

Private Sector Participation (PSP) in Healthcare within Gulf Cooperation Council Settings: A Systematic Scoping Review

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Summary

Private Sector Participation (PSP) in Healthcare within Gulf

Cooperation Council Settings – A Systematic Scoping Review

In recent years, there has been a concerted effort in the Gulf Cooperation Council (GCC) countries, which includes Bahrain, Kuwait, Oman, Qatar, Saudi Arabia, and United Arab Emirates, to enhance healthcare through increased private sector participation (PSP). This strategy involves engaging private sector entities to deliver healthcare services on behalf of the government.

Despite widespread discussions about the potential benefits and challenges of PSP in healthcare, there is a lack of research on the actual implementation of this approach in GCC countries. To address this gap, this first-of-a-kind scoping review was conducted to investigate two primary questions: First, what types of PSP in healthcare have been implemented or are upcoming in GCC countries? And second, what impact has this participation had on healthcare within GCC countries?

To answer these questions, relevant information was systematically explored in scientific databases, governmental websites, and international organizations' websites. The information was evaluated based on specific criteria which focused on studies, reports, and relevant information related to PSP in healthcare within the GCC countries. The search was limited to materials published in English from 2009 onwards.

The scoping review found 25 records of information that addressed the research questions, with the majority being associated to Saudi Arabia. The main types of PSP identified included public-private partnerships, contractual agreements, outsourcing, and

privatization. A total of 45 distinct initiatives were identified within the records encompassing these various types of PSP, with a majority based in Saudi Arabia and United Arab Emirates. Public-private partnerships were found as the most dominant type of PSP within healthcare in GCC settings. Regarding the impact of PSP in healthcare, only 7 out of the 25 records contained relevant information. The findings indicated that PSP has positively influenced aspects such as patient access to care, patient satisfaction, outcomes, quality and service efficiency. However, the findings also highlighted certain issues related to both questions including the sustainability of these initiatives in the long term, weak mechanisms to measure PSP impact, and overlapping descriptions of PSP types.

The scoping review uncovered significant research gaps related to PSP in healthcare within GCC settings. Major gaps identified were the lack of long-term studies on the impact of PSP on healthcare services and comparative studies between public and PSP modes of delivery for the same service. Additionally, the scoping review identified a need for more research on the effect of healthcare PSP on access and equity for diverse population segments and the impact of regulations that govern PSP in healthcare.

The scoping review concluded with recommendations for policymakers in the GCC which included the development of distinct frameworks and guidelines for healthcare PSP, incentivizing research for healthcare PSP, utilization of standardized terminology for healthcare PSP initiatives and knowledge sharing among the GCC countries through the formation of a common platform related to PSP in healthcare, with the establishment of joint PSP initiative registries as a practical starting point.

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Abbreviations

| | |
|----------|---|
| AG | Dr. Anuj Gupta |
| DOF | Department of Finance |
| GCC | Gulf Cooperation Council |
| HIC | High Income Countries |
| JI | Jehanzeb Ilahi |
| KDIPA | Kuwait Direct Investment Promotion Authority |
| MOCI | Ministry of Commerce and Industry |
| MOF | Ministry of Finance |
| NCP | National Center for Privatization |
| PPP | Public-private partnership |
| PSP | Private sector participation |
| UMIC | Upper Middle-Income Countries |
| WHO | World Health Organization |
| WHO EMRO | WHO Regional Office for the Eastern Mediterranean |

Abstract

Background

Private sector participation (PSP) in healthcare has become crucial for healthcare reform in the Gulf Cooperation Council (GCC) countries, aiming to enhance healthcare and ease funding burden on governments. However, there is limited evidence on the specific details and impact of healthcare PSP in GCC settings. This scoping review aimed to explore types of implemented and upcoming healthcare PSP initiatives in GCC and assess their impact on healthcare within GCC settings.

Methods

The review was guided by the framework proposed by Arksey and O'Malley. A systematic search was conducted on PubMed, Google Scholar, and other grey literature sources, including information from websites of GCC government entities and International organizations. The inclusion criteria encompassed records that were published after 2009 in English, and addressed PSP in healthcare within GCC countries. Data was charted, and findings were summarized descriptively using emergent themes wherever possible. Informal consultations were held with industry experts to enrich the results.

Results

Out of a total of 890 identified records, 25 records were included within the final review. Records indicated four key types of PSP initiatives in healthcare within GCC which included public-private partnerships, contractual agreements, outsourcing and privatization. Amongst the types, 45 distinct initiatives were identified with public-private partnerships being the most utilized type of healthcare PSP initiatives. Few records

indicated a positive impact of PSP in healthcare notably on access, quality and service efficiency, outcomes and patient satisfaction. However, there was a notable lack of studies addressing the long-term impact of PSP on healthcare across GCC.

Conclusion

To ensure sustainability, it is essential to conduct thorough studies on the long-term impact of healthcare PSP initiatives within GCC. Policymakers can utilize findings from this novel review to enhance their comprehension pertaining to healthcare PSP initiatives and strengthen ongoing healthcare PSP strategies in GCC settings.

1. Introduction

1.1 Background

Established in 1981, the Gulf Cooperation Council (GCC), comprising of countries which include Bahrain, Oman, Kuwait, Qatar, Saudi Arabia and United Arab Emirates (UAE), has a consolidated population of almost 60 Million (World Bank, 2024), out of which 55% are expatriates (Karolak, 2024). Up until 2006, GCC countries were heavily reliant on oil revenues to drive their domestic economic growth, ensure stability, develop infrastructure, and provide public services for both citizens and expatriates (Cherif and Hasanov, 2014). However, the global financial crisis of 2007-2008 caused a significant downturn in oil prices worldwide, posing substantial challenges to the economic well-being of the GCC countries (Vohra, 2017). As a result, GCC governments faced the pressing need to diversify their economies and explore alternative funding models to maintain domestic and regional growth (International Monetary Fund, 2010). One of the key diversification mechanisms adopted by the GCC governments was the participation of the private sector in public service delivery (Staff, 2016; Strategy&, 2017). Within this context, the healthcare sector was identified as a key area for diversification by GCC governments (Alpen Capital, 2023). This sector was primarily chosen by GCC governments due to an overall dearth in quality of healthcare across the region (Fadhil et al., 2022). Increased private sector participation in healthcare is viewed as a strategic approach to enhancing capacity, quality, and accessibility while concurrently alleviating the financial burden on governments (Alpen Capital, 2023).

1.2 Private Sector Participation (PSP)

Private sector participation (PSP) refers to a broad range of legal arrangements in which private entities are engaged in providing services that are traditionally offered by government agencies, always involving oversight by a government or public entity (Alhanaqtah, Alhanaqtah and Pakhomova, 2019). PSP is also described as an agreement between public and private sector entities aimed at delivering a public asset or service for the common good, wherein the private sector makes a financial investment and shares significant risks pertaining to the concerned asset and service with the public sector entity (Devkar et al., 2013; Spiering and Dewulf, 2006). The National Center of Privatization in Saudi Arabia identifies PSP in two forms: as a public-private partnership (PPP) or a divestment (NCP Saudi Arabia, 2021). It further defines PPPs as long-term contractual agreements that are five years or more in duration and where the private sector entity has to bear risks associated with the concerned asset or service, agree on linking performance to compensation and commit to two or more of responsibilities associated with building, designing, operating, managing, maintaining or financing the asset or service, or both (NCP Saudi Arabia, 2021). Simultaneously, it defines divestments as a contractual arrangement linked to the transfer of ownership of an asset, related to a public infrastructure or service, from a public entity to a private entity (NCP Saudi Arabia, 2021). PSP can be conducted in various forms, including but not limited to PPPs, full or partial divesture, joint ventures, leasing, service contracts (World Bank, 2016) and are designed to go beyond simple project financing by fostering a sustainable, value adding partnership through the exchange of expertise and knowledge between the public and private sector (Hodge and Greve, 2007).

1.3 PSP in GCC

PSP is now being increasingly utilized by governments across the globe to deliver high quality healthcare (World Bank, 2016). PSP has become a crucial focus area for the GCC health systems and is an essential part of the long-term national strategies of GCC countries. For instance, Saudi Arabia's Vision 2030 outlines a fundamental role for the private sector in the development, investment and provision of healthcare services on behalf of the government (Vision 2030 – Kingdom of Saudi Arabia, 2024). Similarly, Qatar's Vision 2030 underscores the substantive involvement of the private sector in healthcare, aiming to curtail healthcare costs while ensuring the delivery of high-quality services (National Planning Council – State of Qatar, 2024), whilst the Kingdom of Bahrain, as per its Vision 2030, has articulated its intent to outsource and forge partnerships to elevate the quality of healthcare and minimize associated costs (Kingdom of Bahrain, 2023). Oman's Vision 2040 outlines a dedicated priority centered on healthcare, accompanied by initiatives supporting private sector involvement in the healthcare domain (Oman Vision 2040, 2023). Similarly, Kuwait's Vision 2035 development plan encompasses a significant amount of healthcare initiatives geared for implementation through PSP models, concurrently encouraging private sector investment in healthcare-related initiatives (KDIPA, 2024). Additionally, the UAE's cabinet has recently ratified an updated version of the manual for public-private partnerships, enabling federally owned entities to facilitate private sector involvement in developmental and strategic projects, with an explicit emphasis on healthcare as a key priority sector for PSP (MOF UAE, 2024).

1.4 Research Purpose

Despite the increasing significant reliance on PSP in healthcare within GCC countries, there remains a significant lack of empirical evidence demonstrating the long-term impact of these initiatives on healthcare in GCC settings. Active PSP initiatives in healthcare, such as those in diagnostics (Alsaleh, 2012) and dialysis (Alharbi et al., 2022), have shown success, however existing literature does not provide sufficient data to confirm whether these efforts lead to sustainable improvements in healthcare (Al-Hanawi and Qattan, 2019). Moreover, the existing research on the subject focuses on potential advantages and disadvantages rather than adequately examining the various types and impact of PSP models in healthcare within the GCC, leaving critical gaps in our understanding of PSP initiatives in healthcare and their broader implications for healthcare systems in the GCC (Al-Hanawi and Qattan, 2019).

To address these gaps, this scoping review will identify the types of PSP initiatives in healthcare within the GCC and aim to provide an evaluation of their impact on healthcare within GCC settings. By offering a comprehensive overview of the current landscape and assessing the effectiveness of different PSP models in healthcare, this review aims to provide valuable insights that may guide policymakers in optimizing PSP in healthcare, particularly in GCC. Ultimately, this scoping review will extend support to the broader social objectives of the GCC countries by ensuring that PSP in healthcare contributes to sustainable and equitable healthcare whilst being aligned with the national strategic plans of GCC countries.

2. Methods

This scoping review followed the methodological framework outlined by Arksey and O'Malley (2005), which included identifying the research question, identifying relevant studies, selecting studies, charting the data, collating, summarizing, and reporting the findings. The review also included informal consultations with industry experts to contextualize outputs and obtain additional information related to types and impact of PSP in healthcare within GCC settings. This scoping review followed a protocol that was published on Figshare in June 2024 (Akbari, 2024).

2.1 Stage 1: Identifying the Research Question

The population, concept, and context (PCC) framework was used to formulate the research questions for this scoping review. The framework is indicated below:

| Population | Concept | Context |
|--|---|-------------------------------------|
| All individuals receiving healthcare in GCC countries (Saudi Arabia, United Arab Emirates, Qatar, Oman, Kuwait, Bahrain) | Types and Impact of PSP initiatives in healthcare | Healthcare systems in GCC countries |

Table 1: PCC Framework

As highlighted in Table 1, the population component included all individuals receiving healthcare in the GCC countries to ensure that the research captures PSP initiatives across all types of healthcare, whether preventive or curative, diverse demographics,

health statuses, and specific needs within GCC healthcare systems. The concept for this scoping review focuses on types of PSP and the realized impact of such initiatives on healthcare. The context was limited to the healthcare systems of the GCC as this review specifically focuses on the GCC region. The research questions that followed were:

- (i) What types of PSP initiatives have been implemented or are upcoming in the healthcare systems of GCC countries?
- (ii) What impact have PSP initiatives had on healthcare within the GCC countries?

2.2 Stage 2: Identifying Relevant Studies

Using the research questions, extensive research was conducted on PubMed and Google Scholar databases to obtain relevant literature. In addition to this, and by utilizing the Google search engine, grey literature was sourced from reports issued by International organizations and websites of relevant GCC government entities that contained information on healthcare PSP initiatives. The search process was conducted between January to June 2024. The search was conducted using Boolean Operators, combination of keywords and Medical Subject Headings (MeSH) terms. The keywords utilized included "GCC," "Bahrain", "Kuwait", "Oman", "Qatar", "Saudi Arabia", "United Arab Emirates or UAE", "healthcare," "private sector participation," "privatization," "public-private partnerships," "PPP", "outsourcing," "outcome", "impact", "health access," "healthcare quality," and "health affordability". These keywords and the search strategy were identified with the support of Ms. Nia Roberts, a Senior Outreach Librarian at the University of Oxford.

