Texila International Journal of Medicine
ISSN: 2520-3118
DOI: 10.21522/TIJMD.2013.08.03.Art002

Challenges Associated with Public-Private Partnerships in the Provision of Maternal Healthcare Services at General Hospitals in Abuja, FCT, Nigeria

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Abstract

Most Sub-Saharan African public health facilities struggle to provide high-quality healthcare services due to multifaceted factors. Public-Private Partnerships (PPPs) pool resources, combines the strengths of public and private sector, and can deliver superior health services. PPPs in health have achieved successes in malaria control and polio eradication and the lessons learned are applicable to maternal healthcare services. However, PPPs can encounter several challenges, including infrastructure, technology, economic, financial, social acceptance, legal, political, and manpower challenges. This study assessed the perceived challenges of PPPs in health among maternal healthcare managers at one privately managed General Hospital and three publicly managed General Hospitals in Abuja, Nigeria. Using a qualitative study design, key informant interviews were conducted with maternal healthcare managers at Garki, Nyanya, Karshi and Asokoro General Hospitals. Thematic analysis revealed challenges unique to PPP in health, with themes such as low awareness about PPP concept by providers, pro-rich orientation and higher costs of care, inconsistent legal and political supportive framework by government, lower staff remuneration, fewer staff development opportunities, sub-optimal data exchange with National Health Management Information System. Additional themes described challenges affecting publicly and privately managed General hospitals such as high energy costs, limited bed spaces and inadequate manpower. Other themes also emerged about benefits of PPP notably improved efficiency, accountability and quality of care, as well as provision of a tiered pricing mechanism for all client type. This study recommends full implementation of PPP policy by all partners, as well as creating more awareness about PPP in health.

Keywords: *Abuja, Challenges, Hospitals, Maternal, Public-Private Partnership.*

Introduction

The maternal mortality rate indicates not only the quality of maternal healthcare services but also serves as a measure of the overall health system and the socioeconomic progress of countries [1]. Although maternal mortality rates are decreasing worldwide, those in Sub-Saharan Africa remain alarmingly high. Efforts to tackle this serious issue have mainly focused on public health services, which face numerous obstacles, including inadequate infrastructure, negative attitudes among health workers, and insufficient funding, all of which led to low-quality care. Several safe motherhood programs introduced in Nigeria have seen only limited success, emphasizing the need to explore alternative strategies.

PPP is a voluntary mutually beneficial collaboration between government entities (public sector) and private sector organizations, which could be for-profit or non-profit. The partnership could be in research collaborations, joint ventures, and service delivery. Service delivery by PPPs in health care leverages the

Received: 27.07.2025 ***Accepted: 16.08.2025*** ***Published on: 30.10.2025***
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efficiency, innovation, and resources of the private sector to address healthcare challenges and thereby deliver quality, accessible services [2].

PPP arrangements in health combine the strengths of both sectors to provide high-quality, equitable, and efficient maternal health services [3]. PPP brings about innovations, minimizes financial risk, and improves the quality of public goods via efficiency as cited in a study conducted in Nigeria [4]. PPP was also identified as a viable option for bridging gaps in health care delivery in another study from Nigeria [31]. In addition, PPP complements the public sector and improves access to health services [5]. Challenges with PPPs can be grouped in the following ways: "regulatory issues, inadequate resources, ineffective monitoring and evaluation of PPP activities, as well as insufficient consultation and communication" [6]. Others are informal partnerships and weak governing structures [7], weak political and legal frameworks, lack of transparency, and unreliable mechanisms for sharing risk and responsibilities [8]. Some other studies identify the following PPP challenges: inadequate knowledge by PPP operators on project management as cited in a study conducted in New York [9], lack of strategic vision, trust and commitment by partners, poorly defined roles, absence of leadership skills, and insufficient monitoring [10], and the latter finding was further buttressed in another study [32]. Inadequate and insecure funding, as well as the sustainability of PPP in the long term was also stated in another article [6]. The violation of medical standards and inadequate human resources was also reported by some other authors [11].

