PUBLIC PRIVATE PARTNERSHIPS IN HEALTH SERVICE DELIVERY: KEY ISSUES

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OBJECTIVES AND MODELS OF PARTNERSHIPS (VENKATRAMAN, 2012)

FOR HEALTH INFRASTRUCTURE

Hybrids of Design, Build/ Rehabilitate,
Finance, Own, Operate, Maintain, Lease,
Manage, Transfer (DBFOM, BOOT, ROT)
Private Financing Initiative (PFI)
Integrated Models

FOR SERVICE DELIVERY EFFICIENCY

(Clinical/ Non Clinical Services)
Contracting
Operational Mgmt. Contract
Co-location
Franchising

MODELS

FOR FINANCIAL PROTECTION

Health Insurance / Social Insurance
Demand Side Financing (Conditional Cash)
Supply Side Financing
Grant in Aid / Subsidies
Social Protection Funds
Purchasing

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OTHER ENGAGEMENT OPTIONS

Public Private Mix (TB)
Digital Health (e,g. Telemedicine)
Social Marketing
Drug / Vaccine Research
Human Resource Capacity Building
Regulation / Accreditation / Quality Improvement

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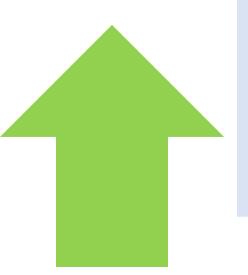


PPP IN SERVICE DELIVERY: KEY CHALLENGES

information Gap on PHS- thus unplannedunviable PPPs

Leadership (Political & Admin. Committment)

Hostility/ Mutual Trust- NGOs vs Corporates

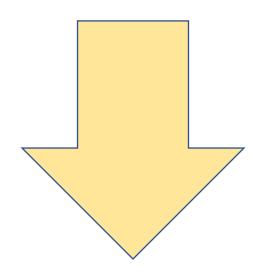


Policy, Legal Ecosystem; Regulation / Stewardship

Fiscal Space –
Payment Delay –
Cost vs Tariff

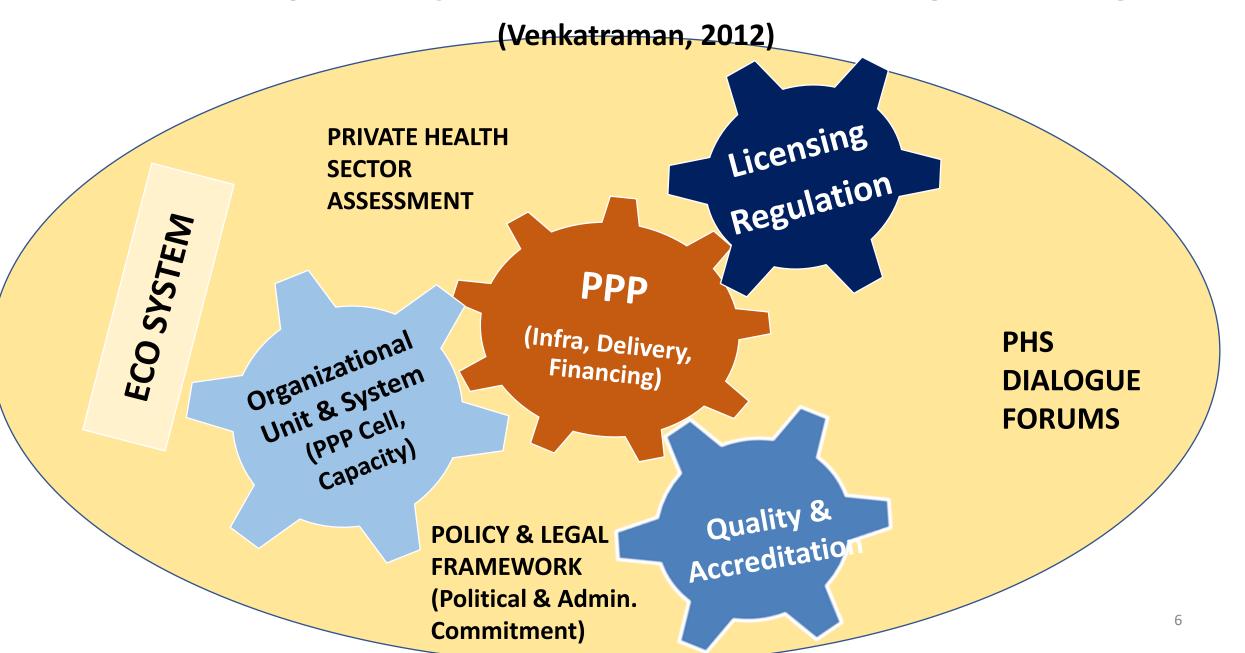
PPP IN SERVICE DELIVERY: KEY CHALLENGES

Organizational Unit/ Technical & Managerial Capacity Relational / Incomplete Contracts: No KPIs, Monitoring, Oversight



Day-to-day
Operational Mgmt of
contractsgrievances, disputes

PPP IN SERVICE DELIVERY: IDEAL STRATEGY



WHO- PHS STRATEGY & GOVERNANCE PATHWAYS

Deliver Strategy

Enable Stakeholders

Foster Relations

Nurture Trust

Align Structures Build Understanding

Nascent

Developing

Progressing

Established

Public-Private Partnerships in Health Care in India

Lissums for developing columns

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