



HEALTH SECTOR REFORMS IN WEST BENGAL THROUGH PPP: AN OVERVIEW

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ABSTRACT

It is very important for a Government of any country to provide the quality health care service to both Urban and rural people at proper time and at affordable cost. But in India as well as in West Bengal quality health care facilities are not easy accessible for lack of health care infrastructure. Again there is a huge difference in health care facilities between Urban and Rural people. To provide better health care service to all the people at primary, secondary and tertiary levels Govt. of India and Govt. of West Bengal has taken different positive strategies in Health Sector which are popularly known as Reforms in Health Sector. Developing Partnership with private sector for providing health care facilities under the control of Govt. is one of the major reforms in the health sector. Main advantages of the PPPs are easy accessibility of the health care service and at affordable cost. Beside the advantages it has also some disadvantages like delay in project clearance, low quality service etc. For getting better service from the PPP projects it is very important for the Government for close and continuous monitoring and supervision of the PPP projects and Govt. should amend the rules for establishing health infrastructure under PPP regularly. Govt. should fix such rules regarding establishment of health care unit and users fees which will also motivated the Private player to make investment under PPP model.

KEYWORDS : Reforms, Public Private Partnership, Projects etc.

Introduction:

Health is wealth. One with bad health cannot think better for his own and not for the country. Government of a country is bound to think how healthcare service can be improved. Different survey and studies do not reflect that all the people of our country are getting proper health care services at proper time and at affordable cost. As per census 2011 about 73% of the population lives in rural areas and about 26.1% people lives below poverty lines. Again about 70% of total health care market is captured by the private sector player and Govt. of India allocate only less than 1% of the GDP in health care sector whereas private player invest about 3% of the country's GDP in health care sector. But the main problem is that most of the private player is interested in making investment in state capital and semi town only and they are not interested in making investment in rural areas where about 73% of the population lives. In this situation Govt. of India has decided to increase the investment in health care sector up to 2.5% of their GDP in 12th five year plan. And they have also taken initiatives along with the state government to develop the health care infrastructure and delivery of the health care service in rural areas through National Rural Health Mission (NRHM). The same situation also exists in west Bengal. People who live in rural areas fully dependent on Primary health centre (PHC) and Block Primary health centre (BPHC) for getting the health care service. But the services of these units are very poor in respect of availability of doctors, nurses and beds. In this situation they are being forced to avail the service from private nursing home bearing higher cost. To overcome this situation state government has taken several initiatives to bring a positive change in health care services which are popularly known as Reforms in health care sector. Out of the different reforms strategy in health care sector participation with private player under the control of Govt. is popularly known as Public Private Partnership model.

Objectives of the study:

1. To study the existing status of Health sector in west Bengal
2. To study the possible advantages and disadvantages of PPP in health sector.

Data Sources:

In this article we have used the secondary data available from the different website of Govt. of India, Govt. of West Bengal, different journals, books etc.

Present overview of health sector in west Bengal:

The public health infrastructure comprises of the health institutions, health professionals and other personnel. In rural areas such services are provided by the Sub-centers (SC), the Primary Health Centers (PHC) and the Block Primary Health Centers (BPHC). The BPHCs with at least 30 beds are generally declared as Rural Hospitals (RH) and have facilities better than the BPHCs. The BPHC and the RH have otherwise similar functions and are headed by the Block Medical Officer of Health (BMOH).

Presently the state has 10,357 SCs (Sub Centre) which are catering around 622 lakh rural population (as per 2011 census). Thus, average population covered by one SC comes to around 6,000 against the norms of 5,000 (3,000 in tribal, hilly and backward areas). All the SCs are overloaded by the patient.

Table No.1: Sub-Centre Infrastructure in West Bengal

Total no. of Sub-centre	10,357
No. of SC in govt. building	5,361
No. of SC in rented building	3,330
Other rent free Accommodation	1,870
No of SC under construction	1,432
No of SC ready for const.	589
SC having all weather road	7,391
SC having electricity	4,899

Sources: www.wbhealth.gov.in

Primary Health Care:

The health centre closest to the community is the PHC, which should be established for every 30,000 population (20,000 populations in tribal, hilly and backward areas). The PHC should have two doctors and four GNMs to provide OPD and round the clock IPD services with facilities for normal delivery and laboratory for a few routine tests. However, the number of PHCs and services delivered is far from adequate. There are 909 number PHCs out of which only 248 had beds and functioned round the clock as at the end of March 2016 and the rest PHCs had no beds and, therefore, provided only OPD services. There are 270 RHs (total bed 9271) and 79 BPHCs (total bed 1260) in the state. Population coverage at present is, therefore, rather high compared to the all India norms.

