectives of the partners in a PuP do not have to be the same. Different partners may have different objectives.

Table 2 lists the various types of PuPs that will be discussed in this section.

Table 2: Typology of PuPs according to 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

Efficiency and effectiveness

Most PuPs aim to achieve efficiency by improving efficiencies of scale, thereby intending to improve service provision. PuPs have been developed in the United States for this purpose. In Switzerland, some PuPs take the form of inter-municipal co-operation and mergers between municipalities (Steiner, 2003).

A UK report on outsourcing in local councils 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, Martin and Enticott, 2002; Guardian, 2002). However, improving economies of scale is not always possible. Studies in the water supply sector in the UK and other European countries suggest that increasing the size of water companies and combining water and sewerage services may reduce efficiency (Stone and Webster, 2004).

Capacity-building

A PuP can also be used as a capacity-building instrument, most notably in the international context, where an established public authority in one country may help a public authority in another country to train its staff and improve its service delivery. This may also happen within the same country. International PuPs focusing on capacity-building are prominent in water services, and include those between public water operators in Scandinavia and municipal water authorities in the transitional Baltic States. (This example will be discussed in detail in the next section.)

Samwu in South Africa, Public Services International (PSI) and other bodies campaigning against water privatisation have taken this approach to PuPs.

International capacity-building partnerships have also taken place in other sectors. For example, in Ecuador, the country's public electricity companies receive technical support and advice from both Cuban and Colombian public electricity companies (Hall, 2004)·

Marra provides an interesting discussion of the complexities of these partnerships in his analysis of a training partnership between the World Bank and the University of Säo Paulo, which was based on capcity-building through development and the transfer of knowledge (Marra, 2004). Marra critiques the limited empirical knowledge and methodological basis for evaluating the knowledge transfer that is supposed to be taking place:

> *The partnership approach seems to be predicated on efficiency and effectiveness considerations as much as it is expected to bring about organisational and managerial change. However, there is scant empirical evidence on how partnerships work and on whether they bring about the desired outcomes. (Marra, 2004:151)*
>
> *…. 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…. (Marra, 2004:152)*
>
> *….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 organisations partaking in it. Rather, partnership unfolds in a wide variety of organisational 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. (Marra, 2004:158)*

Defending public services against privatisation

The best examples of PuPs designed as political alternatives to privatisation are the South African initiatives in water services in Odi and Harrismith (see page 41). 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 their 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 categorised according to the use of external or internal partners, with problems arising when the actors include global players, or when 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. Much depends on the political forces operating at the time.

A study in the US observed that both privatisation (through outsourcing) and collaborative arrangements were common in the suburbs of US cities, but that privatisation was most common in the wealthiest suburbs (Warner and Hefetz, 2002).

In Texas, Houston is an extreme case of a deliberate strategy of outsourcing based on competition between municipalities, which reinforces inequalities of income (Vojnovic, 2003). Therefore, where there are sharp inequalities of income, cooperative inter-municipal arrangements may facilitate more equal redistribution of resources and promote economic development better than privatisation.

PuPs, accountability and public participation

PuPs are also used to express a notion of participatory democracy because some of them include the public itself as a partner – or an organised element of it. This notion is sometimes indicated in a very general way, such as when PuPs are presented as intrinsically more democratic than PPPs because they include the public (Oppenheim and McGregor, 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 the past few years in Brazil, the practice of participatory budgeting, which was established in Porto Alegre, is a core policy of the Workers Party (PT), and it 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 stimulates political activity at grass-roots level (Isaac and Franke, 2002).

The objective of increasing public participation as an end in itself is now being adopted by some political groups in developed northern countries. For example, in Canada there is now a call 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 ongoing participation of these groups, together with the small business sector* (Green Party of Canada, 2004).

These objectives of accountability and participation may include a range of more specific objectives, such as:

- better utilisation of knowledge and skills;
- a greater sense of 'ownership' of services;
- greater accountability of managers and politicians;
- improved responsiveness to community and 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 financers of services; and
- strengthened capacities for public interest regulation.

The actual role of the state remains critically important, and privatisation of any part of the processes may contradict 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 p.357).

Other objectives: PuPs to support PPPs

A PuP may have other public and private objectives. For example, in a PuP between a parastatal company and a local authority, the 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 want to avoid privatisation and improve public participation. Therefore, any analysis and evaluation of PuPs needs to refer to the objectives of different interest groups, and not necessarily restrict itself 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 private-sector oriented economic development. Some consultants in the US advocate PuPs principally as a way of facilitating PPs, using at least two rationales:

- Firstly, public sector agencies can be coordinated to create a critical mass, which can then form the public side of subsequent PPPs (Stainbeck and Simril, 2002). For example, a report on transport in Wisconsin (BA Wisconsin, 2002) recommended that "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" (ibid: E4).
- Secondly, somewhat surprisingly, PuPs may bring in public authorities with finance to invest in PPPs that need more finance than can be provided by the private partner or the 'primary' public partner. The National Council for Public Private [sic] Partnerships publishes a report (Stainbeck et al, 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 rational for structuring 'public-public partnerships' between the city, country, state and/or federal governments, which derive tax revenue from the private commercial developments contained in the TOD* (ibid: 5).

These two objectives may be influenced by concepts developed in a purely business context. There is a large amount of literature on the theory of co-operation 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;
- enhance compatibility;
- speed up the product development process; and
- reduce product development risks and investments (Hillebrand and Biemans, 2004).

There is also literature on how cooperation affects the performance of joint ventures between companies (Pearce, 2001); and how cooperation in 'cluster development' can be used as a tool for economic development (GTZ, 2004a).

While no existing literature 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* (GTZ, 2004b:1).

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." (ibid: 1)

Apart from differences in ownership structure, PuPs are different from PPPs because they offer:

- 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 lists South African examples of PuPs.

Box 1: Different types of PuPs in South Africa

A range of different partners and objectives can be observed in South African PuPs:

- *Partnerships between different public sector entities* are common in South Africa. A number of such partnerships are listed by Kitchen (2003):
  - the Cato Manor Development Project (CMDP), Durban involving provincial and local governments with the local community;
  - Amanziwethu Services, Maluti-Phatong (Harrismith), which aims to develop a sustainable water service delivery unit, involving Rand Water and local municipalities;
  - a community-based maintenance and environmental management project in Pietermaritzburg-Msunduzi, where a local NGO is involved in service delivery arrangements with the local community; and
  - uThukela Water Partnership, an inter-municipal partnership for more efficient water service provision in a rural area.

  There are other partnerships described as PuPs that include *partnerships with parastatals*:
  - in the eastern Cape a partnership exists between the provincial government and Spoornet to transfer freight off the roads onto rail (*Business Day*, 29 May 2002; and
  - the parastatal arms manufacturer, Armscor, has taken over the running of the Simonstown naval base from 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).
- An *international partnership* 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.

