



Innovative Partnerships in Public Health

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Introduction

Despite increased infrastructure and increases in government health spending, inequalities in access to care for communities at the margin are steadily increasing. The current healthcare system consists of public/government health institutions and private health institutions. The public health system in both rural and urban India suffers from poor management subpar quality, and minimal funding. In contrast, private hospitals provide quality services but are characterized by high out of pocket expenditures and minimal access to low-income patients. Public and Private hospitals cannot bridge the gaps in health care by themselves but through innovative partnerships with collaboration, coordination, cooperation, and network partners, companies have the opportunity to utilize existing solutions to create low-cost, quality health interventions. **Through careful partnership design, the limitations of the dominant forms of health care institutions in India can be overcome and quality, access, and efficiency can all be enhanced.**

The Current Health Landscape in India

Public Health System

Current Situation: Though there is substantial government health infrastructure due to the Indian constitutional right to health care, the lack of funding has deteriorated the quality of health care in most of the public hospitals. The public health infrastructure in India was developed as a three-tiered system based on population size, cultural and demographic factors, and access.

Pitfalls: The quality of care in public health institutions is inadequate given that only 19% of doctors in India work for public institutions and 26% of subcenters have no electricity or running water. Under utilization of lower levels of care due to the absence of adequate health facilities at the sub center and primary health center level increases the burden on tertiary care centers, who are thus unable to meet the burden of disease in their areas.



The Current Healthcare Landscape in India

Private Health System

Current Situation: Private health care operates from a top-down approach where patients are registered at bigger district hospitals which are linked to clinics at the block level.

Pitfalls: The largest barriers to care for private institutions are the high out of pocket expenses for all services and the lack of access to health centers. Only 20% of private hospitals are in rural areas even though 75% of India's population lives in rural



Evaluated Initiatives

CareNX: CareNX is a social enterprise that has mobilized maternal health care in India. CareNX's three main goals are to bridge the access to standard health care, empower health workers to routinely reach pregnant mothers, and detect high-risk pregnancies before the third trimester. CareNX has created technologies that have increased access to affordable care and aided in identifying high-risk pregnancies.

Aravind Eye Care: Founded to eradicate all needless blindness in India, Aravind Eye Care performs free eye surgeries for low-income individuals. Aravind operates using a dual subsidy model, where the revenue from Aravind's paying customers (about 30% of their total customers) is used to give care for free to those who cannot afford to it (about 70% of Aravind's total customer

Narayana Hrudayalaya Heart Hospital(NH): Founded to provide affordable cardiac care to the masses, NH utilizes a hybrid strategy of attracting paying patients by its reputation of high-quality care combined with a constant focus on lowering costs of operation to make the care more affordable. The surplus gained from paying patients is used to subsidize procedures for low-income patients.



The Solution

The Promise of Partnerships

Through innovative collaborations between existing public and private institutions, top-down goals and bottom-up community aspirations are met to create low-cost, quality health care.

Social Enterprises Role in Partnerships

By bringing together the most efficient parts of each institution, social enterprises are able to provide a cost-effective solution to the challenges of demand creation and supply enhancement.

Practical Implications: A Proposal for CareNX

Strategy	Advantages	Disadvantages
Strategy 1: Partnership with NGO	<ul style="list-style-type: none"> Makes NGO more efficient Gives CareNX exposure to how successful PPPs look Builds trust with the Government 	<ul style="list-style-type: none"> Separates CareNX from negotiating terms of PPP Limits CareNX to NGO's geographic reach Indirect link to government funding
Strategy 2: Tri-Party Partnership	<ul style="list-style-type: none"> Makes NGO more efficient Access to government health care infrastructure Access to NGO's community relationships Autonomy over terms of partnership Optimal strategy for scaling 	<ul style="list-style-type: none"> Coordinating with three entities can be a hassle Need monitoring and evaluation strategies to ensure efficiency
Strategy 3: Partnership with Government	<ul style="list-style-type: none"> Access to government health care infrastructure Autonomy over terms of partnership Optimal strategy for scaling 	<ul style="list-style-type: none"> Lower standard of care at government health setups Inefficient government health care management Inconsistent government Implementing strategy