A study conducted in Enugu found that "loss of jobs and increased cost of health care were the most recurrent problems, (and which respondents felt may be associated with implementation of PPP") [5]. The lack of support and acceptance by public sector workers for the PPP arrangement is another challenge [12].

This study aimed to explore the challenges associated with public-private partnerships as perceived by maternal healthcare managers in the provision of quality maternal health care services at selected public secondary health facilities in Federal Capital Territory (FCT), Abuja, using a qualitative study design.

Materials and Methods

The Federal Capital Territory (FCT), Abuja, is located in the North-Central geopolitical zone of Nigeria and lies in the center of the country between latitudes 8.25 and 9.20 North of the equator and longitudes 6.45 and 7.39 east of the Greenwich Meridian. It occupies a land mass of 7,607 square kilometers (km^2).

Abuja shares borders with four States: Niger to the West and North, Kaduna to the northeast, Nasarawa to the East and South, and Kogi to the southwest. Based on the 2006 population census, it is projected to have a population of 4,880,013 people by 2020. The population growth rate is 9.3%, which is higher than the National rate of 3.2% due to the influx into the Nation's capital, mainly for economic reasons.

The FCT is made up of six Local Government Areas known as Area Councils (ACs), namely Abaji, Abuja Municipal, Bwari, Gwagwalada, Kuje, Kwali, and 62 political wards, out of which the Abuja Municipal Area Council (AMAC) has twelve (12) wards, while each of the remaining five ACs has ten (10) wards each.

The central city of Abuja is primarily located within the AMAC, which accounts for approximately 55% of Abuja's population. The FCT is administered by the Federal Capital Territory Administration (FCTA) headed by a Honorable Minister appointed by the President.

This study was conducted at publicly owned secondary health facilities (General Hospitals) located within AMAC, Abuja, FCT, which provide maternal healthcare services. There is a total of eight (8) publicly owned secondary

health facilities in AMAC that are not linked to a government parastatal, agency, or department. Their list is as follows: Asokoro General Hospital, Garki General Hospital, Gwarimpa General Hospital, Karshi General Hospital, Karu General Hospital, Maitama District Hospital, Nyanya General Hospital, and Wuse General Hospital. However, all the 8 listed GHs are publicly owned and run, except Garki GH, which is a publicly owned but privately run secondary health facility located within AMAC.

Garki Hospital, a publicly owned but fully privately run secondary health facility, was selected to represent a hospital with PPP arrangements within AMAC, Abuja FCT.

While Asokoro District Hospital, Nyanya General Hospital, and Karshi General Hospital were selected to represent the General Hospitals in AMAC, FCT that do not have a functional and substantive PPP arrangement in place.

A qualitative study design was used to conduct the research which took place between February to April 2024. Ethics approval was given by the Research Ethics Committee of the Federal Capital Territory, Abuja and informed consent was sought and obtained from each respondent before conducting the structured interview**.** A total of 20 Key Informant Interviews (KII) were conducted across the four selected secondary health facilities. The participants for the key informant interviews were purposively selected to include the Head of Clinical services, the Head of Obstetrics and Gynaecology Department and the respective Unit in Charges of the Antenatal Care, Delivery and Post Natal Care units in each of the four selected General Hospitals. A key informant guide was used by a trained interviewer with experience in qualitative research interviewing to facilitate with during all the interviews. The interviews were conducted in English and at the respective hospitals after obtaining informed consent from respondents. The interviews were recorded and subsequently transcribed verbatim by the interviewer. The transcripts of the informant interviews were then read fully and using an inductive approach whilst undergoing thematic analysis.

A total of twenty interviews were conducted across the four general hospitals. However, the actual number of respondents' audio recordings and transcripts was 19, because in Garki Hospital the same person doubled as Head of the Labour and Head of the Postnatal care units respectively.