Furthermore, and following the scoping review protocol, an inclusion and exclusion criteria was utilized to guide the review and refine the findings. Table 2 below indicates the inclusion and exclusion criteria followed in this review:

| | |
|--------------------------------------|--|
| <p>Inclusion Criteria</p> | <ul style="list-style-type: none"> • Studies and reports indicating the types and impact of PSP in the GCC healthcare systems • Studies and reports published in English from 2009 onwards • Studies and reports conducted within the GCC countries (Saudi Arabia, United Arab Emirates, Qatar, Oman, Kuwait, Bahrain) • Peer-reviewed articles, grey literature, reports and information from International organizations and websites of GCC government entities • Quantitative, qualitative, and mixed-methods studies • Articles that describe various types of PSP Initiatives • Studies and reports discussing implementation strategies related to PSP in healthcare • Studies and reports indicating patient outcomes, healthcare access, stakeholder perceptions, quality and satisfaction related to PSP healthcare initiatives. |
|--------------------------------------|--|

| | |
|-------------------------------|---|
| Exclusion Criteria | <ul style="list-style-type: none"> • Articles not published in English • Studies and reports published before 2009 • Studies and reports not conducted within the GCC countries • Studies and reports not addressing the healthcare sector • Studies and reports not addressing PSP activities in health • Opinion pieces, editorials, and letters to the editor without empirical data • Articles focusing on sectors outside of healthcare, such as education or transportation • Review articles without data or insights relevant to the research questions • Articles that do not differentiate between public and private sector impact on healthcare. |
|-------------------------------|---|

Table 2: Inclusion and Exclusion Criteria

The inclusion criteria focused on studies and reports published in English from 2009 onwards in the GCC countries, specifically on PSP in healthcare. The decision to limit the studies to 2009 onward was based on two reasons: first, to encompass all literature and research after the 2008 financial crisis, which led to a significant drop in oil prices and prompted GCC governments to shift their policy direction in order to encourage PSP, aiming to alleviate the financial burden on the governments for social and critical services (International Monetary Fund, 2010); and second, to align with the available time and resources for conducting this review. For the exclusion criteria, primarily studies or reports not addressing the GCC health sector, and those not differentiating between private and public sector impact on healthcare were not considered.

2.3 Stage 3: Selecting Records

The records identified during the search process were exported into Endnote 21.3.

Following the upload of all citations, duplicate entries were removed. Subsequently, the remaining citations underwent a screening process. Each stage of the review process was independently conducted by MA, with an additional two reviewers, JI and AG, screening 10% of the studies for title and abstract inclusion. Based on the criteria outlined in Table 2, records were scanned for eligibility. Discussions were held for any conflicting views between the reviewers to achieve consensus on certain records. Post consensus, full text versions of records were then independently screened by MA and exclusion reasons were indicated. A combination of records from databases, registers and other methods were then included in the final selection of records for this scoping review.

2.4 Stage 4: Data Charting

Data from the included studies, articles and reports were charted into a purpose designed Excel workbook (Appendix A). The fields selected for the data chart were adapted from Mak and Thomas (2022) and included the following components: Title, Author, Year of Publication, GCC Country, Study / Report Type, Study / Report Population, Type of PSP addressed, Impact on Healthcare, Objectives, Main Results, Study / Report Limitations and Future Directions. The purpose of adding “type of PSP addressed” and “impact on healthcare” to the components recommended by Mak and Thomas (2022) were to directly address the research questions.

2.5 Stage 5: Collating, Summarizing and Reporting the Results

After compiling all the pertinent data from the records in the form of a data chart, descriptive analysis was conducted to synthesize the findings. The analysis was divided into two segments to address each research question thoroughly. The results were then presented through relevant emergent themes and tables, wherever applicable.

2.6 Stage 6: Consultation Exercise

In order to ensure that comprehensive literature is included within this review, industry experts were informally contacted to obtain information on types and impact of PSP in healthcare within the GCC. The industry experts belonged to governmental organizations from a GCC country. The input from the industry experts led to the inclusion of sources of information from governmental websites and International organizations thereby enhancing the record selection process for the scoping review.

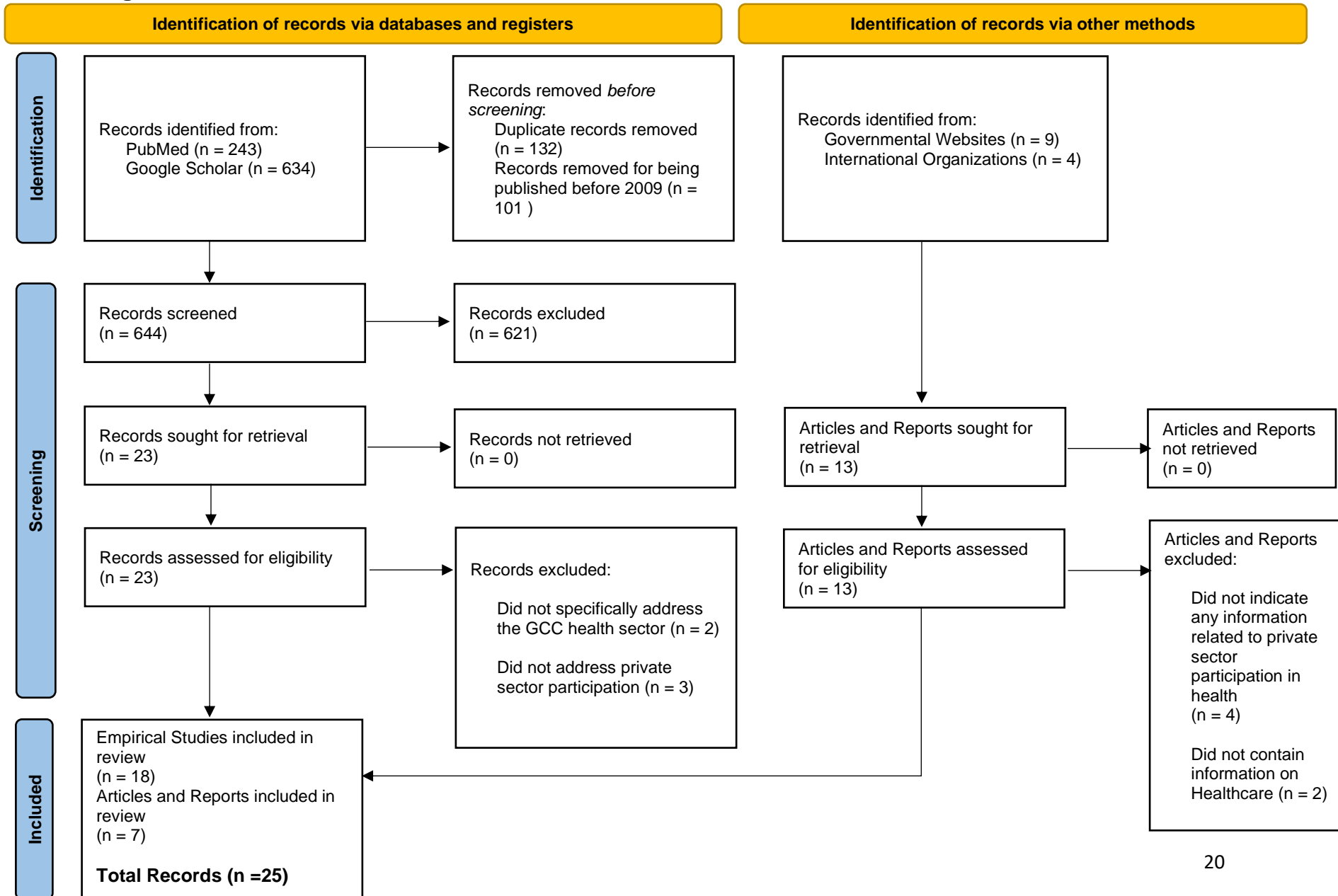
3. Results

A total of 890 records addressing the research questions were identified through all sources. This included 243 studies on PubMed, 634 studies on Google Scholar databases, and 13 records retrieved through grey literature sources, which included websites of government entities and international organizations. Subsequently, Endnote was utilized to identify and remove 132 duplicate studies from the dataset. Another 101 studies were deleted because they were published before 2009. A total of 644 studies were screened, out of which 23 were selected for retrieval and all 23 were assessed for eligibility. As highlighted within the protocol, 10% of the studies were screened for eligibility by JI and AG. Out of the 23, 5 of the studies were rejected in which 2 were rejected for not addressing the GCC health sector whilst the remaining 3 did not address any PSP within the study. The remaining 18 studies were all included in the review.

As far as data from other sources are concerned, relevant information was found on 9 governmental websites and 4 reports issued by International organizations. All 13 records were retrieved and assessed for eligibility out of which 4 were rejected due to insufficient information on PSP initiatives and 2 others were rejected due to lack of information pertaining to PSP activities within the health sector. The remaining 7 records were included within the review.

In total, and as highlighted within the PRISMA 2020 study selection flowchart (Figure 1), 25 records were included for the purpose of this scoping review.

Figure 1: Study Selection Flowchart PRISMA 2020 for Systematic Scoping Review of PSP in Healthcare within GCC Settings



3.1 Characteristics of Included Records

As depicted within Figure 2 below, 48% of the records were related to PSP in healthcare within Saudi Arabia, 17% of the records were associated to UAE, with the remaining allotments covering Qatar (10%), Bahrain (10%), Oman (7%), and Kuwait (7%).

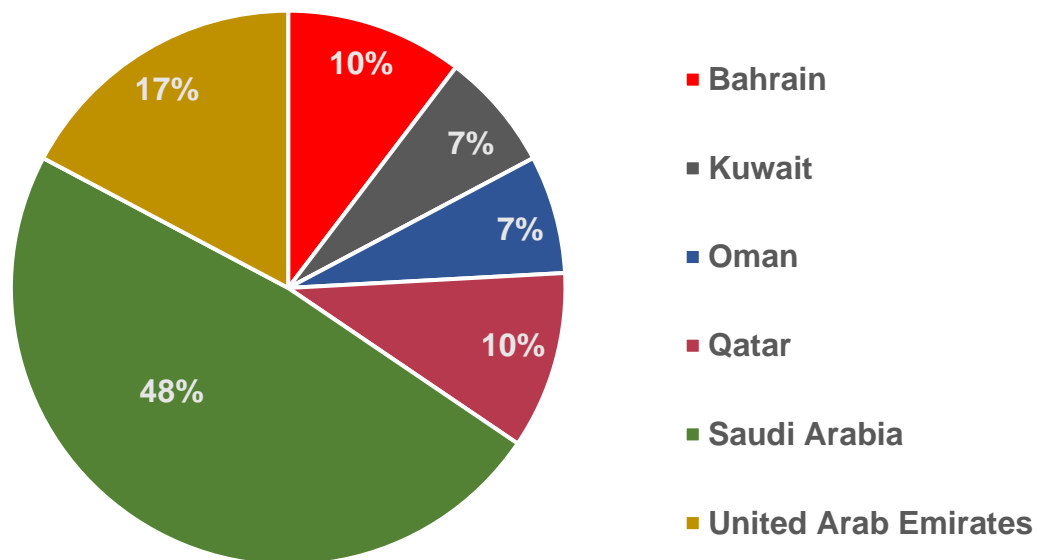


Figure 2: Geographical Distribution of Records in %

The records included in the review were diverse, employing multiple methodologies, including literature reviews (n =6), qualitative research (n = 6), mixed methods studies (n = 4), randomized controlled trials (RCTs) (n = 2), reports from international organizations (n =1), like the WHO, and information from GCC based governmental organizations websites (n = 6). Each record contributed unique insights into PSP in healthcare within the GCC countries.

