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PUBLIC PRIVATE PARTNERSHIP IN HEALTH SERVICES IN KARNATAKA: A FOCUS ON WOMEN'S HEALTH

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ABSTRACT

Good Health of people is one of the important indicators of a country's prosperity. Every country has witnessed deterioration in the health of its people due to changes in the life styles, food habits, growing consumerism and also pollution that has resulted in health problems. Therefore health is a prime concern in the task of nation building. To earn good will of the community by providing quality services is one of the objectives of the Governments both at the national and state levels is to promote good health amongst its citizens. The Government also encourages the private sector to provide and deliver essential health services to its citizens. This paper is an attempt to study public private partnership in women's health in particular and primary health centres (PHCs) in Karnataka. Karnataka is a pioneer in provision of health services. Public-private partnerships are increasingly seen as playing a critical role in improving the performance of health systems by bringing together the best characteristics of the public and private sectors to improve efficiency, quality, innovation, and health impact of both private and public systems.

KEYWORDS: Public private partnership, women's health, primary health centre (PHC).

LITERATURE REVIEW

Health is a prime concern for nation building. This very objective can be considered as a prime responsibility of the Government with respect to health with special reference to women and children. According to the constitution of India public health is the responsibility of the states. This fact is established in the article 47, of Directive Principles of State Policy. It is thus stated that raising of the level of nutrition and the standard of living of its people and the improvement of

public health as among its primary duties.

Private sector is more particularly profit oriented and known for its efficiency and as public sector is service oriented, the combined sectors of both is believed to help not only the masses of the country but also improve, regulate and implement the strategies so framed in the quality of life and standard of living of the people. The concept of ppp requires adequate amount of capital investment, technical expertise and assessment of



cost benefit analysis, keeping in view the development of the economy.

Public Private Partnership is a recent concept adopted by both central and state Governments in India. This public private partnership model includes sectors such as infrastructure, education, public transport, health care and services that aim to provide better quality services of acceptable standards to large sections of the population. With public private partnership, both the Government and private sector would initiate, adopt, frame and execute various policies, programmes, strategies and also face challenges as 'Good Health' is a prime concern in the task of nation building.

The present study is an attempt to study the concept of public private partnership and its role in providing quality healthy services to the women of Karnataka.

CONCEPT OF PUBLIC PRIVATE PARTNERSHIP

Public-private partnership (PPP) is referred to a government service or private business venture that is funded and operated through a partnership of government and one or more private sector companies.

Public-private partnership (PPP) refers to a long-term contractual partnership between the public and private sector agencies, specifically targeted towards financing, designing, implementing and operating infrastructure facilities and services in the State. These PPPs aim to achieve the twin objectives of high growth and equity on a sustainable basis.

The term 'public-private partnership'(PPP) describes a relationship in which public and private resources are blended to achieve a goal or set of goals judged to be mutually beneficial both to the private entity and to the public. The term has gained prominence as its importance has become more significant over time.

The Canadian Council for Public-Private Partnerships has adopted the following definition to help clarify what is meant by this concept. A public-private partnership is defined as "a cooperative venture between the public and private sectors, built on the expertise of each partner, that best meets clearly defined public needs through the appropriate allocation of resources, risks and rewards."

Public private partnerships have been heavily promoted in key sectors such as education and healthcare with the aim of improving efficiency and innovation in the generation and performance of public services.

OBJECTIVES OF THE STUDY

- i) To study the concept of health in public private partnerships
- ii) To study public private partnerships in health services of Karnataka
- iii) To understand the status of women's health in Karnataka
- iv) To understand measures undertaken to improve and protect women's health in Karnataka under public private partnership

THE CONCEPT OF HEALTH IN PUBLIC PRIVATE PARTNERSHIPS

Public-Private Partnership or PPP in the context of the health sector is an instrument for improving the health of the population. PPP is to be seen in the context of viewing the whole medical sector as a national asset with health promotion as goal of all health providers, private or public. PPPs are more focused on better procurement and value for money. The critical success factor for health PPPs is political will.

Objectives of Public Private Partnerships in Health Sector

It is stated that universal coverage and equity for primary health care is the main objective of public private partnership mechanism. The other objectives include the following

- Improving quality, accessibility, availability, acceptability and efficiency
- Exchange of skills and expertise between the public and private sector
- Mobilization of additional resources.
- Strengthening the existing health system by improving the management of health within the Government infrastructure
- Widening the range of services and number of services providers.

