

Primary Health Care in Karnataka: A New Experiment with Public-Private Partnership

Prasanna B Joshi¹ and Mukta S Adi²

¹(Assistant Professor & Head, Dept. of Economics, Rani Parvati Devi College, Belagavi, Karnataka, India)

²(Professor & Chairperson, P.G. Dept. of Economics, Rani Channamma University, Belagavi, Karnataka, India)

Abstract: Health is an important factor not just for individuals but also a prime factor for nation building. Over the years, there has been deterioration in public health due to changes in their food habits, lifestyles and pollution. Therefore the prime concern and responsibility of the Government both at the national and state levels is to ensure good health of its citizens by providing better medical and health facilities to its people. With this in view, the present study is undertaken to study the importance of public private partnership (PPP) in provision of health care facilities through primary health centres (PHC) in Karnataka. The World Health Organization's (WHO's) 2008 World Health Report set an objective to achieve, 'Health for All' which stressed that this objective could be attained through the setting up of primary health care centres. The very objective of primary health centre (PHC) is to ensure health care facilities accessible, acceptable and affordable to all the people. Public health expenditure has been increasing in all the states, therefore the Governments have encouraged private players to invest in health sector, improve service quality and share the cost burden. Therefore this approach, finds its application in public private partnerships in promoting good health care facilities which is gaining prominence in recent years. Karnataka being a pioneer in promoting health services, the state had already established a number of primary health centres (PHC). To strengthen quality health services in primary health centres (PHC), the Government initiated public private partnership to achieve this very objective. 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 which aims at providing better, innovative health facilities by improving the management of health within the Government infrastructure. Therefore this paper is an attempt to study the importance of primary health centres (PHC) in delivering quality health services to the people through public private partnerships (PPP).

Keywords: Public Private Partnership (PPP), Public Health, Primary Health Centres, (PHCs) Health Infrastructure.

I. INTRODUCTION

Karnataka state is one of the pioneer states in the country that provides public health services to its people. Public health is considered as one of the priority segments which aim to improve the health quality of the people. As it has been said, health is a prime factor that determines quality of life of the people, good health paves way for good nation building. The Governments both at the national and state levels are very much keen in introducing health reforms as right to good health is of paramount important.

Changes in food habits and lifestyles of people have resulted in the deterioration of their health and bad health very much affects adversely on the life of the people. Today, health is regarded as a prime asset and therefore the Government of Karnataka to promote good health amongst its citizens both at the urban and state levels has introduced various health schemes and set up primary health centres that improve the health of the people. The intention is not just improving health; the concern is health facilities should be accessible and affordable to all categories of people, particularly the downtrodden and economically weaker sections of the society. With this in view, the present study is undertaken to study the importance of public private partnership (PPP) in provision of health care facilities through primary health centres (PHC) in Karnataka.

Significance of the study

Given the unique importance of Primary Health Centers in the overall structure of health Institutions in India, the present study will through light on the possible scope for involving private sector in better management of PHCs. The study shall refer to few successful examples and initial experiments in Karnataka of involving private sector in better management of PHCs through various models of PPP such as contracting in or contracting out.

Objectives of the study

- a) To understand the importance of public private partnerships (PPP)
- b) To study public private partnerships(PPP) in setting up primary health centres (PHC) in Karnataka

- c) To study about initiatives undertaken by primary health centres (PHC) to promote health services in Karnataka.

a) Definitions and importance of Public Private Partnership (PPP) as a concept

Public private partnerships (PPP) are considered vital in attaining economic development in countries that have a mixed economy. As a matter of fact, private sector is known for its efficiency and can accumulate capital to undertake development projects that in turn add value to the economy. In India, presently public private partnerships are indispensable in every sector namely infrastructure, food processing, health, tourism etc that contribute towards the economic development of the nation. The Governments both at the central and state levels are of the opinion that public private partnerships (PPP) improve the delivery mechanisms, increase the mobilization of resources and improve quality, help in minimizing the cost, adoption of best practices to the people and the community. 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. The importance of public-private partnership (PPP) was recognized from the year 1990.

The Government of India defines a public-private partnership (PPP) as "a partnership between a public sector entity (sponsoring authority) and a private sector entity (a legal entity in which 51% or more of equity is with the private partner/s) for the creation and/or management of infrastructure for public purpose for a specified period of time (concession period) on commercial terms and in which the private partner has been procured through a transparent and open procurement system."