- *PuPs as an alternative to privatisation and PPPs* have been developed in the context of major municipal restructuring in post-apartheid South Africa. 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) . It 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).
- *PuPs have been used for capacity-building*, where 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). In this project, a parastatal water supply company, Rand Water, helped 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 privatisation, 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." (Pape, 2001: 13)

PuPs IN WATER AND HEALTH

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

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

The first two parts of this section focus on water and healthcare, while the third part looks at international partnerships between agencies involving health and municipal services. The third part draws on assessments and evaluations of the various PuPs, which are based on published reports.

PuPs in water

Globally, the water sector has been under considerable pressure to privatise and commercialise since 1990. This pressure comes from the water multinationals, as well as conditions attached to World Bank loans and loans from other international financial institutions. As a result, the historical tendency to operate water supply as a public service has been disrupted and the privatisation of water has encountered widespread opposition, with growing demands for water supply to be recognised as a basic human right. At the same time, environmental concerns have led to greater demands on water and sanitation systems.

In this context, PuPs in the water sector reflect the international dimension of the sector and the different objectives of participants:

In this context, PuPs in the water sector reflect the international dimension of the sector and the different objectives of participants:

- International environmental improvement is an objective in some PuPs between states (as in the Baltic Sea).

- Traditional development partnerships pursue the objectives of development banks, but may also seek political solidarity.
- Some PuPs use parastatal agencies with the political objective of capacity-building (they may also contain commercial objectives on behalf of the parastatals).
- Some communities have taken over the construction or operation of facilities (which may also be used for commercial objectives).
- Some public sector agencies have expanded internationally to pursue commercial objectives.

Inter-municipal collaboration

Inter-municipal associations are common in the provision of water supply or sanitation. Their objectives are invariably based on improving efficiency, 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 that water multinationals regarded as necessary to make the companies profitable if – as they hoped – the operations were later privatised.

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 also transformed itself between 1994 and 1996, while working with the trade unions and positively involving the workforce. Leaks were reduced – in Tegucigalpa, savings amounted to 100 litres per second – and the continuity and reliability of supply also improved, allowing most of the population to receive piped water 24 hours a day (Hall, 2001).

The best-studied example if this kind of PuP is the Odi project in South Africa (Pape, 2001). In this project, a parastatal, Rand Water Company, acted as a capacity-building partner to peri-urban municipalities, with the support of the trade union, Samwu. The project was successful in capacity-building but encountered financial problems because a lack of support from central government made the project unsustainable. A similar partnership has been initiated in Harrismith (see page 41).

Participation and direct action

Examples exist of water operations in which public participation has been incorporated, 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, which is based on a community organisation in a peri-urban area of Karachi. It is supported by a research project, a credit agency, and direct action, and 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 occur in Brazilian municipalities, where communities have 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 of Dhaka to demonstrate that water could be better managed by using principles that 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. On the one hand, 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 that are privatised – and Suez used the Brazilian cases to make their La Paz contract profitable by taking advantage of free community labour.

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). This resulted in 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 transitional countries. Lithuania has witnessed a number of 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"; and the review of the Riga twinning provided a striking summary of its 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 helped to limit privatisation of water in the Baltic States. One city, Tallinn, has nevertheless been privatised subsequently. Tallin is discussed in a case study in the Appendix on page 41.

International development PuPs

More traditional development partnerships 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 the objectives of capacity-building, institution-building and improving service delivery. During the 1990s, support for these development PuPs waned and was 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 privatisation.

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 required the UK water company Severn Trent (then a public sector agency, before its privatisation) to help Lilongwe's water authority to improve its 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 on page 42).

A large number of twinning projects in water have existed between European cities and cities in transitional and developing countries (Hall,

2000). Some PuPs between European and Asian cities are supported by an EU programme, the Asia-Urbs initiative. For example, as long-standing twins 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 a number of sectors, including water supply, in developing countries such as El Salvador, the Palestinian Occupied Territories, South Africa and Vietnam. France finances these PuPs through local taxation and, to a lesser extent, through individual donations. They transfer skills to the recipient local authorities and finance local infrastructure investment. For example, in the province of Yen Baï in 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 the conditions under which surgical operations were carried out.

False PuPs: commercial expansion by public authority-owned water companies

Some partnerships may appear to be PuPs, but they are not. In these partnerships, public sector companies extend their operations outside their home territory for profit in much the same way as private sector companies would. Examples include ventures by Berlin Water and Acea, the semi-privatised water service of Rome. More recently, Hamburg Water launched an international venture; and the South African bulk water supply companies, including Rand Water and Umgeni Water, have begun expanding into other African countries for new business opportunities (PMG 2004). These partnerships should be distinguished from PuPs, which are not commercially motivated.

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 health agencies. Although the past 15 years have seen an eclipse in the implementation of these policies, the basic principles of working in partnership, as well as promoting equity and community involvement, still have a strong influence on public health practice. Although the term ‘partnership’ 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* are found in high- and low-income countries with the aim of improving or promoting health. These partnerships occur at local, regional and national levels. Sometimes primary healthcare agencies are involved with other public sector agencies working with health determinants, such as housing.
- *Partnerships between public sector health agencies and local communities* 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* are called 'development' partnerships. The agency in the wealthier country provides advice, training and capacity-building within organisations in the poorer country. 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* may take the form of local authorities working in partnerships to promote Agenda 21, or Healthy Cities. In these partnerships, information and experience are shared, and training and capacity-building are also addressed.

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 developing partnerships between the health and educational sectors when working with local communities.

The literature that examines 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 PuPs together. Some common elements emerged 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 to an effective partnership (Dowling, Powell and Glendinning, 2004). Trust and respect can be achieved if partners work towards a shared goal and are aware of each other's needs.

Health PuPs are analysed in the following pages using the same typology that has been applied to the water sector, namely by dividing them according to the following objectives:

- capacity-building and human resource development;
- participation and accountability;
- improved services; 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 that was reviewed.

Capacity-building and human resource development

Capacity-building is essential to effective partnership working (El Ansari and Philips, 2001). Capacity-building can be viewed as helping partners to develop the skills they need to work more effectively together and to develop their organisational capacity.

Capacity-building was used to help reduce inequities between institutions in the case of the Thusano School of Public Health in 1991. A PuP was formed between previously privileged white institutions and underprivileged black institutions to address South Africa's public health training needs. Its main objective was 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 Center 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, Noonan, Cox and Weaton, 2004). In this programme, partners have taken a more active advocacy role. Four principles underpin the programme: 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)" Graffunder et al, 2004:13). Partnerships are expected to 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 programmes with low-

income countries to increase 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, such as 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 up-to-date research, which can be gained through partnerships with health institutions in high-income countries. As an indication of how widely this idea has been accepted, the Department of Health in the United Kingdom has recently published a 'Compendium of the NHS's Contribution to Developing Countries' (2004), which provides details of the partnerships between NHS hospitals and hospitals in low-income countries. In many cases the partnership consists of one health professional spending time in a foreign hospital and maintaining links with his or her own NHS hospital back in the UK. 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 in scale and operate with limited resources. The leadership abilities of a few individuals are key to setting up 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.