Results

Table 1. Socio-Demographic Characteristics of Respondents

Characteristics	**Frequency (%)**
Sex	
Male	4 (20)
Female	16 (80)
Age groups (years)	
40-45	4 (23.5)
46-51	2 (11.7)
52-57	6 (35.3)
>58	5 (29.4)
Cadre	
Doctor	4 (20)
Nurse/Midwife	16 (80)

Years of experience	
0-10	3 (15)
11-20	1 (5)
>21	16 (80)

Approximately 80% of the respondents were women, with most identifying as nurse/midwives. The age group of the respondents were mainly middle-aged or older. The majority, 80%, had over 21 years of work experience. Consultant gynecologists made up 20% of the respondents.

Summary of Results from the Key Informant Interviews

The results of the key informant interviews conducted in the four General Hospitals, namely, Asokoro GH, Karshi GH, Nyanya GH, and Garki GH, are presented in Table 2 below.

Table 2. Merged Summary Thematic Matrix for the Key Informant Interviews conducted in all the General Hospitals

Themes	Detailed "Thick" Description
Poor awareness of PPP concept among healthcare providers	- ''*I haven't heard about that. I know about partnership not Total take over, where we have constraints, some NGOs come in to partner with us".* - *''We equally had training on PPP it was when we started but in the past 5 years, there was no training on PPP"* - *''Then we had skeletal trainings on PPP in the boardroom, they tell us that this hospital is a public private facility"* - *''I have not heard anything like that. But I think I overheard such, that this is what they are planning to do, but they haven't started''*
Pro-rich orientation and higher costs of care	- *''We are a general hospital where the rich and the poor can access. In a private hospital, not everyone can access it. If the poor are to pay the cost of quality of care, here, they cannot afford it. Are they coming to make gain, are they coming to help the poor"?* - *''I know some of the challenges is that… like in this area PPP, it cost high, even though they will give quality service, the people around will feel the price".* - *''Therefore, the moment you brought in a PPP program here, that means you are taking some people away from accessing services here".*
Inconsistent legal and political supportive framework by government	- *''I don't know if you know, but some 2 years ago, the FCDA has said pack your things and go, it was all over the media… and I even think we are in court"* - *''I think they signed a contract for this partnership, I can't remember the period of how many years. I do know that there was a time the government wanted to take it back, so they went to court, so I can't speak for something that is in court"* -''*All the staff were employed by the Nisa group, all the staff are employed by the Nisa group. So, all our salaries come from Nisa*

	group. What I am not aware of is if there is any subvention from the government"
Lower staff remuneration	*- ''Number two challenge would be the salary of the staff working there would not be like the ones working in the government…"* *-''Another thing is that there may be some resistance if the staff that are enjoying working under government are to be converted to a private company, so it may hinder the flow of services".* *-…"but I think in private is more than in government hospital because I think they would not want to pay the way government pays"*
Fewer staff development opportunities	*-''I started work as a registered nurse, registered midwife, but I have done my BNsc, bachelor of nursing science, I did it myself, no support from the hospital. When I brought the certificate, they didn't even value it, they didn't do anything to appreciate it, because there was nothing like promotion, it was still the same level with other people"* *-''Yes, at least where you are working there is what we call promotion according to the years you work, ..., there is nothing like that, apart from this matron ship, you are the head of that, there is nothing like that, they don't rank us…"*
Sub-optimal data exchange with NHMIS	*''-Some people may hide information, but there may not be…. Information that may not be desirable or of advantage to them may be hidden. For example, we in this hospital, every month we do audit of maternal and neonatal deaths in every department and we call all the departments to give their inputs. And this is a blameless system, we don't blame anyone, if one department is in the government side and the other one is in the private side, everyone will try to cover his own side"*
High energy costs	*-''We have issues with power supply, we have tried to see if they could put us on the best line"* *-''We have power challenge. That is our major problem. You can see it is our gen that is working"* *-''We also have power challenge and that has been so huge on running this facility, we need power to run adequately, but we don't have it"*
Limited bed spaces	*-''The challenge we have is that of bedspace. Our patients are more that the space we have"* *-''We also have a facility problem, because we can't expand the facility, so this creates a space constraints for us"*
Inadequate manpower	*''-we have shortages of manpower, our personnel are not enough to manage the inflow of patients we have"* *''-There is a huge manpower turnout"…* *….-."to be in a place that you have so many patients you need man power that's the major thing. Like me now I close here five I*

