

Inclusive and Sustainable Healthcare Delivery-A Public Private Participatory Model

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Abstract

Healthcare has become one of India's largest sectors with high income generation and employment opportunities. Indian Healthcare includes Public and private hospitals, clinics outsourcing, telemedicine, medical tourism, health insurance and other medical equipment. Public spending on public health and welfare in India are still not at the required level even after introduction of Ayushman Bharath. The gap between the actual spending by common man and the required amount is high in low-income which results in inter-state inequality in healthcare.

The aim of this paper is to analyze the public private participatory projects by Narayana Hrudayalaya and its CSR activities to reduce the problems faced by common Indian citizen in receiving good healthcare.

Key Words: Healthcare, public-private participation, out of pocket spending, underprivileged, Narayana Hrudayalaya, CSR activities.

Introduction

Good health is an important component of human development and improvement. Empowerment of people comes from the freedom from poverty, hunger, and malnutrition, and freedom to work and lead a healthy life.¹ Access to good healthcare is highly required for better development and empowering citizens. Government intervention in healthcare is highly recommended in world level to provide and regulate health services especially in developing countries as they have high income disparity between rich and poor and poverty.

Government spending for public health care in low and middle income countries is below than what is actually required. Low income generations and revenue collection and high demand for expenditure contribute to this gap in public health spending in these countries. Another problem is limited access to public health care facilities which forces common man to go to public health providers which increases out-of-pocket (OOP) spending, especially for the poor.²

Universal health care is providing access to key primitive, preventive, curative, and rehabilitative healthcare for all at an affordable cost. However, most low- and middle income countries find this a major challenge, as it requires substantial increases in public spending. Some middle income countries like Thailand, some Latin American countries China, Indonesia, and Vietnam, are focusing on improving access to healthcare.

In India there have been some recent initiatives to improve public spending on health care which resulted in some increase in access to good healthcare. The, National Rural Health Mission (NRHM), established in 2005, and the recent introduction of Rashtriya Swasthya Bima Yojana (RSBY) and Ayushman Bharat Yojana launched in 2018 a national health insurance scheme for people below the poverty line are the two most important initiatives by the central government. Several state governments also have come up with their own insurance schemes. Despite such programs, the actual public spending on health is not at required level.

The Critical Need for Health Care for Under Privileged

Most rural and informal sector workers in the world do not have any form of health security. The labour sector of the Indian economy consists of roughly 487 million workers, the second largest after China. Of these over 94% works in unorganized enterprises ranging from pushcart vendors to home-based diamond and gem polishing operations.³

The poor are particularly vulnerable to the lack of health security. The poor spend a greater percentage of their income on health or related expenditures. In fact, healthcare costs are one of the primary reasons for rural indebtedness and poverty. Moreover, there is the issue of accessibility. Thus for many, simply accessing health care is by itself, an expensive proposition.

PPP in Healthcare by Narayana Hrudayalaya

‘Low Cost Healthcare’, an expression private hospital rarely speaks about these days. Nevertheless, there is one company, Narayana Hrudayalaya Limited, which has a mission to offer low cost health services to all the patients they can reach out to, in order improve the wellbeing of our nation. Corporate social responsibility is recent and an evolving concept for the business organizations in the country. NH CSR policy is a set of basic principles and guidelines to direct focus and influences the actions and decision-making towards providing necessary care and assistance to the needy through Public Private Participatory projects.

Review of Literature

A literature review aims at reviewing current knowledge of theoretical and methodological contributions to a particular topic.

According to **Dr. A Venkat Raman and Dr James Warner** (2006) some issues at the policy level need in-depth analysis whether the government should directly propose and handle the PPP initiatives or whether it should create a specialized independent agency and provide incentives that encourage higher level of private sector involvement in provision of healthcare services.⁴

Rustam Sengupta (2013) in his book *Sustainable and Inclusive Innovations in Health Care Delivery – A*

Business Model Perspective, found that the healthcare sector in India is undergoing a very good phase of progressive rapid growth. All healthcare providers are attracting investment in this sectors.⁵

Dr Jennifer Gill and Prof David Taylor (2013) of the UCL School of Pharmacy have suggested in their research *Health and Health Care in India National opportunities, global impacts*, that it is possible that the country’s established expertise in areas like information technology and vaccine production will prove useful in recasting current models of self-care and professional care and opening the way to a unique and potentially world leading Indian health service model.⁶

Public Private Partnership (PPP) in Indian Health Care by **Dr. R Ramakrishnan** (2012) opined that PPP in healthcare is an instrument for improving health of the population. According to him medical sector is a national asset. Private and public sectors are very much accountable for overall health system of the country.⁷

Govinda Rao and Mita Choudhury (2012) said that it is the duty of central government to expand health infrastructure in both rural and urban areas of the country.

