

National Consultation

Developing strategic roadmap to engage private health sector for Maternal, Neonatal and Child Health

February 21, 2017



Proceedings and Key Outcomes

Prepared by

VRIDDHI: Scaling Up RMNCH+A Interventions/USAID

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VRIDDHI: Scaling up RMNCH+A Interventions funded by USAID provides policy and techno-managerial support to the Ministry of Health and Family Welfare (MoHFW), Government of India at the national level and direct support in planning, implementing and monitoring the scaling up of RMNCH+A interventions across the states of Delhi, Haryana, Himachal Pradesh, Jharkhand, Punjab and Uttarakhand.

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Introduction



The United States Agency for International Development (USAID) supported Vriddhi project is a technical partner to the Ministry of Health and Family Welfare, Government of India to scale up Government of India's Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCH+A) strategy. Vriddhi supports six state governments of Delhi, Haryana, Himachal Pradesh, Jharkhand, Punjab and Uttarakhand and 30 High Priority Districts (HPDs)¹ therein to scale up RMNCH+A interventions. Additionally, the Vriddhi supported National RMNCH+A Unit assists the Ministry in monitoring and supervising the implementation of the RMNCH+A strategy nationwide, across all 184 High Priority Districts of the country. This four year initiative (2014-2018) is led by IPE Global with John Snow India Private Limited (JSI) as the consortium partner. JSI's key areas of work under project Vriddhi are: 1) advocacy at the national and state level on identified maternal, neonatal and child health themes, 2) facilitate private sector engagement for efficient delivery of high impact RMNCH+A interventions through a range of private sector providers; and 3) create demonstration models for successful implementation of newborn care interventions in select geographic sites and recommend a scale-up strategy for the remaining project areas.

About the National Consultation

The national consultation on developing strategic roadmap to engage private health sector for Maternal, Neonatal and Child Health (MNCH) held on February 21, 2017, aimed at evidence based discussions on engaging formal private sector health care providers in improving reach and quality of MNCH services in 30 HPDs across six intervention states. This is one of the three key activities led by JSI under project Vriddhi.

An interactive format was used for evidence and experience sharing in Public Private Partnerships (PPP) in health care during the national consultation. The inaugural session set the day for actionable outcomes once leaders from government, donors, professional associations and development partners committed to promoting PPPs with a more systematic approach than in the past. To meet the consultation aim the day was sectioned into four themes for discussions:

- ◆ First theme on understanding the readiness of formal private sector providers in HPDs of

six selected states based on JSI's landscape assessment,

- ◆ Second on challenges and risks in PPP for health which involved a panel of speakers providing the public and private perspectives,
- ◆ Third on lessons from completed and ongoing PPP initiatives, models across the country which also involved a panel discussion and
- ◆ Finally way forward for the six states based on group work among teams that will be required to work in cohesion to plan and
- ◆ Implement the strategy and synthesis of day's key lessons by a final panel of experts including representatives from all agencies.

Each presentation or sharing was followed by a question – answer space to bring more clarity on the readiness, challenges and opportunities for PPP in the six states.

1. Government of India has identified 184 high priority districts spread across all states of India based on a composite health index. These districts, due to the high mortality rates, relatively lower coverage of health services or exclusion from social safety nets have been prioritized for planning and investments in health sector.

The selection of participants/speakers/panellists was done to ensure representation of policy makers, national and state public sector health services managers, private sector health care providers through leaders of the various professional associations, donors and development agencies with interest in private sector engagement. Both, public and private sector MNCH leaders and managers/implementers were invited from each of the six states – Delhi, Haryana, Himachal Pradesh, Jharkhand, Punjab and Uttarakhand. Over 100 such

representatives participated in the deliberations. As planned, consultation resulted in arriving at priority areas for developing such a strategy for each of the six identified states.

This document summarizes the lessons on and opportunities for private sector engagement in health shared by the experts and presents the way forward that emerged from policy makers, MNCH experts and implementers during the consultation.



Abbreviations

ASHA	Accredited Social Health Activist
CHC	Community Health Centre
CME	Continuing Medical Education
FOGSI	Federation of Obstetric and Gynaecological Societies of India
HPD	High Priority District
IAP	Indian Academy of Paediatrics
IPEG	IPE Global
JSI	John Snow Inc.
KARMA	Kolkatta Accident Rescue and Medical Assistance
MCH	Maternal Child Health
MoHFW	Ministry of Health and Family Welfare
MMR	Maternal Mortality Ratio
MNCH	Maternal Neonatal Child Health
MNH	Maternal Neonatal Health
MoU	Memorandum of Understanding
NABH	National Accreditation Board for Hospitals and Health care providers
NHM	National Health Mission
NNF	National Neonatology Forum of India
OoP	Out-of-Pocket
OPD	Out Patient Department
PAHAL	Partnership for Affordable Health and Longevity
PMSMA	Pradhan Mantri Surakhshit Matritva Abhiyan
PPP	Public Private Partnership
PSI	Population Services International
RMNCH	Reproductive Maternal Neonatal Child Health
U5MR	Under-five Mortality Rate
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WHO	World Health Organisation

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1

Leadership commitments – Inaugural session

Chief guest

- Ms. Vandana Gurnani, I.A.S., Joint Secretary (RCH), Ministry of Health and Family Welfare, Government of India (MoHFW)