	have to round up we are two on duty and we have 2 CSs and it's only one person that would be entering giving drugs doing other things doing"
Improved efficiency, accountability and quality of care	''- Although, on the other hand, it has efficient equipment provision, it doesn't go through government bureaucracy to process" ''- to be sincere if the hospital is own by private sector is been manage properly and better" ….-"But people have come and said, oh, they have done well, because we don't go on strike, even when all the other doctors go on strike, this place is still open. The doctors were doing their work and the patients are happy"
Equitable tiered pricing mechanism for all client type	*-''In terms of cost of services here under PPP when you compare to other public hospitals, it is higher, but when you compare with other private hospitals, it is lower"* *-''Yes, for the fees, we check what others charge out there, we are not as expensive as the other private hospitals, so we are in between, so that we can cater for the poor, the middle class and the high class. Here, the indigent patients when they come, no one turns them back".*

Table 2 above depicts eleven major themes related to challenges associated with PPP that emanated from across the four general hospitals where the nineteen key informant interviews were conducted during the study.

Discussions

This study examined the perceived challenges of PPP in delivering maternal health services within AMAC, FCT, Abuja. It found that nearly half of the respondents had some training or awareness of PPP, mainly from the private-managed Garki Hospital. A significant lack of awareness about PPP exists among healthcare providers in both public and private general hospitals. This knowledge gap results from the absence of deliberate efforts in Nigeria to educate healthcare workers on non-clinical skills such as finance, management, and entrepreneurship. The study shows that at Garki Hospital, workers' understanding of PPP was at the initial stage, and no formal training has been provided since then to inform staff about the benefits and challenges of PPP. A report from Enugu also highlighted poor awareness of PPP among staff in private facilities and community members [11].

Doctors tended to be more aware of the PPP concept than nurses. Some doctors who were interviewed mentioned that:

> *''I think it is a good thing, because you know government cannot handle everything. It is good to allow the private individuals to come in and allow them to thrive. In some other countries, private individuals are the highest employers of labor. It is just that in this country, it is expected that the government should find jobs for everybody. So, if we have more of these PPP, it will go a long way in reduce the burden on the government and create job opportunities'' (P1, Dr, Male).*

> *''But public private partnership in health care has been proven to be advantageous, it has worked, a successful example is Garki, which has been very instrumental in giving good services in Abuja'' (P2, Dr, Female)*

However, most of the nurses interviewed at the publicly managed general hospitals are not

in support of the PPP in health arrangement, as can be seen from the comments below:

''PPP is not a good system that should be pursued by a serious government that cares about the generality of the public''- (P3, Nurse, female)

''I think this PPP should not be made in all facilities, when you look at this facility for example, we have a large number of clients that come in from relatively low-income communities… So, if they privatize this facility, many of these people will not be able to afford the service charges, so, that is the main challenge so far that I can for see.'' --(P4, Nurse, female)

''I said so because when you said private. private is private they have limit. But when we talk of government hospital, we have all facilities we have all what it takes to manage hospital we have the man power coming for consultancy, we are having consultants in every field. Private hospital cannot have more two three consultants….'' (P5, Nurse, female).

The lack of support of PPP by public health officials due to the low awareness was observed in a study in Enugu [12]. Similarly, a 2006 World Health Organization (WHO) report [11] suggested that public health officials will also not support PPP because it's perceived as an indictment of their failure to provide services, coupled with the loss of control in areas like procurement and recruitment.

