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ENHANCING HOSPITAL EFFICIENCY AND REDUCING PATIENT WAITING TIMES THROUGH PUBLIC-PRIVATE PARTNERSHIPS

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Abstract
This policy paper proposes a Public-Private Partnership (PPP) as an effective model to address the critical challenges facing healthcare in Karachi. Public hospitals in the city experience severe overcrowding, often exceeding 120% occupancy, while trust-based healthcare facilities remain underutilized, with occupancy rates below 75%. To address this imbalance, the paper advocates an integrative model that redistributes patient loads, enhances operational efficiency, and ensures equitable access to healthcare services. Drawing on successful PPP experiences from countries such as Kenya, Lesotho, and Sri Lanka, the paper outlines a three-step implementation plan: stakeholder engagement, pilot testing, and scale-up, supported by digital integration and real-time monitoring systems. Key themes emerging from stakeholder interviews include operational feasibility, financial incentives, public-private coordination, quality assurance, and regulatory support. The proposed model seeks to optimize existing healthcare infrastructure, reduce patient turnaround times, and promote inclusive and sustainable services for marginalized communities. If implemented effectively, this initiative could serve as a replicable model for other high-density cities in the Global South.

INTRODUCTION

Karachi is the populous and culturally rich capital of Sind province and possesses a population of over 11million people. However, primary healthcare and other modular structure as an essential infrastructural segment towards containing the health factor of a city population is rather in a state of distress as Karachi city population density grows exponentially. Hospitals in each state are overwhelmed, bed occupancy rate has constantly surpassed 120%. They only have to go bed to bed sharing, wait for long hours for their turn and even receive poor health care especially if they are admitted to the ICU. On the other hand, several trust-based private hospitals in Karachi have moderately better infrastructures than public hospitals and capacity, as at least 25-30% of their beds remain unused. Some of these could be utilized to close the gap in health system delivery as follows. This policy brief outlines a new PPP that will involve deploying trust hospitals to serve a large number of patients in relation to the available formal or official capacity to allow for the provision of general public healthcare needs without overcrowding the public hospitals.

2. Background and Context

The Factor Conditions component of Porter's Diamond Model demonstrates how infrastructure availability together with skilled resource quality and utilization strengthen competition while increasing

efficiency. Public healthcare facilities throughout Karachi remain overcrowded while trust hospitals serve patients at less than full capacity. Through the proposed PPP model trust hospitals can become more operational because they maintain 70-75% capacity usage despite having supported medical devices and trained healthcare staff. Within this model's structure resources move between different facilities to reduce public hospital strain thus creating equal healthcare opportunities for everybody especially marginalized population groups.

Inequalities in access to healthcare services are rather high in Karachi and rely mostly on numerous public hospitals to address the needs of the population of the lower income. Nonetheless, many of these trust based private hospitals work on philanthropic model but have not enough integration with the government to extend their service. Addressing this imbalance through a PPP model aligns with global best practices and Sustainable Development Goals (SDGs), particularly Goal 3: Good Health and Well-Being. Currently Karachi has only 0.6 hospital beds per 1000 population, while the norm set by WHO is 2.7. Largest government teaching hospitals including Hospital 1, Hospital 2 and Hospital 3(all public hospitals) working in own capacities have reported the daily occupancy greater than 120% most of the time with emergency departments having the capability of handling only those patients who could afford six hours of waiting even for emergencies. The reward goes to hospitals such as Hospital 4, Hospital 5, Hospital 6 & Hospital 7 most of which are at 75%capacity hence indicating that they are using only 25% of their capacity as they are private hospitals. All these hospitals being equipped and staffed have all the necessary equipment and qualified personnel, but they are not utilized optimally because they lack proper government partnership and integrated means of providing public service.

Public health services in Sind claim an annual investment of PKR 300 per capita on healthcare, which cannot address promptly rising demands. Indian regions, for instance, spend far more on health than Karachi does, which underscores the understanding of how this city is even behind other developing regions. As to the result of restraints in budget, many hospitals just can offer even the most elementary requirements such as good sanitation and sufficient staff. Some of the specific stakeholders are the Sind Health Initiatives Management Company, heads of public, trust, and private hospitals, policy makers and regulators and poor patients. This has clearly highlighted the need for systems changes in Karachi in order to deal with its health problems.

