

The Need for Multi-Sectoral Partnerships in the Healthcare of Islamic Developing Countries During the Coronavirus Pandemic

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ABSTRACT

Nowadays, the field of healthcare is facing difficult issues in a way that both public and private sectors are fully aware of their inability to address emerging public health-related issues without the help of the other sector. Accordingly, public-private partnerships are put on the agenda in policy-related issues as a mechanism of cooperation between the public and private sectors to take into account the interests of both parties in the related contracts. From the late of 2019, the world is struggling with a new virus called the coronavirus, which has already cost a lot to the health sector. The partnership between the government and the private sector is very important to get through the corona period since the government alone cannot be responsible for the negative effects of the virus in the field of health. Considering the successes and failures of countries in the implementation of partnership models, a question arises as to how such partnerships for health development strategies can be attractive and effective in developing Islamic countries. In addition to the review of theoretical foundations of the subject and examining the development process of public-private partnerships, the study emphasizes the use of the third sector capacities. It further reviews the endowments and charitable affairs in the framework of multi-sectoral partnerships to develop health in the community with all available potentiality. The theoretical framework of the research includes the four steps of policy-making in the country, creating common perspectives among stakeholders, ensuring key success factors in the project, and reviewing the achievements of participation are considered. These policies are described after classifying and reconstructing the components in the research literature.

Keywords: policy, public-private partnerships, Health Care, donors, Islamic developing countries, Coronavirus pandemic

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Introduction

In late December 2019, in the city of Wang, China, a new disease known as acute respiratory syndrome appeared (1). The causative agent of this infectious disease was named Covid-19, and similar outbreaks occurred in different hospitals within two weeks (2). At present, according to the World Health Organization, the disease is pandemic, and in most countries, home quarantine and personal hygiene are strictly enforced (3). Unfortunately, more than 60,000 people have died due to Covid-19 in Iran. Moreover, the deadly virus has already caused a great deal of cost to the healthcare sector. Of course, the involvement of the government and the private sector is very important to get through the corona period as the government alone cannot be responsible for its negative effects. Therefore, the health care system has faced many difficult issues. Both the public and private sectors are aware of their inability to address emerging public health issues today (4-6). The study emphasizes the development of community health utilizing all the potential available through a multi-sectoral partnership framework. This is a non-systematic review that shows how partnerships in developing Islamic countries can be more attractive and efficient. Accordingly, in addition to looking at verses and hadiths about waqf, internal articles in the field of hospital endowments were searched in the Magiran database and ISC Journals using keywords with the themes of public-private partnerships, developing countries, health, motivation, performance, third sector, and donors combined by logical operators. Databases such as Scopus, Web of Science, Google Scholar, and PubMed were looked at from the period of 1990-2020. Despite the vast amount of research done on public and private contributions, there is not much evidence of multi-sectoral partnership agreements. However, the investigation of such cases in specialized documents is increasing. Finally, about 40 articles mostly related to the discussion and research context were selected, analyzed, and the results were interpreted in this article. It should be noted that in the analytical review, the findings and

discussions of the initially published studies on a particular topic were reviewed, combined, critiqued, and expressed qualitatively. The fact that the researcher needs to have a thorough knowledge of the subject in this approach is inevitable. Furthermore, one of the strongest methods that can present the discrete and scattered parts of social reality and provide a comprehensive picture of it is content analysis, a strategy of data reduction and analysis. Through this procedure, qualitative data is segmented, classified, summarized, reconstructed, and used to provide a theoretical framework for research.

Discussion

Public-private partnerships (3Ps)

3Ps, as a mechanism of cooperation between government and the private sector, is on the agenda in public policy (7). 3Ps is now recognized as an effective mechanism for providing public services. Various developed and developing countries use this method to increase social welfare and develop their infrastructure. Despite the theoretical appeal of the issue, past experiences reveal a set of successes and failures in the implementation phase of this strategy (8-10).

Recent research shows that the success of using different 3Ps models depends on the environmental conditions and inherent characteristics of each project, with the lack of an appropriate context in developing countries being the utmost important issue. There is an argument that major improvements in health systems require an approach that simultaneously finances infrastructure, the expenditure of providing services, access, and effective management to achieve better outcomes for the general public (11). In Islamic countries, it is a matter of pride that there is a tradition called waqf and charity, and for a long time, philanthropists have been powerful sources for the development of health care, especially for low-income groups. Unfortunately, the status and productivity of this institution in the country's health system have

decreased in recent years. Therefore, it is vital to investigate the dimensions of the issues in public administration and Islamic culture as it is very important to develop partnerships with a religion-oriented approach in Islamic developing countries, like Iran.