The randomized controlled trials (RCTs) primarily focused on childhood obesity prevention and nutritional interventions through a novel PPP model in UAE, Saudi Arabia and Bahrain (Habib-Mourad et al., 2022; Habib-Mourad et al., 2023). Majority of the qualitative research focused on critical success factors, potential barriers to implementation and the potential impact on stakeholders of PSP initiatives (Al Mashari, 2022; Al-Nozha, 2024; Tobaiqy et al., 2023; AlMubarak et al., 2021; Al-Hanawi et al., 2020). Qualitative research also included exploring the effectiveness of PPPs in healthcare disaster management (Al Mashari, 2022). Literature reviews included critical analyses of privatization and PPPs with a distinct focus on sustainability, association with access to medical care, success factors and implementation strategies (Abdou and AlZarooni, 2011; Al-Hanawi and Qattan, 2019; Al Khamis, 2017; Al Khamis et al., 2021; Al Kuwaiti and Al Muhanna, 2020; Rahman, 2020). Mixed methods studies further evaluated topics that included exploring shared risks of PPPs through perceptions of healthcare professionals and key stakeholders (Alonazi, 2017), implementation of contractual health services performance agreements between the public and private sector (Al-Katheeri et al., 2018), PPP based diagnostic service provision (Alsaleh, 2012) and post-pandemic outsourcing practices, focusing on the impact on services and patients (Skibinska and Kobrossy, 2023).

Reports from International organizations, like the WHO-EMRO (2021), highlighted success stories of PSP in healthcare in Qatar and Bahrain. In addition to this, articles and information from Government websites from various GCC countries provided insights on implemented and forthcoming PSP initiatives related to healthcare (MOF Oman, 2023; DOF Dubai Government 2023; Emirates Health Services, 2024; KDIPA,

2024). Similarly, Saudi Arabia's NCP (2024) outlined ongoing initiatives, highlighting the significance of PSP in healthcare.

The records collectively addressed a wide array of population segments, from young students and dialysis patients to healthcare providers, administrators, and the general public. In line with the research questions, the records examined different types of PSP, and certain studies and reports also addressed varying impacts on healthcare through different types of PSP.

The findings will be further elaborated in two sections covering each research question with emergent themes being utilized wherever possible to display the findings.

3.2 Types of PSP

As indicated in the data chart (Appendix A), in terms of the types of PSP, the records highlighted various types of PSP including PPPs (n = 15), contractual agreements (n=5), outsourcing (n = 3),and privatization (n=9). Table 3 below highlights the types identified across each GCC country:

| S.No | Country | Outsourcing | Contractual Agreements | PPPs | Privatization |
|------|--------------|-------------|------------------------|------|---------------|
| 1 | Bahrain | - | ✓ | ✓ | - |
| 2 | Kuwait | - | - | ✓ | ✓ |
| 3 | Oman | - | - | ✓ | - |
| 4 | Qatar | - | ✓ | ✓ | - |
| 5 | Saudi Arabia | ✓ | ✓ | ✓ | ✓ |
| 6 | UAE | ✓ | ✓ | ✓ | - |

Table 3: Types of PSP Identified per GCC Country

Evidence of all identified types of PSP in healthcare were found in records related to Saudi Arabia (NCP Saudi Arabia, 2024; Tobaiqy et al., 2023, Habib-Mourad et al., 2023; Habib-Mourad et al., 2022; Alharbi et al., 2022; Al Kuwaiti and Al Muhanna, 2020) whilst records related to UAE (Emirates Health Services, 2024; DOF Dubai Government, 2023; Skibinska and Kobrossy, 2023; Habib-Mourad et al., 2022) included all types apart from ones related to privatization. Records related to Qatar (MOCI Qatar, 2024; WHO EMRO, 2021; Al-Katheeri et al., 2018) and Bahrain (Habib-Mourad et al., 2023; Habib-Mourad et al., 2022; WHO EMRO 2021) only included evidence on contractual

agreements and PPPs. Records related to Kuwait (KDIPA, 2024; Alsaleh, 2012) included evidence on PPPs and privatization whilst records from Oman (MOF Oman, 2023) included evidence related to PPPs only. As highlighted in Figure 3 below, a total of 45 distinct initiatives covering all types were identified through the review and stored under a table labelled “Healthcare PSP registry” (Appendix B)

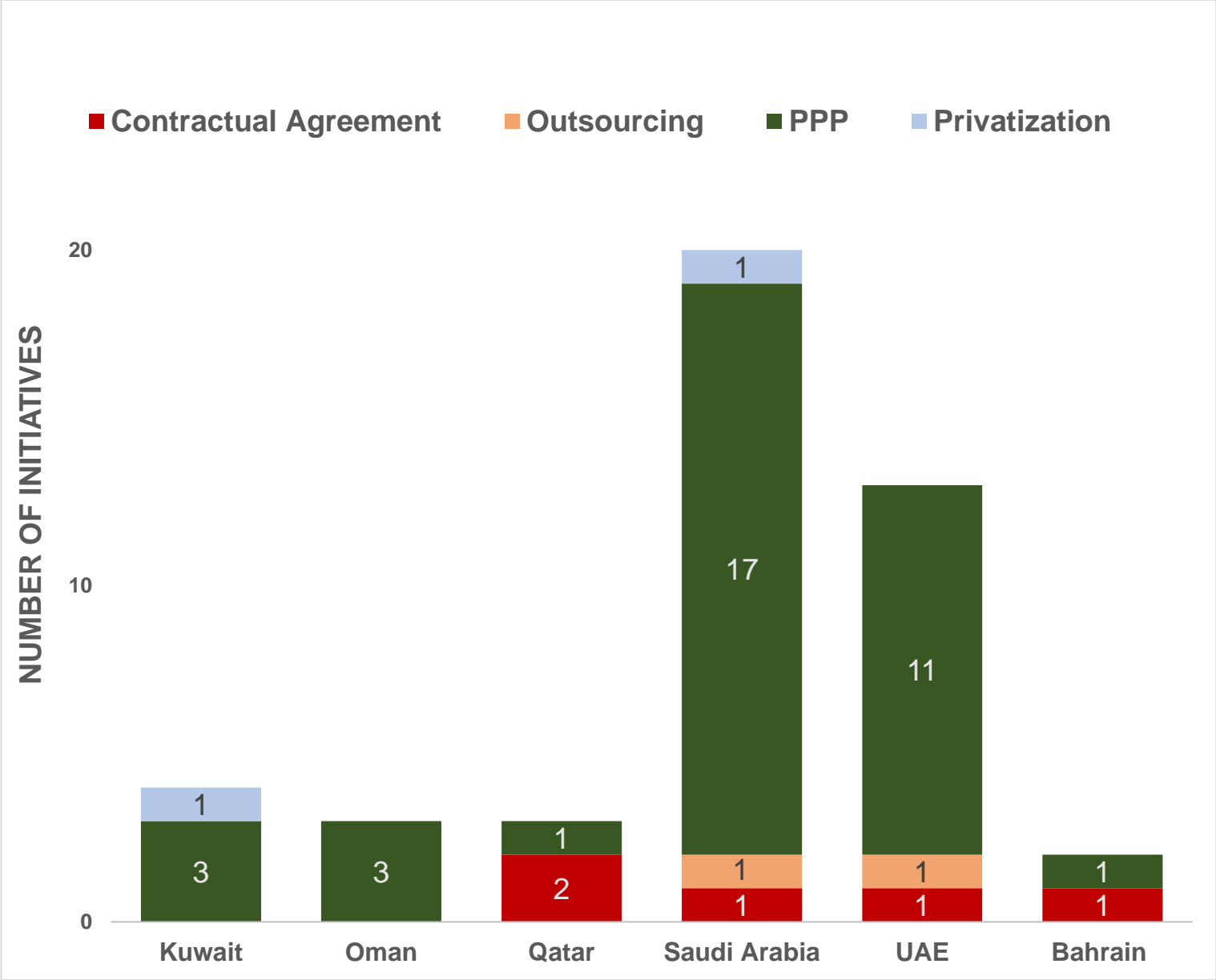


Figure 3: Identified Healthcare PSP Initiatives Per GCC Country

3.2.1 Public-Private Partnerships (PPPs)

PPPs were found to be the most dominant type of PSP in healthcare across the GCC in majority of the retrieved records (n =15). As highlighted within the healthcare PSP registry (Appendix B) and Figure 3, a total of 36 distinct PPP initiatives related to healthcare were identified across the GCC.

The records described PPPs as long-term contracts between public sector and private sector entities whereby the private sector entity agrees to provide a public asset or service whilst undertaking significant risk, accepting complete responsibility of operations and linking compensation with its performance (Hanawi et al., 2020; Alonazi, 2017). Other descriptions of PPPs included describing PPPs as arrangements where the private sector provides infrastructure, assets, or services that were traditionally under government purview, including responsibility of funding and operations, ultimately transferring significant risks from the government to the private sector (Al Khamis et al., 2021).

Records highlighted that PPPs are extensively being utilized to aid healthcare across the GCC countries, are diverse in scope and include either all or one part of the design, build, finance, operate and maintain component for the services, or assets, related to the initiative. For example, records highlighted that PPPs are being utilized to provide imaging and radiology services in Saudi Arabia (NCP Saudi Arabia, 2024) and UAE (Emirates Health Services, 2024). Along with radiology, other diagnostic services like laboratory services are also being provisioned through PPP's in UAE (Emirates Health Services, 2024) and have also been provisioned in the past in other GCC countries like Kuwait (Alsaleh, 2012). Records indicated that PPP's are also being utilized to provide

specialized services like rehabilitation and physiotherapy services in Dubai (DOF Dubai Government, 2023) and dialysis services within a federal government health entity in UAE (Emirates Health Services, 2024). In addition to this, records indicated delivery of novel school-health programs, like Ajyal Salima, in Bahrain and Saudi Arabia through PPPs. (Habib-Mourad et al., 2023). In this program, private partners were utilized to promote healthy eating and an active lifestyle amongst children between the ages of 9 – 11 (Habib-Mourad et al., 2023).

Looking to the future, numerous PPP initiatives were found within the records with an aim to further transform healthcare in the GCC. In Saudi Arabia, new primary healthcare centers are being developed to improve access to primary healthcare through PPPs. (NCP Saudi Arabia, 2024). Additionally, new women and children hospitals and rehabilitation facilities are being planned to be built and operated through PPPs within the country (NCP Saudi Arabia, 2024). According to the records, telemedicine and digital health solutions are also being pursued through PPPs, with examples like the Telemedicine Network, Virtual Care and the Digital Blueprint aiming to leverage technology to improve healthcare delivery and achieve digital transformation in healthcare in Saudi Arabia. (NCP Saudi Arabia, 2024).

In the UAE, records indicated several upcoming PPP initiatives including the redevelopment of the Dubai-based Rashid Hospital complex, and the establishment of a state-of-the-art central laboratory, positioning itself as a potential WHO regional reference unit (DOF Dubai Government, 2024). Additionally, the records also highlighted a PPP for the development of a Cardiology Center of Excellence, with an

aim to optimize cardiac services in Dubai and to enhance the region's cardiac care infrastructure (DOF Dubai Government, 2023).

In Oman, significant upcoming PPP initiatives were found within the records including the Suhar Recovery Center Project, which focuses on providing recovery and rehabilitation services and the development of a diagnostic services center in the Muscat Governorate with an aim to enhance diagnostic capabilities within the country (MOF Oman, 2023). In Qatar, the records indicated an upcoming PPP for designing, building, operating, and maintaining primary health centers across the country with the aim of providing patient-centered, high-quality, and accessible care to improve population health outcomes (MOCI Qatar, 2024). Records also highlighted PPPs being implemented in Kuwait for initiatives like the development and operations of two new hospitals with a proposed combined capacity of 600 beds (KDIPA, 2024).

3.2.2 Contractual Agreements

Contractual agreements were the second most common type of PSP found within the records. As shown in the data chart (Appendix A), a total of 5 records highlighted contractual agreements as a type of PSP being pursued by GCC governments for the provision of healthcare. In addition to this, and as highlighted within the healthcare PSP registry (Appendix B) and Figure 3, 5 distinct initiatives related to contractual agreements for healthcare were identified across the GCC.

Records described contractual agreements as agreements signed between governmental and private sector entities to either provide health services (Al Khamis et al., 2021), manage health services (Rahman, 2020) or administer regulatory aspects

like health services performance management between a governmental regulator and private health provider (Al-Katheeri, 2018).

Implementation and plans for this type of PSP were found in Bahrain, Qatar, Saudi Arabia and UAE. Records indicated that contractual agreements between the government and private sector have been signed for varying purposes. For instance, during the COVID-19 pandemic, Bahrain signed contractual agreements with several private sector entities to enhance case management capacities and testing services (WHO EMRO, 2021). Building on these agreements, long-stay patients in certain public healthcare facilities were transferred to private hospitals to ensure sufficient bed capacity for COVID-19 patients. Additionally, the private sector was contracted to provide testing for all incoming travelers at Bahrain International Airport (WHO EMRO, 2021). Within the UAE, Emirates Health Services (2024) is currently engaged in a contractual agreement to provide laboratory services for its residency visa screening centers in the country. Similarly, Qatar was found to have signed a contractual agreement with the private sector to boost mental health awareness and develop the country's first mental health attitudes and awareness measuring index (WHO EMRO, 2021). Qatar has also used contractual agreements to strengthen regulatory controls to influence healthcare. For example, the Ministry of Public Health in Qatar implemented health services performance contractual agreements with private sector entities to align services with the country's health objectives (Al-Katheeri et al., 2018).