3. Problem Statement

Karachi face aggregates occupational health challenges wherein present-day health care delivery system overpopulate the public health centers and consequently negatively affect patients' outcomes. Public health care facilities have been established and very often are filled beyond limit with patients being stretched on beds or treated right inside corridors. This not only Profanes patient dignity but also poses high risks of infection and high risks of medical mistakes. Urgent care centers are plagued by high patient turnout rates with many-hour response time meaning avoidable mortality rates among critical patients.

Thus, the lack of use of the resources at trust hospitals where public sector pressures could be eased continues. Believe it or not, while most hospitals are philanthropic organizations, few have adequate resources and organizational strategies that will enable them to extend services to people who cannot afford to pay for care on their own. Moreover, integration between health and social service departments, community health organizations, and local private service providers has not been adequate and their shortcomings widen health disparities especially among the poorer population that cannot afford private services. If no specific efforts are made to address these issues, they regressed and threatened the execution of equal healthcare in Karachi.

4. Global Lessons from Public-Private Partnerships in Healthcare

Public-Private Partnerships (PPPs) hold one of the key positions in healthcare delivery system enhancement across Africa and Sri Lanka. Such partnerships unite organizations to improve resource usage while accessing specialized knowledge which

yields better healthcare quality and access. International examples provide beneficial knowledge to establish productive PPP strategies in Karachi.

4.1 PPPs in Africa

4.1.1 Kenya: Strengthening Healthcare through PPPs in Kisumu Country

The PPP in Kisumu County enabled the successful improvement of COVID-19 response capabilities. During the pandemic Kisumu County established an initiative that incorporated private sector capabilities into its public health structure which enabled fast recruitment of healthcare providers to enhance service delivery.

4.1.2 Lesotho: A Model PPP Hospital for Healthcare Service Delivery

The Queen 'Mamohato Memorial Hospital in Maseru was built under a PPP structure where private entities handled all aspects from design through construction and financing until operation began. Through this partnership the hospital establishes basic medical care and building projects which shows PPPs can support long-term healthcare system development.

4.1.3 PharmAccess Foundation: Strengthening Healthcare across Africa

Through its essential work the PharmAccess Foundation leads the way in deploying PPP structures nationwide in sub-Saharan Africa. The organization successfully uses public and private alliances to create new financing frameworks and quality enhancement programs for healthcare accessibility.

4.2 PPPs in Sri Lanka

4.2.1 Development of New PPP-Based Hospitals in Gampaha Byagama

The Sri Lankan government authorized the PPP development model to build both a National Hospital and a Children's Hospital at Gampaha Byagama. Through this initiative public supervision teams up with private sector efficiency to boost healthcare service delivery.

4.2.2 Effective Private Sector Engagement for Improved Healthcare

Research indicates that Sri Lanka stands to gain advantages through PPPs because private sector professionals can enhance hospital operations as well as reduce costs and improve service delivery. The World Bank explains that Public-Private Partnerships serve as an option to complete privatization of operations but allow public control over vital service delivery. The international cases demonstrate effective ways in which PPPs deliver improved healthcare service delivery. The PPP model adopted for Karachi follows established global standards to incorporate private sector capabilities which decreases overcrowding at public medical facilities and raises healthcare standards. The healthcare system of Karachi can reach higher efficiency together with better accessibility and sustainability by adopting the lessons learned in Kenya Lesotho and Sri Lanka.

5.1 Objectives of the Policy

This policy aims to address Karachi's pressing healthcare challenges through the following objectives:

1. Expand Healthcare Access: Release more hospital beds and extend access to healthcare services for special needs population groups.

2. Reduce Overcrowding in Public Hospitals: The authorities need to rebalance patient volumes among the trust hospitals in order to reduce overcrowding and enhance the organization of patient care.

3. Enhance Healthcare Quality: Treat everyone in like a like manner and ensure a common standard in patient care so that some sectors are not left far behind.

4. Ensure Financial Sustainability: Water for life was to devise a common model that incorporated public funding with private sector investment in a sustainable manner.

5. Strengthen Public-Private Collaboration: Building the trust and close working business relations between the public and private partners

and harmonizing and coordinating the activities of both sectors with regard to the legal instruments.