The Ministry of Health and Family welfare, Government of India has defined, "Public-Private Partnerships (PPP) are collaborative efforts, between private and public sectors, with clearly identified partnership structures, shared objectives, and specified performance indicators for delivery of a set of health services."

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.

The private entity is made up of any combination of participants who have a vested interest in working together to provide core competencies in operations, technology, funding and technical expertise. The opportunity for multi-sector market participants includes hospital providers and physician groups, technology companies, pharmaceutical and medical device companies, private health insurers, facilities managers and construction firms. Improving access to essential services

The concept of public private partnerships in the health sector enables in improving the quality of existing services, exchange of expertise, improve efficiency, better management of health services, increasing community ownership of programmes, effective utilization of resources, providing technical and infrastructural facilities.

b) Public Private Partnerships (PPP) in setting up Primary Health Centres (PHCs) In Karnataka

The Government of Karnataka to promote good health care has ventured into public private partnerships in setting up primary health centres across the state to ensure quick delivery of health services to its people. The Government very much feels that public private partnerships (PPP) is needed to share skills in health care management and delivery of health care services effectively to its people. The National Rural Health Mission (NRHM) was launched with an aim to make public health delivery system accountable to the community, convergence of health and related programmes from village level upwards, and also interventions for improving the health indicators. In order to achieve the goals of the Mission, 200 Primary Health Centres (PHCs) in Karnataka were upgraded.

The World Health Organization's (WHO's) 2008 World Health Report set an objective to achieve, 'Health for All' which stressed that this objective could be attained through the setting up of primary health care centres. The very objective of primary health centre (PHC) is to ensure health care facilities accessible and acceptable to all people. The Government of Karnataka to promote good health care has ventured into public private partnerships in setting up primary health centres across the state to ensure quick delivery of health services to its people. Thus this paper is a study about the public private partnerships in establishing primary health centres (PHC) in Karnataka.

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.

Primary Health Care is one of the items under the restructured 20 Point Programme. The State follows the National Pattern of three tier Health Infrastructure in rendering Primary Health Care by establishing health institutions namely sub centres, primary health centres (PHC), and community health centres. The state Government in collaboration with the private sector provides for a better health infrastructure and also provides

better technical medical facilities to its people. Accordingly the policy of the Karnataka Government was to set up one primary health centre (PMC) for every 30,000 inhabitants, one dispensary for every 15,000-20,000 inhabitants and one sub centre for every 5,000 inhabitants. Primary health centre (PHC) is the first contact point between village community and medical officers.

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.

Table1: This table shows the health infrastructure in Karnataka

District hospitals	17
Other hospitals	10
Community health centres	325
Primary health centres	2193
Sub centres	8,143
Primary health units/dispensaries	659
Beds in hospitals	Over 50,000

Source: Ministry of Health and Family Welfare, Sample Registration System 2008, Economic Survey 2009-2010

Table2: The following table shows Public Private Partnership under health and family welfare services in Karnataka

S. 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 activities of primary health centres (PHCs) involve curative, preventive, promotive and family welfare services. There are 2195 primary health centres (PHCs) in the State. The increase in primary health centres (PHCs) is due to the up-gradation of 516 primary health units.

c) Initiatives Undertaken by Primary Health Centres (PHCs) to promote Health Services in Karnataka

The World Health Organization's (WHO's) 2008 World Health Report includes four core primary health care principles of effective health systems which are as follows

- Universal coverage
- Enhanced patient-centered primary care services
- Strengthened community-centered public health policies
- Effective health system leadership

According to Shoultz & Hatcher (1997), primary health centre includes primary care, disease prevention, health promotion, population health and community development within a holistic framework with an aim to provide essential community focused health care.

In order to provide quick, affordable health services, the primary health centres(PHC) its functions includes immunization against major infectious diseases, educating the masses about healthy habits particularly in rural areas, appropriate treatment of common diseases using technology, provision of medicines, maternal and child care, family planning and promoting mental and emotional health.

The very objective of primary health centre (PHC) is to provide quality primary health care – curative, preventive, promotive and rehabilitative aspects along with innovations in primary care. Karuna Trust runs 28 PHCs in almost all districts of Karnataka

The model focusses on partnering with the Government. Karuna Trust enters into a MoU with the Government after obtaining clearances from the local leaders and the Zilla Panchayat

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. Karuna trust is the most prominent and an active primary health centre (PHC) in promoting health care among people. It runs primary health centres(PHC) in almost all districts of Karnataka.

