

Is provision of healthcare sufficient to ensure better access? An exploration of the scope for public-private partnership in India

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Abstract

Despite expenditure of 4% of GDP in 2012 on health, India failed to attain the Millennium Development Goals (MDGs) targets through the public sector structure alone. The article investigated the existing gaps between provision and access to health care by constructing the health infrastructure index (HII) and health attainment index (HAI) of two states of West Bengal (WB) and Maharashtra (MAH). Performance of three outreach programs was evaluated including; the Fair Price shops (FPS), the Rashtriya Swasthya Bima Yojana (RSBY), and the National Rural Telemedicine Network (NRTN).

Maharashtra (MAH) had infrastructure uniformly spread with higher HAI than WB meaning that creating better health infrastructure leads to attainment of better health. Hospitalization costs under the RSBY were higher for WB which had a high morbidity than MHA. Expansion of NRTN to remote places reduced on the non-medical costs incurred. The FPS was implemented only in WB and it allowed access to affordable medicines.

Combined implementation of the FPS, NRTN and RSBY yielded high benefit, addressing inadequacies in infrastructure, personnel and high cost of treatment including out of pocket expenditure. Therefore, the only hope lies in public private partnership (PPP).

Introduction

The journal under review was retrieved from a valid source with its official recommended citation; Dutta S, Lahiri K. Is provision of healthcare sufficient to ensure better access? An exploration of the scope for public-private partnership in India. *Int J Health Policy Manag.* 2015; 4(7):467–474. doi:10.15171/ijhpm.2015.77

The article review will briefly give a summary of the article and how it was structured. It will as well take a critical look at the literature reviewed and its effectiveness. In addition, the review will undertake a critique of the article in regard to its authority, accuracy, currency and relevancy. Important also under the critique is the article's objectivity, the stability, the analysis of tables, as well as relating the topic to the recent advances and finally a conclusion will be drawn.

Despite significant expenditure of 4% of GDP in 2012 on health, India failed to attain the Millennium Development Goals (MDGs) targets through the public sector structure alone to deliver health services to her population. The authors tried to investigate the existing gaps between provision and access to health care which eventually influences service utilization and hence attainment of good health. In order to ensure access and utilization of the services, the health care facilities must be within reach of the target population at an affordable cost, minimizing out-of-pocket expenditure for the ordinary person. Public sector alone can hardly fulfill this and the only hope lies in public private partnership (PPP).

As per the findings, Maharashtra (MAH) state had health facilities uniformly spread and it was evident that access to provision of services was strong hence better health attainment as opposed to the West Bengal (WB) state. The article had a better interpretation of data from the different sources and provision alone does not warrant access to health care services.

Critical review

Review of literature

The study used the existing national data sources which were elaborately presented and analyzed in line with the study objective. These were credible national sources including the national health profile 2005 published by the central bureau of health intelligence of India. The document provided vital information used to construct the health infrastructure index (HII). Another document used was the national sample survey organization (NSSO) 60th round (2004) house hold survey which provided all household information. Data relating to the population was obtained from the national census of 2001. In addition, the national family health surveys (NFHS - 3), 2005-6 was a vital source for computing the health attainment index (HAI). The credibility of these sources cannot be doubted because they are government documents used for national planning. It is also noted that the authors used data obtained from the relevant official websites including specific information available from the respective state governments. This was to guide the analysis of the outreach programs of Rashtriya Swasthya Bima Yojana (RSBY) and National Rural Telemedicine Network (NRTN). Other relevant literature was looked up from the internet relating to the study.

Much as the credibility of the national source documents cannot be overlooked, it is noted that these were published way back between 2001 and 2006. A lot must have changed in the various areas, among others, of public service provision, poverty levels, health infrastructure provision and accessibility, health attainment levels and this can change the whole perspective on the articles findings. Therefore, relying on these data sources to prove the thesis cannot adduce adequate scientific evidence to reach a conclusion. On the other hand, most of the other reference materials seemed to be from recent publications. These were uprightly utilized, appropriately linked in text and effectively supported the authors' arguments. Overall the literature was from credible sources and relevant to the study.

Article summary

The health infrastructure index (HII) and health attainment index (HAI) were constructed and compared between two states of West Bengal (WB) and Maharashtra (MAH). When the two states were compared, MAH had infrastructure uniformly spread with higher HAI than WB. Therefore, creating better health infrastructure leads to attainment of better health.

To further understand the access gaps and how these can be addressed, performance of three outreach programs was evaluated. These were; the Fair Price shops (FPS) to ensure availability of medicines at reduced cost; the Rashtriya Swasthya Bima Yojana (RSBY) to ensure cost of hospitalization is given back to house holds BPL; and the National Rural Telemedicine Network (NRTN) took care of the non-medical expenses incurred by the patients.