In the near future, Saudi Arabia plans to utilize contractual agreements to offer physical, occupational and speech therapy services to 10,000+ patients in Riyadh and Dammam within the comfort of their own homes, aiming to enhance access to home-based

healthcare services and alleviate the existing patient load on hospital facilities (NCP Saudi Arabia, 2024).

3.2.3 Outsourcing

The third type of PSP found in the records was outsourcing. As shown in the data chart (Appendix A), a total of 3 records covered outsourcing as a subject related to PSP in healthcare. In addition to this, and as highlighted within the healthcare PSP registry (Appendix B) and Figure 3, only 2 distinct initiatives related to outsourcing were identified across the GCC.

Outsourcing is described as delegating specific services or functions to external service providers, aiming to improve service quality, reduce costs, and allow healthcare providers to focus on core activities (Skibinska and Kobrossy, 2023; Alharbi et al., 2022). Implementation and records for this type of PSP were found in Saudi Arabia and UAE only.

Outsourcing in healthcare has been in effect within the GCC as early as 1994 (Alharbi et al., 2022). Within Saudi Arabia, Ministry of Health's modified outsourced dialysis program has been in effect since 2013 (Alharbi et al., 2022). Operated through multiple private providers, the structure of the arrangement includes dialysis supply, equipment procurement, manpower, laboratory services, creation of vascular access and maintenance (Alharbi et al., 2022). This outsourcing agreement looks after 6000 patients within Saudi Arabia and is monitored through a stringent set of key performance indicators that are linked to compensation (Alharbi et al., 2022).

Additionally, as revealed by the records, the sterilization services for a large network of federally owned health services entity in the UAE have been outsourced to a private operator (Emirates Health Services, 2024). Furthermore, and as reported by Skibinksa and Kobrossy (2023), non-clinical services including, but not limited to, cleaning, laundry and revenue cycle management, are also frequently outsourced by governmental health entities in the UAE (Skibinksa and Kobrossy, 2023).

While outsourcing has been one of the oldest types of PSP within the health system of the GCC countries (Alharbi et al., 2022), retrieved records did not indicate any new or upcoming healthcare outsourcing initiative.

3.2.4 Privatization

The fourth type of PSP found in the records was privatization. A total of 9 retrieved records explored and highlighted privatization as a type of healthcare PSP initiative (Appendix A). However, as indicated within the healthcare PSP registry (Appendix B), only 2 distinct initiatives related to privatization were identified across the GCC.

The records described privatization as the process of transferring the ownership of a governmental organization, partially or fully, to private for-profit or non-profit sectors, involving the sale of shares to private investors or the complete handover of control and management to a privately owned entity (Rahman, 2020; Al Kuwaiti and Al Muhanna, 2019). Privatization in health has also been described in the records as the selling of publicly owned health assets to the private sector (Al Khamis, 2017). Records indicated that this type can also encompass the privatization of services or healthcare financing, not be solely limited to the privatization of assets (AlMubarak et al., 2020).

The most notable ongoing example of privatization within the GCC health sector was found to be the establishment of the Kuwait Health Assurance Company, called Dhaman, by the government of Kuwait (KDIPA, 2024). Records indicated that this company is owned 24% by the government of Kuwait, the remaining 26% owned by a private sector partner, and the rest of the 50% equity allocated for Kuwaiti citizens through a prospective IPO (KDIPA, 2024). Dhaman was established to execute projects in the form of PPPs (KDIPA, 2024).

For future privatization initiatives, records indicated that Saudi Arabia is extensively exploring options to encourage privatization of its healthcare assets with an aim to enhance service delivery (Al Khamis et al., 2021). As part of Saudi Vision 2030, the Ministry of Health plans to privatize over 2,200 primary health centers and majority of its hospitals and involve private investors to build additional health facilities with an aim to enhance healthcare in the country (Rahman, 2020). In line with the same vision, Saudi Arabia is also exploring privatizing its academic medical centers with an objective to utilize innovative financing models to upscale service provision and outcomes (Al Kuwaiti and Muhanna, 2019).

3.3 Impact of PSP on Healthcare within GCC Settings

The search conducted for this scoping review yielded limited literature and information regarding the impact of PSP in healthcare within GCC settings. Records highlighted that there is minimal evidence indicating that PSP initiatives, like PPPs, enhance health system efficiency within the GCC countries (Al-Hannawi et al., 2020). A total of 7 records were found to be directly indicating the impact of PSP on healthcare (Habib-Mourad et al., 2022; Habib-Mourad et al., 2023; Alsaleh, 20212; Al-Katheeri et al, 2018; Alharbi et al, 2022; Skibinska and Kobrossy, 2023; WHO EMRO, 2021). These records indicated that the impact of PSP in health within the GCC is multifaceted, influencing various dimensions of healthcare including outcomes, patient satisfaction, quality and service efficiency, and access.

3.3.1 Outcomes

Three records highlighted a positive impact on outcomes associated with PSP initiatives. For example, the Ajyal Salima PPP in Bahrain and Saudi Arabia was found to have created a significant impact on the dietary and physical activity habits of children between the age of 9 – 11 in both countries (Habib-Mourad et al., 2022; Habib-Mourad et al., 2023) whilst the dialysis outsourcing program in Saudi Arabia was another study that indicated a positive impact on patient outcomes (Alharbi et al., 2022). Within Bahrain, the children enrolled within the Ajyal Salima PPP program were found to have improved their snack choices and were less likely to consume junk food (Habib-Mourad et al. 2023). Similarly, children in the program enrolled from Saudi Arabia were found more likely to consume healthy snacks in between their meals during a day and were less likely to dine out and order fast food (Habib-Mourad et al., 2023). The records also

highlighted that, in addition to impacting dietary habits amongst kids, the program elevated levels of physical activity and enhanced awareness of healthy foods and habits in children enrolled in the program within Bahrain and Saudi Arabia (Habib-Mourad et al., 2023). The records indicated that such novel PPP's have the ability to significantly impact dietary and physical activity amongst the youth whilst enhancing knowledge of healthy lifestyles (Habib-Mourad et al., 2022; Habib-Mourad et al., 2023). Similarly, the dialysis outsourcing program in Saudi Arabia led to substantial improvements in dialysis care for patients with chronic kidney disease-mineral and bone disorder, surpassing 80% of the target set by the Ministry of Health for the private operator (Alharbi et al., 2022). The associated record highlighted that the program achieved a remarkable 95% performance in anemia indicators and exceeded expectations with an 85% performance in vascular access indicators. Moreover, the same record also reported a notable reduction in unadjusted mortality rates, indicating a positive impact on outcomes (Alharbi et al., 2022).

3.3.2 Patient Satisfaction

Three records highlighted an impact on patient satisfaction through PSP in healthcare across the GCC. For instance, the record related to the dialysis outsourcing program in Saudi Arabia indicated an overall patient satisfaction score of 95.6%, signifying the program's success in enhancing patient experience (Alharbi et al., 2022). Similarly, the review conducted by Alsaleh (2012), evaluating a PPP for a diagnostic center in Kuwait, revealed that after introducing the PPP model, patients reported increased satisfaction with the performance of the diagnostic center (Alsaleh, 2012). Records also highlighted government officials indicating that patient satisfaction significantly enhanced through

the implementation of outsourced activities in hospitals within the emirate of Dubai (Skibinska and Kobrossy, 2023).

3.3.3 Quality and Service Efficiency

Four of the records documented an impact on quality and service efficiency through PSP in healthcare across the GCC. For instance, Alharbi et al. (2022) indicated that the outsourcing of dialysis had significantly enhanced quality and made dialysis service provision significantly efficient within Saudi Arabia. Alsaleh (2012) on the other hand highlighted that the PPP for the diagnostic center in Kuwait enabled the center to provide high quality of care and operations became efficient leading to the enhanced patient experience. Furthermore, the operational framework established under the PPP model facilitated prompt delivery of laboratory test results to patients, resulting in a notable reduction in the turnaround time for diagnostics, further indicating an efficiency gain (Alsaleh, 2012). Records also revealed the role of utilizing contractual agreements in enhancing quality and efficiency within the state of Qatar (Al-Katheeri et al., 2018). For instance, the implementation of the contractual health services performance agreements between Qatar's Ministry of Public Health and healthcare providers in the country enabled the government to improve data collection in a timely, efficient and reliable manner resulting in driving well-informed decision-making processes and promoting a culture of continuous quality improvement among healthcare providers (Al-Katheeri et al., 2018). Furthermore, the same record highlighted that the contractual performance agreements had contributed to greater accountability and transparency within the health system of Qatar, aligning provider performance with strategic health objectives and supporting evidence-based policymaking which aided service provision

from a quality and efficiency perspective (Al-Katheeri et al., 2018). Records also highlighted how outsourcing of clinical support and non-clinical services at various hospitals within GCC has resulted in higher quality and efficient operations. For instance, a survey conducted by Skibinska and Kobrossy (2023) indicated that the outsourcing of services at hospitals in Dubai has helped in delivering high quality and efficient health services primarily through the utilization of advanced technology and equipment which were not readily available for service provision within the facilities prior to outsourcing. The same record highlighted a government official from the health ministry expressing the crucial role played by the private outsourcing party in enhancing quality and efficiency within the facilities, while securing competitive pricing for healthcare services (Skinbinska and Kobrossy, 2023).

3.3.4 Access

Four of the records indicated the impact created on access to healthcare through PSP. For example, the impact of PSP for providing capacity for case management and testing during COVID-19 was key for the Government of Bahrain to be able to maintain essential health services across the country during the pandemic (WHO EMRO, 2021). As public hospitals were repurposed into isolation facilities, the private sector's expanded role was crucial in ensuring the continuity of essential health services (WHO EMRO, 2021). By accommodating long-stay patients from public facilities, private hospitals helped preserve vital bed capacity for COVID-19 cases, directly impacting the health system's ability to manage the pandemic and maintain access to service provision (WHO EMRO, 2021). The private sector also significantly contributed to case management by providing home visits, teleconsultations, and staffing isolation hotels,

ensuring that both COVID-19 and non-COVID-19 patients continued to access healthcare during the pandemic (WHO EMRO, 2021). The records also highlighted that the private sector's involvement was critical in expanding access and capacity to meet the heightened demand for testing during the COVID19 outbreak. For instance, by conducting screenings at Bahrain International Airport and offering PCR and antibody tests through licensed laboratories, the private sector ensured timely access to testing for patients and visitors on behalf of the government (WHO EMRO, 2021). The provision of free test kits and subsidized rapid antigen tests further broadened testing accessibility, which was essential for managing the spread of the virus (WHO EMRO, 2021). In addition to this, records also indicated that PSP enhanced patient access to health facilities. For instance, the implementation of the PPP for the diagnostic center in Kuwait led to improved access to care for patients by expediting appointment processes and extending the operational hours of the center, thereby enhancing convenience for patients seeking healthcare (Alsaleh, 2012).

4. Discussion

4.1 Summary of Findings

The scoping review identified four primary types of PSP in healthcare across GCC settings: PPP, contractual agreements, outsourcing, and privatization. The records indicated that PPPs were the most prevalent form of private sector involvement, followed by contractual agreements, with outsourcing and privatization being less frequently mentioned. The impact of these initiatives on healthcare was multifaceted, affecting various dimensions such as access, outcomes, quality and service efficiency, and patient satisfaction. A significant component of this review is the comprehensive identification and categorization of PSP types across the GCC, which provides a clearer understanding of how each type is contributing to the healthcare landscape. Despite the limited evidence regarding the effectiveness of these initiatives, the review successfully highlights the growing role of the private sector in enhancing the capacity and quality of healthcare across the region.

4.2 Novelty of the Scoping Review

This scoping review is novel in nature, as it represents the first comprehensive review that specifically tackles PSP in healthcare within the GCC— a region where such activity is an integral part of ongoing national agendas and future plans. The GCC countries are increasingly turning to the private sector to resolve their healthcare challenges, and this review provides a critical analysis of the types, impacts, and future directions of these initiatives. The novelty of this review lies in its ability to synthesize information from a diverse set of sources, including websites of government entities and

international health organizations, providing a comprehensive overview that was previously lacking in the literature. This pioneering effort not only fills a significant gap in the current body of research but also sets the stage for future studies to build upon its findings.