Tateda, Kawamura, Yoshida and Yamanaka (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 partnership between two cities before it became part of a Japanese national government cooperation programme. Although the focus of the programme was on promoting good health to local Jamaicans, training Jamaican staff was also important. The exchange between Japanese and Jamaican health professionals 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. So, this study shows how learning is often a two-way process for the health professionals and institutions involved.

Brusamolino and Maffi (2004) analysed the potential for international health cooperation by examining a partnership between an Italian teaching and research hospital (Policlinico San Matteo of Pavia (Italy) and a rural hospital in the Ivory Coast (Hôpital Général d'Ayamé), with an NGO acting as the catalyst. Cooperation mostly took the form of training health personnel, including doctors, nurses and a laboratory technician. They

were trained during short visits by medical staff from Italy. In addition, a 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 so far 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.

Participation and accountability

Human resource development and capacity-building also contribute to the development of participation and accountability. Initiatives aimed at reaching these objectives involve having local communities to help:

- plan services;
- ensure they are accessible; and
- train health professionals who are experienced in working with local communities to promote health equity.

There are several health PuPS that bring together educational institutions, health services and communities to strengthen community-based health work and the training of health workers. These PuPs also involve capacity-building with all partners. Partnerships that involve the community right from the start are the most successful (Greenberg, Howard and Desmond, 2003; El Ansari, Phillips and Zwi, 2004).

One example from South Africa that illustrates the need for early community involvement is the Community Partnerships with Health Professional Education Initiative, which aimed to increase the number of students choosing to work in primary healthcare by developing community-responsive research and expanding the network of contacts between students, primary healthcare services and local communities. Academic community primary care centres were set up to provide teaching, service provision and community development.

As a result of working in partnerships, communities have developed skills for working with health professionals and negotiating service improvements. Most researchers concluded that, in the longer term, increased awareness and more experience of working with under-served communities would help to make health professionals more aware of their needs in their future practice.

Research that looked at the health workers' perceptions of what helped to make partnerships work effectively highlighted the importance of professional staff expertise and educational activities. In successful projects, there was approval of the skills that the health services and academic institutions brought to the community projects and the degree to which these projects were involved 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 examined the collaboration between 14 Prevention Research Centers and the Division of Adolescent and School Health of the US Center of Disease Control (CDC), looking at how the dissemination of effective school health programmes and opportunities could increase collaboration between academic centres and schools. The study made eight recommendations to decrease barriers to entering academic/school partnerships, which can be applied to the development of many partnerships:

- Identify potential partners, including those that wouldn't normally be considered.
- Work to change organisational cultures and reward systems.
- Develop a common vision that 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's Prevention Research Centers form a major extramural research programme aiming to establish academic–community partnerships to "conduct innovative community-based prevention research relevant to public health practice" and to disseminate this research and translate it into programmes and policies (Doll, Dino, Deutsch, Holmes, Mills and Horne, 2001:296).

Doll et al analysed two case studies: a partnership between the West Virginia Prevention Research Center and the West Virginia Bureau for Public Health and a partnership between the Harvard Prevention Research Center and the Maine Bureau of Health. These two case studies illustrate the need for researchers to be integrated into the local communities they serve.

On the one hand, the West Virginia collaboration is a long-standing relationship with the state, which gives funds to the West Virginia Prevention Research Center for research. The researchers live in the community and have a commitment to improving the health of their state" (ibid: 298). They are involved in meetings of state consortia and have given to the state in numerous ways, not just in the interests of promoting their own careers.

On the other hand, 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" (ibid: 298). Consequently, the

collaboration is just seen as something that is necessary to achieve results rather than a valuable process in its own right.

Both partnerships are based on a shared set of principles: commitment to contribute to public health; commitment to partnership; open and regular communications; compatibility in goals and work styles; and consensus building. Both Prevention Research Centers (PRCs) have leaders who are committed to applying knowledge to improve public health practice with measurable results. Once again, it is clear that partners in PuPs require time and energy to build trust – and building trust "is an intensive and incremental process" (ibid: 299).

Doll et al (2001) conclude that a federal agency such as the CDC has an important role to play in facilitating academic–public health collaborations. It not only establishes the criteria for grant approval, but also works with professional organisations to help overcome the barriers to developing community-based research. It can also provide financial support and other incentives to public health departments that collaborate with academic centres.

Some researchers found that the development of a planning process helps to strengthen accountability within PuPs. This may involve partners in a planning process or it might be a more formal process of drawing up a partnership agreement and plan of action.

In Namibia, a study found that partnership depended on "careful planning to create mutual understanding and agreed roles and responsibilities" (Low and Ithindi, 2003:344). 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, in the US, was established with a signed partnership agreement that made the goals and limitations clear (Greenberg, Howard and Desmond, 2003). Afterwards, 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 – this ensures that the health partnership always acts in the best interests of the city.) The operational procedures were determined by the partnership agreement and the board was given the task of approving all projects of the health partnerships.

In the United Kingdom (UK), a study of a Health Action Zone set up to promote partnerships between agencies that will impact on health drew attention to the need to identify available inputs for the partnership (Asthana, Richardson and Halliday, 2003). Increasingly, agencies in the UK are

collaborating with other local agencies to achieve their goals because of "an awareness of overlapping agendas" (Asthana et al, 2003:788). The provision of resources, leadership and management, and organisational ethos emerged as important factors. They also identified conflict resolution and consensus building, knowledge/information sharing, networking, and accountability as important processes involved in partnership building. One of the most important outcomes of the study was "the realisation that partners need to work together in order to achieve some of their main goals" (ibid: 792). Partners also learnt about the "aims and philosophies of other organisations" and the barriers to engagement. One of the most significant changes was the change in how the Health Action Zone was perceived: 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" (ibid: 792).

Improving services

PuPs in the health sector have made some contributions to improved service delivery. In some cases this has been achieved by working more closely with local communities to better meet their service delivery needs. 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 under-served 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, all of 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, US), the partnership between university, health services and local community led to increased use of existing services, mainly by providing better access to information and thereby increasing people's awareness. 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 Program were used to make information about the programme more widely available. This led to increased take-up of the service.

Since 1997, the promotion of partnerships for health improvement in the UK has been accompanied by a broader acknowledgement that the effective delivery of services to disadvantaged groups and reduction in health inequalities are dependent on effective partnerships.

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 and commit themselves to training frontline staff.