Dignitaries on the dais

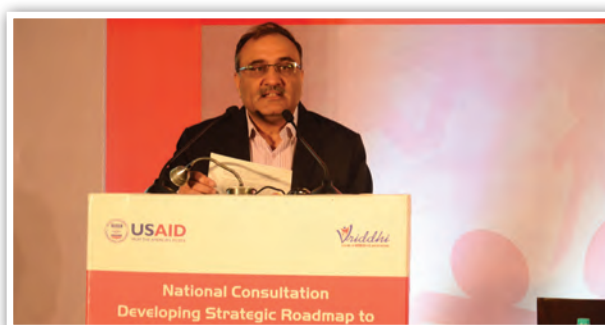
- Dr. Ajay Khara, Deputy Commissioner (Child Health), Government of India, MoHFW
- Dr. Dinesh Baswal, Deputy Commissioner (Maternal Health), Government of India, MoHFW
- Dr. Rishma Pai, President, Federation of Obstetric and Gynaecological Societies of India (FOGSI)
- Dr. Ajay Gambhir, President, National Neonatology Forum of India (NNF) and Joint Secretary, Indian Academy of Paediatrics (IAP)
- Dr. Amit Shah, Division Chief, Family Health, USAID
- Dr. Sanjay Kapur, Managing Director, JSI

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DR. SUDHIR MAKNIKAR (JSI)

Dr. Sudhir Maknikar (JSI) was the master of ceremony for this event. He welcomed all dignitaries on the dais and briefly shared the purpose of this meeting, agenda and expected outcomes of the event. The main purpose of this National consultation was to 1) disseminate the key findings of the private sector landscape assessment, 2) initiate discussion through panel and group discussion for developing a strategic roadmap to engage effectively with the private health sector to increase access to RMNCH intervention in the six states.



DR. SANJAY KAPUR (JSI)

Dr. Sanjay Kapur (JSI) welcomed the guests and gave a brief overview of the consultation. He lauded the government's efforts in reducing maternal and child mortality and emphasised the wider reach of the private sector health care providers as a compelling case for engaging them effectively in MNCH service delivery for further gains in reducing preventable deaths. He invited each of the dignitaries to share their perspectives on PPPs for improving equitable reach and quality of MNCH services.



DR. AMIT SHAH (USAID)

Dr. Amit Shah (USAID) quoting the recent National Sample Survey data reiterated the need for engaging private sector health care providers as they share 70 per cent of the patient load. He emphasised the need to build on creative initiatives – like Pradhan Mantri Surakhshit Matritva Abhiyan (PMSMA). Two areas of interest flagged by him were - lack of uniform standards of health care and inequitable reach of health services with almost 3.5 per cent population driven to poverty annually due to out of pocket (OOP) health expenses. USAID led Partnership for Affordable Health and Longevity (PAHAL) is an initiative to address the issue of high OOP health expenses through impact investment funds, consumers to insurance products linkage and increasing consumer demand, among others. The ongoing efforts to initiate online certification for health facilities were endorsed by him as a step towards standardization of health care services across the country.



DR. RISHMA PAI (FOGSI)

Dr. Rishma Pai (FOGSI) represented the 34,000 members of the association, spread across 47 societies. She affirmed that “each member has the inclination to give back but have not been trained to do this in a systematic manner”. As President of FOGSI she aims to promote a continuum of reproductive health care from birth to old age for women – “She Matters - Care, Educate, Transform” as her slogan. FOGSI will formally launch free health care camps for women on April

5, 2017 under the Nari Swasthya Peהל or women’s health initiative which is being promoted through film fraternity celebrities to evoke greater public response. To promote optimal prenatal, intrapartum and postnatal care practices among clients visiting health facilities, FOGSI and IAP have entered a Memorandum of Understanding (MoU) wherein Closed Circuit Television Cameras will be installed in all nursing homes country wide to flash educational messages on optimal care, hygiene and child feeding practices among others. Improving quality of health care through its members is a priority agenda for Dr. Pai. She plans to conduct 250 workshops on topics like post-partum haemorrhage, management of first trimester, managing pre-term babies, International Federation of Gynaecology and Obstetrics - cervical cancer detection and treatment. She will be reaching out to all the members through FOGSI newsletters - FOGSI connect and Reaching out and initiate a monthly practice review for members using a standard quality checklist.



DR. AJAY GAMBHIR (NNF AND IAP)

Dr. Ajay Gambhir (NNF and IAP) shared that NNF established in 1982 was the first association in the world for neonatologists. The inclusion of paediatric training in undergraduate medical course is attributable to strong advocacy by IAP and NNF. One of the biggest contributions of NNF in recent years has been the certification of Maternal and Child Health centres - 200 centres have been accredited country wide and nurses trained on neonatology. The accreditation is accepted by United Nations Children’s Fund (UNICEF) and will soon be endorsed by World Health Organisation (WHO). The association has also drafted country specific neonatal resuscitation guidelines under the Helping Babies Survive Program. He flagged two challenges that if overcome can further improve the reach and quality of neonatal health care services – limited periodic data on neonatal deaths and health care and the non-inclusion of neonatal beds in counts of hospital beds by Medical Council of India.



DR. AJAY KHERA (MoHFW)

Dr. Ajay Khera (MoHFW) affirmed government's commitment to improving MNCH by adopting the Millennium Development Goals, 2015 and now the Sustainable Development Goals, 2030 which have set stiff targets for maternal and child mortality. India needs to halve both Maternal Mortality Ratio (MMR) and Under-five Mortality Rate (U5MR) from 2015 levels of 140 per 100,000 live births (MMR) and 49 per 1000 live births (U5MR) in order to meet the SDGs. He expressed concern on the missing urban poor in the MNCH frameworks where in private sector both formal and informal have a critical role to play. Overall he highlighted three issues requiring immediate attention for PPP in health – inclusive approaches to cover urban poor and migrants under MNCH services, making health care services affordable and lowering OOP and standardizing package of services - reaching all with quality health care.



