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Glosarium

Public–Private Partnership (PPP)

Pengaturan kontraktual jangka menengah hingga panjang antara sektor publik dan sektor swasta dalam penyediaan layanan atau infrastruktur kesehatan, di mana risiko, tanggung jawab, dan insentif dibagi secara terstruktur, sementara negara tetap memegang peran utama dalam penjaminan akses, akuntabilitas, dan nilai publik.

Critical Success Factors (CSF)

Seperangkat faktor strategis yang secara konsisten menentukan keberhasilan implementasi PPP di sektor kesehatan, terutama terkait tata kelola, kapasitas institusional publik, kejelasan regulasi, pengelolaan risiko, dan pencapaian hasil layanan kesehatan..

Tata Kelola Kemitraan (Partnership Governance)

Kerangka institusional yang mengatur peran, mekanisme pengambilan keputusan, koordinasi, serta pengawasan antara aktor publik dan swasta dalam PPP kesehatan untuk memastikan pencapaian tujuan publik dan akuntabilitas.

Value for Money (VfM)

Prinsip evaluasi PPP kesehatan yang menilai keseimbangan antara biaya, kualitas, dan hasil layanan kesehatan yang dicapai dibandingkan dengan skema pengadaan publik tradisional.

Moral Hazard

Perilaku oportunistik mitra dalam PPP kesehatan, seperti pengurangan kualitas layanan atau penghindaran kewajiban kontraktual, akibat lemahnya mekanisme pengawasan dan insentif.

Systematic Literature Review (SLR)

Pendekatan metodologis yang digunakan untuk mengidentifikasi, menyeleksi, dan mensintesis literatur ilmiah secara sistematis terkait PPP dan CSF di sektor kesehatan lintas konteks negara.

Governance–Driven PPP

Pendekatan PPP kesehatan yang menempatkan tata kelola dan hasil layanan sebagai penentu utama keberhasilan, bukan semata aspek pembiayaan.

Service Outcome–Driven PPP

Model PPP sektor kesehatan yang menitikberatkan pada pencapaian hasil layanan kesehatan, seperti peningkatan kualitas, akses, dan keberlanjutan layanan.

High Income Countries (HICs)

Negara berpendapatan tinggi yang umumnya memiliki kapasitas tata kelola dan institusional lebih kuat dalam implementasi PPP sektor Kesehatan

Middle Income Countries (MICs)

Negara berpendapatan menengah (bawah dan atas) yang mengadopsi PPP kesehatan untuk mengatasi keterbatasan fiskal dan meningkatkan kapasitas layanan.

Low Income Countries (LICs)

Negara berpendapatan rendah yang menghadapi tantangan besar dalam implementasi PPP kesehatan akibat keterbatasan fiskal, regulasi, dan kapasitas institusional