



Public Private Partnership: A developing trend in the health care sector in India.

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ABSTRACT: Public private partnership is a developing trend in which services are delivered by the private sector, both non-profit and for profit organization, while the responsibility of the funding and additional necessities may be provided by the government. The PPP has made its entry to the health care sector since last two decades. The Public Private Partnership in health sector has made successful stories in India at the same time there are debates related to its accountability and transferability. The Indian government is now largely looking in to the PPP model to solve larger problems in health care delivery. This is because of the large number of population struggling for survival and basic health needs. The challenges in health sector leads to the PPP, where the public and private sector merges in a harmonized way to meet the demand of quality of health services. The area in which PPP now operates in health care includes private management in public health delivery, adoption of primary health care centers, clinical services, health insurance programmes, non-clinical services etc. The study throws light on the emergence of PPP in the Indian health sector and the various models where it is successfully implemented. The study focuses on the implications of partnership models and the benefits and limitations of them. The data is collected from thorough literature review of articles of journals, books, study reports, unpublished works and news papers. The study focuses on various PPP models operating across the country. The PPP models have lead to the delivery of accessible, reliable and better quality services to the poor. Efficient supervision and high quality managerial and budgetary support from the government can lead to implementation of successful partnerships which can ensure the modern health care to the deprived people.

Keywords: Public Private Partnership, , Health care reforms, Health care service delivery

1. INTRODUCTION

Health system of a state is its vital part where each state gives immense care and budgetary support. While taking a close look into the history, it is evident that states across the world were always concerned about the health of its masses and made timely interventions whenever necessary. The twenty first century witnessed the critical face of public health. The state finds a better alternative in private, non-profit, for-profit and voluntary organizations to provide better health care services. The difficulty to reach the people in rural areas with the same range of services that of the urban areas also had to be addressed. Hence the new initiative i.e., Public Private Partnership (PPP) got wider acceptability and larger scope. The efficiency of private sector

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in reaching the grass root level of the population is taken in to consideration and entrusted with carrying out accountable services.

Public Private Partnership is thus a developing trend in the global health sector. The world bank has announced that it will encourage partnership as a part of its comprehensive development framework. Non government organizations have established new relationship with private for profit firms and with international agencies (Reich, 2001). There are wide responses from International agencies to assure health care in poor countries. Non –governmental organizations also have gained acceptance and respect in last two decades. It is visible that government of India has partnerships with NGO'S, CBO's and other voluntary organizations for major National health programmes. But why this trend of Public Private Partnership is getting this wider response from all over the world? The major reason is globalization. Globalization makes modern technologies spread across world market, where the poor countries lagging behind will make a sharp and contrast which gains attention (Bennet, 1991). The increased acceptance of NGO's has also helped taking the public health issues around the world to international policy agenda.

Both the state and the private partners are not capable enough to single handedly sort out the public health issues. The state cannot provide same quality services to every corner which lead to the larger dependence on private sector. This uneven dependence may lead to the out of pocket expenses. State has budget constraints and limitations to reach whole mass whereby it has to take the help of private sector for its ability to reach the grass root level and efficiency in handling health care.

Various definitions are given to PPP by various authors and agencies,

"Public Private Partnership means to bring together a set of actors for the common goal of improving the health of the population based on the mutually agreeable roles and principle" (WHO, 1999).

"A partnership means that both party has agreed to work together in implementing a programme and that each party has a clear role and say in how that implementation happens" (Balgescu and Young, 2005)

"A partnership is a relationship based upon agreements, reflecting mutual responsibilities in furtherance of shared interests." (Mitchell, 2002)

"Collaborative efforts between public and Private sectors with clearly identified partnership structures shared objectives and specified performance indicators for delivery of a set of services in stipulated time period" (MoHFW, GoI ,2005)

In this study the Public Private Partnership refer to the merging of public and private sector where the public partner will be the Central/State / Local government and the private partner will be a Non- profit, privately owned business or corporate working together for providing agreed services.

2. Emergence of PPP in Indian health sector

In 1978, the World Health Organization (WHO) and the United Nations Children Education Fund (UNICEF) studied a history of global health rights in Alma Ata, USSR. In the Alma Ata Declaration, 134 countries were geared up to the goal of "Health for All" by the year 2000" and then till 2020. They affirmed WHO's broad definition of health as "a state of complete physical, mental, and social

well being". To approach health for all, the world's nations, together with WHO, UNICEF, and major funding organizations, pledged to work towards meeting people's basic health needs through a comprehensive, remarkably progressive approach called "primary health care". The declaration strongly advocated the need for a broader strategy that not only provides the basic health services but also take care of the social ,economic and political causes of the poor health, which lead to a participatory strategy which was called people centered development