The above studies mainly focus on equitable distribution healthcare services, government intervention in providing healthcare finances, effectiveness of different public-private participatory projects and infrastructural developments in health sector.

Research Design

Objectives of the Study

The main objectives of the study are:

1. To understand the role of government in healthcare financing.
2. To review the CSR activities of Narayana Hrudayalaya.
3. To understand the public Private participatory projects of Narayana Hrudayalaya

Methodology

The paper is conceptual in nature and is adopted the descriptive research design. Primary data used in

the study is collected from patients using convenience sampling and secondary data obtained from reports of Narayana Hrudayalaya, official sites of Govt. of India and Govt of Karnataka, newspapers, books and journals

Role of Government in financing healthcare

Health care involves not only public spending by the government but also the activities of the private parties. Health care commonly considered as a public good, but its demand and supply cannot be regulated solely by the invisible hands of the market.

Government should focus on

- Accessibility
- Fair distribution
- Availability to vulnerable groups and under privileged
- Expanding role of government in health care system

A public-private partnership (PPP) is a government service or private business venture which is funded and operated through a partnership of government and one or more private sector companies. These schemes are sometimes referred to as PPP, P3 or P³. This is mainly done by the government sponsoring the private players to work in a particular field. The model has successfully worked in various other sectors like roads, airports, telecom, irrigation and etc.

CSR activities of Narayana Hrudayalaya

NH CSR policy directly focuses on providing necessary care and assistance to the needy. This policy is in accordance with the requirements set out in Section 135 of Companies Act 2013 read with Companies (Corporate Social Responsibility) Rules, 2014 notified by Central Government in this behalf.

NH aims to make a positive difference in the lives of the people by engaging in activities that eliminates or alleviates pain and suffering to the under privileged sections of the society.⁸

NH CSR policy intends for:

- Promoting healthcare facilities for the

upliftment of people by providing affordable and accessible healthcare.

- Promoting educational facilities to help and assist talents of the children and amateurs.
- Strive for socio-economic development thereby reducing inequality between rich and poor.

NH CSR FOCUS AREAS

- Healthcare
- Enhancing livelihood
- Education

Narayana Hrudayalaya Public Private Participatory Projects

Overview of projects/programs undertaken during Financial Year 2017-18

- Rajiv Gandhi Arogya Yojana (RAY):

This program was initiated in November 2005 to develop a model of rural primary health care system in Amethi. The project currently includes 4 Primary Healthcare Clinics spread across four blocks of Amethi constituency and covers the basic healthcare needs of around 200 villages catering to a population of more than 60,000 people.

- **Railway Clinics:**

This program was initiated in July 2011 in the State of Karnataka in collaboration with Southern Railways. The objective is to provide timely care to the patients or accident victims in railway stations, and thereby curb the increasing number of deaths due to railway accidents.

- Mobile Mammography Screening:

The effort therefore, of the mammography screening program, has been to educate, screen, identify and refer patients for further treatment. In the past financial year, the program reached out to 7,000 women through 171 camps and 2,048 mammograms were conducted.

- Care Companion Program:

The Care Companion Program (CC Program) was first set up in 2013 in the NH Hospital in Mysore. This

program is designed to educate patient family members with low or no prior medical knowledge for attending to the needs of patients. Multi-lingual group teaching sessions use interactive videos for identifying warning signs of illness, checking temperature, pulse, blood pressure, timely medications etc.

- **E - Health Centre Program (eHCs):**

The program focuses on delivering quality and affordable primary health care to people living in resource-deprived locations of India using appropriate technologies. NH is the healthcare partner to implement, operate and manage eHealth Centres.

A Total of 9 eHealth Centres have been established in states of Karnataka, West Bengal, Rajasthan and Gujarat. A total footfall of 64,037 has been witnessed since inception.