There are various innovative health schemes implemented through primary health centres (PHCs) which are as follows

- Community Health Insurance: This is a community based health insurance policy with compensation for wage loss and immediate claim settlement with a premium rate of Rs. 20/person/annum.
- Mainstreaming of HIV/AIDS in primary care
- Primary health centres (PHCs) also operate as village resource centres in collaboration with ISRO which includes telemedicine, tele-agriculture and farmer advisories.
- Integration of mental health in primary health centres(PHC)
- Improved community participation in promoting awareness about good health habits and precaution against infectious diseases.
- Implementation of standard treatment guidelines and drugs
- Early detection and prevention of disability
- Emergency obstetric care

For the implementation of all these schemes, the Government pays 75% of the cost and the remaining is borne by the non-governmental organizations(NGOs). It has been stated that Karnataka is one of the first states to initiate these schemes.

A primary health centre (PHC) in Chamarajanagar district worked on eliminating diseases like leprosy, tuberculosis and epilepsy. It was the dedicated and constant efforts of Dr. H Sudarshan who was mainly responsible in eradicating leprosy and was also the founder of Karuna Trust a primary health centre (PHC) in 1986.

There are various initiatives introduced by the Government of Karnataka under public private partnership through primary health centres (PHCs) like Thai bhagya, Citizen help desk, Arogya bandu, Vajpayee Arogya Sree, Mobile Medical Units, Suvarna Arogya Chaitanya, Arogya Kavacha . Of all these schemes meant for promoting health, Arogya Bandu is more popular under the primary health centre (PHC).

d) Importance of Arogya Bandu Scheme

This is a scheme that involves all medical colleges both public and private and other agencies in the management of primary health centres (PHCs). Under this scheme, the primary health centres (PHCs) are selected which are low in performance i.e. having high IMR and MMR, low coverage on immunization. The health centres that have more number of vacancies for a very long time, the primary health centres so selected should be approved by the District health society of the district concerned. The main aim of this scheme is to provide quality health care services to the people. It also emphasizes on improvising maternal and child health care.

The Arogya bandhu scheme introduced by the Department of health and family welfare under the public private partnership mode includes 56 primary health centres across the state and efforts are made to extend health facilities to all urban and rural areas. For this purpose, specialty camps are set up at taluk and district levels.

This scheme enables the patients to avail the expertise of private hospitals for their treatment in primary health centres (PHCs). In order to ensure transparency and addressing the grievances of the patients a help desk has been set up in all district hospitals in association with Civil Society Organisation.

Arogya bandhu scheme has been implemented in 51 primary health centres (PHCs) and the Arogya Kavacha-108 scheme has successfully saved 16.10 lakh precious lives through public private partnership (PPP)

II. FINDINGS OF THE STUDY

- Karuna Trust was handed over the management of Gumballi- an integrated rural development project in Yelandur in 1996 which is an important primary health centre (PHC) under public private partnership (PPP).
- There are 2195 primary health centres(PHCs) in the State.
- Several major private hospitals have adopted telemedicine services, and a number of hospitals have developed public-private partnerships (PPPs), among them Apollo, AIIMS, Narayana Hrudayalaya, Aravind Hospitals and Sankara Nethralaya.
- 5,245 medical personnel were inducted into the public health care services for upgrading health centres, taluk, district hospitals and major hospitals in the state to meet the growing health needs of the people.

Limitations of the study

The present study does not take into account the various Health Insurance Scheme coming under the Public-Private Partnerships. It also does not take into consideration specific individual projects or tertiary care hospitals being managed under PPP. The Study confines itself to understanding scope of PPP in primary health care alone.

Source of funding of the study

The present study is a conceptual study based on secondary data which is self financed by the authors.

Scope for future research

After analyzing the importance of and scope of PPP experiments in primary health care the authors strongly feel that there is a further scope for empirical research in the following area:

- Studying the beneficiary view point regarding PPP in Primary health.
- Studying specific models suitable for Primary health care scenario in Karnataka and India.
- Studying the possibility of PPP in other segments of health care sector such as secondary and tertiary health care, health insurance etc.

III. CONCLUSIONS OF THE STUDY

It is indeed a fact that primary health centres (PHCs) are functioning well and educating the rural people about the health benefits that they can avail through these centres. People have realized the benefits and importance of health insurance. But still, what needs to be addressed that in very remote areas, primary health care is very essential. For the efficient functioning of these health centres, it requires good community support and Government adopting public private partnerships (PPP) to promote good health amongst its citizens. The network manager has the incentive to make healthcare cost effective by improving primary care, ensuring preventive action and utilizing higher order care only if necessary.

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