- Clearly defined sharing of risks
- Community ownership

A health services Public–private partnership (PPP) can be described as a long-term contract between a public-sector authority and one or more private sector companies operating as a legal entity. The government provides the strength of its purchasing power, outlines goals for an optimal health system, and empowers private enterprise to innovate, build, maintain and/or manage delivery of agreed-upon services over the term of the contract. The private sector receives payment for its services and assumes substantial financial, technical and operational risk while benefitting from the upside potential of shared cost savings. While the provision of health is widely recognized as the responsibility of government, private capital and expertise are increasingly viewed as welcome sources to induce efficiency and innovation.

PUBLIC PRIVATE PARTNERSHIPS IN HEALTH SERVICES OF KARNATAKA

As mentioned earlier, it is the responsibility of every state Government to promote, maintain and ensure good health among its people. For this very reason, the Government introduces and undertakes various reforms in the health sector. One such mechanism is public private partnership. The Government of Karnataka has adopted and encouraged public private partnership (PPP) model in various sectors, particularly the health sector and accordingly various reforms are introduced.

Health sector reforms essentially mean redefining the government's responsibility in ensuring access to quality health services for the poor and other deprived sections of the population.

Health Sector Reform (HSR) is defined as a sustained, purposeful change to improve the efficiency, equity and effectiveness of the health sector (Berman 1995). The World Health Organization (1997) defined health sector reform as a sustained process of fundamental change in policy and institutional arrangements of the health sector, usually guided by the government. ..It is designed to improve the functioning and performance of the health sector and ultimately the health status of the people .

Karnataka has developed a widespread network of health services. The State is a pioneer in the provision of public health services, even before the concept of Primary Health Centres was conceived by the Government of India. The state had already made a beginning in establishing a number of primary health centres for providing comprehensive health facilities to its citizens.

The healthcare landscape in Karnataka is changing rapidly with corporate and foreign hospitals setting up centres to offer high quality healthcare. The health city concept is gaining prevalence as a self sustaining health cluster that comprises hospitals, wellness centres, specialised medical research units, recreation centers etc.

PricewaterhouseCoopers (PwC) Health industry practice is one of the leading health related professional services organizations, providing assurance, tax, and advisory services to this highly integrated sector. The firm works with organizations that represent the healthcare delivery spectrum: integrated delivery systems, hospitals, physician organizations, pharmaceutical and health science companies, ministries of health, government and other policymakers, professional associations, and investors.

Related to issues of promoting health care services and better medical facilities, PricewaterhouseCoopers (PwC) India had suggested the state government of Karnataka to adopt and promote public private partnership (PPP) model in healthcare sector to increase the investment in this sector and improve the health index of the state. It also stated that the Government needs to provide comprehensive training to medical staff and to introduce focused health insurance schemes to prioritize the healthcare sector in Karnataka. The company has also suggested government to effectively adopt Rashtriya Swasthya Bima Yojna (RSBY) and National Rural Health Mission (NRHM) to provide efficient healthcare facilities to poor and rural sections of the state.

PricewaterhouseCoopers (PwC) has recommended the state to adopt a more scientific and technical approach towards health sector. The state government of Karnataka has allocated a total amount of Rs 3,254 crore for promotion of medical health and education in the state in 2011-12 budget as compared to the budget

for year 2010-11, in which the government has made an allocation of Rs 2,673 crore for health sector.

A Public-Private Partnership is the Rajiv Gandhi Super Specialty Hospital at Raichur district opened in 2000. This facility is the product of a public-private partnership between the Government of Karnataka and the Apollo Hospitals Group, with financial support from the Organization of Petroleum Exporting Countries (OPEC) Fund for International Development. The objective is to provide low-cost, super-specialty care to families below the poverty line.