The examples of population health partnerships that were reviewed for this paper are primarily focused on improving public health services to make strategies to prevent disease and promotion health more effective, and to ensure more effective use of scarce resources. 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 helped to improve access to information and services for young people, a group traditionally under-served 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 heath departments, the Center 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. They have increased training and retraining, used more uniform definitions and outcomes, integrated influenza surveillance with other state-based surveillance systems, standardised reporting procedures and developed a system that provides rapid feedback (Gensheimer et al, 2002). Listed in references

Financial issues

In PuPs, financial issues often have a strong influence on the expectations of the partners involved, in both positive and negative ways. An indicator of the success of some partnerships is how 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 (in South Africa) concluded that partnerships enhance the strategic leverage of groups because working in partnership offers greater access to finance, technical expertise and the target population.

Financial issues can also have a negative effect on a partnership because there may be a lack of clarity about what resources partners can contribute or insufficient joint action to look for additional resources. In the case of a project in Namibia, an evaluation concluded that more should have been

done earlier in the project to investigate the financial long-term commitment of the partners in the project (El Ansari et al, 2001). There was no written commitment made by each partner, so the different expectations that developed during the programme were difficult to manage. More clearly established expectations might have avoided later uncertainty about the future of the project.

The Center for Disease Control (CDC) in the United States has used the 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 togetherand supports capacity-building. However, partnerships take time to develop and building partnerships should be considered as a long-term process. The involvement of research and training institutions with service delivery agencies and local communities is one form of partnership that is receiving some attention. The extent of community involvement often varies. There are extensive progess 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 in terms of improved service delivery or health status for partnerships in the health sector.

International PuPs

International agencies or municipal networks have facilitated many capacity-building partnerships in the public sector. Many of these initiatives bring together public sector agencies that work on health and other related issues. Research into these initiatives is limited. Several international networks that 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, which means that assessing the effectiveness of these initiatives is not possible at the moment. In addition, some of the initiatives are in early states of development, which also makes them unsuitable for assessment.

Healthy cities

Over 1000 cities and towns from more than 30 countries of the WHO European Region are categorised as 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. These programmes are based on intersectoral cooperation and community development initiatives and programmes that address the needs of vulnerable groups, as well as issues regarding lifestyles, environmental health and Agenda 21.

The LA21 Charter Project

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

The ICLEI works with city partners to develop a Memorandum of Understanding (MOU) between the cooperation partners (ICLEI, IULA, and Towns and Cities) and each local authority (the project partner). The MOU specifies the mutual obligations of both the project partner and the executing agencies. Furthermore, the ICLEI works to develop a Local Agenda 21 Charter between two or more local authorities, in which they agree to implement their Local Agenda 21s. Once the governing council of each city partner has approved these documents, the two authorities become project partners. The Memorandum of Understanding and the Local Agenda 21 Charter serve as an accountability mechanism between local authority staff, municipal staff, elected officials, local residents and the cooperation partners.

The 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 and local government 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 enabled 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.

United Cities and Local Governments

The International Union of Local Authorities (IULA), 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 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 also facilitates programmes, networks and partnerships to build the capacity of local governments and their national associations.

One of the main objectives of United Cities and Local Governments is commitment to Association Capacity Building (ACB) – it 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 also promotes partnerships between associations, and supports the establishment of national associations in countries where they don't yet exist.

The International Union of Dutch Municipalities (VNG International)

The Association of Netherlands Municipalities (VNG) is often approached for its experience and expertise with decentralisation 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 often include the national association of municipalities, training institutions for local government and individual municipalities. The co-financing programme sends 300 Dutch

municipal experts from one city to their foreign sister city, and invites a similar number of colleagues from the foreign sister city to the Dutch sister city for short-term internships. VNG International also helps Dutch municipalities to design and develop their policies regarding international cooperation, and lobbies actively on their behalf.

VNG designed a programme, The Association Capacity Building for Good Local Governance, which builds on the IULA Association's Capacity-building Programme. It will execute the programme 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.

The 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 co-operation projects between local authority partnerships in 14 different Commonwealth countries were supported.Partnerships have emerged in different ways. Some involve long-standing links, while 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 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 objective 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 the following:

- between Daventry, UK, and Iganga, Uganda, for the improvement of surface water drainage;
- between Daventry, UK, and Iganga, Uganda, for the improvement of environmental health provision;
- between Chesterfield Borough Council, UK, and Tsumeb, Namibia, for the development of an environmental health policy for markets (the Tsumeb Market Development Project is examined in the Appendix on page 48);
- between Leeds City Council, UK, and Durban, South Africa, for the development of a community safety strategy for Cato Manor;

- between Somerset County Council, UK, and Mufulira, Zambia, for the development of a community planning policy; and
- between Torfaen District Council, UK, and Oostenberg, South Africa, for the development of a 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, such as the one between Coffs Harbour, Australia, and Suva, Fiji, for the management of green waste.

Following an evaluation of the first phase of the scheme, a second phase is being funded by DFID for five 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.

The Food and Agriculture Organisation (FAO)

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

The first decentralised cooperation pilot project will be launched between Rome and Kigali, Rwanda to develop agriculture on the outskirts of the city, and it will be 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 currently being advised by Vietnamese experts as part of a South–South partnership, within the Special Programme for Food Security (SPFS). For more information visit *www.fao.org*.

Case studies of PuPs in water and health services

Six case studies were analysed to find out how successful PuPs have been in achieving their stated objectives and to see if there are any lessons to be learnt about how to make PuPs work effectively. These case studies include 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 is from Western Europe, and one is from a country in the former Soviet Union. *Table 3* on page 36 provides the details. The case studies were examined in terms of:

- service improvement;
- capacity-building;
- defending services against privatisation;
- community involvement and accountability;
- the influence of external partners;
- funding; and
- vulnerability to political developments.

Service improvement

For each public-public partnership there is some evidence of improvements in service delivery or infrastructure development. Sheffield HAZ managed to achieve some direct improvements in local health service delivery and changes in the organisation of local services. The Tsumeb market development led to improvements in 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.

Table 3: Case studies: types of partnerships and objectives

Partnership	Country	Sector	Partnership type	Objectives
Harrismith A three-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).	South Africa	Water	Public sector, public sector-community	Service improvement, capacity-building, anti-privatisation, accountability
Lilongwe Water	Malawi	Water	Development	Service improvement and capacity-building
Manguang (University of the Free State)	South Africa	Health	Public sector-community	Service improvement and capacity-building
Sheffield Health Action Zone	UK	Health	Public sector	Service improvement
Tallinn Water	Estonia	Water	Development	Service improvement, capacity-building
Tsumeb Market Development	Namibia	Health	Development, international	Service improvement and capacity-building

Capacity-building

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

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 commitment to the project. In Lilongwe, later developments were strongly affected by the changing policies of the World Bank, which encouraged privatisation. Changing priorities of the Department of Health in England also directly affected Sheffield HAZ and led to its demise.