DR. DINESH BASWAL (MoHFW)

Dr. Dinesh Baswal (MoHFW) emphasised the need to strategies certain geographies already scoped by the Ministry as the 184 HPDs - these have a resource crunch with respect to private health care providers due to the non-profitable health care markets. Further, where available he raised concerns about quality of care and the lack of transparency in sharing patient data with the public sector as priority concerns. He identified opportunities in the emerging Quality of Care

frameworks being developed by National Accreditation Board for Hospitals and Health care providers (NABH), FOGSI and Jhpiego. He also emphasised the need to have agreement on a set of non-negotiable outcome indicators on which private sector service providers should report. From the perspective of private sector providers he expressed concerns on pricing of services for insurance schemes, streamlining reimbursement processes and reviewing pricing policy periodically as per changing market trends. He quoted the example of Yukti yojana in Bihar where private sector providers were demotivated due to delayed reimbursements.



MS. VANDANA GURNANI (MoHFW)

Ms. Vandana Gurnani (MoHFW) shared the government's progress towards achieving MDGs – 24 states achieving replacement level fertility and 14 states achieving U5MR targets by 2015 and other successes. She shared the historic and current PPP efforts such as Mission Indradhanush (immunization outreach), National deworming program, MAA campaign for promoting infant and young child feeding practices and the PMSMA. She expressed the need for concerted and innovative efforts to engage private providers in MNCH service delivery as past attempts, though many have been feeble and largely in the insurance space. She quoted the experiences under PPP a mixed bag of successes and failures but with definite lessons for future engagements. For maximizing gains in reducing maternal and child mortality she emphasized specific geographic focus in 184 HPDs - all stakeholders have to work together in these districts it is not a case of either/or. She shared her experience from Indonesia where the government has signed an MoU with private providers to promote and track use of implants and injectables through a web-portal, using district as a unit of program implementation.

She expressed caution on quality of care in private sector health facilities quoting her recent experience

of witnessing violation of recommended newborn care practices in a premier health facility in a metropolitan city. She urged the representatives of the professional associations to increase visibility and functional knowledge of the government endorsed guidelines on MNCH services. Among recent initiatives, she lauded the PMSMA for registering over 3000 doctors for voluntary service in a short time span of four months

since its launch which was made possible by active engagement of FOGSI, Indian Medical Association and other professional bodies.

She was optimistic that the lessons from the six states which will proceed with a systematic PPP road map will also help other states in the near future to draft and implement similar strategies.

Key outcomes

Summary highlights of the session were:

1. Public and private sector health care providers and donors are committed to improving access to quality health care; efforts are ongoing through geographic prioritization of 184 HPDs, schemes like PMSMA and insurance schemes led by the government, quality improvement initiatives including certification and accreditation led by professional associations and initiatives to increase connectivity to insurance mechanisms, community demand for quality health care and others.
2. Quality of care as measured by adherence to standard treatment protocols and government endorsed guidelines is currently variable across different types of private sector health care providers. The high OOP expenditure on health continues to be a concern for users of private sector health care services.
3. The urban poor and migrants remain neglected populace in geographies with plethora of service providers- this target population needs to be brought under the ambit of PPPs.
4. Professional associations have an extensive network of members and ongoing professional development and quality improvement initiatives that should be tapped in for effective PPPs.
5. While efforts have been made in the past, the approach to PPP needs to be revisited in a systematic and inclusive manner – lesson in-country and from similar settings such as district unit planning in Indonesia exist to take a leap forward in structured and decentralized PPP planning and management.



2

Evidence on private sector readiness – Methods and findings from landscape assessment

Presenter

- Mr. K G Venkateswaran, Co-Founder and Director, Auriga consultancy and management services private limited.

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The landscape assessment added to the evidence pool on current practices and challenges in delivering quality MNCH services through formal private sector providers with focus on six selected states – Delhi, Haryana, Himachal Pradesh, Jharkhand, Punjab and Uttarakhand. It reiterated the gaps in availability and quality of MNCH services- limited use of available human resources, deficit in paediatric care in MNCH facilities, lack of infrastructure specifically for newborn care, limited availability of standard operating

procedures and low adherence to government endorsed treatment guidelines to list a few.

The assessment revealed PPP experiences in the six selected states which expectedly were in the insurance space. The opportunities available and challenges faced by social entrepreneurs in introducing new products and services were also presented. Summary findings and recommendations were shared in the participant kit.



Legal and Regulatory



Operational Viability



Infrastructure and Capacity



Technical Challenges



Stakeholder Engagement



Notable Gaps

Questions and comments from the participants

Participants were interested in understanding differences in quality of care and level of data sharing in Delhi opposed to Punjab and Haryana which have less stringent legal frameworks for private practice relative to Delhi. They were also interested in knowing the share of corporate hospitals among the selected facilities. The positive deviants identified through the assessment such as a private facility in Saraikeela permitting use of its resources for conducting public sector deliveries when the Community Health Centre was under renovation were appreciated by representatives of FOGSI.



MR. K G VENKATESWARAN

Key outcomes

Based on the assessment findings, priority areas for policy makers, professional associations and development partners were identified. These included:

- ♦ Creation of an institutional mechanism at national and state level to design and manage PPP initiatives.
- ♦ Increasing access and functional knowledge of government endorsed treatment guidelines and standard operating procedures among private sector providers.
- ♦ Increasing awareness about and adherence to quality improvement activities through accreditation.
- ♦ Providing technical assistance to national and state governments on viable engagement with private providers through review of existing models and testing new models of dynamic pricing and incentives.
- ♦ Creating a common interface for private sector RMNCH providers which can be managed through the existing associations.

Participants suggested formation of a smaller advocacy group to pitch the case of PPP with Niti Aayog which is drafting policy frameworks for all sectors. The government representatives endorsed the idea of a development partners' group/coalition to work in tandem and avoid duplicity of work in PPP arena.

The need for developing business models for private sector engagement such that the partnership is mutually beneficial to both sectors was raised.

The engagement of private medical training institutes in the PPP roadmaps was also suggested. Participants advised caution in “pushing” accreditation as it has to be maintained as a voluntary act.