TABLE 1: Public Private Partnership under health and family welfare services in Karnataka

Sl. No.	Districts	Total No. of PPP projects in health sector
1	Bangalore Urban	8
2	Bangalore Rural	6
3	Ramnagar	1
4	Chitradurga	10
5	Davangere	4
6	Kolar	5
7	Chikkaballapur	6
8	Shimoga	4
9	Tumkur	7
10	Chickmagalur	11
11	Chamarajanagar	6
12	Kodagu	4
13	Hassan	4
14	Udupi	1
15	Mandya	6
16	Mysore	8
17	Dakshina Kannada	10
18	Dharwad	8
19	Gadag	11
20	Haveri	8
21	Uttara Kannada	9
22	Bagalkote	27
23	Belgaum	15
24	Bijapur	5
25	Bidar	9
26	Bellary	8
27	Gulbarga	7
28	Koppal	5
29	Raichur	7
	TOTAL	220

Source: National Health Profile 2008

The Primary Health Centre (PHC) is a public—private partnership with the Karnataka Government by Karuna Trust, a non-governmental organisation (NGO) working on integrated rural development. The Karuna Trust in collaboration with the National Health Insurance Company and the Government of Karnataka has launched a community health insurance scheme in 2001.

There are 2195 functional primary health centres (PHCs) including 516 upgraded PHUs. In 2008-09, 65 new primary health centres (PHCs) were set up, taking the total to 2260. In order to strengthen the delivery of healthcare services in Primary Health Centres, (PHCs) the State Government initiated a programme inviting the private sector as a partner. Presently there are around 220 public private partnerships in Karnataka in health sector.

STATUS OF WOMEN'S HEALTH IN KARNATAKA

As a matter of fact, health care is a fundamental objective of any national health system.

But the fulfillment of this objective depends on how well disadvantaged populations such as women, the poor, and rural inhabitants are targeted and reached, women in particular suffer from multiple disadvantages.

The Karnataka Human Development Report (2005) points out that, "Good health is an invaluable asset for better economic productivity, both at the individual and national level, but above all, it is valued by those who own it as a prerequisite for a better quality of life and better standards of living." The report identifies the poor, the women, the Scheduled Castes and Scheduled Tribes as the sub-populations who are at the highest risk from poor health and its effects on longevity.

According to National Family Health Survey, 48% of women in India experience some kind of problem during delivery. However, only 50.2% of women giving birth went to a doctor for prenatal care, 22.85% received no prenatal care and 57.6% of women giving birth accessed no post-natal care at all.

Lack of access to appropriate antenatal and postnatal care and delivery care is considered to be one of the main reasons for maternal mortality in rural Karnataka. Health problems that affect only women such as cervical cancer and the health risks associated with pregnancy and childbirth, complications of pregnancy and childbirth, unsafe abortions are the leading causes of death in young women.

Gender-based violence in the form of physical assault, domestic violence, honor killing and trafficking takes a heavy toll on the mental and physical health of affected women. Gender-based violence is increasingly becoming a major public health concern and constitutes a serious violation of basic human rights. There is also discrimination against girl child. Another major issue is female infanticide. Girls and women are particularly vulnerable to HIV infection due to a combination of biological factors and gender-based inequalities.

Women access to health care have to balance the demands of paid work and work at home, giving rise to work-related fatigue, infections, mental ill-health. Asthma, heart disease, arthritis, depression and diabetes are common in women as they age, particularly in poorer women and those living in rural areas. Suicide due to mental illness is also one of the reasons causing death.

Poverty is a major reason for financial hardship, lack of autonomy to seek health care and to spend money limit women's health care options. Over 40% of rural deliveries occurred at home and 38.1% were not attended by doctors. Poverty, illiteracy, ignorance, malnutrition and lack of personal hygiene are the reasons for poor health of women.

MEASURES UNDERTAKEN TO IMPROVE AND PROTECT WOMEN'S HEALTH IN KARNATAKA UNDER PUBLIC PRIVATE PARTNERSHIP

The Eleventh five year plan (2007-2012) aimed at lowering maternal and infant mortality, malnutrition among children, anemia and fertility among women. By adopting public private partnership (PPP) which will promote care in women health, the advantage is that with increased access in areas of operation and availability of round the clock services is assured. Increased flexibility and responsiveness is an added advantage.

In approaching women, there is a need for a holistic perspective that embraces the totality of the social organization, economic and political life in which the household is embedded women's health needs to be looked in a broader perspective.

Karnataka is above the national average (HDI rank 7) has a wide network of health care institutions, strong political will and concern for health has used public private partnerships to provide emergency transportation to take pregnant tribal women and health facilities for obstetric care, the emergency ambulance

services reach the nearest motorable point to pick up patients.