3P and Covid-19 pandemic

In times of an emergency, a strong partnership is required between governments and private sectors to provide infrastructures such as energy, housing, agriculture, public health, transportation, telecommunication, and economic sectors. The 3P for critical infrastructure is the most popular partnership as a response to COVID-19. For example, many private hospitals shared their facilities and equipment with the government to increase the capacity of healthcare. Besides, new medical laboratories can be added to the current capacity of the health care sector during this period. In the telecommunication sector, a wide partnership must be encouraged between government and private companies. They must develop their services, especially Internet service, during the COVID-19 crisis for virtual training and telecommuting. On the other hand, the production of goods related to the treatment and prevention of COVID-19 must be done without bureaucracy and as soon as possible. In this line, the government issued a permit to repurpose production lines and change them into dedicated lines. Similarly, for further cooperation with private companies, the government can decide to lift the import ban, impose export bans and restrictions, and authorize the related ministries to specify the import-export tariffs and duties for items required. This has encouraged many companies to contribute to the country's existing capacity. To overcome the challenges during the COVID-19 response, different governments cooperated with knowledge enterprises to produce their needs. Many knowledge-based companies are working under the umbrella of science and technology fields in different provinces for the COVID-19 response. Such activities positively influence various areas of equipment and treatment. (4-6, 12).

New public management in developing countries

From the beginning of the 1990s, a new model of public management emerged in leading countries, which theorists refer to as "management-oriented" and "market-based" public administration. During these developments, the government acts indirectly through contracts with the private sector rather than directly providing goods and services (13). In developing countries, regardless of the effectiveness of this approach in public administration, it requires the existence of prerequisites such as a real and popular private sector, organized monetary and financial markets, and the existence of a clear legal system that were lacked in most of these countries (14, 15). These policies are blindly modeled by government officials solely to conform to the prevailing paradigm. The natural consequence of such an action is the widening of the class gap, causing economic corruption and weakening political accountability (16). Contrary to the claim just made, public administration is not solely about "management." According to Rosenblum (1998), public administration requires a simultaneous understanding of "efficiency, representation, and justice" (17). In this regard, Denhardt (2000) states, "The public interest transcends personal interests and requires people to think before they are born and after they die." He thus points to the government's need as an overseer and civil society as a platform for discourse to correct the performance of the private sector and the states in the "New Public Services" paradigm. Instead of acting as a facilitator and catalyst for market forces, governments should empower citizens and create common values among them. Instead of relying on the private sector, the citizens should build a coalition of public, private, and civic organizations (18).

Partnerships considerations in the field of health

The basis of 3Ps was from the "Private Financial Initiatives" (PFI) introduced by the British

Conservative government in 1992 at the peak of the recession. However, for a variety of reasons, including public concern about the weakening of public services with the entry of the private sector, these strategies did not speed to become popular (19). Nevertheless, in 1997, the Labor government outlined a new policy and rewrote it as "public-private partnerships." Since then, other countries and governments have also sought to use 3Ps to provide the necessary infrastructure, to develop the local economy, and to provide public services (20).

Primarily, policymakers and executives need to pay attention to the fact that the growth of 3Ps in different countries occurs at different stages. Most countries are in the early stages where the development of real projects is still low in number, and the required organizations and institutions such as partnership units, capital markets, and technical and specialized sectors have not been established yet (21). By studying various researches, it can be concluded that various factors are involved in the development process of partnerships, including factors such as:

Motivators: There are many reasons for adopting this strategy, and these reasons are often country-specific (22). For example, in the United States, except for financial pressures, the possibility of using 3Ps in development projects is significantly influenced by different factors such as infrastructure needs, liberal political ideology, state regulations, and previous experiences with such partnerships (23). In a study in China, the use of such projects is influenced by the type of approach adopted by neighboring cities to 3Ps, provincial pressure, peer pressure, and experts' influence (24). Yang et al. examined the development of 3Ps in several countries and concluded that advanced economies are more desirable to provide institutional guarantees and government credit than developing countries (25).