4.3 Type and Source of Records

The scoping review revealed that the majority of literature on PSP in healthcare within GCC countries originates from Saudi Arabia. This country contributed nearly half of the records included in the review, pinpointing towards a research ecosystem that appears more developed compared to the other GCC countries. In contrast, there is a noticeable lack of literature from countries like Oman and Kuwait, Bahrain, Qatar, and UAE. This disparity in the volume and depth of research suggests that while Saudi Arabia has made significant strides in documenting and evaluating its healthcare PSP initiatives, other GCC countries may need to bolster their research efforts to better understand and optimize their own healthcare PSP activities.

A critical source of the records utilized within this review emerged through inputs from the informal consultation phase, stage 6 of the Arksey and O'Malley framework (2005), which allowed for the integration of crucial information from government websites that would have been overlooked if relying solely on traditional literature. This inclusion was pivotal from a GCC perspective as the literature itself does not sufficiently cover the actual types and impact of PSP but often only touches upon the potential benefits and pitfalls of PSP in healthcare (AlHannawi and Qattan, 2019; Al-Nozha, 2024). The consultation phase, therefore, enabled broader identification of the types of PSP

initiatives being implemented across the GCC, ensuring that the review captures a comprehensive picture of the region's healthcare PSP landscape.

4.4 Key Services and Infrastructure focus areas for PSP in Healthcare within GCC

The scoping review highlighted several key service and infrastructure focus areas where PSP in healthcare has been particularly utilized within GCC settings, including primary care services, specialized services, clinical support functions including radiology, imaging, and laboratory services and development and refurbishment of healthcare facilities.

PSP has allowed GCC countries to leverage private sector expertise and resources to enhance service delivery and operational efficiency in healthcare. For instance, PSP is being used to improve primary care services in Saudi Arabia and Qatar through the establishment of new primary healthcare centers (MOCI Qatar, 2024) and provision of enhanced primary care to specific populations (NCP Saudi Arabia, 2024; MOCI Qatar, 2024). Furthermore, PSP is facilitating the development of home healthcare and long-term care services in the region, particularly in Saudi Arabia and the UAE. Initiatives include providing home healthcare services to patients in Riyadh and Damman (NCP Saudi Arabia, 2024) and establishing long-term care homes for chronic patients (DOF Dubai Government, 2023). Complementing long-term and home care, rehabilitation and recovery facilities are another area of common focus for the utilization of PSP within healthcare in GCC settings. For example, the UAE is operating a rehabilitation center (DOF Dubai Government, 2023) and Oman is in the process of establishing a similar center on a PSP model (MOF Oman, 2023), and in Saudi Arabia rehabilitation facilities

are being built in major cities on PSP models (NCP Saudi Arabia, 2024). PSP is also being used for diagnostic services within the region. For instance, UAE is planning to establish a world-class reference laboratory, and Oman is planning to set up a diagnostics hub. The scoping review also highlighted the development and renovation of healthcare facilities through PSP models. UAE is refurbishing one of its key hospitals in Dubai while Kuwait is building two new hospitals utilizing PSP models. Similarly, Saudi Arabia is establishing multiple PSP-based hospitals associated with women, children, and general healthcare. This highlights that the GCC region is increasingly using PSP to enhance its healthcare infrastructure, particularly in areas like home and long-term care, rehabilitation, diagnostics, and primary health care – which is considered the cornerstone of any sustainable health system (WHO, 2023).

The key focus areas are integral components of the GCC national transformation agendas aiming to enhance healthcare outcomes, improve access to services, and achieve long-term economic and health goals within the region. Whilst the initial motive to launch healthcare PSP initiatives seemed to be economic diversification (Staff, 2016; Strategy& 2017), it is evident from the scoping review and the key focus areas that the motive now also includes the enhancement of healthcare.

4.5 Overlapping Descriptions of PSP Types in Healthcare

A critical observation from the review is the overlapping descriptions of different types of PSP, particularly involving PPPs, contractual agreements, and outsourcing. While the description for privatization was clear in its inclusion of the partial or complete sale of public assets (NCP Saudi Arabia, 2024), the same clarity was not evident for the other three types. For instance, in Saudi Arabia's dialysis program, often referred to as an

outsourcing initiative, the nature of the private sector involvement included the provision of services, sharing risks and linking compensation to performance (Alharbi et al., 2022), closely aligning it with the characteristics of a PPP. This suggests that what is termed "outsourcing" in one context might be more accurately described as a PPP, depending on the specifics of the contract and the level of integration between the public and private sectors. Similarly, the labelled novel PPP Ajyal Salima (Habib-Mourad et al., 2023) involved a private operator with limited responsibilities, primarily focused on funding and marketing, which suggests its classification more as a contractual agreement rather than a PPP due to the absence of program delivery responsibilities and risk sharing. This terminology overlap can lead to misinterpretation of the specific roles and responsibilities involved in each type of PSP. For example, the term "contractual agreements" was used in the context of Bahrain's COVID-19 response to describe private sector involvement in providing testing and case management services. However, the same concept could very easily be classified as an outsourcing initiative.

Given these overlaps, there is an emerging need to standardize the terminology used when discussing PSP in health services. A more consistent approach would be to use the overarching term "PSP" to encompass all forms of collaboration, with specific sub-labels (e.g., PPPs, contractual agreements, outsourcing) used to describe the nature of the contract or agreement in place. This would bring clarity to the discussion and allow for more accurate comparisons and analyses across different contexts.

4.6 Ambiguity and Bias in Impact Attribution

One of the key challenges identified in the review was the ambiguity and bias in attributing improvements in healthcare directly to PSP. An instance of bias was evident in the research conducted by Alharbi et al. (2022), where the impact was reported and co-authored by individuals associated with “Diaverum”, one of the private operators responsible for delivering and overseeing the dialysis outsourcing program in Saudi Arabia. Furthermore, while many records reported positive outcomes, such as enhanced service quality, increased patient satisfaction, and improved efficiency, it remains unclear whether these improvements were due to the effectiveness of private sector operators or the inefficiencies of the public sector entities they replaced. For instance, the success of Saudi Arabia’s dialysis outsourcing program, which achieved high performance in key health indicators and reduced mortality rates, could be attributed to the private operators' superior management and operational capabilities (Alharbi et al., 2022), but without historical data from public sector management for the same services, it is difficult to definitively conclude that the improvements were solely due to the private sector's involvement. The lack of such comparative data was a common limitation across many studies, with the Ajyal Salima program being one of the few exceptions where baseline data was available to assess the program's impact over time (Habib-Mourad et al., 2023). Furthermore, all impact-based records primarily depicted positive healthcare outcomes, suggesting potential publication bias due to the absence of any mention of negative healthcare outcomes.

This raises important questions about the true effectiveness of PSP in healthcare within GCC and accentuates the importance of conducting longitudinal studies with robust

baseline comparisons to systematically substantiate the actual impact of such initiatives. The review's identification of such biases and gaps emphasize the need for more detailed, methodological and transparent evaluation in the future.

4.7 Sustainability and Long-Term Viability

The review highlighted the importance of considering the long-term sustainability of PSP in healthcare. While short-term improvements in service quality and efficiency were observed in many cases (Habib-Mourad et al., 2023; Alharbi et al., 2022; Alsaleh, 2012), it remains uncertain whether these initiatives are sustainable in the long run and none of the records commented on the same. For example, relying on private sector operators for critical services like dialysis or laboratory testing raises concerns about the health system's resilience if these private entities were to withdraw or if contracts were not renewed. Additionally, the financial sustainability of these arrangements are unclear, especially in contexts with limited public funding and reliance on PSP to fill the gap.

Furthermore, the long-term impact of privatization efforts, particularly in Saudi Arabia, are uncertain (Rahman, 2020). While the Vision 2030 agenda outlines ambitious plans for privatization (NCP Saudi Arabia, 2024), it is unclear whether these efforts will result in sustainable improvements in healthcare or if they will introduce new challenges, such as increased costs or reduced access to care for vulnerable populations, like the large majority of blue-collar migrant workers based within the region (Rahman, 2020; Karolak, 2024).

The review also emphasized the need for clearer metrics and evaluation frameworks to assess the impact of PSP in health services. Many of the reviewed studies relied on

general indicators such as patient satisfaction (Alsaleh, 2012), service quality and efficiency (Skibinska and Kobrossy, 2023), without providing detailed metrics that could allow for a more nuanced understanding of the impact. For instance, while patient satisfaction scores were frequently mentioned, these metrics alone do not offer a complete picture of the impact on health outcomes or equity (Alsaleh, 2012). Similarly, efficiency gains reported in certain studies were not always connected to specific health outcomes, making it difficult to assess the true value of these initiatives (Skibinska and Kobrossy, 2023). Therefore, it is essential to develop standardized metrics and evaluation frameworks that transcend basic indicators and consider the broader implications of PSP on health system performance, equity, and sustainability for future assessments.

4.8 Research Gaps and Opportunities

While the scoping review provided valuable insights into the types and impacts of PSP in healthcare across GCC settings, it also highlighted several significant research gaps. One of the most notable gaps was the lack of longitudinal studies that track the long-term impact of PSP on healthcare (Alonazi, 2017; Rahman, 2020; Alharbi et al., 2022). Many of the included studies focused on short-term outcomes without sufficient follow-up to determine whether the benefits observed are sustainable over time. Hence, a significant research opportunity is to conduct studies that would evaluate the long-term impact of PSP in healthcare within GCC.

Additionally, there is a scarcity of comparative studies that directly contrast private sector-operated services with those managed by the public sector. Such comparisons are crucial for understanding whether observed improvements are due to the

effectiveness of private operators or pre-existing inefficiencies in public systems. This gap signifies a pivotal research opportunity that can potentially highlight whether healthcare enhancements are being achieved either through rectification of public sector inefficiencies or private sector capabilities, or a hybrid of both.

Another gap identified is the limited exploration of the equity implications of PSP. While certain studies touched on access to services (Alsaleh, 2012), there is a need for more comprehensive research that examines how PSP affects different population groups, particularly marginalized communities in the GCC. The potential impact of PSP on healthcare access and equity remains underexplored, making it difficult to assess how well these models serve diverse population segments. Thus, a significant research opportunity is to assess the equity implications of PSP in healthcare within the GCC on segments like vulnerable migrant workers, who represent a significant portion of the GCC population (Wagle, 2024).

Additionally, the review highlighted a significant gap in research examining the ongoing regulatory frameworks that govern PSP in healthcare. Understanding how these frameworks influence the success or failure of private sector initiatives is critical for developing effective policies and implementation strategies for prospective healthcare PSP. Research in this area could help identify best practices and gaps in regulation and governance in order to ensure that PSP aligns with national health goals.

In the future, after sufficient literature and data on GCC healthcare PSP is published, there will be an opportunity to conduct research comparing the use of PSP in healthcare in other regions or groups of HICs, or UMICs, with that of the GCC, allowing for global sharing of policy and implementation insights.

4.9 Recommendations to Policymakers

The scoping review highlighted several areas that could aid the healthcare PSP landscape within GCC settings. Below are key recommendations to policymakers in the GCC:

1. **Development of Distinct Frameworks and Guidelines for Healthcare PSP:** It is important to recognize that healthcare PSP requires distinct considerations compared to standard PSP initiatives in other sectors, including transport education, energy etc., due to their direct impact on societal well-being and long-term public health outcomes. Policymakers should develop tailored frameworks and guidelines for healthcare PSP that address specific challenges such as equity, access to care, and the quality of services. This approach will ensure that healthcare PSP initiatives are not treated with the same criteria as infrastructure or other non-health initiatives, which may prioritize financial returns over public health benefits. By focusing on long-term societal impacts, such as improved population health and reduced healthcare disparities, policymakers can create sustainable and effective healthcare PSP initiatives.
2. **Incentivize Research:** To further enhance the understanding of PSP in healthcare, policymakers should incentivize research within this field by establishing research grants or developing research funding models addressing the distinct types of PSP within healthcare and their long term impact on health systems.

3. **Standardize PSP Terminology:** Policymakers should work towards standardizing the terminology used in PSP initiatives across the GCC. By using a consistent term such as "PSP" instead of multiple overlapping terms like PPPs, outsourcing, and contractual agreements, policymakers can clear existing ambiguities and ensure a more unified understanding and implementation of these initiatives. This standardization would facilitate clearer communication, more accurate comparisons, and better alignment of strategies across different countries and sectors.