Community involvement and accountability

One trend that emerged was that the most effective PuPs had the longest lead-in times and had the community as a partner. For example, the MUCPP has operated for over ten years and has developed strong partnerships among the community, the university, and local and provincial authorities. Also, the Harrismith project ensured that the community organisations and unions were fully involved in the project. Lilongwe created water committees in peri-urban areas and, at the same time, was building capacity in the water company. And the partnership between Chesterfield Borough Council and the municipality of Tsumeb has evolved from a twinning agreement made ten years ago.

Some of the PuPs had detailed accountability agreements, while others had informal unwritten arrangements. If a partnership board was set up, the board played an important role in providing a forum for partners to make decisions. In some cases, the commitment of the partners was more limited and led to partners pursuing their own interests. For example, in Tallinn, there wasn't much evidence of any significant new partnership working. In other cases, some of the partners were stronger and more dominant, which led to other partners becoming less committed. For example, Sheffield has a history of partnerships between health and local authorities dating back to the 1980s, but the health sector was always a dominant partner, which led to a lack of commitment by other partners.

Influence of external partners

In contrast, some of the external or funding partners, although they provided resources, appeared not to have exerted a strong influence on the partnership. Each of the water partnerships involved an external partner from an established public sector water company, but it is not entirely clear whether 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 project was completed. In Harrismith, Rand Water saw the project as part of its commercial goals of expansion, but the company's objectives do not appear to have had a greater or more lasting impact than those of other partners. This is in contrast to water public–private partnerships, where concession arrangements ensure that the external company interests exert a long-term constraint on developments.

Funding

The provision of funding from an external funder contributed to the success of all the partnerships, although the funding amounts varied. In four of the case studies, funding came from external or international sources:

- The Tallinn and Lilongwe partnerships were both funded by external development banks.
- The Chesterfield-Tsumeb market development project 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: some experienced direct changes in policy, while others remained unchanged. Two significant trends emerged:

- Government policy played a major role in stimulating or supporting partnerships. Some partnerships were directly supported by government policies, but others remained relatively independent.
- Long-term work in the health sector often led to other issues being addressed, for example, economic development. By contrast, in the water sector, other issues did not appear to be addressed.

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. Despite this, 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, such as external funding, expertise and community involvement, the public sector can restructure itself so that services are improved or new services are developed.

Recommendations

More research is needed to show more clearly which specific components of PuPs contribute most strongly to improved service delivery. This would also provide more evidence about the benefits that might be gained from PuPs. There are suggestions that PuPs contribute a form of restructuring to the public sector, which leads to improved service delivery: this needs to be explored in more depth.

Research on the long-term effects of PuPs and to what extent service improvements are dependent on, 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 definitely 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 working 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 by comparing the total cost of funding a PuP with the total cost of restructuring through PPPs. This could be used to help promote PuPs as a financially viable alternative 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 the types of partnership envisaged and the models of user involvement and governance.

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

Appendix: Case studies

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

Harrismith (population 500,000) is in the Free State province, South Africa. A three-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) to create Amanziwethu Water Services (AWS) as a corporatised water service delivery unit. This contract was not tendered because, under the Local Government: Municipal Systems Act of 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. It includes clauses that provide 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 R1.5 million, 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
- establish corporatisation through a "sustainable ring-fenced 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 problems… and 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 for the retail distribution of water and it 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 they are used for capacity-building and the form of the partnership "is not commercialised" (Samwu, 2004).

The Centre for Policy Studies (CPS) conducted an assessment (2003) that concluded that the partnership has improved services, finance, institutional structures and tariffs (Smith and Fakir, 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 in cut-offs 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 R7 million, but within 16 months was generating surpluses, which were reinvested in infrastructure maintenance. These surpluses were in addition to Rand Water's management fee, as well as an annual R2.1 million paid to the city council to help fund other services. The contract is monitored by a councillor and a consultant. However, the CPS has doubts 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.

Lilongwe Water Board, Malawi

A World Bank project to improve the water and sanitation services of Lilongwe, Malawi was started in 1987. It used a water authority from the UK as a partner for the Lilongwe Water Board. The project is still 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 World Bank'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. The following trends emerged:

- 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%;
- labour costs were reduced;
- response time to new service applications and customer complaints 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 were able to continue running the authority by themselves. Although access to water improved significantly in new housing areas, coverage was poor in low-income areas until the second project developed an effective network of water kiosks. 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. At present, these committees privately operate and manage most of the kiosks, and women run most of them. The Lilongwe Water Board appears to manage the kiosk operator contracts transparently and effectively, and the village consumer committees have encouraged discipline and efficiency in kiosk management.

The OED noted that the international loans for this project created a problem because costs varied 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, 2002). 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. Many middle- and higher-income households, consuming about 100 litres per capita per day (lpd), now pay 5% of their income for water. Lower-income households consuming 20 lpd pay about 10% of their income.

In 2001 there was a strike by water workers, who demanded a substantial pay rise, and accused the LWB management of 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, World Bank (WB) projects and policies continue to require privatisation (Privatisation Commission of Malawi, 2002). Listed as a reference the WB project makes privatisation a top priority. In the WB's country assistance strategy for Malawi, water board privatisation is an already established policy. If Malawi fails to advance this policy, it will be seen as indicating a lack of reform, which will ensure Malawi gets only the lowest level of WB assistance (World Bank, 2003).

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 (see *http://kiewiet.uovs.ac.za/community/mucpp*). 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. This partnership would aim to develop: an effective primary health service; a community development programme; affirmative action to select students for supporting programmes; bridging courses for the less privileged students; the training of community centred health care personnel; and the implementation of training strategies. These objectives were extended to cover economic development, district health services, education and training of health personnel, and sustainability. Other objectives include 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 key to sustainable funding because of the human and financial resources that it provides and also because of the grants and subsidies that it receives from the national government.

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 that 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.

The Community Health Centre is now open 12 hours a day and provides a much wider range of both curative and preventive services than was previously available. It is difficult to assess the extent to which 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 the growth of entrepreneurship. There has also been

an emphasis on incorporating community service learning at the university, so that university students can participate in learning and share their skills with the community. 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; and
- project coordinators who manage projects and link with community and other partners.

Departments at the university were able to provide more in-depth knowledge for the MUCPP's activities and this process stimulated more cooperation between university departments. Community members, project coordinators and academics learnt much from one another. The local authority was also recognised as an important partner. Greater cooperation between provincial governments and the project partners was identified as central to the long-term survival of MUCPP. International partners and funders also played a crucial role.

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 partnerships between health and local authorities. The aim of the HAZ was to develop local capacity for addressing health inequalities rather than to explicitly reduce health inequalities. This is because the HAZ initiative was not considered to be long-term enough or to 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. In the end, several reviews of the partnership structures 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 embedded within local structures, as well as trying to make HAZ investments go mainstream. The team helped HAZ–funded projects to get continuation funding and disseminated the lessons learnt from the HAZ partnership at different levels in local government (ibid). Sheffield

First for Health is now part of Sheffield First, a 'family' of partnerships that has been recognised by national government as the 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. However, 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 to primary care services by women and South Asian communities in order 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 medication in certain areas of the city, which was 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 city-wide planning. It also contributed to some improvements to mainstream services. All 26 Health Action Zones addressed health inequalities, either by providing:

- new funding;
- a dedicated funding space;
- a driver for change; or
- a badge for bringing more resources into the local area (ibid).