Literature Review

Quickly developing cities and those with growing populations often find their healthcare systems overloaded by a gap between what people need and what is available. In Karachi, Pakistan's biggest city, this challenge is clearly on display. While these public hospitals are meant for low-income groups, they frequently become too crowded, so it's hard for medical staff to care for the patients properly or make sure treatment is timely. Still, private hospitals founded on philanthropy continue to be underused, even though they have everything needed to ease the pressures on the government hospitals. As a result, there has been a fresh focus on Public-Private Partnerships (PPPs) as a way to give private firms a role and achieve better healthcare performance (Ali, 2025). The idea to use PPPs in healthcare is based on wider development theories that value join efforts and economic efficiency. Porter's Diamond Model (1990) premise that good factor conditions such as strong infrastructure, skilled staff and culture of cooperation make countries competitive, explains that private facilities can be an addition when public hospitals are crowded. If public and private hospitals operate as a group, PPPs could improve care quality, help more people and eliminate many ineffective practices in Karachi's healthcare area.

There are many existing PPPs where the results have been positive due to experience outside of Canada. In Kenya, the COVID-19 pandemic caused a partnership that let hospitals bring on more healthcare professionals and also made use of private infrastructure to improve public health services (PMC, 2023). Mamohato Memorial Hospital in Lesotho is a strong example that PPP approaches can work. In this situation, care quality was ensured mainly thanks to private business activity, given limited access to public funds (EUIDEAS, 2022). A more recent example involves the PharmAccess Foundation in Africa, whose partnering with governments and other agencies has provided better service quality, more innovation in financing and greater equality of access to health care (Wikipedia Contributors, n.d.).

Sri Lanka has shown that both public and private sectors can work together on projects that fit local needs. Working together, Gampaha has built new hospitals that benefit from private organization and the trustworthiness of the public sector. Sri Lanka has healthcare PPPs that avoid private takeover, leading in turn to better service and wider coverage and these could be adjusted for use in Karachi according to the World Bank (2018). Even with successful examples, there are still some issues when it comes to PPP implementation. How well these partnerships work depends strongly on having clear policies, thoughtful finances and alignment among participants. Karachi has faced problems with reform because the city has not received enough money for health services and its departments are not well organized. How much is invested in healthcare is very different between urban slums and nearby rural areas. This underlines the importance of a plan that ensures efficient, quality and ongoing access to healthcare (Ali, 2025). There are many companies with similar setups, yet Karachi's trust hospitals rely on charity instead and have not been fully incorporated into government policy.

Different opinions about PPP effectiveness are discovered through analysis of stakeholders. Such efforts are widely supported by leaders from the public sector as useful tools to add coverage without setting up big networks. Unlike their public peers, administrators of private hospitals commonly look for clear understanding of how they will be paid, how they will follow regulations and how many patients will come before committing to a managed care agreement. These conclusions are similar to what has been found in Sri Lanka and other regions, where building trust among everyone and ensuring legal security are key for successful public-private coordination (World Bank, 2018). They help build a strong operational system in health care. For PPPs to work well, decent regulations are needed to set rules for fair service and to solve conflicts and hold parties responsible. A lack of these frameworks has often resulted in unequal relationships or unachieved service goals around the world. Consequently, Karachi's policy should contain protections for all involved actors, keep resources moves open to review

and ensure long-term security for those involved (Ali, 2025; World Bank, 2018).

Almost all the literature agrees that PPPs are needed in settings like Karachi as they face a shortage of health services and high demand due to population pressure. Success from elsewhere can guide policymakers in creating a healthcare system that works for all and is efficient. Solid policies, good financial structures and widespread stakeholder consultation can help Karachi's PPP project guide other fast-developing cities toward sustainable health care in the Global South.

5.2 Methodology

This methodology defines a structured system for implementing a Public-Private Partnership (PPP) model through data analysis of stakeholder interviews employing thematic methods. Snowball sampling was used to identify essential stakeholders which incorporated diverse opinions from both public health settings and trust hospitals. Six in-depth interviews included administrators who were equally drawn from both public and trust hospital sectors. Amid these stakeholder interviews researchers studied vital healthcare subject areas that incorporated operational management hurdles combined with utilization patterns together with financial stability demands and prospects for public and private sector cooperation. The interview results delivered important understandings of public hospital system challenges through facility over-capacity and limited healthcare resources and identified trust hospital opportunities for better use of resources. Different stakeholders expressed their thoughts about integrating public and private health services while underscoring barrier solutions and policy backing together with quality care equity requirements. The assorted and substantial dataset provided foundational elements for building a sustainable PPP model which resolves major healthcare obstacles within the region.