Maternal mortality is important as it indicates maternal deaths and health facilities utilized by women. The objective of the state Government was to reduce maternal mortality rate to 100 per lakh live births by the year 2012. Sample Registration System (SRS), as per the SRS 2004-06, the maternal mortality rate for Karnataka is 213 per lakh live births while whole of India is 254 per lakh live births.

An example of public private partnership (PPP) in rural health is Cisco and Government of in Chitradurga district that aimed to bring an inclusive growth. This public private venture uses technology to bridge the rural urban gap and has announced health care solutions, programmes to enable remote healthcare for one primary healthcare center and one community healthcare center from the district hospital in Chitradurga district.

Cisco introduced its healthcare solution in its corporate social responsibility project, 'Samudaya' to enable access to remote healthcare to flood-affected people of Raichur. The public private partnership (PPP) venture was to ensure that advanced healthcare was freely available to poor women. With this in view, the women's wing of "Abhivridhi", a forum for Tumkur's development, organized to extend healthcare to poor women in Tumkur.

The Hridaya Spandana scheme though a Government which aims to support at least one surgery a day is an understanding between the government, three private charitable trusts as well as a private hospital to help poor patients undergo heart procedures that includes rural women.

The Karnataka state government has launched the Vajpayee Arogyashree health scheme for Bangaloreans. Under this scheme specialists from the private sector will sign a Memorandum of Understanding to improve healthcare services in the rural areas which will go a long way in improving the health of rural women. Vajpayee Arogyashree, was first launched in Gulbarga division in 2010 and was extended to Belgaum and then to Mysore division.

Manasa in Mysore district is a home for homeless which focuses on health and care of destitute mentally ill women.

Thayi Bhagya is a scheme under which recognized private hospitals will get an amount of Rs. 3.00 Lakhs for every 100 deliveries conducted in their institution as incentive. The services being free to patients. These schemes are being implemented to reduce the infant mortality and maternal mortality rates.

In addition to these schemes like 'Arogya Bandhu' wherein management of Primary health centers have been given to medical colleges and NGOs and 'Arogya Kavacha' wherein quick and free emergency transport and Pre hospital stabilization treatment is provided including for pregnant women throughout the state are worth mentioning.

Provision has been made for engaging doctors trained in MTP as Safe Motherhood Consultant who will visit the primary health centre (PHC) once a week or at least once in a fortnight on a fixed day for performing medical termination of pregnancy (MTP) and other Maternal Health care services. Healthcare facilities are extended to access to safe delivery services for poor mothers through public-private partnerships (PPPs).

FINDINGS OF THE STUDY

- + The Government of Karnataka, the Narayana Hrudayalaya hospital in Bangalore and the Indian Space Research Organization initiated an experimental tele-medicine project called 'Karnataka Integrated Tele-medicine and Tele-health Project' (KITTH), which is an on-line health-care initiatives in Karnataka.
- + Gumballi a primary health Centre (PHC), Yelandur Taluk in Chamrajanagar district is a public—private partnership with the Karnataka Government by Karuna Trust, a non-governmental organisation (NGO) working on integrated rural development and treats mental illness.
- + Karuna Trust runs 28 PHCs in almost all districts of Karnataka.
- + A number of agencies have put in place schemes for providing health security to the poor. Models of such insurance schemes include Yashasvini Health Scheme launched by Narayana Hrudayalaya the central government's Universal Health Insurance Scheme, and Arogya Raksha Yojana launched by Biocon and Narayana Hrudayalaya, Bangalore.

LIMITATIONS OF THE STUDY

The study does not include the types of health insurance schemes available to women and does not explain the measures taken to educate women about the importance of good health and enhance women's capabilities that help in building their self-esteem.

CONCLUSIONS OF THE STUDY

The public private partnership must consider the health of working women, nutrition status of women and mental health of women as the objectives when formulating policies and programmes in order to implement the same for health of the high risk groups ie women and children. Awareness must be spread about safe delivery, post-natal care and nutritional care particularly among rural women. Health education must be considered as a priority in schools and colleges particularly in rural areas.

It is very indispensable and very much needed for the public private partnership to follow ethical standards in improving, promoting, protecting and delivering essential quality health services to its own people. Improving women's health matters to women, to their families, and to communities and societies at large.

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