3

Panel 1 – Overcoming challenges in public private partnerships for health

Chairs

- Dr. Rishma Pai, President, FOGSI
- Dr. Anupam Sachdeva, President, IAP

Moderator

- Dr. Sudhir Maknikar, Senior Technical Advisor, JSI

Panellists

- Dr. Dinesh Baswal, MoHFW
- Dr. Sachin Gupta, Project Management Specialist, USAID
- Dr. Suchitra Pandit, FOGSI
- Dr. Ajay Gambhir, IAP and NNF
- Dr. Arun Kumar Agarwal, Apollo Hospital
- Mr. Ratul Narain, Founder, BEMPU Health



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The moderator prepared a set of questions and asked each of the panellists to share their perspectives and experience in overcoming bottlenecks in PPPs as relevant to their area of work.



Representing FOGSI, **Dr. Suchitra Pandit** raised the concern on limited knowledge of government guidelines and limited adherence to treatment protocols. She shared that all government endorsed

guidelines are available through the FOGSI website and also shared during Continuing Medical Education (CME) and workshops. Dr. Rishma Pai added that the process can be made more rigorous by mandatory session on one guideline per FOGSI workshop and ensuring these are circulated among workshop participants. In reference to quality of care, Dr. Pandit mentioned that laminated FOGSI checklists for quality of care have been shared with members for display in labour rooms on topics such as post-partum haemorrhage, use of magnesium sulphate for management of eclampsia, protocol for cord relapse. Monitoring is difficult but Dr. Pai added that a comprehensive assessment is in the pipeline. She also affirmed that the association does not accept funding from pharmaceutical companies and maintains no conflict of interest in development of its quality frameworks and guidelines.



DR. AJAY GAMBHIR (NNF AND IAP)

Dr. Gambhir representing IAP and NNF raised concern on the thin presence of professional bodies at district and sub-district levels. He was also skeptical on using web based platforms since penetration of web is very limited. Further he opined that availability of guidelines is only one aspect - its implementation is poor and generally unregulated. His views were inclined towards stricter regulation and peer pressure to address issues around quality of care. Also pre-service training has gaps which need to be addressed to ensure the guidelines and treatment protocols are understood at this stage itself - before professionals enter the work field. On data and information sharing, he quoted the Supreme Court order which makes it mandatory for all health care providers to share patient information. Dr. Anupam Sachdeva informed that IAP is providing 5000 touch pads to paediatricians to generate OPD prescriptions - IAP protocols, drug guidelines will also be loaded on this. IAP's Helping Babies Survive initiative on improving quality of newborn care in five districts has a facility audit as a pre-requisite; a post-audit is also planned. He opined that just as there is a minimum threshold of 2 per cent Corporate Social Responsibility (CSR), there should also be a Professional Social Responsibility – PSR which private practitioners should commit annually.



DR. A K AGARWAL (APOLLO HOSPITAL)

Dr. Agarwal representing the corporate hospitals and also bringing experiences of medical training institutes expressed concern on failure to use high-standard private infrastructure and other resources to its maximum potential. He felt that not involving the 240+ medical colleges in PPP is also a missed opportunity.

He opined that the fear of audit objections and cumbersome financial management processes reduces private sector interest in many public schemes. Apollo as part of its CSR (Total Health) provides complete primary health care package to the catchment population in Nalgonda through the district hospital. He stated that unavailability of standard operating procedures is a critical issue; while these are necessary, the experiential wisdom of the service providers should not be undermined.



MR. RATUL NARAIN (BEMPU HEALTH)

Mr. Ratul Narain briefed the participants on BEMPU Health and the products offered. He exhibited and described the hypothermia bracelet for small babies, which alerts caregivers if the baby's temperature dips to threateningly low levels. He was optimistic about the health care market accepting new, innovative products and services and stated that co-creating products with the government and health care providers results in better acceptance for these products.



DR. SACHIN GUPTA (USAID)

Sharing the USAID experience, **Dr. Sachin Gupta**, reiterated USAID commitment on reducing OOP expenditure on health through project PAHAL and noted other initiatives that USAID has been supporting on PPP through WISH foundation, BEMPU, Saathi application for PMSMA and Mera aspataal (My hospital) - patient feedback survey with govt. facilities.

Dr. Baswal endorsed need for PPP cell to better plan and manage these initiatives. However, his main concern was the trust deficit on both public and private end of these partnerships.

Questions and comments from the participants

Participants sought more clarity on ensuring implementation of available guidelines. They wanted to know that with synchronization among professional associations could simpler guidelines be created for district and sub-district use? Representatives of professional associations responded in positive on efforts to monitor implementation of the guidelines as shared in their panel remarks. Participants wanted to learn more about engaging private practitioner for promotive health care to which the panellists responded that obstetric and gynaecological as well as paediatric care are essentially preventive and promotive.

In support of involving medical colleges in the PPP spectrum participants opined that these institutes are where the seeds for national development and concepts like PSR should be infused. Dr. Dewan mentioned that private sector is doing its bit in subtle ways quoting the free online course made available by The Institute of Liver and Biliary Sciences for



medical graduates. Participants sought perspectives on engaging entrepreneurs in rural health care. Mr. Narain responded that an ecosystem is building with all stakeholders including country's leading research institutes like Indian Council of Medical Research getting interested in new products - better research and scalability will ensure wider reach of the products. Dr. Baswal mentioned that diagnostic services are being offered free of cost under PMSMA.