Most of the respondents agreed that PPP will result in an improvement in efficiency, accountability, and quality of care. They also agreed that PPP is less bureaucratic and will reduce the burden on government resources:

''Although, on the other hand, it has efficient equipment provision, it doesn't go through government bureaucracy to process''…. (P2, Dr, Female)

''to be sincere if the hospital is own by private sector is been manage properly and better'' (P6, Nurse, female).

Another study [2] also corroborated with the findings of efficiency, better management, and quality improvement due to PPP, as mentioned by these respondents. Other studies [13-15] also mentioned the benefits of PPP such as reduced service waiting time and improved patient satisfaction, improve access, quality, and efficiency and access to quality healthcare. The African Development Bank, in a publication in 2016, corroborated that PPP results in an improvement in health services access in Africa [16].

Slightly more than half of the respondents (including doctors) who do not work in a facility with a PPP arrangement in place believe that PPP will lead to high costs for services, although they could not provide any evidence even after further probing. They generally seemed to be under the mistaken assumption that a health PPP is the same as a solely (for-profit) private medical practice, where the goal for establishing that hospital is to maximize profits and use resources efficiently.

''We are a general hospital where the rich and the poor can access. In a private hospital, not everyone can access'' (P7, Nurse, female).

They also feel that PPP will not attend to indigent patients:

''Like I am a medical doctor, I may not be able to afford the service there unless with an NHIS plan, then what about the other people. It is that simple, how much do we charge for CS here, it is less that N30,000, it is N27,000 and some people cannot afford it, not to talk of if PPP takes place here, I think those that can afford it will not be up to 10%''- (P1, Dr, Male)

''I think this PPP should not be made in all facilities, when you look at this facility for example, we have a large number of clients that come in from relatively low-income communities… So, if they privatize this facility, many of these people will not be able to afford the service charges, so, that is the main

challenge so far that I can for see.'' --(P4, Nurse, female).

The issue of the cost of services, as expressed in the findings, was also reported in another study as one of the challenges of PPP [6].

The claim of high costs was, however, challenged at one of the General Hospitals by a respondent who explained that the service fees are regulated and approved by the government, falling between private and government hospital rates. Additionally, a respondent at Garki Hospital stated that the hospital admits indigent patients without requiring a deposit:

> *''Yes, for the fees, we check what others charge out there, we are not as expensive as the other private hospitals, so we are in between, so that we can cater for the poor, the middle class, and the high class. Here, the indigent patients, when they come, no one turns them back.'' - (P8, Nurse, Female)*

> *''In terms of cost of services here under PPP when you compare to other public hospitals, it is higher, but when you compare with other private hospitals, it is lower. So, there is a kind of in between the fully public sector hospital and the private hospitals'' (P9, Dr, Male)*

The issue of regulation of the cost of services by the government, as stated by the respondent at Garki General Hospital, is the role expected to be played by the government in the (PPP) partnership, to ensure equity and access as enumerated in section 5.2 of the National Policy for Public Private Partnership for Health [17].

The respondents from the publicly managed facilities were of the opinion that PPP in health arrangements will not be socially acceptable to the majority of citizens due to the issue of cost of services:

> *''I think that was extreme, a government hospital should be able to be affordable to most people, Garki is not'' (P10, Dr, female).*

> *''We are a general hospital where the rich and the poor can access. In a private hospital, not everyone can access it. If the poor are to pay the cost of quality of care, here, they cannot afford it ''(P7, Nurse, female)*

However, this was contested by another respondent, who asserted that the services at the privately managed general hospital are socially acceptable, and this is supported by the number of enrollees of the National Health Insurance Agency (NHIA) that are attending the privately managed general hospital:

> *''From what I learned, we have the highest number of enrollees of insured persons in the FCT, we have about 30,000 clients '' (P9, Dr, Male)*

The reported high National Health Insurance Authority (NHIA) enrollment could signify acceptance of the services at Garki Hospital. Several studies have shown that health insurance enrolment can reduce mortality and promote health [18], increase access to health care, reduce catastrophic health expenditures, and improve health outcomes [19]. PPP in health can provide services with social performance similar to that of public hospitals, according to a study in Portugal [20].