5.3 Phase 1: Categories of stakeholder engagement and planning, the following is the description of each of them.

Stakeholder Consultations: Engage administrators of public hospitals, trust hospitals and policy makers in detailed discussion on the following factors: Appointment of a steering committee to monitor the process of its execution.

Needs Assessment: Surveys and focus groups should involve key stakeholders to assess major gaps in the architecture of the public health sector and to analyze where trust hospitals can make a positive and impact. This assessment will also use elements of geography and demography to identify areas with limited access to services.

Draft Agreements: Form contracts that outline who does what, where there is disagreement of performance, or failure, and the consequences. These shall also contain provisions on subsidies, performance standards for services delivery, and provisions for handling of disputes.

5.4 Phase 2: Pilot Implementation

Selection of Pilot Hospitals: Survey the three public and three trust hospitals using purposive sampling by selecting three areas with different geographic features and population densities and different levels of resource endowment.

Training Programs: Undertake in-service training sessions of both administrative and medical staff addressing the issue of how to refer patient and share other treatment plans and resources. This training will also have sections concerning patient's rights and of course, legal issues.

Digital Integration: Create a digital all-in-one-map that reflects available beds, referring doctors' addresses, and patients' results. The aim of the platform is to have real-time analytics for the fair utilization of resources.

Service Rollout: Gradually disperse trust hospital beds to those underprivileged patients that are referred by public hospitals. See how the pilot affects the pace of patient traffic and the quality of care.

5.5 Phase 3: Expansion and Evaluation

Scaling Up: Incorporate more hospitals as pilot results and stakeholder's ideas suggest based on the

plans for extending the program further. It is also important to effectively coordinate that mater with the rest of the plan for the program so that materials learned in the pilot phase should be integrated into the entire program.

Continuous Monitoring: Integrate sophisticated analytical instruments appropriate for measuring various performance indicators, such as patients' conditions' improvement, beds availability, cost analysis and others. Organize monthly review meetings in solving challenges.

Policy Adjustments: Adapt during the second phase of the pilot and improve the methodology, as well as the operational and financial structures that will be used. This can be done by changing the numbers of subsidy, modifying the service delivery standards as well as improving the online platform.

6. Key Themes and Analysis

Theme 1: Overcrowding and bed Availability as factors in the assessment of delirium.

Hospitals still suffer from a severe bed deficit, due to which the inpatient wards are overcrowded, and the waits for more extensive and detailed examination are long. In particular, public hospitals experience a greater number of patients. At the same time, there is not enough accessible private health care for vulnerable groups of people. Several of the administrators in Karachi's public hospitals complained about overcrowding, and the adverse effects thereof; Jinnah and Hospital 2s were deemed to be oversaturated. In some days, it was also found that bed occupancy rates of both hospitals are more than 100%, and thus, the beds are shared, as well as the waiting list for more serious patients is longer. This overcrowding is not healthy for the patients and most of the time it even worsens are health especially when we are talking about emergencies or surgeries. Interviews with the administrators of public hospitals revealed that they think a PPP model could help shift the burden of serving the unserved population from public hospitals to private hospitals that have idle beds. "One public hospital administrator mentioned: It appears we are performing the work of ten most of the time and our patients are feeling the brunt of it. To ease this problem, private hospitals could be approached for partnership since they perhaps have more space than the current facilities being used and they offer a specialty. It could also help us to shift resources to more priority areas."

Theme 2: Public perception of Public Private Partnerships (PPP)

As it has been mentioned, there was certain heterogeneity in the response to PPP models. About the concept of enhancing accessibility of health care, through the PPPs the overwhelming majority of the heads of the public hospitals interviewed supported the proposal. They saw it as a chance to offer the services to more people while not having to inject a lot of capital to establish them a new building. But private hospital administrators were more apprehensive; they expressed feelings of uncertainty about patient loyalty and financial losses. "One private hospital administrator stated: The concept of a single solution might work well in theory, but there must be clear resolution of how to address resource allocation, financing, and patient acquisition. If you are adding new beds, you require commitments that the government will properly fund you financially."