Key outcomes

The Chairs summarized that the commitment to work in tandem and partner for better health care exists but a common forum which can improve transparency and build trust among stakeholders is missing. Some of the highlights of the discussion were:

- ◆ Ensuring wider reach of government endorsed guidelines through all possible media and through FOGSI workshops. At district and sub-district levels where reach of associations and web based information is limited use alternate channels such as peer groups to disseminate guidelines.
- ◆ Expanding the role of professional associations in monitoring implementation of guidelines and initiating structured review for members through ongoing efforts of the professional associations. Further, exploring the option of simplifying quality protocols for district and sub-district level facilities.
- ◆ Creating opportunities for cross-learning and sharing among the professional associations through electronic platforms, annual combined meets/ conferences and other mechanisms.
- ◆ Engaging private and government medical training institutes in PPPs; some areas included- strengthening pre-service training on guidelines and protocols, inculcating professional responsibility and philanthropy.
- ◆ Increase opportunities for social entrepreneurs to introduce innovative life-saving/ preventive-promotive health products and services through PPPs.
- ◆ Draw lessons from completed and ongoing PPP initiatives and constitute a PPP cell at national, state and sub-state level for improved planning, coordination and management of these initiatives. Additionally, this will help identify PPP champions and role models for replicating efforts in other districts/ states.

4

Plenary session – Experiences on private sector engagement

4.1 Making Partnerships work for vulnerable populations: Uttar Pradesh

Dr. Amit Ghosh, I.A.S., Managing Director of Uttar Pradesh State Industrial Development Corporation Limited (ex- Mission Director, NHM, Government of Uttar Pradesh)



DR. AMIT GHOSH (Govt. of UP)

Dr. Amit Ghosh shared his experience of managing the Uttar Pradesh NHM which has the largest network of public health facilities and human resources in the country. He opined that all stakeholders have their own goals and priorities. The clients are generally unaware of the entire landscape and the number of choices available to them for health care. Uttar Pradesh has successfully created a coalition of development partners - Health Partnership Forum – which addresses

the issues of coordination and avoiding duplicity of efforts across the myriad agencies that are active in the state. Under his tenure two models of PPP were tested in Uttar Pradesh- contracting -in and -out. With these two models he highlighted four benefits to the health system and clients:

1. Partnerships increase choice of services as witnessed under Hausala Sajheedari for expanding family planning choices with special focus in urban slums.
2. Most competitive service provider becomes choice provider through outsourcing of non-core services as done for emergency ambulance services, dialysis machines etc.
3. A wider scale of service delivery has been made possible through the government funded MCH wings with 25 such wings now operated in PPP mode as government human resources alone were not sufficient.
4. Knowledge/expertise gaps are filled through technical assistance with agencies such as Public Health Foundation of India, University of Manitoba in UPTSU and others.

4.2 Successful PPP Models for Social Healthcare Insurance: Aarogyasri, Telangana

Dr. Chandreshekhar M, CEO Aarogyasri Health Care Trust, Telangana

Aarogyasri is a community health insurance - end to end cashless service, covering almost 80 per cent of eligible population (77 lakh BPL families covered) for up to INR two lakhs per family annually. Initially managed through TPA, since 2012, it is completely under state government – Aarogyasri Health Care Trust is the regulator, network of 298 private (201) and public sector (97) hospitals the service providers,



DR. CHANDRESHEKHAR M (Aarogyasri)

district administration provides mobilization and field monitoring services and Aarogyamithras provide last mile service connectivity. Distinctive features of the insurance scheme are- call centre for grievance redressal and queries, technological solutions for complete transparency of services - all transactions

and availability of beds are online, available for public scrutiny and can be accessed from anywhere, anytime and use of advanced monitoring and access tools including GPS mobile application for searching status of hospitals, health cards, grievance reports etc.

4.2 Technological innovations in public private partnerships

Ms. Stella Luk, Country Director, Dimagi

Dimagi has created CommCare, an open source mobile platform aimed at strengthening connectivity and information use particularly at the last mile.

In the PPP domain CommCare has been successfully used to strengthen coordination of care, strengthening supply chain for chemists and social franchises and improving consistency and quality of care across a variety of health care service providers.

Use case 1: The Universal Access to Tuberculosis Care system is being used to provide incentives, support, and strengthen referral workflows for private providers of tuberculosis care, thus increasing the accessibility of tuberculosis patients to quality care in their neighbourhoods. The system enables private sector patients to seek public sector diagnostic services, e-vouchers for subsidised drug treatments, strengthened government case reporting and follow-up of private sector patients by the government.

Use case 2: Supply chain for private sector chemists and social franchises under Marigold model was



MS. STELLA LUK (Dimagi)

possible through management of stocks at the supply point, in transit and generation of data tables and maps at state level to understand supply needs and better forecasting.

Use case 3: The application for Accredited Social Health Activists (ASHAs) for the Home based newborn care program has increased adherence to home visit protocols, increased need-based counselling reach, better monitoring of the home visits and improved health seeking behaviour by the communities as measured through use of institutional care for births.



5

Panel 2 – Models of public private partnerships for health

Chairs

- Dr. Girija N. Wagh, FOGSI-Pune
- Dr. Chandreshekhar M, CEO Aarogyasri Health Care Trust, Telangana

Moderator

- Dr. Sanjay Kapur, Managing Director, JSI

Panellists

- Dr. Kranti Vora, Chiranjeevi Model: Indian Institute of Public Health (IIPH) Gandhinagar
- Dr. Ajay Gambhir, NNF Model
- Mr. Mukesh Sharma, Hausla Sajheedari, PSI
- Dr. Somesh Kumar, Jhpiego-FOGSI-NABH Model
- Mr. Ayanabh Debgupta - Medica Group of Hospitals

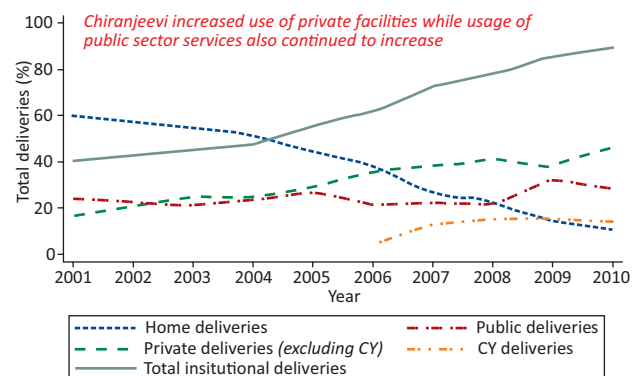
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The moderator prepared a set of questions for each panellist. Each panellist got 5-7 min to share about their respective successful PPP models.