Tallinn, Estonia

The Baltic Sea Convention (the Helsinki Convention) has been working since the 1980s to reduce levels of pollution in the Baltic Sea. In 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 initially financed by donor money and longer-term loans from development banks for infrastructure development (Helsinki Convention, 1996). Reviews and

evaluations of the Baltic twinnings 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) were praised for their achievements.

A Helcom review process in 1998 confirmed 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 co-financing that used loans from international financial institutions and grants from donors. The loans were based on an assessment of the ability of governments and municipalities to make medium- and long-term loans. 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 achieving operational and maintenance cost savings, 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 the Tallinn water company was privatised by the city council, thereby creating a joint venture with IWL/United Utilities. This 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) The privatisation rapidly became controversial due to the 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 equal to 93% of what they had invested two 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 it (EBRD, 2002).

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

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 twinning links have been focused on capacity-building for staff of the Chesterfield Borough Council and for staff and councillors of the 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. This would contribute to improved standards in 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 had 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 Nambia, 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; and Chesterfield Borough Council. 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 the sharing of power connections is banned;
- meat is inspected every morning;

- traders take pride in the cleanliness of the market and welcome public health advice; and
- 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 started to invest once they saw the improvements to the market (ibid). This has ensured the sustainability of the public health improvements.

References

Africa News (1998) 'South Africa; Creative vision for local government'. 13 March 1998.

Agence France Presse (2001) 'Malawi: 350 striking water board workers get the sack'. Paris, 15 May 2001.

Agence France Presse 'Malawi police arrest striking workers in dry capital city'. Paris, 12 May 2001.

Alimuddin S, Hasan A, and Sadiq A, (2001) 'The work of the Anjuman Samaji Behbood and the larger Faisalabad context, Pakistan', *Poverty Reduction in Urban Areas Series, Working Paper 7*. International Institute for Environment and Development: London. *http://www.iied.org/docs/urban/urbpov_wp07.pdf*

Apoya P (2003) 'Community–public sector partnership for the provision of water services in Savelugu, Ghana'. Community Partnerships for Health: Ghana. *http://www.commonwealthpeople.com/info/ghana.pdf*

Arthurson K (2003) 'Neighbourhood regeneration: facilitating community involvement', *Urban Policy and Research* 21(4):357–371. Abingdon.

Asthana S, Richardson S and Halliday J (2002) 'Partnership working in public policy provision: A framework for evaluation', *Social Policy and Administration* 36(7):780–795. Blackwell: Oxford.

Baiocchi G (ed) 2003 *Radicals in Power – The Workers Party (Pt) and Experiments in Urban Democracy In Brazil*. Zed Press: London.

Baldersheim H, Bucek J and Swianiewicz P (2002) 'Mayors learning across borders: the international networks of municipalities in East–Central Europe', *Regional and Federal Studies* 12(1):126–137. Routledge: Abingdon.

Baltic News Service (2002) 'Tallinn Water Co. to get rid of 100 employees', *Baltic News Service*. 14 November 2002 (PSIRU Source ID: 7691).

Bijlmakers L and Lindner M (2003) *The World Bank's Private Sector Development Strategy: Key Issues and Risks Executive Summary*. ETC Crystal and Wemos: The Netherlands.

Briscoe J and Garn HA (1995) 'Financing water supply and sanitation under Agenda 21', *Natural Resources Forum* 19(1):59–70, Oxford.

Brusamolino E and Maffi G (2004) 'Health cooperation in an hospital of a rural area of Ivory Coast: Analysis of the priorities and of the different levels at which cooperation can take place', *Critical Reviews in Oncology Hematology* 2004 49(1):43. Amsterdam.

Business Day (South Africa) (1998) 'Demand for basic services'. Business Day: Johannesburg, 15 September 1998.

Business Day (South Africa) (2002) 'Spoornet's upgrade plan to take on road haulers'. Business Day: Johannesburg, 29 May 2002.

Business Day (South Africa) (2003) 'Utility prepares to spread its wings in new areas'. Business Day: Johannesburg, 8 May 2003.

California Public Finance (1997) 'Unusual Bond Partnership Aids San Jose Schools', *California Public Finance* 10(28):1, Sacramento.

Canadian Center for Policy Alternatives' (2004) *Tenth Alternative Federal Budget*. CCPA: City.*http://www.policyalternatives.ca/*

Cremer RD, de Bruin A and Dupuis A (2001) 'International sister–cities: Bridging the global–local divide', *American Journal of Economics and Sociology* 2001 60(1): 377, Oxford.

Department of Health (2004) *Compendium of the NHS's Contribution to Developing Nations*. Department of Health: London.

Didcock S. (2002) *Tsumeb Market Development Project Namibia 1999–2002*. Sponsored by Chesterfield Borough Council and the Commonwealth Local Government Forum.

Doll L, Dino G, Deutsch C, Holmes A, Mills D and Horn K (2001) 'Linking research and practice: Two academic –public health collaborations that are working', *Health Promotion Practice* 2(4):296–300, Thousand Oaks.

Dowling B, Powell M and Glendinning C (2004) 'Conceptualised successful partnerships', *Health and Social Care in the Community* 12(4):309–317, Oxford.
EBRD (2002) 'EBRD loan to improve water, waste-water services in

Tallinn'. EBRD press release, 11 November 2002 *http://www.ebrd.com/new/pressrel/2002/112nov11.htm* (PSIRU Source ID: 7696).

Edmonton Journal (2004) 'Catholic public students to share school', *Edmonton Journal* 9 April 2004, Edmonton.

El Ansari W and Phillips CJ (2001) 'Empowering healthcare workers in Africa: partnerships in health – beyond the rhetoric towards a model', *Critical Public Health* 11(3):231–251, Abingdon.

El Ansari W, Phillips CJ and Zwi AB (2004) 'Public health nurses: Perspectives on collaborative partnerships in South Africa', *Public Health Nursing* 21(3):277–286, Oxford.

Entwistle T, Martin S and Enticott G (2002) *Making or Buying? The Value of Internal Service Providers in Local Government*. Cardiff Business School, Cardiff University: Cardiff. *http://www.clrgr.cf.ac.uk/publications/reports/PSnet%20Report.pdf*

Financial Mail (South Africa) (2003) 'Armscor dockyard lifeboat', *Financial Mail* 17 October 2003.