Theme 3: Financial and Operational Feasibility

There are significant financial motivations. Private hospitals are especially concerned with government subsidies, tax exemptions and FFSP as preferred motivators for a PPP model. Issues of providing resources and cost distribution are the issues subsumed under this category. The public sector management is concerned with equal distribution of resources while on the other hand the private sector management aims at sustaining financial balance and /or preventing cost influx. It was also clear that for one to make PPP a success there must be a defined financial framework. When discussing the issue, some respondents even stressed that subsidies from governments, tax exemptions, and other methods of reimbursement for the cost of services are the keys to the work of the model. For instance, One Private Hospital suggested: "We are not averse to it but it must be cost effective'. We continue to raise our concern on the current lack of specific policy direction on how costs will be incurred and

specifically how the private sector will be reimbursed for participation." On their part the public hospital administrators raised issues of fair share contribution, so as to avoid complicating matters that the public hospital bear most of the operational costs." One public administrator suggested that: Alas, it is necessary to ensure that the private sector does not benefit more than it should, or is allowed to. "The purpose should be to enhance access for needy patients not turn it into an exclusive commercial endeavor."

Theme 4: Healthcare Quality and Patient Outcomes

Both the sectors agreed that, while adopting a PPP model, healthcare standard should not be affected. The education quality and control is one of the issue. The two sectors maintain the quality of care while sharing their resources. Nonetheless, there is fear that once a PPP is in place, quality may suffer particularly if PPP is aimed at allowances of costs. On the part of public hospitals, they worried that the expansion of PYD could devolve into a concern for profitability rather than the quality of care. Hospital 6 voiced concerns that: "While we would like to see improved access to healthcare, the private sector looks to make a profit and we have seen that efficiency may suffer if the cost of services becomes the focus rather than the quality of care provided." But some of the PHs perceived that the newness, efficiency, management, and specialty of the PSF could help increase the quality of public healthcare facilities. On the other side another "private hospital administrator pointed out that implementation of uniform care process can help avoid sharp discrepancies in the quality of care provided to people".

Theme 5: Challenges in Coordination and Implementation

There are downsides, work-type operational issues and lack of organization coordination which act as hurdles. The respondents' also raise fears over the challenges of coverage patterns of patients, and organizational problems inherent in co-operation between public and private hospitals. There are also issues to staffing and training in the organization. Issues have been raised concerning staff working arrangements and possible new culture as well as training needs and differences in management style and patient handling between public and private sectors. Respondent from both sectors reported that in implementing PPP model one of the biggest challenges which was pointed out was lack of coordination. Some of the issues raised where on issues to do with physical logistics to facilitate easy movement of patients from public sector to other private and / or private sector agencies on issues to do with referral and other related matters as well as exercise of timely and efficient service delivery. The respondents mentioned that possible causes for conflict could be the absence of co-management activities, and the variations in staff training between the public and private hospitals. "One administrator from Hospital 7 noted: Public hospitals are not like the private organizations 'we are accustomed to and so, they have other ways of dealing with resources. To link the two systems would need clearly defined structures, intercessory training, and a disposition to change."

Theme 6: Policy and Regulatory Support

It has to be noted that policy framework and regulatory support constitutes an essential part of resource management. This is something that both public and private hospitals agree to the effect that specific policy frameworks and sound regulatory bodies as well as government support to avoid exploitation and operate with clarity of purpose are necessary to make PPP models successful. Suggested improvements involve the optimization of government approval mechanisms, clarity of financial intelligibility, and rationalization of patient access. Finally, respondents consisting of public and private hospital administrators noted that effective policy environment and regulatory guarantees are crucial for favorable PPP operation. They stressed such key issues as legal relations regulation, declaring the financial sides of cooperation and government guarantees in terms of reimbursement and support in furthering the project's work. Hospital 1 suggested that: "The government has to start putting measures in place to promote the principle of the two sector to go in equal measure in terms of transparency in the

management of resources. Without this, any PPP initiative will fail."