This study highlighted a lack of political/legal support as a major challenge to PPP implementation, with the respondents giving their experiences and knowledge:

> *''I don't know if you know, but some 2 years ago, the FCDA has said pack your things and go, it was all over the media… and I even think we are in court''… (P8, Nurse, female).*

> *''I think they signed a contract for this partnership, I can't remember the period of how many years. I do know that there was a time the government wanted to take it back, so they went to court, so I can't speak for something that is in court, I don't know their status''(P2, Dr, female)*

> *''All the staff were employed by the NISA group, all the staff are employed by*

the Nisa group. So, all our salaries come from NISA group. What I am not aware of is if there is any subvention from the government''(P9, Dr, male)

''The challenge I think could be that Garki as it is, it just operates as a private facility for all I can say, government has little control over them''(P4, Nurse, female)

Lack of a political, legal, and regulatory framework has been cited as a major challenge for PPP [8]. Similarly, lack of control by the government, evidenced by poor monitoring and evaluation, has been reported by another study [22]. However, a study in Uganda concluded that government support in partnership is essential for effective healthcare delivery [23]. The national policy on public-private partnership for health in section 3.20 stipulates that the public sector is expected to fulfil the obligation of timely release of funds to the private partner within a PPP in health arrangement.

Lack of transparency, especially the withholding of information in a privately run facility for fear of repercussions was also mentioned as a possible challenge to PPP:

''Some people may hide information, but there may not be…. Information that may not be desirable or of advantage to them may be hidden. For example, we in this hospital, every month we do audit of maternal and neonatal deaths in every department and we call all the departments to give their inputs. And this is a blameless system, we don't blame anyone, if one department is in the government side and the other one is in the private side, everyone will try to cover his own side''(P1, Dr, Male)

The issue of trust in PPP is widely reported in some studies [8, 10, 32]. Additionally, the results also include the perception by public health officials of poor salary and work entitlements as another challenge of PPP:

''Number two challenge would be the salary of the staff working there would not be like the ones working in the government, because I don' t think the people working in Garki hospital are been paid the same way people are working in government are been paid, talking on the pension and all that. '' (P11, Nurse, female)

This perception was also repeated by another respondent:

''Yes, there should be issues of take-home pay, cadre and structure so that we can be happy'' (P12, Nurse, female)

This study revealed some additional challenges in the privately managed facility, primarily related to staff welfare, such as the absence of guaranteed yearly or regular promotions, maternity leave, and staff ranking. This contrasts with the conditions for those working in publicly managed general hospitals.

''Yes, they should be issues of take-home pay, cadre and structure so that we can be happy''(P12, Nurse, female)

....''one of the challenges is in terms of, like in terms of our remuneration and stuff like that, we just stay we don't see yearly… because I was in the government sector before, so we don't see all those yearly increments, promotions, we hardly see that. But from time to time, we see that happen, unlike in the government where you have your yearly increment and promotions consistently made. We don't have that, but apart from that we don't have other challenges'' (P9, Dr, male).

These findings are consistent with previous studies done in Nigeria [24] that reported inadequate welfare, and another study [25] on low job satisfaction among health workers.

The study shows high cost of energy as a common challenge among all facilities:

''We have issues with power supply, we have tried to see if they could put us on

the best line, because we have such things like IVF things and peoples sperms that we need to keep safe, they are frozen we cant let them go bad, and the cost of diesel. They spend a lot of money to buy diesel because of poor electricity supply''(P8, Nurse, female)

''We have power challenge. That is our major problem. You can see it is our gen that is working. We have the big gen in the morning, when all units are on, and in the afternoon when some units are off, we put on the small gen ''(P14, Nurse, female)

''We also have power challenge and that has been so huge on running this facility, we need power to run adequately, but we don't have it ''(P4, Nurse, female)

Healthcare facilities are major energy-consuming enterprises due to their continuous operations and need for critical lifesaving equipment to be powered round the clock. Nigeria has a power crisis due to the unreliability of power supply from the national grid, forcing health facilities to provide an alternative power source. The resultant effect is a higher energy cost with an increase in operational cost, and this leads to high service cost, which in turn reduces access to healthcare [26].