Fitch ratings (2003) 'Globalization tide reaches subsovereign debt markets' *http://www.fitchratings.com/corporate/reports/report_frame.cfm?rpt_id=184966&sector_flag=5&marketsector=1&detail=1*

Friends of Namibia Newsletter (2003) 'Tenth anniversary visit, December 2003', Namibia. *http://friendsofnamibia.org.uk/NewsDec03.htm*

Geiger BF, Mauser GM, Cleaver V, Petri C and Winnail SD (2002) 'Working with colleges and universities to enhance the health of students and schools', Health Promotion Practice 3(1):50–59, Thousand Oaks.

Gensheimer KF, Fukuda K, Brummer L, Cox N, Patriarca PA and Strikes RA (2002) 'Preparing for the pandemic influenza: The need for enhanced surveillance', *Vaccine* 20(2002)S:63–65, Amsterdam.

Glendinning C (2002) 'Partnerships between health and social services: Developing a framework for evaluation', *Policy and Politics* 30(1):115–127, Bristol.

Government of Malawi (2002) Performance of Parastatals: 2001/2002. Government of Malawi: Blantyre. http://www.malawi.gov.mw/StatCoorp/performance_of_parastatals.htm

Graffunder CF, Noonan RK, Cox P and Weaton J (2004) 'Through a public health lens: Preventing violence against women: An update from the US Centers of Disease Control and Prevention', *Journal of Women's Health* 13(1):5–16), New Rochelle.

Green Party of Canada/Parti Vert du Canada (2004) *Warkentin Calls for New P3: Public–Public Partnerships Green Party*. City: Canada. *http://www.greenparty.ca/index.php?module=article&view=119*

Greenberg JS, Howard D and Desmond S (2003) 'A community–campus partnership for health: The Seat Pleasant–University of Maryland Heath Partnership', *Health Promotion Practice* 4(4):393–401, Thousand Oaks.

GTZ (2004a) LED *Toolkit: Possible Areas of Cooperation in Clusters*. GTZ: Eschbron. *http://www.wiram.de/toolkit/methodologies/methodologies–cluster–areas.htm*

GTZ (2004b) *Principles for Local Economic Development: Options for South Africa*. GTZ: Eschbron.*http://www.wiram.de/toolkit/case_studies/case–studies–case–18.htm*

Guardian (2002) 'In–house teams "better" than private contractors'. *The Guardian*. 3 March 2002: London. *http://society.guardian.co.uk/ppp/story/0,10537,663696,00.html*

Hall TE and O'Toole LJ (2004) 'Shaping formal networks through the regulatory process', *Administration and Society* 36(2):186–207(22), Thousand Oaks.

Hall D, Lobina E, Viero OM and Maltz H (2002) *Water in Porto Alegre, Brazil – Accountable, Effective, Sustainable and Democratic*. PSIRU: London. *http://www.psiru.org/reports/2002–08–W–dmae.pdf*

Hall D (1999) *Igoli 2002 – Some Worldclass Questions*. PSIRU: London. *http://www.psiru.org/reports/2000–02–U–SA–lg.doc*

Hall D (2000) *Water Partnerships – Public–public Partnerships and 'Twinning' in Water and Sanitation*. PSIRU: London.http://www.psiru.org/reports/2000–07–W–PuPs.docHall D (2001) *Water in Public Hands*. PSIRU: London. *http://www.psiru.org/reports/2001–06–W–public.doc*

Hall D (2003) *International Solidarity in Water – Public–public Partnerships in North–East Europe*. PSIRU: London. *http://www.psiru.org/reports/2003–03–W–NEeurope.doc*

Hall D, (2004) *Electricity privatisation in Latin America*. PSIRU: London. *www.psiru.org*

Hall D, Lobina E. and de la Motte R. (2003) *Water Privatisation and Restructuring in Central and Eastern Europe and NIS Countries, 2002*. PSIRU: London. *http://www.psiru.org/reports/2003–03–W–CEENIS.doc*

Hall D. and Lobina E. (2003) *International Solidarity in Water Public–public Partnerships in North–East Europe*. PSIRU: London. *www.psiru.org/reports/2003–03–NEEurope.doc*

Hall TE[1] and O'Toole LJ[2] (2004) 'Shaping formal networks through the regulatory process', *Administration and Society* May 36(2):186–207(22), Thousand Oaks.

Helsinki Commission (1998) 'The Baltic Sea Joint Comprehensive Environmental Action Programme: Recommendations for updating and strengthening*', Baltic Sea Environment Proceedings No 72*. Helsinki Commission: Helsinki. *http://www.helcom.fi/pitf/bsep72.Html*

Henry E and Marley L (2004) 'Helping the public "discover health" in their local library', *Health Information and Libraries Journal* 21:27–32, Oxford.

Hillebrand B and Biemans WG (2004) 'Links between internal and external cooperation in product development: an exploratory study', *Journal of Product Innovation Management* 21:110–122, Internet journal.

International Finance Corporation (2004) *Healthcare Strategy*. International Finance Corporation: Washington DC. www.ifc.org

Isaac T and Franke RW (2002) *Local Democracy and Development*. Leftward Books: New Delhi.

Khan AH (2003) *The Orangi Pilot Project*. OPP: Karachi. *http://www.oppinstitutions.com/*

Kitchen H (2003) 'Public–public partnerships', *Newsletter 14*. McIntosh Xaba and Associates: City. December 2003. *http://www.ksp.org.za/holonl15.htm*

Lariola M (2000) 'Twinning cooperation between Riga Water Company and Stockholm Water Company', *SIDA Evaluation 007*. SIDA: Stockholm.

Lobina E. (2001) *Water Privatisation and Restructuring in Central and Eastern Europe, 2001*. PSRIU: London. *www.psiru.org/reports/2001–11–W–CEE.doc*

Low A and Ithindi T (2003) 'Adding value and equity to primary care through partnership working to establish a viable community health workers' programme in Namibia', *Critical Public Health* December 13(4):331–346. Routledge: Abingdon.

Mare C (2003) *Public–public Partnerships as an External Delivery Mechanism,* Local Government Project.University of the Western Cape Community Law Centre: Cape Town. *http://www.communitylawcentre.org.za*

Marra M (2004) 'Knowledge partnerships for development: What challenges for evaluation?' *Evaluation and Programme Planning* 27(2):151, Amsterdam.

Meijboom B, de Haan Job and Verheyen P (2004) 'Networks for integrated care provision: An economic approach based on opportunism and trust', *Health Policy* 69(1):33, Amsterdam.

MIIU Projects Summary and Highlights. http://www.miiu.org.za/annRep01Projects.php

ODPM (2004) *Rethinking Service Delivery Volume Three: Public/Public Partnerships*. Office of the Deputy Prime Minister (UK), Strategic Partnering Taskforce: London.

Oppenheim J and McGregor T (2003) *Democracy and Public–private Partnerships*. International Labour Organisation: Geneva. *http://www.ilo.org/public/english/dialogue/sector/papers/utilit/wp213.pdf*

Ospina S and Yarroni A (2003) 'Understanding Cooperative Behavior in Labor Management Cooperation: A Theory–Building Exercise', *Public Administration Review* 63:4–455, Oxford.

