

Corporates eye rural health centres

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MUMBAI: After setting up high-tech hospitals in cities corporates are now looking to the village. Healthcare giants such as the Hinduja group, Nicholas Piramal and Bombay Dyeing have approached the state government with proposals to manage some of its Primary Healthcare Centres (PHCs), say Mantralaya officials. PHCs are the equivalent of the neighbourhood clinic, where the government provides basic medical care, oversees surveillance and runs preventive camps.

While the state is "seriously considering" the public-private partnership (PPP) offers, healthcare activists have pointed out that primary health is the government's fundamental job and it cannot be leased.

"Corporates such as Hinduja, Bombay Dyeing and Nicholas Piramal have shown an interest in running PHCs. We are still fine-tuning how a PPP model would work," said Director General of Health Services Dr Prakash Doke. There are indications that the state may even consider a PPP model for its rural hospitals. On Monday, state health minister Vimal Mundada spoke at a health summit in Delhi about the need for all sectors—public, private and non-profit—to work together to "achieve ideal health parameters".

The trust-run Hinduja Hospital in Mahim has offered to run five PHCs in Raigad. Officials say the Nicholas Piramal group is looking at PHCs in the malnutrition-prone belt of Nandurbar while the Bombay Dyeing group is surveying PHCs around Pune.

Health activists, however, have voiced their reservations. "The provision of primary healthcare, especially to the poor, is the basic duty of the government. PPP can be used to provide something extra, for instance, to hire specialists such as anaesthetists or obstetricians in rural hospitals," says Dr Anant Phadke of the Jan Swasthya Abhiyan.

If a PHC begins to charge for its services (apart from the mandatory cost for preparing a case paper), the poor would stop using public health utilities, he adds.

But the PPP idea has caught on across India. If NGOs have adopted PHCs in Andhra Pradesh, the Gujarat government has joined hands with private groups under the Chiranjeevi Scheme to reduce maternal and infant deaths. In Haryana, a PPP titled the Vikalp Project caters to four far-flung districts. More recently, the Bihar government handed over several PHCs to the private sector. **Dean of research and development at the Tata Institute of Social Sciences C A K Yesudian** believes that the corporate interest in PHCs isn't a sustainable model as it depends on the business house's charity quotient rather than on a sustainable module. A PPP can only be useful if private players complement the government's functions. "The state should maintain its control while corporates could finance equipment or provide laboratory services," suggests Yesudian.

However, Dr Doke sees PPPs as a win-win situation. "We run 1,818 PHCs, of which private players will manage only a few to ensure better management and accountability," he says. He cites the example of Sastur in Osmanabad as a successful PPP initiative in Maharashtra.

State officials believe that the shortage of specialists can be bridged with private participation. "We will explore options such as specialists visiting the PHC or initiating a referral system where poor villagers could seek cheaper treatment in hospitals run by these corporates," say officials.

Meanwhile, corporates say that their PHC foray is driven by charity not commerce. Hinduja Hospital, for instance, sees it as a CSR (Corporate Social Responsibility) initiative. CEO Pramod Lele told TOI that "we are likely to sign an MOU with the state in a week's time". Swati Piramal of the Nicholas Piramal group said they already have a pilot project in Rajasthan but she wasn't aware about the details in Maharashtra.

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