Hospitalization costs reimbursed to patients under the RSBY were higher for WB which had a high morbidity than MAH. It becomes less costly therefore, more beneficial to MAH which has uniformly distributed infrastructure and with less morbidity. Out of pocket gains to patients under NRTN program gave an overall higher benefit for MAH state than WB. Expansion of NRTN program to remote places reduced on the non-medical costs incurred. The FPS program was implemented only in WB and the retail prices on market were higher than when the drugs were sold in the fair price shops and this allowed access to affordable medicines. Combined implementation of the FPS, NRTN and RSBY yielded high benefit, addressing inadequacies in infrastructure, personnel and high cost of treatment including out of pocket expenditure.

Article structure

The article was well structured to allow chronological flow of information and easy to understand. It started with an abstract giving a snap shot of the study background, methods employed, key results and a conclusion. Followed was the background that clearly

underscored India's progress in health sector to achieve the MDGs including her efforts to engage the Public Private Partnership (PPP) approach.

The outreach programs introduced under the PPP were elaborately discussed and included the Fair Price Shops, the Rashtiya Swasthya Bima Yojana and the National Rural Telemedicine Network. In addition, the methods employed to arrive at the health infrastructure index (HII) and health attainment index (HAI) including how to assess the benefit – cost of the selected outreach programs were detailed.

The study depended on existing national data sources which were elaborately presented including the national health profile 2005 published by the central bureau of health intelligence; the national sample survey organization; the national census of 2001; the national family health surveys, with other relevant official websites and state government sources. Following this were the results which were clearly presented in relation to the two selected states of MAH and WB.

The discussions were then made with deep insight into the relevance and contribution of the selected outreach programs to improving access and attainment of good health among the BPL population.

A conclusion was drawn and it was clear that provision of health infrastructure does not ensure attainment not until these facilities are in the easy reach of the population in need and the entire system's ability to minimize out of pocket expenditure. The national sources were of age ranging from 2001 national census, 2004 NSSO to 2005 national health profiles, therefore, the article leaves chance for further validation of the hypothesis based on updated data.

Authority

The source for the article under review was found to be "International Journal of Health Policy and Management." It is an international peer-review journal which forms a platform for the dissemination of research related to the health policy and management. The authors had a commendable record evidenced by a number of publications related to health policy and management as this was established on the website. Furthermore, there was evidence that the others' were affiliated to reputable institutions and these were the Dum Dum Motijheel Rabindra Mahavidyalaya institution found in Kolkata, West Bengal in India and the Surendranath College found in Kolkata, West Bengal in India. In addition, the major data sources were secondary, obtained from national documents whose content cannot be underestimated. It is upon these findings that the article commands authority.

Accuracy

The authors used credible sources of data and scientific methods were used to derive the results. The findings were therefore accurate although a lot could have changed in the health sector by both the central and state governments in regard to among others, public service provision, poverty levels, health infrastructure provision and accessibility, health attainment levels and which could change the whole results if the national surveys were of recent or if primary surveys were conducted during the study. Therefore, relying on these data sources to prove the thesis cannot adduce adequate scientific evidence to reach a conclusion. Never the less, the results were accurately presented, discussed and a credible conclusion was drawn accordingly.

Currency

The article under review was a current publication. It was received on 8th November, 2014, accepted on 1st April, 2015 and published to the website on 8th April, 2015. The national source documents used in the article were the available national current documents, although the different indicators could have changed over the time from since they were gathered and published. Relatedly, most of the references used to back up the authors' arguments were recent and within ten years of their publication. Except for one which dated

way back in 1990 but still provided valid information to support the study. As different member states in the world commit themselves towards achieving universal health coverage for the population, India is no exceptional. The article formed a very good landmark and resource document to guide the implementation of better strategies for achieving better health as a social justice and social development issue.

Relevance

Globally a number of countries are grappling to achieving good health for all and their approaches have always lacked clear policy guidance. An example is the Republic of Uganda, the health sector strategic plan II of 2005/2006 – 2009/2010 clearly revealed that health centers were constructed but there was a mismatch between the constructions and making these health centers functional, thence the strategy could not address access problems to health services. The article was therefore, relevant to inform policy makers and governments on how to adopt the PPP programs for better service delivery. The people in academia will find the article a good resource material for evidence based projects. However, in order to create more impact, further evaluation needs to be done using more recent data (once available) on infrastructure, population health status and current progress on the outreach programs of FPS, RSBY and NRTN.