Pape J (2001) 'Poised to succeed or set up to fail? A case study of South Africa's first public–public partnership in water delivery', MSP Occasional Paper No 1. Municipal Services Project: Cape Town.

Pearce RJ (2001) 'Looking inside the joint venture to help understand the link between inter–parent cooperation and performance', *Journal of Management Studies* 38:4, Oxford.

Perkmann M (1999) 'Building Governance Institutions across European Borders', *Regional Studies* 33(7):657, Abingdon.

Pichierri A (2002) 'Concertation and local development', *International Journal of Urban and Regional Research* 26(4): 689–706, Oxford.

PMG (2004) 'Parliamentary Monitoring Group: Land And Environmental Affairs Select Committee 16 November 2004 Water Services Amendment Bill Adoption'. *http://www.pmg.org.za/viewminute.php?id=4899*

Privatisation Commission of Malawi (2002) *Future Privatisations: 2002*. Privatisation Commission of Malawi: Blantyre. *http://www.privatisationmalawi.org/future.asp*

PR Newswire (1991) 'Saturday Department of Community Affairs reaffirms mission on 25th anniversary.'

Public Services Network '"Hollowed out" councils may not be able to deliver services.' *http://www.contract–online.co.uk/news%20stories%20–%20current/study.html*

Rodriguez-Pose A and Tomaney Klink J (2001) 'Local empowerment through economic restructuring in Brazil: The case of the greater ABC region', *Geoforum* 32(4):459–469(11), Amsterdam.

Samii R, Van Wassenhove LN and Bhattacharya S (2002) 'An innovative public–private partnership: New approach to development', *World Development* 2002 30(6), Amsterdam.

Samwu (2004) *Submission to Local Government Sector Summit, June 2004*. Section Two: Local government and service delivery. Para 9.1. *http://www.samwu.org.za/sectorsummit.htm*

Sheffield First (2004) *Sheffield City Strategy Progress Report, November 2004*. *http://www.sheffieldfirst.net*

SIDA (1998) '98/19 *Twinning Cooperation between Kaunas Water Company, Lithuanian and Stockholm Water Company August 1998*. SIDA: Stockholm.

SIDA (2000) 00/7 *Twinning Cooperation between Riga Water Company and Stockholm Water Company, May 2000*. SIDA: Stockholm.

Smith L and Fakir E (2003) 'The struggle to deliver water services to the indigent: A case study on the public–public partnership in Harrismith with Rand Water'. Research Report 103, Social Policy Series. Centre for Policy Studies: Johannesburg.

Stainback J and Simril R (2001) *Public/Private Partnerships Are Key to Successful Transit-Oriented Development*. LCOR/NCPPP: Washington DC.

Steiner R (2003) 'The causes, spread and effects of inter–municipal cooperation and municipal mergers in Switzerland', *Public Management Review* 5(4):551–571(21), Abingdon.

Stone & Webster (2004) *Investigation into Evidence for Economies of Scale in the Water and Sewerage Industry in England and Wales*. OFWAT: London. *http://www.ofwat.gov.uk/aptrix/ofwat/publish.nsf/AttachmentsByTitle/stone_webster_150104.pdf/$FILE/stone_webster_150104.pdf*

Streeter W (2003) *Mobilizing Local Capital: Creating and Accessing Local Public Capital Markets for Urban Infrastructure*. [PPT] USID: Washington DC. *http://www.usaid.gov/our_work/economic_growth_and_trade/development_credit/kyoto/streeter–mobilizing_local_capital.pdf*

Tateda Y, Kawamura T Yoshida T Yamanaka T (2004) 'Health education as part of health promotion and prevention of chronic lifestyle diseases in an international cooperation project', *International Congress Series* 1267(51), Amsterdam.

University of London (2003) *National Evaluation of Health Action Zones: Tackling Inequalities in Health Module*. University of London, Queen Mary College: London.

Van der Merwe K and Ferreira A (2001) *'Case Study – Amanziwethu Services: A Public–Public Partnership Between Maluti a Phofung Council and Rand Water for Water Service Delivery in the Greater Harrismith Area'*. JDSS Consultants: South Africa.

Vojnovic I (2003) 'Laissez–faire governance and the archetype laissez–faire city in the US: Exploring Houston', *Geografiska Annaler: Series B, Human Geography* 85(1):19–38(20), Oxford.

Walker I and Velásquez M (1999) 'Regional analysis of decentralization of water supply and sanitation services in Central America and the Dominican Republic*', EHP Report 165*, May 1999, Paris.

Warner M and Hefetz A (2002) 'The uneven distribution of market solutions for public goods', *Journal of Urban Affairs* 24(4): 445–459(15), St Louis.

Wisconsin BA (2002) 'Guidelines for enhancing its public/private partnerships in Wisconsin'. Booze Allen Hamilton. *http://ntl.bts.gov/lib/23000/23400/23403/45–11itspartners–f.pdf*

World Bank (2003) *Implementation Progress Report Private Sector* Development Strategy. World Bank: Washington DC.

World Bank (2003) *Report No. 25906 Ma1: Country Assistance Strategy of the World Bank for the Republic of Malawi*. World Bank: Washington DC.

World Bank (1997) 'Two water projects in Malawi', *World Bank OED Précis No 146*. World Bank: Washington DC.

Occasional Papers Series

No. 1

POISED TO SUCCEED OR SET UP TO FAIL?

A Case Study of South Africa's First Public-Public Partnership in Water Delivery

ISBN 0-88911-968-6

No. 2

LESSONS FROM ARGENTINA

The Buenos Aires Water Concessions

ISBN 0-88911-970-8

No. 3

THE COMMERCIALISTION OF WASTE MANAGEMENT IN SOUTH AFRICA

ISBN 0-88911-972-4

No. 4

THE ELECTRICITY CRISES IN SOWETO

ISBN 0-8891-974-0

No. 5

BLOCK TARIFFS OR BLOCKED ACCESS?

The Greater Hermanus Water Conservation Programme

ISBN 0-88911-974-0

No. 6

LOCAL ECONOMIC DEVELOPMENT DEBATES IN SOUTH AFRICA

ISDN 0-88911-983-X

No. 7

PRIVATIZING CAPE TOWN

Service Delivery and Policy Reforms Since 1996

ISBN 0-88911-985-6

No. 8

WHO CARES FOR HEALTH CARE WORKERS

The State of Occupational Health and Safety in Municipal Health Clinics in South Africa

ISBN 0-620-33687-0

Published by:

EQUINET

Municipal Services Project

www.queensu.ca/msp

Partners:

International Labour Research and Information Group (South Africa),
Queen's University (Canada), South African Municipal Workers Union,
Rhodes University (South Africa), Human Sciences Research Council (South Africa),
EQUINET (Zimbabwe), Canadian Union of Public Employees

This project is funded by the
Canadian government through the
International Development Research Centre (IDRC)