Dr. Kranti Vora shared evidence from Chiranjeevi Yojana which is an established successful model for improving intra-partum health care for poor women through a fixed payment fee structure for 100 deliveries - the latter approach has been very effective in controlling unnecessary C-sections which have been observed to increase in most instances when insurance schemes are introduced.



DR. KRANTI VORA (IIPH)



The main challenge in scheme implementation was reaching a cut-off of 100 deliveries annually as private providers have small-bedded facilities; this led to withdrawals from the scheme over consecutive years which once peaked to 700 registered private practitioners. Another issue was the pricing of services as many private practitioners were unable to recover costs; however, the reimbursements were quick and transparent resulting in very few grievances.



DR. AJAY GAMBHIR (IAP & NNF)

Dr. Ajay Gambhir shared the NNF accreditation model which has increased availability of neonatal care in level 2A, 2B, 3A and 3B facilities through facility audits, trained physicians and nurses. He noted that many newborn care units were operating without standard operating guidelines and there were gaps in soft skills necessary for delivering newborn care. The certification process is led completely by NNF which has limited the cost of the entire process to about INR 25000.00, much lower than prevailing fees for national accreditation boards/agencies. The challenges in implementing the model are around willingness to invest in the process and poor retention of nurses as many skilled nurses migrate to better paying states and countries leading to drain of training investments.



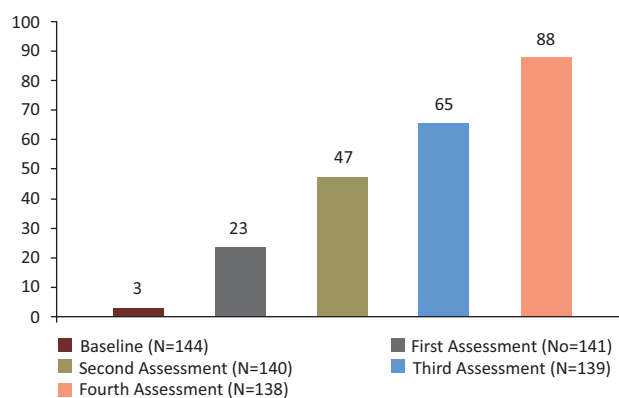
MR. MUKESH SHARMA (PSI)

Mr. Mukesh Sharma shared PSI's experience under Housala Sajheedari, through which the known bottlenecks in accrediting and empanelling private sector providers for family planning services are being addressed. The complex procedures and limited validity of just one year for accreditation were identified as major inhibitors in private sector engagement in delivering family planning services. Hausala Sajheedari is an easy to use web portal for accreditation, empanelment and reimbursement, which allows for clear processes, guidelines, and rules for both the private sector and government. Family planning counsellors have been recruited at a minimum honorarium which the health system can sustain once donor withdraws.



DR. SOMESH KUMAR (Jhpiego)

In the context where few facilities opt for accreditation, **Dr. Somesh Kumar** presented the NABH- FOGSI-Jhpiego strategy for a step-wise accreditation being implemented in 150 facilities across Jharkhand and Uttar Pradesh. The strategy is based on using progressive NABH standards based on type of facility complemented with MNH standards set by FOGSI. Jhpiego is the capacity building partner and lead advocate for the strategy. In order to improve acceptability of the strategy, incentives and waivers are being explored such as easier loans to accredited facilities, exception



Over the last two years facilities with higher than 70 per cent assessment scores has increased consistently.

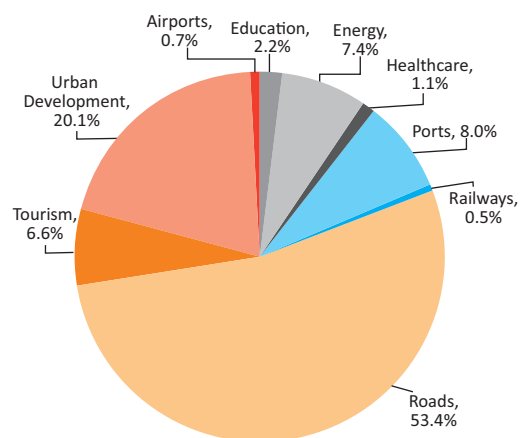


MR. AYANAB DEBGUPTA
(MEDICA GROUP OF HOSPITALS)

Sharing the perspective of a consulting and investment agency, **Mr. Ayanab Debgupta** shared that health sector has the lowest leverage through PPPs at about one per cent, compared with 53 per cent in roads, 20 per cent in urban development and other sectors.

Even in this small leverage, infrastructure shares a big piece of the pie.

He shared corporate involvement in managing ambulance services for trauma care in Kolkata (KARMA) where in Medica Group of Hospitals has partnered with Police department and TATA group with latter providing capacity building support



Sector-wise share of PPPs

for the entire staff to operate a fleet of 25 such ambulances. The group aims to expand in-country geographic scope of its work in Jharkhand, Odisha and Uttarakhand. Radiology and pathology projects based on hub-spoke-spike model are under consideration in Jharkhand while the ambulance services network is being planned for Uttarakhand focussing on tough terrain areas - Tehri and Almora.

Dr. Sanjay Kapur, summarised the session outcomes and raised the need for documenting the PPP models with a lens of replicability and scalability.

Questions and comments from the participants

In addition to the clarifications sought by the moderator, participants were interested in learning about corporate sector engagement in PPPs particularly the role of Confederation of Indian Industries and related federations. The role of faith based agencies was also raised.