Themes	Sub-Themes	Description/Key insights	Supporting Quotes
"Overcrowding and Bed availability"	-Public Hospitals Overcrowding -Under Utilised Private hospitals	Public hospital beds Continuously crowded at the level Higher Than 120% Yet True Based Private facilities Maintain their capacity Between 75% Resulting in empty available beds	"The hospital has been conducting the task of more staff members for much of the time but patients suffer from this pattern"
"Public perception of PPPs"	-Public report for PPPs -Private sector Scepticism	The most administrators of the public hospitals support public private partnership as a way to address the hospitals overcrowding .On the other hand private hospitals have reservations but Financial Terms and patient recruitment within PPP models	"A theoretical single solution framework requires explicit clarification for resource distribution management as well as financing approaches and methods to acquire patients."
"Financial and Operational feasibility"	-Government subsidies and incentives - Allocation and cost distribution	"PPP requires solid financial stability for its successful operation. Private hospitals demand structured instructions regarding subsidy amounts and cost sharing mechanisms while public administrators aim to distribute resources equitably and stop market-based profit making"	" We are not against it but this should be cost efficient "
"Healthcare Quality and patient outcomes"	-Standardisation of care -Profit vs quality of care	All medical providers maintain specialized agreement about maintaining excellent healthcare throughout Public-Private Partnerships. Public hospitals maintain that profit-based models could degrade care quality yet private hospitals emphasize opportunities to achieve standardized and efficient health services.	"Healthcare access improvement remains desirable but the private sector focuses on profits leading to observations that service efficiency declines when pricing becomes primary."

"Challenges In Coordination And implementation"	-Logistical and operational coordination -Differences in management and patient handling	Logistical cooperation between governmental organizations and private sector companies presents significant challenges despite the need for staff training in combined practices and differences in management styles.	"To link the two systems would need clearly defined structures, intercessory training, and a disposition to change."
"Policy and regulatory support"	-Need for clear policies and legal frameworks -Government support and regulatory guarantees	All stakeholders including public organizations and private entities agree that definite policy systems along with transparent regulations and governmental guarantees play a vital role in PPP project success.	"The government has to start putting measures in place to promote the principle of the two sectors to go in equal measure in terms of transparency in the management of resources."

7. Monitoring and Evaluation Framework

Key performance indicators include decreasing public hospital joint bed availability by 30 per cent, and enhancing patient satisfaction and medical treatment results, as well as the financial viability of the PPP model. The measures of data collection include patient flow, beds, and overall health care quality which will involve the use of a digital dashboard. Thus, the issues and suggestions arising throughout a project will be discussed at regular meetings with stakeholders. They will also enhance the specific strategies of implementation throughout the fourth quarter.

To lie low as it were, and continue to rely solely on public hospitals the situation that their country would find itself locked into would be overcrowded wards, declining patient outcomes and widening inequities. Extending the public health care system means it takes a lot of money and a long period, and initial effect is not instantaneous. Laying down a Public Private Partnership with trust hospitals is suggested; the infrastructures of the trust hospitals should help assist in the delivery of public health care services. Benefits are the affordability; expandability; save crowded public hospitals; and improve healthcare access and equality using trust hospital facilities. Implementation activities are to initiate the 12-month trial period, detail the operational and financial framework and test other areas based on the outcomes of the pilot and feedback from qualifying organizations.

7.1 Cost-Benefit Analysis

An innovative Public-Private Partnership framework serves as the foundation for maximized resource use and healthcare equity improvements across Karachi. Two types of costs exist for the PPP model which requires funding for staff training and digital platform design as well as establishing monitoring tools and evaluation protocols. To motivate trust hospitals to provide healthcare services to underserved population areas the financial system needs incentives such as tax relief and monetary compensation.

Multiple advantages result from implementing this model. The movement of patients to trust hospitals lowers the substantial strain on busy public facilities especially within emergency and intensive care departments. Such a distribution system leads to both effective care deliveries for patients alongside efficient resource optimization. Through its model the healthcare sector improves service access for minority communities by offering affordable medical care that targets economic disparities in health services provision. Operational efficiency improves

because of integrated digital platforms that track beds and resources in real-time enabling nearly immediate treatment decisions.

7.2 Conclusion

The proposed PPP model which is concentrated on engagement of trust hospitals is the suitable and unique solution of present healthcare system in Karachi. By successfully combining trust and public funds, this ensures that there is equal distribution of appropriate care, relieves the put under enormous pressure from public hospitals and create a lasting pathway for every healthcare service in the future. It is crucial for the policymakers to pay efforts to this cause as it will serve the needs of the people in Karachi in the near future and give a signal of sorts to other provinces that social injustices in the health system would not be tolerated. With the right kind of policy backing and efficient operation of such models, then this model might well act as a paradigm for other cities with similar issues.

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