Success factors: There have been various

arguments as to why some 3Ps projects are more efficient than others. In a review of "key success factors" of 3Ps projects from 1990 to 2013, they concluded that success factors depend on the country, the participation model, the size, and the phase of the project (26). It is also suggested that a good contract is probably a necessity or at least an important condition for 3Ps. The performance of this type of partnership and commitment to be more important than the contract is still not ensured (27). Seung et al. used the Yang framework to analyze the success factors of 19 projects in different developing countries and describe the political, legal, economic, financial, and managerial factors. They stated that future research requires the success of humanitarian and soft infrastructure projects (28).

Performance results: There is a scientific and practical interest in 3Ps. It creates a win-win balance between the public and private sectors. It is not easy to evaluate the performance of such partnerships. One reason for this difficulty is that many parties are involved in 3Ps projects, and each may have a different definition of success. However, the review literature and early documentation on performance are also noteworthy. Generally, the function of 3Ps can be distinguished in the form of a limited and broad concept. The broad form of the concept of performance focuses on a wide range of content and areas and considers the wider benefits of the project for partner organizations, citizens, and service users (29, 30).

These themes are categorized in Table 1 and used to provide a theoretical framework for research.

Table 1. Themes of the Theoretical Framework

Components	Dimensions	Elements
<p>Improving policy-making in the health system by identifying, prioritizing, and implementing projects with different partnership models</p> <p>Rapid implementation of new projects with participatory methods</p> <p>Build the necessary capacity to develop and complete semi-finished projects</p> <p>Access to financial resources resulting from participation and solving the problem of government budget constraints</p> <p>Political ideology, experience, and trust in the private sector</p> <p>Adapting to rapid changes in health technology and promoting innovation</p> <p>Risk-sharing with the private sector</p> <p>Promoting welfare and public health of the community</p> <p>Higher productivity in providing public health services without increasing government debt</p> <p>Performance upgrades by integrating design, construction, implementation, and maintenance of the project</p> <p>Influence and influence of experts and specialists</p> <p>Playing a more supervisory role and be more accountable</p>	Public sector	Goals and motivators
<p>More security in investing and more profitability</p> <p>Helping fellow human beings for the inner reward and satisfaction of God</p> <p>Facilitate administrative affairs and faster adoption of government regulations</p> <p>Increasing the external credibility of individuals and private institutions involved in projects</p> <p>Gaining a competitive advantage and create opportunities to gain markets and other resources</p> <p>Save on costs incurred by synergies</p> <p>Protection and protection of capital and intellectual assets and property rights of members</p> <p>Less conflict of interest due to participation in the lofty goal of public service</p> <p>Previous successful experiences and trust in the public sector</p> <p>Risk transfer and sharing between different sectors</p> <p>Institutional guarantees, utilization of tariffs and government credit and support</p> <p>Quick access to financial and technical resources from the partnership</p> <p>Improving performance and innovation in service delivery using extensive government facilities</p> <p>The ratio of higher government salaries and benefits to the private sector</p>	Private sector (For-profit and non-profit)	Goals and motivators
<p>Legal transparency and government guarantees</p> <p>Setting standards and developing regulations for participation processes</p> <p>Facilitating public participation in line with government regulations</p> <p>Powerful institutional frameworks</p> <p>Stability of government policies in different periods</p> <p>Playing a supervisory role by the government and holding citizens accountable</p> <p>The government's broad approach to entering a variety of participation models</p>	Political-legal factors	Key success factors
<p>Macro-level economic stability and desirability for the presence of entrepreneurs and charities in society</p> <p>Investor security and appropriate economic policies for private sector participation</p> <p>Holding competitive and transparent tenders</p> <p>Tariff system and appropriate health insurance</p> <p>Availability of low-cost financial markets for participation</p>	Economic-financial factors	Key success factors
<p>Intellectual ideology and political and religious culture of society</p> <p>Comprehensive feasibility studies and needs assessment of the target community for selective participatory project</p> <p>Creating a common vision and converging goals between different sectors</p>		