Objectivity

The topic was objectively selected to address the critical policy challenge of how to work towards achieving universal health coverage while ensuring that the people especially below poverty line access quality services and minimizing out of pocket expenditures. The source documents and other reference materials were relevant to the study. The methodologies used to arrive at the results including the discussion of the results were based on facts as they were scientifically derived and these were objectively linked to the subject matter. The paragraphs were objectively linked to one another although most of them were long to be easily comprehended. Whereas key words were used in the article such as benefit-cost analysis, health infrastructure, health attainment, public private partnership, these were not directly defined.

Stability

Provision, access and attainment of good health are of global concern today. With population increase, changing environment and life styles, governments will remain challenged to provide affordable health services. In that respect, the article will remain relevant and stable as a resource for future studies and policy guidance.

Analysis of tables

Table 1 showed the health infrastructure indices expressed as (HII₁) and (HII₂), and health attainment index (HAI) for the twenty eight states of India. There was good interpretation of the results relating the states values (of MAH and WB) to the all India average values. Although all values for the twenty eight states were for the construction of all India average, it is held as a reservation that the author would have presented in table values for only two states otherwise, the table looked crowded with redundant data. Table 2 showed data of different parameters to estimate the per capita net benefit of RSBY and NRTN in the two selected states. And these were clearly interpreted. Table 3 represented comparison prices for the drugs in the two states. Overall, the analysis of tables in the article was apt and they were chronologically placed.

Recent advances related to the topic

The article is a more recent publication of 2015 in the journal of international health policy and management. Detailed in the article are the existing gaps in provision and access. Further interpretation of the analysis and benefit-cost made on the three outreach programs of FPS, RSBY and NRTN all lead to addressing access issues.

It is evident that access to quality health care has attracted global concern. One of the recent advances related to the article is the launch of the access to health care interest group (on 27th January, 2015) by the Members of the European Parliament (MEP) (1). Europe has established health infrastructure however, the challenge lies in the fact that patients cannot access proper diagnosis and treatment.

Another related recent advance is the advent of the sustainable development goals (SDG) which recognize health as a development issue. The SGD goals no. 3 and no.6 with their defined targets address universal and equitable access to health services (2).

In the United States of America, the implementation of the Affordable Care Act in addition to the expansion of access to health insurance cover is once again a clear testimony that governments are to work towards achieving access to quality health care by all population (3).

In South Africa, the struggle to reduce child mortality rates as well as improving maternal health as part of the UN Millennium Development Goals (MDGs) has led to several innovations to address the access gaps. One of the recent innovations was the launch of the mobile clinic in May, 2015 by Phillips which was to serve the populated townships of Diepsloot, Orange Farm, and Cosmo City found in Northern part of Johannesburg. Relatedly, Royal Philips launched the new ultra-mobile ultrasound system VISIQ in South African Market. The technology is small device designed to help expectant mothers in remote and hard to reach areas to have their regular prenatal check-ups by clinicians in such remote environment (4).

Conclusion

The review summarized and critically analyzed the article cited as; Dutta S, Lahiri K. Is provision of healthcare sufficient to ensure better access? An exploration of the scope for public-private partnership in India. The article used plausible national data sources which included among others the national health profile, the national sample survey organization (NSSO) 60th round (2004) house hold survey, the national census of 2001 and the national family health surveys (NFHS - 3), 2005-6.

The provision of quality health services is of global concern today. However, despite significant investment on health, India failed to meet the MDG targets on health. The study revealed that there were gaps existing in the provision of health infrastructure and how these were accessed by the population. This directly proved that provision of infrastructure alone does not mean that the people who need the services can actually access it as a result of high costs related to medical and non-medical expenses as well as ill equipped health facilities in terms of basic equipment and skilled personnel. The implementation of the FPS, NRTN and MAH outreach programs proved more benefit accrued to the BPL population and thence addressing the access issues. It therefore, implies that the future of attaining access to universal quality health care lies in the public - private partnership.

References

The resource materials used in the study were obtained from credible national sources. They command a high level of authority and they were appropriately referenced at the end of the article.

Additional references were used to support the recent advances in relation to the topic were googled from the website and these are given below;

- [1.] European patient forum (2014). Launch of the MEP access to healthcare interest group. Available at: <http://www.eu-patient.eu/News/News/launch-of-the-mep-access-to-healthcare-interest-group/>
- [2.] United Nations. Sustainable Development: Open working group proposal for sustainable development goals. Available at: <https://sustainabledevelopment.un.org/sdgsproposal>
- [3.] Agency for Health care Research and Quality. Implementing the Affordable Care Act: Innovations that improve health care quality and access. Available at: <https://innovations.ahrq.gov/scale-up-and-spread/affordable-care-act>

[4.] Africa Health Care IT News (2015). VISIQ: Innovative ultrasound to boost healthcare access for South African mothers Available at: <http://africahealthitnews.com/blogs/2015/06/visiq-innovative-ultrasound-to-boost-healthcare-access-for-south-african-mothers/>