Secondary and Tertiary Care Facilities:

First level of referral services for treatment by specialist doctors is called secondary health care services. State General Hospital, Sub Divisional Hospitals and District Hospitals are the backbone of secondary health care facilities with various specialist services. Such hospitals also provide most of the ordinary diagnostic services. There are 22 District Hospitals (total bed 10,072), 37 Sub Divisional Hospitals (total bed 8,209) and 30 State General Hospitals (total bed 4586).

Table No-2: Medical institution in West Bengal as on 31.03.2016

Type of medical institutions	No	No of beds
Hospital/health center under the department of Health & Family Welfare		
Medical college hospital	13	14759
District hospital	22	10072
Sub divisional hospital	37	8209
State general hospital	33	4586
Other hospital	35	7530

Rural hospital	270	9271
Block Primary Health Center	79	1260
Primary Health Center	909	6678
Sub center	10357	0
Hospital under other department of State Govt.	72	6212
Hospital under local body	48	1466
Hospital under Govt. of India	58	7126
Hospital under NGO/Private	1946	43560
Total	12079	120729

Sources: Health on March 2015-16

What is PPP?

Public-Private-Partnerships (PPP) can be described as a set of institutional relations between the public and private sector. This relationship can be different in terms of management, operational mechanisms, legal status, participants, and policy. Depending on the desired relationship and the characteristics of the private and public sectors a number of definitions have been framed for PPPs. The United Nation defines partnerships as voluntary and collaborative relationships between various groups - state and non-state, in which all participants agree to work together to achieve a common purpose or undertake a specific task and share risk and responsibilities and resources.

Present status of PPP in Health Sector in West Bengal:

Table No 3 shows the present status of PPP projects in health sector in West Bengal in terms of name of the project, Types of PPP model used, Starting date of the projects and Name of the private player with whom project was undertaken.

Table No-3

Name of the project	Name of the model	Starting from the year	Name of the private partner
CT Scan in medical colleges and hospitals	Contract in	2001	Different partners'
MRI unit in medical colleges and hospitals	Contract in and Contract out	2008	M/S ECO Diagnostic Pvt. Ltd & AMRI Ltd
Dialysis units in medical colleges & hospitals	Contract out	2008	Different partners'
Referral of cancer patients to private linear accelerator	Contract out	2008	M/S North Bengal Oncology Centre(P) Ltd.
Mechanized laundry units for washing of hospital linen	Contract out	Not available	M/S. Band box & M/S Abco services
Contracting out non-clinical service (security and scavenging)	Contract out	2002	Not available
Diet supply by self help groups	Contract in	Not available	The Rogi kalian Samiti
CT Scan units in District hospitals	Contract in	2008-2009	Different partner in different district
Mobile health services In Sundarbans	Contract in	1999	5 NGO are working under PPP covering 351 villages
Fair price medical Shop in different Medical college & Hospitals	Contract in	In different year	Different partner in different district

Sources: www.wbhealth.gov.in.

Advantages of PPP in Health Sector:

1. Improve service delivery: Through PPP the skill of public and private sector has joined together and they always think what they do best for improving service delivery.

2. Improve cost effectiveness: As most of the cases Govt. provided infrastructures to establish PPP unit in hospitals for that cost of the services less than the traditional approach.

3. Increase investment in public infrastructure: By this partnership private investment which help to bridge the gap between need and province's.

4. Reduce public sector risk: Risk can be reduced by transferring it to the private partner who can manage it by better way.

5. Opportunity of employment: Through PPPs new establishment of different projects will help in employment opportunity.

Disadvantages of PPP in Health Sector:

- Construction/implementation risk arising from
 - Delay in project clearance,
 - Contractor default,
 - Environmental damage
- Market risk arises from
 - Insufficient demand,
 - Impractical user levies
- Finance risk, arises from
 - Inflation,
 - Change in interest rate, c) Increase in tax, d) Change in exchange rate
- Operation and maintenance risk arises from
 - Termination of contract,
 - Technology risk c) Labour risk

Conclusion:

From the above discussion it is very clear that though, there is some limitation of PPP projects in this sector but still it plays a vital role in West Bengal. The main advantages of PPP are easy access of service and at affordable cost. But Govt. should closely and continuously monitored and supervise the activities of the PPP unit for ensuring the quality health care service at proper time and at appropriate cost. Again for motivating the private player Govt. should amend the rules for establishment of PPP projects time to time and fix up the users fees which will motivate the private player to invest in PPP mode in health care sector.

List of Abbreviation:

- BMOH: Block Medical Officer of Health
- BPHC: Block Primary Health Center
- CMOH: chief Medical Officer of Health
- GNM: General Nurse Midwife
- GDP: Gross Domestic Production
- HMIS: Health Management Information System
- HRD: Human Resource Development
- HSDI: Health Sector Development Initiative
- IPD: In Patient Department
- OPD: Out Patient Department

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