Components	Dimensions	Elements
Creating a culture to develop partnerships and public support Sharing power, building capacity for equitable participation, and participatory decision-making Leadership and network management power Effective negotiation and communication and bargaining and communication between partners Appropriate partnership model, contract management, and operational processes Transparent arrangements, development of quality and work standards Establish clear and precise regulatory and regulatory frameworks Flexibility in contracts and priority of commitment over the contract Transparency, trust, and work conscience of the parties Appropriate risk-sharing among all sectors Existence of private consortia and strong civic-religious institutions in the society	Managerial-cultural factors	Key success factors
Developing infrastructure and improving the coverage of health services with all the potential of the community Risk management and dealing with environmental uncertainty Experiencing the participatory model and the ability to resolve disputes Increased productivity and productivity in collaborative projects Private financing and better use of government budget Improvement in the status of hospital performance indicators Providing quality services to the low-income group without increasing costs Reducing the cost of health services Profitability and gaining a competitive advantage for the private sector and the productivity of public capital Optimal risk management in unstable conditions Reconstruction and equipping of dilapidated hospitals in a shorter time Avoiding destructive and passive competitive behaviors Promoting the brand image and social marketing in all three sectors	Results	Short-term and long-term achievements
Realizing the intentions of the charities and attracting more donors to the field of health Increasing partnerships and capital inflows and private sector management with previous successful experiences A fundamental change in resource allocation and segregation of plans in health system management Sustainability of public programs and policies The general boom in investment in healthcare Growth and development of service, legal and financial institutions for partnerships in related fields Quantitative and qualitative development of health services and the promotion of community health	Consequences	Short-term and long-term achievements

Review of multi-sectoral partnerships

The idea of cooperation, organizational and financial partnership between government, market, and society is not new. It was created as a tool to refine the idealistic proposals arising from the ideological debates from the 1970s as a new

alliance between institutions and society, based on the concept of partnership. It relied on adding social elements and intellectual resources to the bureaucracy (31). Presented in Table 2, each of the mentioned sectors has its own goals, characteristics, and competencies.

Table 2. Characteristics of the Public Sector, the Private Sector, and the Third Party

	Targets	Geographical scale	Time horizon	Strength points	Weak points
Public sector	Socio-economic development	Urban area (local governments)	Medium/long term	Comprehensive multidisciplinary perspective	Bureaucracy Low level of responsiveness
Private sector	Tendency to profit	Project level	Short and medium-term	Efficiency and effectiveness	Lack of attention to social affairs
Third-party	Social Development	Project level (NGO) Sector level (non-profit organizations)	Short term (people) Medium-term (non-profit organizations)	Perspectives and opinions of people	Low investment capacity and amount

Some authors argue that these three sections play a complementary role to each other, while other scholars place more emphasis on their inherent contradictions and conflicts. Hence, it can be argued that there is a conflict between all sectors, some of which are easier to resolve than others. There are two distinct meanings of 3Ps. First, it can be used to explain public support for private-sector economic activity. Second, this concept can mean private sector support for public sector economic activity (32). Generally, a multi-sectoral partnership is considered as a kind of support system that aims to improve individual functions and increase their scope of implementation.

According to Taraza et al. (2002), four types of partnership-based agreements can be identified between the three sectors of public, private, and the third sector (33), namely:

Public Sector/Private Sector: Requires a constant tension between profitability and pricing in operations that the public sector must commit to by facilitating conditions.

Public Sector/Third Party: It can be an attractive way to create the supportive environment needed to meet the needs of low-income groups in society.

Private Sector/Third Party: Given the fact that the core interests of each sector are significantly different from the other, linking them between them.

Public Sector/Private/Third Party: The application of an integrated approach to

participation is mentioned as the most common possible form of participation to meet the needs of the low-income group and is a reflection of successful measures on a significant scale that requires specific comparative advantages of each sector.

The role of endowments and benefactors in the development of health in Islamic culture

history shows that when the government was not realized in its modern sense, the deep thoughts of well-meaning and benevolent human beings were the sources of the effect and took the lead in eliminating deprivations and providing services to the needy sections of society. Endowment and charity are rooted in religious principles and manifested in most countries (34). In Islamic culture, every Muslim has a responsibility to society and others. Islamic rulings such as zakat, khums, and waqf (The manifestation of benevolence and charity in the Beautiful traditions of Islam) promote the spread of justice and equality and a fairer distribution of wealth in society. Acculturation is one of the most important issues, and it should be well understood that these traditions have valuable effects and consequences for the individual and society. Furthermore, the importance of endowment is emphasized in Qur'an (The Holy book of the Muslims of the World). The companions of the Prophet followed this pattern diligently, and it has been narrated that among his relatives and companions who could dedicate, no one avoided