Participants had concerns on expanding family planning choices as several historic attempts to do so have been unsuccessful. Mr. Mukesh, PSI responded that through Housala Sajheedari private practitioners were re-oriented to all available methods.



Another issue of interest was the impact of private sector engagement on public sector services - is usage of private sector at the expense of public sector? Most of the panellists stated that evidence supports that both sectors improve in a partnership eg facility deliveries improved in both private and public sector under Chiranjeevi, family planning use is increasing in both sectors under Housala Sajheedari.

The lower share of PPPs in health sector vis-à-vis other sectors was also discussed. The heterogeneity and lack of structure in the health sector were cited as reasons for such imbalance in PPP leverage.

6

Way forward – Group work and panel

Group work

Generate consensus for developing a strategic roadmap to engage effectively with the private health sector.

Chairs

- Dr. Pratima Mittal, incoming Vice-president FOGSI, Delhi
- Dr. Rajeev Gera, Project Director, IPEG

Group work teams

Jharkhand and Uttarakhand

- Dr. Meenakshi
- Dr. P. Baskey
- Dr. B.S. Jangpangi
- Dr. Vineeta
- Dr. Nitin
- Dr. Sourav

Himachal Pradesh and Punjab

- Dr. N. R. Pawar
- Dr. Virender Singh
- Dr. Rakesh
- Dr. Avneet Kaur
- Dr. Anurag Joshi
- Mr. Navdeep Gautam

Delhi and Haryana

- Dr. Nidhi Chaudhary
- Dr. Javvad Suri
- Dr. Chitra Rathi
- Dr. Rajashree
- Dr. Mona Chopra
- Mr. Mohit
- Mr. Negi
- Dr. Pranav
- Ms. Manorama
- Dr. Gulfaam
- Dr. Neelesh
- Dr. Achla Batra

Challenges in PPP

The challenges in implementing PPPs were consistent across all states. In the public sector context these included lack of expertise in designing and managing PPPs, inclination to opt for lowest financial bid resulting in low quality services, inability to attract good partners/institutions, cumbersome administrative processes for reimbursements under insurance schemes, shortage of human resources to manage PPPs. With respect to private sector affordability and quality of health care were consistently reported. Lack of data sharing with public sector and thus inability to follow-up private sector clients was also reported. In hilly regions penetration of both public and private sector is low as applicable to the states of Himachal Pradesh and Uttarakhand. Trust deficit was common to both sectors.

PPP successes and opportunities in the states

Ambulance services in PPP mode were reported as a successful model across all states. Insurance schemes were also successful - Mukhyamantri Swasthya Bima Yojana in Uttarakhand, Bhagat Puran Singh Insurance scheme in Punjab and the Rashtriya Swasthya Bima Yojana in other states. Outsourcing of laboratory and diagnostic services was reported successful in all states. Tertiary care partnerships were reported successful by representatives from Uttarakhand including outsourcing of cardiac and dialysis units. Himachal Pradesh has a successful telemedicine partnership with Apollo and Piramal. Registration by private practitioners under PMSMA has been successful in Delhi and Haryana.



Priority areas for PPP strategy

As the identified challenges were not very divergent the proposed priority areas were expectantly similar across states. These included:

1. Improving public sector capacity in managing PPPs which would require a dedicated PPP cell.
2. Creating knowledge platforms and increasing learning opportunities from existing PPP models.
3. Co-creating PPPs with private sector providers consulted in the design of the PPP model and their financial viability considered by having dynamic pricing options and regular reviews of pricing strategy.

4. Increased transparency in PPPs through regular interactions, effective grievance redressal, information sharing through existing information pathways and other mechanisms.

Dr. Rajeev Gera stated that the problems and solutions should not be generalised despite the commonalities that emerge at a broader level; each state will need dedicated focus on developing the PPP strategy with clear definition of roles. Cost recovery is a huge challenge in private sector which explains lower leverage in health sector vis-a-vis other sectors. The Chairs extended full support of their respective agencies in paving the roadmap for state-specific PPP strategies.

Panel on way forward

PANELLISTS

- Dr. Rajeev Gera, Project Director, IPEG
- Dr. Ajay Gambhir, IAP and NNF
- Dr. Avinash Ansingkar, Project Director, JSI

Dr. Ajay Gambhir reiterated the need to focus on newborn care and scaling-up accreditation/quality standardization across the country.

Dr. Rajeev Gera extended support for state level meetings and creating strategies which can be expanded to other states. He also highlighted the Indonesia experience shared by Ms. Vandana Gurnani in the inaugural session as a good learning opportunity for district level planning.

Dr. Avinash Ansingkar stated that JSI is committed to developing the roadmap for PPP for the six states. Roadmap will be made based on feedback from all existing experiences and working with each state team. The strategy documents for each state will be different. Principles will emerge from the workshop with realistic time frame for prioritizing each step. Bridging the trust gap will be central to all state strategies.

Dr. Sudhir Maknikar, JSI, closed the consultation with a vote of thanks and seeking continued support for taking the PPP agenda forward at the state level.