- **Shorapur Maternal Obstetric Monitoring program**

Yadgir District has been identified by the Ministry of Health and Family Welfare as a High Priority District for the implementation of focused health care interventions under National Health Mission (NHM). Based on statistical data for maternal healthcare indices, it was decided to pilot maternal healthcare interventions in Shorapur Taluk of Yadgir District. NH team stationed in Shorapur co-ordinates free drives for Ultra sonography (USG), High Risk Pregnancy detection (HRP), as well as blood transfusion for anaemic pregnant women.

With implementation of this workflow innovation, there has been a 50% rise in detection of high risk pregnancy cases.

- **Udaan:**

According to the World Health Organization, India has seven doctors for every 10,000 people, half the global average. These shortages exist despite India having one of the largest medical education systems in the world. The unwillingness of doctors to work in rural areas is another challenge. Considering these twin challenges, the objective of Udaan is to nurture the potential of rural students from disadvantaged backgrounds and create a platform which they could leverage on towards realizing medical Education.

New PPP Programs Initiated By Narayana Hrudayalaya

- **Community Radio program**

Narayana Hrudayalaya Foundation was granted 90.4 spectrum wireless operating license in January 2017 for establishing a community radio station in Health city, Anekal. The community radio was named “Namma Nadi” with focus on health, education, environment, culture and civic issues within the primary and secondary zones of health city.

- **Non-Communicable Diseases (NCD) Program**

This new program was initiated in June 2017 with a focus to improve awareness and conduct screening for non-communicable diseases including breast and oral cancer. The program has been initiated at five locations – Mysore, Jamshedpur, Delhi, Howrah and Bangalore.

Findings

- Inclusive and Sustainable healthcare system is a must for human resource development of any nation, which in turn increases the growth rate of the country.

- Proper institutional system within bureaucracy by the government and trained people is required for providing quality healthcare to common people.

- Proper PPP initiatives will work wonders in providing quality healthcare to masses.

- PPP is not a substitute for providing health services by the public sector through better governance.

- PPP initiate by Narayana Hrudayalaya through their CSR activities are mostly community model healthcare system which is a beacon of hope for providing healthcare services.

- NH model PPP are not only supporting the public healthcare system in Karnataka state, but also gives its support to other states like Rajasthan, West Bengal, UP etc.

- NH CSR activities focus not only on healthcare, but also supports livelihood enhancement and Education.

- NH PPP UDAN gives lifelong support for

talented poor students to achieve their dreams in higher education especially in the field of healthcare.

Suggestions

- The healthcare sector in India is undergoing a rapid change. Apart from the healthcare providers, other health industry contributors also should contribute to PPP projects.

- Government need to focus on providing health security provision to each and every individual with a highly innovative, affordable, and accessible health system.

- There is a need to reform or modify certain administrative systems and procedures.

- Policy makers should also try to establish global health care services market generating foreign exchange and driving its growth process.

- The main challenges on the field still are in terms of logistics, lack of awareness, government apathy and rudimentary delivery channels, measures must undertake by government to overcome these problems.

- Government has to focus on good health and wellbeing for all throughout their lives and should try to reduce the time lag in dispersing the fund to the people.

Conclusion:

The Union Budget of 2018 introduced a healthcare project for common man; The National Health Protection Scheme (NHPS) is aimed at extending healthcare insurance to 100 million families and raising the insurance ceiling to 5 lakhs per family. The scheme would be a boost for Indian healthcare system.⁹

However, The World Health Organisation's ranking of health systems of countries; India is ranked at 112, way below countries like Bangladesh, Indonesia, Iran and Iraq. This low ranking shows India's low quality medical infrastructure and shortage of doctors. Private healthcare providers can fill the gap in the healthcare services by working with various developmental agencies and other institutions.¹⁰ The transferability of schemes like this depend almost entirely public private participation and the existence of health care infrastructure of a reasonable kind. These projects will

provide the country an inclusive and sustainable growth in health sector.

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Conflict of Interest Statement

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Ethical clearance Statement: In undertaking this research various sources have been consulted in order to ensure that this study meets acceptable ethical guidelines. The paper is conceptual in nature and secondary data obtained from reports of Narayana Hrudayalaya, Bangalore and Asha Workers in Karnataka

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