doing so (35). In this regard, Muslims built hospitals as one of the most important public places because of their crucial role in helping the sick, the needy, and the helpless. They dedicated many endowments to the building, equipping and upgrading the facilities. The process of building a hospital in Iran during the Islamic era was expanded significantly in connection with the Islamic endowment system. The caliphs and the rich of the society followed the teachings of the Qur'an (The Holy book of the Muslims of the World) to enjoy the reward of the remnants of reform by dedicating a lot of money, land, and real estate. They specially granted more income to the hospitals. Interestingly, there was a great variety of Muslim endowments for hospitals. The dedication of specialization or physical strength to hospitals by physicians or other Muslims shows the wide range of this good tradition in Islamic society. Additionally, the financing of Islamic hospitals by the endowment system provided the free use of the facilities for all society members (36).

Today, in developed countries, the endowment institution works like any other financial institution with high efficiency and has led to a mechanism for optimal allocation of assets, realization of social goals, and strengthening the capital market. However, it has become a less effective institution in underdeveloped countries for various reasons (37). This importance of endowment management is reflected in Qur'an (The Holy book of the Muslims of the World), which includes and refers to guidelines such as rationality, faith, science, trustworthiness, and ability. In the past, a deputy or representative was selected by Imams to manage, preserve and protect the endowments (35).

The presentation of the research developed framework

Collaborative networks are a set of governmental, non-profit, and for-profit entities that operate to provide a product, service, or public value, where the government is unable to produce that service or value or a private entity does not have the ability or desire to provide that service or product with the desired quality (38).

Governments around the world face problems such as rising health expenditures and declining government budgets. None of the public or private sectors alone will be able to solve the many problems faced by the health sector. Sharma and Seth argue that partnerships in the health sector can not only bridge the gaps in the development of health infrastructure, but they can offer a wide range of potential benefits (39) such as:

- Restoring the motivation of stakeholders to implement development efforts as the first level of success effectively
- Activation of existing healthcare infrastructure with improved productivity
- Accelerate health development programs, which are mainly implemented by governments
- The inclusion of some sectors such as villagers and the poor as the target market for projects

In developing countries, due to the underdevelopment of institutions, we must look for a pattern of participation that is not only less risky but also more attractive, efficient, effective and seeks public justice. In other words, it is important to use the "third sector" of society that does not seek profit but believes it to be their duty to meet some of the social needs that require individual compassion and commitment. Undoubtedly, the emergence and formation of multilateral partnerships require special environments. The convergence of goals has been proposed as a key factor, and more emphasis has been placed on an initial stage called creating a common vision. The lack of such a vision is one of the problems in establishing cooperation agreements in developing countries. The absence of such a vision may be due to short-sightedness, a specific analysis of the current situation based on current value, current resources, and current capacity or capability, rather than considering a future based on strategic partners (40). Besides, a set of positive conditions at the macro level in the economic, political, and cultural fields is considered important (41). However, the problem is that such a situation is rare in developing countries. The dependence of a positive macro environment on the increase in partnerships and collaborations reveals a

contradiction to the stated fact since this type of partnership is more needed in situations where income and profitability are low and risk is high (42). Therefore, appropriate policies should be designed to form multi-sectoral partnerships. With the presence of the third sector (voluntary and non-profit) for the provision of public services, where the platform for participation is not yet fully available, the third sector will lead to the development of institutions and processes and enable more complex partnerships in the future. Besides, it will help to transfer existing risks, commit to the contracts, control the arisen challenges that lead to conflicts and long negotiation processes.

In the Islamic approach, the central focus of social policy is the concept of social justice. This concept proposes forming a government, and any macro and micro-planning in the field of public policy must be done to realize it. One of the non-profit activities and sacrifices in Islamic culture is

the good tradition of waqf or endowment and charity. It can prove useful and help eliminate many societal problems. Observing the successful history of Islamic culture in the establishment and management of hospitals, the importance, necessity of using this potential in society and utilizing existing resources is evident to everyone.

By examining the review of the research literature, it can be concluded that in the process of developing partnerships between the public and private sectors, the existence of a suitable platform in the country, as well as the common vision of the project stakeholders in adopting the participation strategy are significant. Moreover, the key factors of success in the implementation of the participation strategy, followed by the short-term and long-term achievements of participation, have the main functions in the next policy-making.