4. **Knowledge Sharing Across GCC Countries:** Given the distinct homogeneity among the six GCC countries, GCC policymakers should consider developing a centralized knowledge platform to document and share experiences related to PSP in healthcare. This platform would allow countries to learn from each other's successes and challenges, facilitating more effective and coordinated PSP activities across the region. Establishing joint registries on types of healthcare PSP initiatives, similar to the one indicated in Appendix B, could be a practical starting point for GCC countries. By standardizing best practices and promoting collaborative learning, the GCC countries can better leverage their collective experience in healthcare PSP initiatives.

These recommendations are aimed at refining the approach to PSP in healthcare across the GCC and enable policymakers to align private sector efforts with national health objectives and ensure more effective and equitable healthcare.

5. Limitations

Whilst this study is the first to review the types and impact of PSP in healthcare within GCC settings, it does have its limitations. Firstly, the study is based on records retrieved from two databases, PubMed and Google Scholar, only. Whilst Google Scholar does provide access to multiple databases through its platform, it is possible that limiting this scoping review to these two databases may have resulted in certain studies not being captured. Secondly, and as far as records from other sources are concerned, these were limited to information retrieved through websites of GCC government entities and international organizations only. Including information from conference papers, think-tanks, reports from advisory firms and private sector websites may have resulted in additional records being included in this scoping review. Thirdly, and based on the inclusion criteria, the search strategy only retrieved records in English, potentially missing out on records issued in other languages, such as Arabic, which is widely utilized in the GCC region.

6. Conclusion

This scoping review assessed the diverse PSP initiatives in healthcare across the GCC countries, offering a comprehensive analysis of the distinct PSP types and its impact on healthcare, marking a pioneering and novel effort in this field. The utilization of PSP in healthcare has become increasingly integral to the broader economic and social strategies of the region, particularly within national visions like Vision 2030 of Saudi Arabia (2024). The review has revealed notable gaps in the existing literature, particularly concerning the long-term impact and sustainability of these initiatives. The distinctiveness of this review lies in its thorough examination of the various PSP types adopted across the GCC and its identification of critical research inadequacies.

The review recommended establishing a distinct framework and guidelines for private sector involvement in healthcare, knowledge sharing and the adoption of the term "PSP" to eliminate ambiguities. The findings underscore the necessity for more comprehensive and standardized research to gauge the effectiveness of PSP in healthcare, ensuring that these initiatives positively impact accessibility, outcomes, quality and service efficiency. By imparting a clearer comprehension of the present landscape, this review provides valuable insights for policymakers seeking to optimize private sector involvement and accomplish sustainable, equitable healthcare objectives that are aligned with the ambitious goals of the GCC countries.

7. Reflections

As I reach the conclusion of this dissertation, I can't help but reflect on the remarkable learning journey this dissertation, and the entire degree has been for me. This scoping review holds a special place for me as it marks my first foray into this particular type of research. The topic I chose holds significant personal and professional relevance. In my capacity as the head of public-private partnerships for the federal health sector of the UAE, I embarked on the MSc in Global Healthcare Leadership with a clear objective in mind - to probe into the domain of PSP in healthcare and the implications of healthcare privatization on a global scale. I entered this degree program with a wealth of experience in initiating and stabilizing three distinct PSP initiatives within the UAE, each of which played a pivotal role in enhancing service delivery and creating a value-for-money proposition for the government. However, despite the initial success, I grappled with doubts regarding the long-term sustainability and replicability of these initiatives. Through deep contemplation and introspection, I have arrived at a resolute stance affirming that the involvement of the private sector in fulfilling governmental healthcare obligations is no longer a matter of debate, but more of a question on how to engage with the private sector to achieve common healthcare goals. Building upon the knowledge and insights gained from my dissertation, the degree, and practical professional experience, I am steadfast in my belief that the global community must develop comprehensive and sustainable approaches for seamlessly integrating the private sector into healthcare whilst ensuring maximum societal benefit. As I conclude this dissertation and degree, I will continue to champion the cause of PSP in healthcare but also ensure that all my rationalization pertaining to the cause is backed by evidence,

takes a systemic view and is aligned with achieving the betterment of global health, today and tomorrow.

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9. Conflicts of Interest

I hereby declare that there were no conflicts of interest.

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Appendix

Appendix A: Data Chart

| S.No | Title | Author | Year of Publication | GCC Country | Study / Report Type | Study / Report Population | Type of Private Sector Participation Addressed | Impact on Healthcare | Objectives | Main Results | Study / Report Limitations | Future Directions |
|------|--|--|---------------------|----------------------------|---------------------|--|--|--|---|---|--|---|
| 1 | Ajyal Salima: a novel public-private partnership model for childhood obesity prevention in the Arab countries | Habib-Mourad, C., Hwalla, N., Maliha, C., Zahr, S., and Antoniadou, K. | 2022 | UAE, Saudi Arabia, Bahrain | RCT | 9-11-year-old students; Parents; Food service personnel, teachers and health educators | PPP | Enhanced Nutritional Knowledge and Physical Activity | Measure and evaluate the impact of the proposed public-private partnership on nutrition and physical activity habits in children. | Ajyal Salima program improved nutritional knowledge and physical activity among children in all participating countries. The program's educational materials were culturally adapted and pilot tested to meet each country's needs. | The efficacy of the model is heavily contingent on the collaborative efforts of academia, the public sector, and the private sector. Any shortcomings in meeting obligations by any of the partners could significantly diminish the effectiveness of the model and the sustainability of the partnership. | Further expansion and deep evaluation of the efficacy and acceptability of the program components across different countries and contexts. |
| 2 | A randomised controlled school-based nutritional intervention in five Middle Eastern countries: Ajyal Salima improved students' dietary and physical activity habits | Habib-Mourad, C., Maliha, C., Kassis, A., Nguyen, A.T., Ammar, D., Haji, E., AlTarazi, L., Totah, S., and Hwalla, N. | 2023 | Saudi Arabia, Bahrain | RCT | 9-11-year-old students; Parents; Food service personnel, teachers and health educators | PPP | Enhanced Nutritional Knowledge and Physical Activity | Measure and evaluate the impact of the proposed public-private partnership on nutrition and physical activity habits in children. | The intervention group had significantly higher odds of consuming breakfast daily, consuming healthy foods, and a decreased odds of consuming unhealthy foods and sweetened beverages. Improved nutritional knowledge and self-efficacy scores. | Different years of implementation for study countries, which may affect the results. Questionnaire-based methodology can be subject to social desirability bias. Budget constraints in some schools impacted the availability of healthy foods and physical activity infrastructure. | Engage families and communities through digital platforms to create supportive environments. Ensure school shops adhere to healthy eating standards. Consider upstream targets such as public health policy and school board governance for greater impact. |

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| 3 | Realist evaluation of Public Private Partnerships in the Kuwait health care system | Alsaleh, A. | 2012 | Kuwait | Mixed Methods Study | Patients, Public Sector, Private Sector, Financial and Regulatory Bodies | PPP | Enhanced service provision and patient satisfaction | Explore the impact of public-private partnerships (PPPs) within the Kuwaiti health system and determine whether they have enhanced efficiency, effectiveness, equity, and choice. | The study critically appraises the introduction of PPP in the Kuwaiti healthcare system and its effect on system objectives such as efficiency, effectiveness, equity, and choice. It found that PPP has improved the utilization and streamlining of resources, decentralized organizations, introduced customer-centered approaches in service provision, and introduced incentives into the financial structure. However, barriers include an unstable political environment, insufficient legal and financial frameworks, inexperienced government bodies, and a lack of clear goals and details in the PPP contract. | The study is based on qualitative data from interviews and document reviews, which may not capture the full complexity of PPP implementation. The findings are specific to Kuwait and may not be generalizable to other contexts. | Future research should explore the long-term impacts of PPPs on healthcare outcomes and develop more detailed and flexible PPP contracts to accommodate future health needs. It is recommended to improve the legal and financial frameworks and enhance the experience and knowledge of government bodies managing PPPs. |
| 4 | Enhancing Private Health Sector Preparedness in Oman: An Evaluation of Effective Public-Private Partnerships in Healthcare Disaster Management | Al Mashari, H. | 2022 | Oman | Qualitative Research | Public and private sector organizations involved in healthcare disaster management | PPP | Does not indicate impact | Critically evaluate existing literature on PPPs in healthcare disaster management, analyze current PPP policies and challenges in Oman, and develop a conceptual framework specifically for effective PPPs in healthcare disaster | The study identifies the importance of effective public-private partnerships (PPPs) in healthcare disaster management in Oman. Key findings include the necessity of building trust between sectors, developing comprehensive regulatory frameworks, and ensuring the private sector's | The study relies on qualitative data and case study methodology, which may limit the generalizability of the findings. The specific focus on Oman might not reflect the situation in other GCC countries. | Further research should explore the long-term impacts of PPPs on healthcare disaster management outcomes. Developing comprehensive strategies that include stakeholder feedback and real-world data to enhance the private sector's role in disaster |

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| | | | | | | | | | management in Oman | preparedness. The study highlights the challenges of existing PPPs, such as lack of regulatory and financial frameworks, and proposes an integrative framework to enhance PPP effectiveness for healthcare disaster management in Oman. | | preparedness and response is recommended. |
| 5 | Contractual health services performance agreements for responsive health systems: from conception to implementation in the case of Qatar | Al-Katheeri, H., El-Jardali, F., Ataya, N., Salem, N.A., Badr, N.A., and Jamal, D. | 2018 | Qatar | Mixed Methods Study | Public, private, and semi-governmental hospitals and primary healthcare centers | Contractual Agreements | Improved healthcare quality | Exploring the experience of implementing health service performance agreements between the regulator of qatar and healthcare providers, including the private sector. | Contracts mandated reporting of 25 hospital and 15 primary healthcare indicators. Providers commended the participatory approach (82%) and indicated that contracts enabled collecting valid and timely data (64%) and improved healthcare quality (55%). Private sector involvement was crucial in the implementation and success of these contracts. | The study outlines the process of selecting, developing, and reporting indicators to the regulator, but it does not address the indicators' results or the process of utilizing the results in policymaking or regulation. | Future research will explore how health service performance agreements can improve healthcare quality, inform policymaking and develop a system of incentives for responsive regulation. |
| 6 | Outsourcing Dialysis Program: Implementation and Challenges | Alharbi, A., Helal, I., Alhomrany, M., Alhejaili, F., and Mousa, D. | 2022 | Saudi Arabia | Qualitative Research | Dialysis patients | Outsourcing | Improved quality of life | Examine and understand the challenges and strategies for the successful implementation, operation, and achievement of quality outcomes related to the Ministry of Health's dialysis outsourcing program. | The outsourcing dialysis program improved the adequacy of dialysis care and the quality of life for dialysis patients. The program has shown to be cost-effective, meeting clinical performance indicators and quality standards. | The sustainability of the program is dependent on continuous funding and maintaining a highly qualified workforce. Variability in the quality of care across different regions and facilities is a concern. | Further research is needed to evaluate long-term outcomes and cost-effectiveness. Expanding the program to include more comprehensive kidney care services and increasing local workforce training are recommended. |

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|---|--|--------------------------------|------|--------------|----------------------|--|---------------|--------------------------|--|---|---|---|
| 7 | Critical analysis and review of the literature on healthcare privatization and its association with access to medical care in Saudi Arabia | Alkhamis, A.A. | 2017 | Saudi Arabia | Literature Review | General population with focus on vulnerable groups | Privatization | Does not indicate impact | Review existing literature on the impact of healthcare privatisation on access to medical care and use findings to analyze the implications for Saudi Arabia's shift towards privatizing health services and increasing private healthcare provider participation. | Weak evidence and low scientific validity supporting that privatization increases access to medical care. Prior to privatization, Saudi Arabia needs to consider reforming its healthcare financing, including auditing and efficiency. Private sector involvement in healthcare can potentially lead to increased costs and reduced access for vulnerable populations. | The review is limited by its narrow evidence base, lack of contextual specificity regarding socioeconomic and political factors, and the exclusion of relevant non-Arabic studies, affecting the comprehensiveness and applicability of its findings to Saudi Arabia's healthcare privatization | Future studies can look at existing private sector initiatives and assess its impact on access to medical care. |
| 8 | Key aspects of the Saudi healthcare system reform and the potential impact on main stakeholders | Al-Nozha, O.M. | 2024 | Saudi Arabia | Qualitative Research | Key stakeholders and healthcare professionals | Privatization | Does not indicate impact | Assess and understand the health system reforms, which include privatization, in Saudi Arabia and its impact on key stakeholders | The findings from ten interviews with various stakeholders indicated that the ongoing transition of the public sector towards privatization in KSA faces various challenges, but the private sector's strengths, including market familiarity, robust financial management, efficient decision-making processes, flexibility, and maturity, can effectively address these challenges. | Due to the small sample size (n = 10) of the qualitative research, the findings may be deemed very indicative rather than conclusive. Furthermore, participants' perspectives were not based on the actual outcomes due to the transformation being in its early stages. | Future studies should focus on assessing the impact of the ongoing transformation on patient outcomes, access and equity. |
| 9 | An Analysis of Public-Private Partnerships and Sustainable Health Care Provision in Saudi Arabia | Al-Hanawi, M.K. and Qattan, A. | 2019 | Saudi Arabia | Literature Review | General Saudi healthcare system | PPP | Does not indicate impact | Utilise literature to analyze health care provision in Saudi Arabia and the potential of public-private partnerships (PPPs) as a long-term | Highlighted the potential and challenges of implementing PPPs in the Saudi healthcare sector. Emphasized the role of PPPs in achieving the Vision 2030 goals, including | The study is primarily based on secondary data, which limits the comprehensiveness of the findings. | Future studies could focus on utilizing primary data from ongoing PPPs to determine the viability of PPPs being a long term |