The Bhore committee report in 1946 is a proof that India was always considerate to the health of the masses. India had its majority of masses living in rural area , so the emphasis was placed on the development of infrastructure techniques and manpower for service delivery mainly in rural area. The private sector role in the PPP model was important because of its proximity to the rural masses. Many Projects have been implemented in India in the PHC segment in different states with different levels of perspectives. The National Rural Health Mission (NRHM: 2005-2012) from the Government of India planned to set up PPPs at different levels of health care as key partners to success in implementation. NRHM has contemplated that involving the private sector as part of the Reproductive Child Health (RCH) initiative will provide more effective health care delivery system. The number of private sector institutions and dependence on them has been increasing over the years; the private sector now provides more than curative care comparing to earlier times. Another reason for implementing PPP is out of pocket expenses. The unsatisfactory health facilities lead to more dependency on private sector which ultimately leads to high out of pocket health expenditure at 86.4 during 2010 as estimated by the World Bank in 2012. (Holla et al,2013)

India has, since independence, developed a huge health care infrastructure in both public and private sector .Apart from the for-profit private sector for health care, the non-governmental organization (NGO) and voluntary sector have also been providing health care to the community. More recently, PPPs have been attempted to involve the private sector in delivery of national health programs like Revised National Tuberculosis Control Programme (RNTCP),National AIDS Control Programme (NACP) and in drug development. In the health sector, it is visible that the PPP takes out the best features of the two merging authorities. Various state governments in India have been experimenting partnerships with the private sector to reach the poor and underserved sections of the population. PPPs are increasingly seen as an important mechanism for improving health care. Located in rural and urban areas, the health services studied included mobile services, general curative care, maternal and child health services, community health financing activities, health promotion activities etc.

There are various partnership models working in Indian health sector, some may be identical and some may have unique features and style. The table below is an overview of the various projects in India implemented through PPP model. The table throws light on the nature of partnership, state which carries out the programme, partners included, services provided and the state, benefits and limitations of the project.

Table 1:- Synthesis of contracting models in India

Partnership model	State/ Case	Public Partners	Private Partners	Services Provided	Benefits of the Programme	Challenges	Recommendations
Contracting	SMS Hospital Rajasthan	Public Hospital	Private Company	Drugs at low cost and Radiological diagnosis (CT &MRI scan)	Free for all BPL patients. above 70 year and freedom fighters	Identification of authentic BPL beneficiaries	Maintenance of authenticated and reliable BPL holders list
	Bhagajatin Hospital, Kolkata West Bengal	Public Hospital	Private individuals, private company	Non-clinical services like dietary, kitchen cleaning scavenging and laundry	BPL patients supplied free diet.50% charges for others	Lack of monitoring agency for quality assurance of food	Quality assurance of foods and services verifying authority
	Mobile Health services in Sunderbans, West Bengal	State government West Bengal	NGO	Providing mobile (boat based) health services	52% remote villages covered, increased Patient attendance, Anti natal monitoring	Cover all the remote villages of Sunderbans, quality assurance	Extending the services to reach all the parts of Sunderbans timely Monitoring of services

(Source: Adapted from Raman and Bjorkman2009, Pai and Tripathy2012)

Table 1 represents the contracting model partnerships in India. Contracting in and out is one of the dominant tools for engaging the private sector in health sector reforms across all types of public health systems throughout the world (Raman and Bjorkman 2009). The private providers receive a grant or budget amount from the government for delivering certain services that the latter used to deliver itself. There will be written agreements on the set of services to be given, quality, quantity and duration of service. The SMS hospital partners with a private company to provide drugs and radiological services at low cost. The services are accessible round the clock to the people from poor economic background. The Bhagajatin Hospital situated in Kolkata is another example of providing non-clinical services through partnership, whereas Mobile health services in Sunderbans makes a new effort by providing health services to the remotest area with the means of boat based clinics. By analyzing the three models it is evident that these initiatives closely aim at the poor and deprived people who can't access the quality health services.

Table 2: Synthesis of multiple-nurtured PPP models

Technology Demonstration Project (Collaborative Partnership)	Utharanchal Mobile Hospital and Research Centre Blimtal Utharanchal	Autonomous government agency, Govt of Utharakhand	Non-Profit Research Institute	Mobile health vans delivering diagnostic and health care services.	Free services BPL card holders OPD consultation Radiological Diagnostics and pathological tests	Identification authentic BPL beneficiaries, assessing quality of services	Maintenance of authenticated and reliable BPL holders list, timely monitoring
	Karnataka Integrated Telemedicine and Tele health Project Karnataka	Public sector hospital, Autonomous GOI agency	Private hospital	Tele consultation and in patient services for cardiac patients and other specialist care.	Free diagnosis medicines and treatment to heart patients Yeshaswini card holders	People fear of user charges, problems regarding connectivity and machines	Improve Information Education and Communication services
Community based Health Insurance schemes	Yeshaswini Health Insurance Scheme Karnataka	Government of Karnataka	Private and corporate Hospitals.	Health Insurance to the members of farmers corporative	Targeting farmers	Reaching the entire farmer community	Extending the services and Improving Information Education and Communication services
Hospital autonomy	Rogi Kalyan Samiti Hospital Bhopal Madhya Pradesh	District hospital	Private Individuals	Decentralized management of hospital to improve the quality of care	All service free for BPL patients, defense personnel and differently able people.	Identification authentic BPL beneficiaries.	Maintenance of authenticated and reliable BPL holders list.
Public -Private mix	Mahavir Trust Hospital Hyderabad	GOI	Private hospital, private doctors and Nursing homes	Surveillance and treatment of Tuberculosis patient	Entire programme covered under RNTCP free of charge	Long term sustainability is a concern	Provide incentives to private practitioners, proper linkages with monitoring hospital