The conceptual model is schematically drawn in Figure 1.

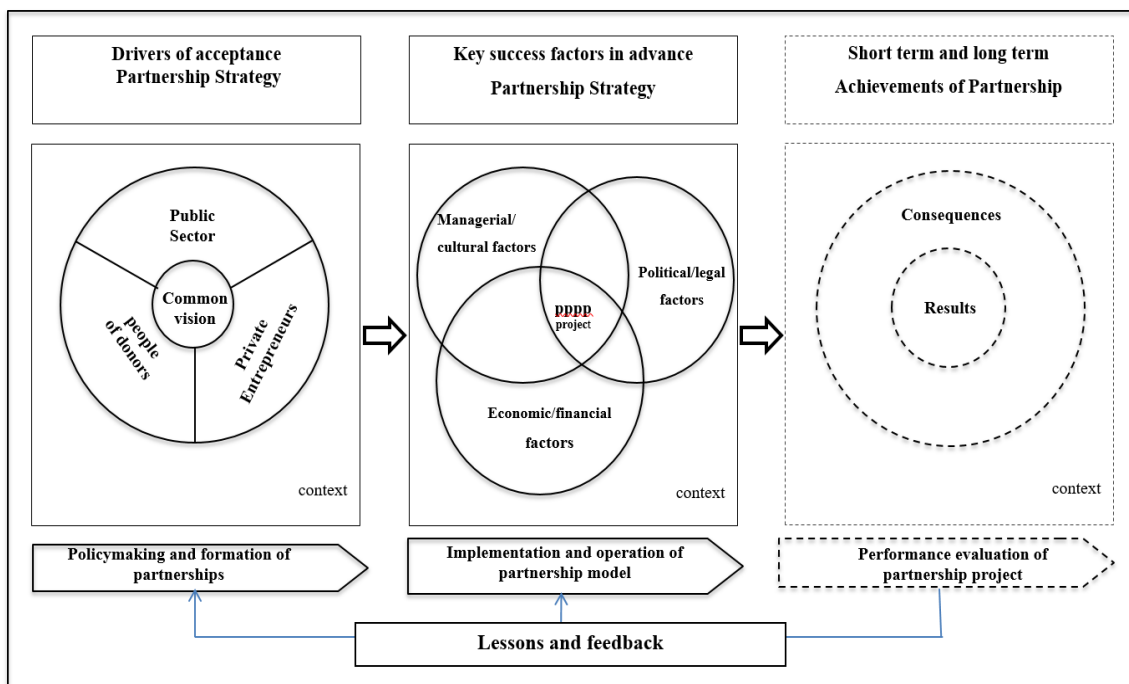


Figure 1. Conceptual Model of research

Undoubtedly, the optimal management of resources in any country is one of the pillars of its development. In the current sensitive situation,

general policies of the health system can be an obligation and an opportunity to plan and develop partnerships. The government must use financial

resources and the executive capacity of the non-governmental sector of society, both for-profit and non-profit (43). In the meantime, if the private sector witnesses a calculated program and the necessary incentives and support, this partnership will be attractive. On the other, utilizing the cultural and ideological potential of the community is important in reducing risk and developing partnerships for public access to health services. According to what has been said, the development model of public-private-people participations (4Ps) is a set of steps including:

Step 1: Policy-making and creating a suitable platform for partnership between the public sector, private entrepreneurs, and donors in the country.

Step 2: Developing a common vision for accepting the partnership strategy by delving deeper into the goals and motivations of the parties and choosing the right contractor for each project.

Step 3: Ensuring the conditions for the development of processes of partnership by recognizing the key success factors of participatory projects in the field of health.

Step 4: Evaluating the performance by examining the results and consequences of the multi-sectoral partnership and providing feedback for subsequent decisions and policies.

Fortunately, our country has a favorable context to move towards the development of public infrastructures with the participation of donors. Consequently, if there are strong government support and oversight, and private institutions that have the necessary knowledge and experience, and the other party in the contract, 4P can be an approach to the development of public infrastructures in the country's health field. It can be a model rooted in new theories of public administration, as well as Islamic and Iranian beliefs and values.