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| | | | | | | | | | solution to the country's health-related issues. | enhancing efficiency, quality, and sustainability. The study found a dichotomy between the theory of PPPs and their practical application, with private sector participants often driven by profit, affecting long-term relational contracts and efficiency. | | solution for Saudi Arabia. |
| 10 | Privatization of Medical Services and Revenue Development Project: A Cross-Sectional Survey of Staff Perceptions at the University of Jeddah Medical Center | Tobaiqy, M., Alrefai, A., Qashqary, M.E., Al Sulami, R., & Aldahery, S.T. | 2023 | Saudi Arabia | Qualitative Research | Staff at the University of Jeddah Medical Center | Privatization | Does not indicate impact | Assessing perceptions of staff on finding new financing mechanisms and privatization of primary and specialized medical services. | The survey indicated satisfaction with current services but highlighted unpreparedness for the Revenue Development Project of privatization. Staff perceptions reflect a need for more structured privatization processes in line with government regulations. The findings revealed that while most staff were familiar with revenue development and privatization concepts, a significant portion felt that the medical center was not yet ready to implement these changes. | The study is limited to the perceptions of staff at a single medical center, and findings may not be generalizable to other healthcare institutions in Saudi Arabia. Potential biases due to self-reporting and a limited sample size. | Further research should explore the implementation of structured privatization processes across various healthcare institutions and assess their impact on service quality and financial sustainability. |
| 11 | Autonomy, accountability, and competition: The privatisation of the Saudi health care system | AlMubarak, S.H., Alfayez, A.S., Alanazi, A.T., Alwuhaimed, L.A., & Bo Hamed, S.S. | 2021 | Saudi Arabia | Qualitative Research | Administrators and clinical staff in a public hospital in Eastern Province | Privatization | Does not indicate impact | Exploring perceptions of various stakeholders on the privatisation within the health system of Saudi Arabia. | The analysis generated three main themes: privatization will lead to changes in governance structure with increased autonomy, privatization introduces accountability | The study focused on a single public hospital, limiting the generalizability of the findings. Potential biases due to self-reporting and the qualitative nature of the study. | Further research is needed to explore the impact of privatisation on multiple hospitals and primary healthcare centers. Additionally, |

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| | | | | | | | | | | within hospitals, and creates a competitive relationship among public and private sector hospitals. Private sector competition encouraged public hospitals to enhance their services. | | examining how accountability is operationalized and enforced in contexts where it was never implemented before is necessary. |
| 12 | Exploring Shared Risks through Public-Private Partnerships in Public Health Programs: A Mixed Method Study | Alonazi, W.B. | 2017 | Saudi Arabia | Mixed Methods Study | Healthcare professionals and key stakeholders involved in PPPs | PPP | Does not indicate impact | Identifying priorities and challenges for PPPs in public health programs and analyzing their impact on health risk management and the overall efficiency of the healthcare system in Saudi Arabia. | The study identified five critical factors for maintaining successful and sustainable PPPs: trustworthiness, technological capability, patient-centeredness, competence, and flexibility. It emphasized that PPPs are essential for achieving the Vision 2030 goals, including enhancing efficiency, quality, and sustainability of healthcare services. The findings also suggested that PPPs in Saudi Arabia might be more successful in secondary health services as compared to primary health services due to high demand. | The study is limited by its reliance on qualitative data from focus group interviews and secondary sources, which might not capture the full complexity of PPPs. The study does not address the role of the public and private sector in PPPs and their interdependencies for success. | Further research is needed to explore the long-term impacts of PPPs on healthcare outcomes and to develop comprehensive regulatory frameworks that ensure equitable access to quality healthcare services. There is also a need to investigate the role of private sector participation in each health initiative and to assess the scalability of the model deployed per initiative. |
| 13 | Barriers to the implementation of public-private partnerships in the healthcare sector in the Kingdom of Saudi Arabia | Al-Hanawi, M.K., Almubark, S., Qattan, A.M.N., Cenker, A., & Kosycarz, E.A. | 2020 | Saudi Arabia | Qualitative Research | Healthcare professionals, public sector officials, private investors, consultants, lenders, and contractors involved in PPP projects | PPP | Does not indicate impact | Identifying and analysing potential barriers to the successful implementation of PPPs in the health sector of Saudi Arabia. | The top three barriers to PPP implementation in the Saudi healthcare sector were identified as legal barriers (delays in receiving approval and permits, law and regulation changes), | The study is limited by its reliance on self-reported data from a relatively small sample size, which may not capture the full complexity of PPP barriers. The findings may not be generalizable to other contexts | In-depth investigations into potential barriers and challenges should be conducted in the future after a number of PPP projects have been |

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| | | | | | | | | | | environmental barriers (lack of transparency and accountability), and technological barriers (shortage of professionals qualified to handle PPP projects). The study emphasized that a stable legal and regulatory framework and effective risk management are crucial for the success of PPPs. | beyond the health sector of Saudi Arabia due to the limited experience of the respondents. | implemented in Saudi Arabia. |
| 14 | Privatization of Health Care System in Saudi Arabia | Rahman, R. | 2020 | Saudi Arabia | Literature Review | General Saudi healthcare system | Privatization | Does not indicate impact | Examining the factors that contributed to the emergence of privatization within the health care system of Saudi Arabia. | The study examines the factors that prompted the privatization of the healthcare sector in Saudi Arabia. It highlights that privatization was driven by economic challenges, demographic changes, and the need for quality improvement. Privatization is seen as a solution to enhance efficiency, quality, and public satisfaction in healthcare services. However, the study also notes that increased privatization can lead to rising healthcare costs, reduced equity, and accountability issues. | The study relies on secondary data sources, which may limit the depth of analysis. Potential biases in the literature and the exclusion of non-English documents were noted. | Further research is needed to explore the long-term impacts of privatization on healthcare outcomes. Developing comprehensive strategies to ensure that privatization aligns with public health goals and does not compromise equity and accessibility is recommended. |

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| 15 | Challenges of privatizing academic medical centers in Saudi Arabia and appropriate strategies for implementation | Al Kuwaiti, A. & Al Muhanna, F.A. | 2020 | Saudi Arabia | Literature Review | Academic medical centers (AMCs) in Saudi Arabia | Privatization | Does not indicate impact | Highlighting benefits and strategies to overcome barriers associated with privatizing academic medical centers in Saudi Arabia. | The study summarizes various strategies to overcome the challenges of privatizing academic medical centers (AMCs) in Saudi Arabia. The benefits of privatization include reducing the financial burden on government healthcare expenditure, quick decision making, and creating new financial models to improve healthcare services. However, the profit motive of private management could create pressure on patients and may divert AMCs from their primary objectives of patient care, medical education, and research. | The study is based on literature review and does not include empirical data. The generalizability of the findings may be limited due to the specific focus on Saudi Arabia's healthcare system. | Qualitative research involving all key stakeholders from the AMCs can be involved in future studies to identify the advantages and disadvantages of privatizing AMCs and suggest strategies for seamless execution of privatization. |
| 16 | Privatization of Health in Saudi Arabia: Opportunities and Challenges | Alkhamis, A.A., Ali Miraj, S.S., Al Qumaizi, K.I., & Alaiban, K. | 2021 | Saudi Arabia | Literature Review | General Population on Saudi Arabia | Privatization; PPP; Contractual Agreements; Outsourcing | Does not indicate impact | Highlights benefits, challenges and implementation issues pertaining to privatization of health in Saudi Arabia and highlights new private sector participation models of care with and proposes a new private sector based model for obesity management in Saudi Arabia | The chapter describes different models of privatization, PPPs, outsourcing and contractual agreements including their characteristics and potential applications in Saudi Arabia. It identifies significant challenges to implementing privatization, such as regulatory and legal barriers, technological and skill gaps, and cultural issues. | The chapter is based on secondary data and does not include empirical data. The generalizability of the findings may be limited due to the specific focus on Saudi Arabia's healthcare system. | Future research is not highlighted in the chapter. |

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| | | | | | | | | | | <p>The text also discusses potential benefits like improved efficiency, better resource utilization, and enhanced service quality. It addresses frameworks and strategies necessary for successful privatization, including clear business models, risk distribution, and sustainable funding models. Finally, it presents a theoretical case study on obesity management to illustrate how private sector-based models could benefit Saudi Arabia.</p> | | |
| 17 | <p>Preliminary Critical Success Factors of Public-Private Partnerships (PPP) in UAE Public Healthcare Projects</p> | <p>Abdou, A. and Al Zarooni, S.</p> | 2011 | UAE | <p>Literature Review</p> | <p>Public and private sector organizations involved in healthcare projects</p> | PPP | <p>Does not indicate impact</p> | <p>Develop a preliminary list of critical success factors for health projects executed in the form of PPPs within the UAE.</p> | <p>The study identified several critical success factors (CSFs) for the successful implementation of PPPs in UAE public healthcare projects. These include a comprehensive and viable feasibility study, clear project brief and client outcomes, proper integration of public and customer/end users' needs, technical correctness of design and specifications, effective communication and coordination between project</p> | <p>The study is based on a literature review and does not include empirical data. The findings may not capture the full complexity of PPP projects in healthcare.</p> | <p>Further research is needed to validate the identified CSFs through empirical studies and case analyses. Developing a comprehensive CSF framework for PPPs in UAE healthcare projects that includes stakeholder feedback and real-world data is recommended.</p> |

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| | | | | | | | | | | participants, and strong private consortium and design/engineering teams. The study emphasized the importance of a stable legal and regulatory framework, appropriate risk allocation, and commitment from all stakeholders for the success of PPP projects. | | |
| 18 | Analysis of Post-Pandemic Outsourcing Practices in Dubai Healthcare Sect | Skibinska, E., and Kobrossy, S. | 2023 | UAE | Mixed Methods Study | Healthcare providers and stakeholders | Outsourcing | Enhanced service quality and increased patient satisfaction | Analyze and address the benefits, challenges and types of outsourcing in Dubai's healthcare sector. | Outsourcing practices in Dubai's healthcare sector have improved service quality, reduced costs, and increased patient satisfaction. However, challenges include misalignment of stakeholder interests and increased costs for patients. | The study is based in the Emirate of Dubai and is not representative of the entire UAE. Also, the study includes feedback from representatives of Ministry of Health and Private Sector simultaneously. | Future research is not highlighted in the paper. |
| 19 | Engaging the private sector to improve health and well-being: success stories from the Eastern Mediterranean Region | World Health Organization - EMRO | 2021 | Bahrain and Qatar | WHO Report | - | Contractual Agreements | Enhanced service provision | Highlighting success stories of private sector engagement within the health sector amongst various EMRO countries, including Bahrain and Qatar. | The report briefly highlights the positive impact created in Bahrain through private-sector partnerships for case management and COVID19 testing. The report also highlights Qatar's experience of enhancing mental health awareness through private sector engagement. | The report is very limited in nature and does not cover the specifics of the role played by the private sector. | - |
| 20 | Projects - Health | Government of Saudi Arabia - National Center for Privatization and PPP | 2024 | Saudi Arabia | Government Website | - | Privatization; PPP; Contractual Agreements | Does not indicate impact | - | List of ongoing and upcoming health related private-sector projects in Saudi Arabia | - | - |

