



Niti Aayog Frames PPP Guidelines for District Hospitals

Niti Aayog, along with technical assistance from the World Bank, has formed guidelines for Public-Private Partnership (PPPs) for providing health services in district hospitals.

- The documents have been designed to supplement efforts for provision of prevention and treatment services of non-communicable diseases (NCDs) related to Cardiac Sciences, Oncology, and Pulmonary Sciences at the district hospitals in tier 2 & 3 cities.
- PPP for NCDs in district hospitals will play a pivotal role in ensuring the availability of the services at the district headquarters.

Background

- The contribution of non-communicable diseases (NCD) to the overall disease burden in the country has increased over the years. But **district hospitals in the country have focused mainly on communicable diseases and reproductive and child health. As a result of which the capacity for handling NCD cases by district hospitals has not been adequately developed.**
- Presently, in India **patients have to travel long distances for availing medical services for NCDs due to urban bias in the availability of private health care**, especially secondary and tertiary care which is skewed towards Tier-1 cities.
- National Programme for Prevention and Control of Cancers, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS) was launched by the Ministry of Health and Family Welfare (MoHFW) in 2010.
- One of the objectives of the programme is to:
 - Build capacity at various levels of health care for prevention, early diagnosis, treatment, Information Education Communication (IEC) and Behaviour Change Communication (BCC), operational research and rehabilitation.
 - Provide support for diagnosis and cost-effective treatment at primary, secondary and tertiary levels of health care.

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- PPP Units will be established in District Hospitals
- The model covers the prevention and treatment of three Non-Communicable Diseases- **Cardiovascular diseases, Cancers and Pulmonary Diseases.**
- The scope of services:
 - **Oncology:** Palliative care, Medicinal /Conservative Management (including Chemotherapy, Growth Inhibitors & Hormone Therapy)
 - **Pulmonology:** Emergency Management of acute syndromes, Medicinal/Conservative Management for COPD, Bronchial Asthma and Bronchoscopy.
 - **Cardiology:** Emergency Management of acute syndromes, Medicinal/Conservative Management, and Angiography/Angioplasty.
- All these services in PPP facility will be offered by a **Single partner or a single group of private partners.**
- The private partner will invest in upgrading/building and equipping the facility and responsible for operational management and service delivery.
- The government will provide physical space & other infrastructure in 'as-is-where-is' condition, provide support facilities and hospital amenities.

- Four PPP models—**Management of Contract, Purchasing of Services, Build, Operate and Transfer Model or a Co-location Model**—have been proposed.
 - In the **Management of Contract model**, the state government will bring in a private partner for a period of 10-15 years of investing in equipping the government facility, hiring human resources and managing the facility, while the government will reimburse the private partner.
 - In the **Purchasing of Services model**, the state government will identify medical and surgical procedures that a private partner, will carry out and the government will pay or co-pay the costs. This will be for a period of one to three years.
 - In the **Build, Operate and Transfer Model**, the private partner will have the vacant land offered by the government for thirty years or more and will finance the project.
 - The **Co-location model** will involve government allowing a private partner to set-up a separate facility through private investment within an existing government hospital premise for a duration of 15 years with a renewal option and it will allow the private facility to charge patients.
- 'User Fee' can be charged by the private entity from patients.

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