Conclusion

References

1. Singhal T. A review of coronavirus disease-2019 (COVID-19). *The Indian Journal of Pediatrics*. 2020; 87(4): 281-6.

There is not enough readiness to implement 3Ps projects in many countries, especially in the health field and developing countries. Also, in Islamic culture, rulings such as zakat, khums, and waqf promote the spread of justice in society. The framework of this multi-sectoral partnership could theoretically encourage all sectors to act in their favor, public sector as a policymaker and flag bearer of public services, private sector as an innovator and productivity expert, and donors to pursue their human and social aspirations, which of course, development of this strategy depends on building trust and balancing the interests of the parties involved in a partnership model. This participation can take place in difficult situations such as COVID-19 pandemic. The important point is that in these partnerships, the commitment can go beyond the contract and the challenges that arise will lead to the development of the institutions and the needs of the partnerships.

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Ethical Considerations

All considerations are taken for this review.

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Conflict of interest

There is no conflict of interest.

Authors' Contribution

M.M., R.V., S.M.A. and D.D. contributed to the design and implementation of the research, to the analysis of the results and to the writing of the manuscript.

Limitations of the study

Despite the vast amount of research done on public and private contributions, there is not much evidence of multi-sectoral partnership agreements. However, the presentation of such cases in specialized documents is increasing.

2. Jin X, Lian J-S, Hu J-H, et al. Epidemiological, clinical and virological characteristics of 74 cases of coronavirus-infected disease 2019 (COVID-19) with gastrointestinal symptoms. *Gut*. 2020; 69(6): 1002-9.
3. Carlos WG, Dela Cruz CS, Cao B, et al. Novel Wuhan (2019-nCoV) Coronavirus. *American Journal Of Respiratory And Critical Care Medicine*. 2020; 201(4): 7-P8.
4. Seddighi H, Seddighi S, Salmani I, et al. Public-private-people partnerships (4P) for improving the response to COVID-19 in Iran. *Disaster Medicine and Public Health Preparedness*. 2020:1-6.
5. Park J, Chung E. Learning from past pandemic governance: Early response and Public-Private Partnerships in testing of COVID-19 in South Korea. *World Development*. 2021;137:105198.
6. Casady CB, Baxter D. Pandemics, public-private partnerships (PPPs), and force majeure| COVID-19 expectations and implications. *Construction Management and Economics*. 2020; 38(12): 1077-85.
7. Barlow J, Roehrich J, Wright S. Europe sees mixed results from public-private partnerships for building and managing health care facilities and services. *Health Affairs*. 2013; 32(1): 146-54.
8. Nikjoo RG, Beyrami HJ, Jannati A, et al. Prioritizing public-private partnership models for public hospitals of Iran based on performance indicators. *Health promotion perspectives*. 2012; 2(2): 251.
9. Klijn E-H, Teisman GR. Institutional and strategic barriers to public—private partnership: An analysis of Dutch cases. *Public money and Management*. 2003; 23(3): 137-46.
10. Sadeghi A, Barati O, Bastani P, et al. Experiences of selected countries in the use of public-private partnership in hospital services provision. *Journal of Pakistan Medical Association*. 2016; 66(11): 1401-6.
11. Sekhri N, Feachem R, Ni A. Public-private integrated partnerships demonstrate the potential to improve health care access, quality, and efficiency. *Health affairs*. 2011; 30(8):1498-507.
12. Baxter D, Casady CB. Pandemics, Public-Private Partnerships (PPPs), and Force Majeure| Coronavirus (COVID-19) Expectations and Implications. *Construction Management and Economics*. 2020; 38(12): 1077-85.
13. Frederickson HG. Comparing the reinventing government movement with the new public administration. *Public administration review*. 1996: 263-70.
14. Alvani SM. Globalization of management. *Strategic Studies of public policy*. 2011; 2(2):1-18.
15. McKay S, Murray M, MacIntyre S, et al. Evidence-based policymaking and the public interest: lessons in legitimacy. *Town Planning Review*. 2015; 86(2):133-55.
16. Ugyel L. Paradigms of Public Administration. *Paradigms and Public Sector Reform*. 2016:17-52.
17. Rosenbloom D. *Public administration: Understanding management, politics, and law in the public sector*. McGraw-Hill Higher Education; 2014.
18. Denhardt RB, Denhardt JV. The new public service: Serving rather than steering. *Public Administration Review*. 2000; 60(6): 549-59.
19. Ball R, Heafey M, King D. The Private Finance Initiative in the UK: A value for money and economic analysis. *Public Management Review*. 2007; 9(2): 289-310.
20. Shaoul J. ‘Sharing’ political authority with finance capital: The case of Britain's Public Private Partnerships. *Policy and Society*. 2011; 30(3): 209-20.
21. United Nations. Economic Commission for Europe, Bernan. *Guidebook on promoting good governance in public-private partnerships*. United Nations Publications; 2008.
22. Bovaird T. Public—private partnerships: from contested concepts to prevalent practice. *International Review of Administrative Sciences*. 2004; 70(2): 199-215.
23. Wang Y, Zhao ZJ. Motivations, obstacles, and resources: Determinants of public-private partnership in state toll road financing. *Public Performance & Management Review*. 2014; 37(4): 679-704.
24. Zhang Y. The formation of public-private partnerships in China: an institutional perspective. *Journal of Public Policy*. 2015; 35(2): 329.