Another common challenge from the result is that of hospital bed space constraints:

''The challenge we have is that of bed space. Our patients are more that the space we have''. (P13, Nurse, female)

''We also have a facility problem, because we can't expand the facility, so this creates a space constraints for us''. (P10, Dr, Female)

''I think the facility is not having all the structure it needs to function as a general hospital adequately, this is a challenge for a start, so if they privatize, we need more structure and space to function well for a start'' (P4, Nurse, female)

These findings on infrastructure exemplified by bed space constraints are not unexpected because of the general infrastructure deficit in the health sector in Nigeria, as documented by several studies [27-29].

This study indicates that an inadequate workforce was common among the facilities:

''we have shortages of manpower, our personnel are not enough to manage the inflow of patients we have'' (P10, Dr, Female)

....''to be in a place that you have so many patients you need man power that's the major thing. Like me now I close here five I have to round up we are two on duty and we have 2 CS and it's only one person that would be entering giving drugs doing other things doing''. (in audible).only me'' (P15, Nurse, female)

....''But if the man power is there, there will be no challenges. If the man power is there, you can delegate someone to just be doing that. But if the man power is not there, there are challenges''(P16, Nurse, female)

''There is a huge manpower turnout, and most people when they leave Garki hospital and they go out for job, they get taken, they employ them because we put in our best'' (P8, Nurse, female)

The findings align with a study done in 35 Sub-Saharan countries (SSA) [30] which shows lower Health Care Worker (HCW) density in SSA compared to 2010 worldwide densities.

Conclusion

This study highlights the perceived challenges of PPP faced by maternal healthcare managers working in selected general hospitals within AMAC, Abuja. The major issues mainly concern the cost of services and the difficulty for the poor to access healthcare through a PPP arrangement. These negative perceptions among respondents can partly be explained by a lack of awareness about PPP and how it should ideally function in the Nigerian context. However, the respondents also acknowledged that PPP could lead to improvements in

efficiency, accountability, and quality of care, as well as being less bureaucratic.

The issues enumerated as the common challenges of PPP include human resources for health concerns, as well as a lack of a laid-out policy on promotion, cadre, and structure comparable to those in the public sector. This study also highlighted the cross-cutting challenges of high energy costs on hospitals' operations, the shortage of skilled personnel, and the deficiency of hospital bed space in both publicly and privately managed general hospitals in Abuja, Nigeria.

Potential solutions to the challenges of PPP in health include strengthening of governance structure to ensure all parties (public and private) exhibit accountability and commitment to all the terms of the partnership; harmonize the welfare packages of workers in the PPP arrangement in line with what obtains in the public sector to promote job satisfaction and quality; grant energy subsidies or special tariffs to partners within PPP in health arrangements to reduce high energy cost that impacts on operation cost and service delivery quality; promote awareness of the benefits of PPP in health among health workers and the community to improve acceptance of PPP in health arrangements; conduct selective implementation of Partial PPP in health arrangements for selected services e.g. laboratory and pharmacy, in contrast to the total PPP package implementation, especially in rural areas, to mitigate the possible high cost of clinical services.

Limitations of this Study

A potential limitation is the reliability of the responses provided due to social desirability bias, but this was minimized by carrying out the interviews using the same interview guide for different cadres of healthcare workers, in different hospitals, and at different times. In addition, the findings were compared with those from other studies in the literature.

Acknowledgment

We are grateful to the various heads of maternal units in the four general hospitals for their time and invaluable contributions.

Conflict of Interest

The authors declare no conflict of interest.

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