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| 21 | A Guide to the State's General Budget for the Fiscal Year 2024 | Government of Oman - Ministry of Finance | 2023 | Oman | Government Website | - | PPP | Does not indicate impact | - | Page 46 indicates a list of upcoming health related PPP projects for Oman | - | - |
| 22 | Investing in Kuwait | Kuwait Direct Investment Promotion Authority (KDIPA) | 2024 | Kuwait | Government Website | - | PPP; Privatization | Does not indicate impact | - | Indicates private sector partnerships in the federal health sector | - | - |
| 23 | Future Projects | Government of Qatar - Ministry of Commerce and Industry | 2024 | Qatar | Government Website | - | PPP | Does not indicate impact | - | Highlights an upcoming health project to be delivered under a PPP model | - | - |
| 24 | PPP Projects Pipeline | Government of Dubai - Department of Finance | 2024 | UAE | Government Website | - | PPP | Does not indicate impact | - | Highlights the ongoing and upcoming public private partnership projects in the health sector of Dubai | - | - |
| 25 | Strategic Partners | Government of United Arab Emirates - Emirates Health Services | 2024 | UAE | Government Website | - | PPP; Contractual Agreements; Outsourcing | Does not indicate impact | - | Indicates private sector entities involved in outsourcing of services on behalf of the government. | - | - |

Appendix B: Healthcare PSP Registry

| S.No | Initiative | Type | Description | Contract Sub-Type | Status | Country | Source |
|------|--|-------------|---|-----------------------|-----------|--------------|--------------------------|
| 1 | Ajyal Salima | PPP | Financing a School-based nutrition and physical activity program aimed at improving dietary and physical habits | Contractual Agreement | Concluded | Bahrain | Habib-Mourad et al, 2023 |
| 2 | Ajyal Salima | PPP | Financing a School-based nutrition and physical activity program aimed at improving dietary and physical habits | Contractual Agreement | Concluded | Saudi Arabia | Habib-Mourad et al 2024 |
| 3 | Renal Dialysis Services - Diaverum | Outsourcing | Provision of kidney care to patients of the kingdom of Saudi Arabia | Outsourcing | Ongoing | Saudi Arabia | Alharbi et al., 2022 |
| 4 | Renal Dialysis Services | PPP | Provision of kidney care to patients of the kingdom of Saudi Arabia | DBFOM | Ongoing | Saudi Arabia | NCP Saudi Arabia, 2024 |
| 5 | Radiology and Medical Imaging Services | PPP | Design, Build, Finance, Operate and Maintain radiology and imaging services across 7 hospitals under MOH Saudi Arabia | DBFOM | Ongoing | Saudi Arabia | NCP Saudi Arabia, 2024 |
| 6 | Al Ansar Hospital | PPP | Design, Build, Finance, Operate and Maintain all non-clinical aspects of 240 bed hospital in Madina | DBFOM | Ongoing | Saudi Arabia | NCP Saudi Arabia, 2024 |
| 7 | Al Iman Hospital Staff Accommodation | PPP | Build, operate, and maintain staff accommodation facilities for Al-Iman General Hospital in Riyadh city via public private partnership. 564 housing units to accommodate 808 staff members. | DBFOM | Ongoing | Saudi Arabia | NCP Saudi Arabia, 2024 |
| 8 | Medical Laboratories | PPP | Developing, installing, and operating laboratory equipment and services in Riyadh and Jeddah via public private partnership. | TBD | Upcoming | Saudi Arabia | NCP Saudi Arabia, 2024 |

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| 9 | 74 Primary Health Centers | PPP | Build, refurbish, operate (non-clinical), and maintain 74 primary healthcare centers across multiple health clusters in Riyadh, Eastern, and Western regions via public private partnership | DBFOM | Upcoming | Saudi Arabia | NCP Saudi Arabia, 2024 |
| 10 | Home Healthcare | Contractual Agreement | Provision of home healthcare services through qualified medical personnel comprising doctors, nurses, and specialists to provide medical care, nursing care, physical therapy, occupational therapy and speech therapy in Riyadh and Dammam for 10,000 patients. | Service Contract | Ongoing | Saudi Arabia | NCP Saudi Arabia, 2024 |
| 11 | Rehabilitation Hospitals | PPP | Build, operate, and maintain rehabilitation facilities in Riyadh and Dammam in addition to providing the medical rehabilitation services in such facilities covering inpatient and outpatient activities through public-private partnership. The service aims to improve the physical performance of patients and addresses disabilities and activity restrictions in individuals. Project capacity is limited to 150 Beds + 120,000 outpatients sessions annually for each location. | DBFOM | Ongoing | Saudi Arabia | NCP Saudi Arabia, 2024 |

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| 12 | Long Term Care and Skilled Nursing Homes | PPP | Build, operate, and maintain long term care facilities and skilled nursing homes in Riyadh and Dammam in addition to providing clinical care services and assistance in daily activities for the extended stay patients suffering from chronic illness and/or disability. Each location will contain 200 long term care beds and 100 skilled nursing home beds. | DBFOM | Ongoing | Saudi Arabia | NCP Saudi Arabia, 2024 |
| 13 | 150 Health Centers | PPP | Build, refurbish, operate (non-clinical), and maintain 150 primary healthcare centers across multiple health clusters in Qassim, Hail, Madinah regions via public private partnership. | TBD | Upcoming | Saudi Arabia | NCP Saudi Arabia, 2024 |
| 14 | Al Yamama Women and Children Hospital | PPP | Build, operate (non clinical), and maintain Al-Yamamah maternity and children hospital in Riyadh via public private partnership. | TBD | Upcoming | Saudi Arabia | NCP Saudi Arabia, 2024 |
| 15 | Al Masadiyah Women and Children Hospital | PPP | Build, operate (non clinical), and maintain Al-Masadiyah maternity and children hospital in Jeddah via public private partnership. | TBD | Upcoming | Saudi Arabia | NCP Saudi Arabia, 2024 |
| 16 | Al Ahsa Women and Children Hospital | PPP | Build, operate (non clinical), and maintain Al Ahsa maternity and children hospital via public private partnership. | TBD | Upcoming | Saudi Arabia | NCP Saudi Arabia, 2024 |
| 17 | Telemedicine Network | PPP | Provide telehealth solution services by leveraging information and communication technology in various parts of the Kingdom via public private partnership. | TBD | Upcoming | Saudi Arabia | NCP Saudi Arabia, 2024 |

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| 18 | Digital Blueprint | PPP | Ministry of Health intends, through a public-private partnership (PPP), to implement a number of clinical and administrative digital solutions at the level of health cluster to raise the level of digital maturity in health facilities and raise the health services quality provided to patients and workers in the health sector, in a way that supports the digital transformation journey to achieve the application of the unified health file in line with the kingdom's healthcare transformation. | TBD | Upcoming | Saudi Arabia | NCP Saudi Arabia, 2024 |
| 19 | Virtual Care | PPP | To provide digital health solutions via public private partnership covering: a) Tele-ICU b) Artificial intelligence to support clinical care decisions c) Remote patient monitoring d) Self-care tools e) Virtual clinics platform. | TBD | Upcoming | Saudi Arabia | NCP Saudi Arabia, 2024 |
| 20 | Dialysis Services | PPP | Provision of kidney care dialysis services to patients throughout the Kingdom via 150 centers catering to 20,000 patients utilizing a public private partnership model. | TBD | Upcoming | Saudi Arabia | NCP Saudi Arabia, 2024 |

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| 21 | Primary Health Care Centers Development | PPP | Designing, building, operating, and maintaining 2 Primary Health Centers located in Madinat Khalifa (replacement), Umm Ghuwalina (replacement), for the purpose of providing enhanced primary care for the catchment population. This opportunity would leverage the benefits of partnering with the private sector, specifically around providing patient-centered, high quality and accessible care, while producing better population health outcomes. | DBFM/DBFOM | Upcoming | Qatar | MOCI Qatar, 2024 |
| 22 | Suhar Recovery Project | PPP | - | - | Upcoming | Oman | MOF Oman, 2023 |
| 23 | Management, operation and development of diagnostic services of the Ministry of Health in Muscat Governorate | PPP | - | - | Upcoming | Oman | MOF Oman, 2023 |
| 24 | Maintenance and management of health facilities of the Ministry of Health in Muscat, North and South Al Batinah Governorate | PPP | - | - | Upcoming | Oman | MOF Oman, 2023 |

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| 25 | Post Acute Healthcare Management | PPP | Healthcare facility to manage post-acute patients from government facilities. Facility based in Dubai with patients requiring post acute care being referred from DHA facilities. Dedicated center to manage the patients and support in necessary repatriation requirements. | OM | Upcoming | UAE | DOF Dubai Government, 2023 |
| 26 | Dubai Physiotherapy and Rehabilitation Center | PPP | Operations and management of an interdisciplinary medical rehabilitation facility for adults, children and adolescents providing outpatient and inpatient physiotherapy and rehabilitation services. Part of eco-system to create a 360-degree patient pathway on post hospital discharges. | OM | Ongoing | UAE | DOF Dubai Government, 2023 |
| 27 | Dialysis Center - Al Barsha | PPP | Provision of Hemodialysis services focusing on on the southern area of Dubai. Capacity of 60 chairs. | OM + Medical Equipment | Ongoing | UAE | DOF Dubai Government, 2023 |
| 28 | Cardiology Center of Excellence | PPP | This public-private partnership project will develop a Cardiology Center of Excellence adjacent to Rashid Hospital Trauma Center. It will offer integrated, multi-disciplinary cardiac care and consolidate the cardiac services of Dubai and Rashid Hospitals. The facility will add approximately 70 beds to the existing capacity, enhancing the region's cardiac care infrastructure. | DBFOT (Non Clinical) | Upcoming | UAE | DOF Dubai Government, 2023 |

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| 29 | Long Term Care (Mamzar) | PPP | Dedicated and specialized healthcare facility to accommodate patients requiring long term care, both chronic and acute case. | DBFOT | Upcoming | UAE | DOF Dubai Government, 2023 |
| 30 | Redevelopment of Rashid Hospital | PPP | Development of new Rashid hospital complex replacing existing structure. The facility shall focus to offer services on the specific specialities addressing the market gap and trauma care. | TBD | Upcoming | UAE | DOF Dubai Government, 2023 |
| 31 | Central Laboratory | PPP | A state of the art central laboratory specialized in Virology, Histopathology, Serology & TB Lab, primarily catering the need of the region. The Central lab shall have the potential to lead as WHO regional reference unit. | TBD | Upcoming | UAE | DOF Dubai Government, 2023 |
| 32 | Laboratory Services at Federal Health Hospitals and Health Centers | PPP | Diagnostic laboratory services across EHS network of Hospitals, Primary Health Center, Preventive Medicine Centers and Residency Visa screening Centers | - | Ongoing | UAE | Emirates Health Services, 2024 |
| 33 | Radiology Services at Federal Health Hospitals and Health Centers | PPP | Diagnostic radiology services across EHS Network of Hospitals, Primary Health Centers, Preventive Medicine Centers and Residency Visa Screening Centers | - | Ongoing | UAE | Emirates Health Services, 2024 |
| 34 | Mental Health Services | PPP | Management of mental health services | - | Ongoing | UAE | Emirates Health Services, 2024 |
| 35 | Dialysis Services | PPP | Provision of Dialysis services across EHS network | - | Ongoing | UAE | Emirates Health Services, 2024 |

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| 36 | Kuwait Health Assurance Company | Privatization | A privatized health asset of the Kuwait Government | - | Ongoing | Kuwait | KDIPA, 2024 |
| 37 | Hospital in Ahmadi | PPP | - | - | Upcoming | Kuwait | KDIPA, 2024 |
| 38 | Hospital in Jahra | PPP | - | - | Upcoming | Kuwait | KDIPA, 2024 |
| 39 | Privatization of Academic Medical Centers | Privatization | - | - | Upcoming | Saudi Arabia | Al Kuwaiti and Al Muhanna, 2020 |
| 40 | Yiaco Adan Diagnostic Center | PPP | Operating a diagnostic center based on a Public Private Partnership Model | - | Concluded | Kuwait | Alsaleh, 2012 |
| 41 | Sterilization Services | Outsourcing | Outsourced contract for managing sterilization of medical equipment at the EHS Facilities | - | Ongoing | UAE | Emirates Health Services, 2024 |
| 42 | Laboratory Services at Residency Visa Screening Centers | Contractual Agreement | Contractual agreement for laboratory services at residency screening centers | - | Ongoing | UAE | Emirates Health Services, 2024 |
| 43 | Health Services Performance Agreement | Contractual Agreement | Performance agreement with public and private sector health facilities with the regulator | - | Concluded | Qatar | Al-Katheeri et al, 2018 |
| 44 | Case Management and Testing for COVID19 | Contractual Agreement | Leveraging private sector capacities in case management and testing for COVID-19 | - | Concluded | Bahrain | WHO EMRO, 2021 |
| 45 | Mental Health Awareness | Contractual Agreement | Developing tools to enhance mental health awareness across the state of Qatar | - | Concluded | Qatar | WHO EMRO, 2021 |