(Source: Adapted from Raman and Bjorkman, 2009. Pai and Tripathy,2012)

Table 2 gives a picture of other innovative PPP models operating successfully in various states. The collaborative partnership indicates more than one partnership with the government like autonomous institutions or semi-government Institutions. Utharanchal Mobile Hospital and Research Centre is a model in which TIFAC (Technology Information Forecasting and Assessment council partners with Birla Institute of Scientific Research (BISR). Whereas Karnataka Integrated Telemedicine and Tele health Project has a prominent Hospital Narayana Hrudayalaya to provide online health care services to the poor in underserved areas. The people in remote areas can connect with any district hospitals which linked with super specialty hospital where they get uninterrupted online services.

Yeshaswini is a community based health insurance scheme in which targets the poor people. The Karuna Trust with the help of National Health Insurance Company and the Government of Karnataka undertook the project to improve access to and utilization of health service to prevent impoverishment of the rural poor due to hospitalization and health related issues and to establish insurance coverage for out- patient care by the people themselves. Rogi Kalyan Samiti is an example where the individuals from the community put efforts for the management of a public hospital to deliver quality health services. Mahavir Trust Hospital in Hyderabad has joined hands with the government to implement RNTCP (Revised National Tuberculosis Control Programme).

3. Findings and Discussions

The PPP in health sector has a major role in bridging the funding gap and enriching the programme with other necessary resources. Efficiency in implementation has lead to the opening of PPP models in various service sectors. The entry of Private sector into health sector has lead to the removal of hostile attitude towards private sector. The myth that private sector aims only profit motive has been broken.

Even though "contracting" is the dominant modal in public private partnership, the study tried to closely look on to the other PPP models existing across the country. In all most all the partnerships the principal public partner is the Ministry of health and family welfare (GOI) either directly or through nominal bodies. The private partner varies from private individuals, doctors to large corporate entities. The service of these partnerships also varies from super specialties services to community care, health education and non-clinical services. Most of these partnerships are meant to help the rural population, who are deprived of the basic health needs . The partnerships addressing urban slums are also studied.

The literature suggests the cases of PPP have to be yielding benefits to masses compared to the previous health care conditions. PPP's are supposed to ensure quality and accessibility of health services to poor and vulnerable session. However verification of the authenticity of poor patient is a matter of concern. Mostly the 'ration card 'issued by the government certifies a person to be poor or rich. But the BPL /APL divisions has always been a matter of controversy across the state. The case of destitute and migrants without certification is also a question. Sometimes people are subjected to the interpretation by hospital authority or get a citation from local authority which can create a negative attitude towards these programmes.

Most of the PPP ventures are free of user fee or maintaining a less fee for meeting the operational expenses which is an act to be accessible for every person and preventing out of pocket expenditure on health. The matter of user fee must be written down in the contracts to avoid later confusions. But the consistency in providing quality services by the private sector is something to be taken care. Prior experience and area of interest of the private firm must be well studied before starting a partnership. to ensure the quality. Technical and managerial abilities of the private firm should be analyzed effectively. There should be a performance indicator to assess timely results and quality of services. The risk sharing factors should be also equal while starting a partnership to ensure the smooth functioning. The mutual roles and responsibilities of both parties should be laid

down and understood previously. The risks also should be understood and addressed to prevent partnership from being affected in long run. A trust –oriented selection is recommended while selecting partners.

'Red tapism' is a bigger threat which curtails the growth of PPP in Indian health sector. The procedural requirements to get the timely grant in aids sanctioned will lead to chaos in the ongoing programme and eventually lead to the closure of the project. It may also lead a negative impact among private entities to get involved with PPP projects.

Last but not least, the stake holder's interests should be taken in to consideration. Some projects are lagging behind in addressing major problems of people. Hence before acting on assumptions a good research should be carried out to assess the stake holder needs for building up a successful PPP.

4. Conclusion

PPP is getting wider attention day by day and new projects are under planning and about to be implemented in various fields. Health sector partnerships are gaining more attention from the masses across the country. The new ideas like, Corporate Social Responsibility has lead to the better involvement of private sector in addressing the health needs of the society. The PPP projects have lead to the diminishing figure of private sector merely as "profit motive sector". The Public sector should adopt more welcoming and liberal terms and conditions for the building up of more and more health partnerships. There should be policy changes for creating better atmosphere for PPP. The call for focused researches on the partnership models in health is necessary. This will throw light to the gaps in these projects and helps in bridging them for public good.

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