25. Yang Y, Hou Y, Wang Y. On the development of public–private partnerships in transitional economies: An explanatory framework. *Public Administration Review*. 2013;73(2): 301-10.
26. Osei-Kyei R, Chan AP. Review of studies on the Critical Success Factors for Public–Private Partnership (PPP) projects from 1990 to 2013. *International Journal of Project Management*. 2015; 33(6): 1335-46.
27. Klijn EH, Koppenjan J. The impact of contract characteristics on the performance of public–private partnerships (PPPs). *Public Money & Management*. 2016; 36(6): 455-62.
28. Kang S, Mulaphong D, Hwang E, et al. Public-private partnerships in developing countries. *International Journal of Public Sector Management*. 2019.
29. Jeffares S, Sullivan H, Bovaird T. Beyond the contract: The challenge of evaluating the performance (s) of public-private partnerships. *Rethinking public-private partnerships: Strategies for Turbulent Times*. 2013:166-87.
30. Van Gestel K, Willems T, Verhoest K, et al. Public–private partnerships in Flemish schools: a complex governance structure in a complex context. *Public Money & Management*. 2014; 34(5): 363-70.
31. Zafar Ullah A, Newell JN, Ahmed JU, et al. Government–NGO collaboration: the case of tuberculosis control in Bangladesh. *Health policy and planning*. 2006; 21(2): 143-55.
32. Blanken A, Dewulf G. PPPs in health: static or dynamic?. *Australian Journal of Public Administration*. 2010; 69: S35-S47.
33. Corrêa de Oliveira MT. Multi-sectoral partnerships for low income land development in Brazil. 2002.
34. Riahi Samani N. The goals of endowment in Iran and its comparison with the mission of the United Nations. *Journal of Waqf Mirase Javidan*. 2010;71:63-90. [Persian]
35. Ghanavati J. A strategic view to promote the development role of the endowment. *Mirase Javidan Magazine*. 2004; 47(1): 2-9. [Persian]
36. Montazerqayim A, Hosseini S, Azimi K. The System of Endowment in the Hospitals of Islamic Period from the Beginning until Othmanid time. *Scientific-research quarterly of Islamic history*. 2012; 13(52):183-213. [Persian]
37. AbdeTabrizi H. Financial institution of endowment funds in the world and Islamic principles of its activity in Iran. *Journal of Religion and Communication*. 2005; 25(2): 37-68. [Persian]
38. Wang H, Xiong W, Wu G, et al. Public–private partnership in public administration discipline: A literature review. *Public Management Review*. 2018; 20(2): 293-316.
39. Sharma V, Seth P. Effective public private partnership through E-governance facilitation. *Computer & Communications Sciences*. 2011; 34(1): 15-25.
40. Girth AM. What drives the partnership decision? Examining structural factors influencing public-private partnerships for municipal wireless broadband. *International Public Management Journal*. 2014;17(3): 344-64.
41. Torchia M, Calabrò A, Morner M. Public–private partnerships in the health care sector: a systematic review of the literature. *Public Management Review*. 2015;17(2):236-61.
42. Payne GK. *Making common ground: Public-private partnerships in land for housing*. Intermediate Technology; 1999.
43. Motamedi M, Vaezi R, Alvani S.M, et al. Development of public-private partnerships strategy; in line with the general policies of the health system. *The Macro and Strategic Policies*. 2020; 1(1): 120. [Persian]