Annexure

Agenda

Time	Session Title	Chairperson/ Speaker/ Moderator
9.00 - 09.20	Registration and Tea	
9.20 - 10.00	Inaugural session	On the Dias: Govt. of India, IAP, FOGSI, USAID & JSI
	Welcome note	Dr. Sanjay Kapur, Managing Director, JSI
	Address by USAID	Dr. Amit Shah, Division Chief, Family Health USAID/India
	Address by Professional Associations: FOGSI	Dr. Rishma Pai, President, FOGSI
	Address by Professional Associations : IAP	Dr. Ajay Gambhir, IAP & NNF
	Address by DC (MH& CH) - Govt. of India	Dr. Ajay Khera and Dr. Dinesh Baswal, MoHFW
	Keynote address by Chief guest	Ms. Vandana Gurnani, I.A.S., Joint Secretary (RCH), MoHFW, Government of India
	Vote of thanks	Dr. Avinash Ansingkar, JSI
10.00 -10.20	Methodology & findings of Private sector landscape assessment on MNCH in six states	Mr. K G Venkateswaran, Co-Founder and Director, Auriga consultancy and management services private limited.
10.20 - 11.00	Panel 1: Theme: Challenges of Public-Private Partnerships in Health	Chairperson: Dr. Rishma Pai – FOGSI and Dr. Anupam Sachdeva, IAP Moderator: Dr. Sudhir Maknikar, JSI Panellist: <ul style="list-style-type: none"> • Dr. Ajay Khera, MoHFW • Dr. Sachin Gupta, USAID) • Dr. Suchitra Pandit, FOGSI • Dr. Ajay Gambhir, IAP & NNF • Dr. Arun Kumar Agarwal, Apollo hospital • Mr. Ratul Narain, Founder, BEMPU Health

Plenary Sessions: 1

11.00 - 11.20: Making partnerships work for vulnerable populations: State Perspectives

Mr. Amit Kumar Ghosh, Managing Director, UP State Industrial Development Corpn. Ltd

11.20- 11.30	Tea break	
11.30 - 12.30	Panel 2: Theme: Models of collaboration between Public and Private Health sector (Each panellist will get 5 min to present about their model with or without PPT)	Chairpersons: Dr. Girija Wagh, FOGSI - Pune & Dr. Chandreshekhar M, CEO Aarogyasri Moderator: Dr. Sanjay Kapur, JSI Panellist: <ul style="list-style-type: none"> • Dr. Dinesh Baswal, MoHFW, PMSMA Model • Dr. Kranti Vora, Chiranjivi Model: IIPH Gandhinagar • Dr. Ajay Gambhir, NNF Model • Mr. Mukesh Sharma, Hausla Sajhedari, PSI • Dr. Somesh, Jhpiego-FOGSI-NABH Model • Mr. Ayanabh Debgupta - Medica Group of Hospitals

Plenary Sessions: 12.30 – 13.15 (15 min for Q&A)

Chairperson: Mr. Tarun Seem, Mission Director, Delhi

Moderator: Dr. Suchitra Pandit, FOGSI

12.30 - 12.45: Power of Technology in Public Private Partnerships:
Stella Luk, Country Director of Dimagi India

12.45 - 13.00: Successful PPP Models for Social Healthcare Insurance: Aarogyasri
Dr. Chandrasekher M, CEO Aarogyasri Health Care Trust, Telangana

13.15 - 14.00	Lunch Break	
Group Work	Purpose & plan of action	Dr. Sudhir Maknikar, JSI
14.00 - 15.15	Group work: Theme: Generate consensus through group work for developing a strategic roadmap to engage effectively with the Private health sector.	Facilitator: Dr. Amrita, Dr. Avinash, Dr. Sudhir Participants: State Program Mangers, IAP, FOGSI representatives from States, and SRU team from respective state, Development partners Group 1 – Jharkhand Group 2 – Uttarakhand Group 3 – Delhi Group 4 – Haryana Group 5 – Himachal Pradesh Group 6 – Punjab
15.15 - 15.30	Tea Break	
15.30 - 16.20	Panel 3: Presentations of group work & discussion on private sector engagement strategy	Chairpersons: Dr. Pratima Mittal, FOGSI and Dr. Rajeev Gera, IPEG Panellist: State Program Managers from six states
16.20 - 16.50	Way forward and next steps to develop strategic roadmap to engage Private sector in six states (5 minutes for each speaker) 10 min for Q&A	Speakers: <ul style="list-style-type: none"> • Dr Suchitra Pandit - FOGSI • Dr. Ajay Gambhir - IAP/NNF • Dr. Rajeev Gera - IPEG • Dr. Avinash Ansingkar - JSI
16.50 - 17.00	Vote of thanks	Dr. Avinash Ansingkar, JSI

Participants

Ministry of Health and Family Welfare, Government of India

Ms. Vandana Gurnani, I.A.S.

Joint Secretary, RCH

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Deputy Commissioner, Child Health

Dr. Dinesh Baswal

Deputy Commissioner, Maternal Health

Ministry of Uttar Pradesh

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*Managing Director of Uttar Pradesh State Industrial
Development Corporation Limited*

Department of Health and Family Welfare, Government of N.C.T. of Delhi

Dr. Tarun Seem, I.A.S.

Mission Director, Delhi State Health Mission

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Department of Health and Family Welfare, Government of Punjab

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Mr. Navneet Gautum

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CMO, Haridwar

The World Bank

Dr. Suresh Mohammed

USAID

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Division Chief, Family Health

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UNICEF

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Health Specialist

WHO

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Public Health Specialist

FOGSI

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Dr. Pratima Mittal

Dr. Achla Batra

Dr. Vineeta Gupta

Dr. Girija N. Wagh

Dr. Abha Rani Sinha

Dr. Jaishree Tiwari

Dr. Saroj Kumar

Dr. Reema Goel

IAP / NNF

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Dr. Ajay Gambhir

Dr. Harish Pemde
Dr. Deepak Gautam
Dr. Nag Raj Pawar
Dr. Virender Singh
Dr. Nistha
Dr. Mukul Guha

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Mr. Murthy
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Cap Build Clinical Skills Pvt. Ltd.

Ms. Shruti Trivedi
Cap Build Clinical Skills Pvt. Ltd.

Ms. Sarita Chandra
Federation of Indian Chambers of Commerce and Industry

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GlaxoSmithKline

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MEDICA group of Hospitals

Mr. Ashwin Deshmukh
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Auriga Consultancy and Management Pvt. Ltd.

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SAATHI

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Dr. Rajni Wadhwa

Ms. Sukriti Gangola

Ms. Krithika Murali

Dr. Chitra Rathi

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