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# PPPs Transforming Chronic Diseases Burden Among Indian Women

01 March 2025 | Views | By Prof. (Dr) Dorairaj Prabhakaran, Executive Director, Centre for Chronic Disease Control

**More and more Indian health research institutions and the World Health Organization (WHO) are realising that medical interventions alone are insufficient to alleviate the burden of chronic diseases among women. Economic empowerment, extensive social reforms, and a radical rethinking of women's health as a vital national priority are all demanded. The public-private partnerships (PPPs) that combine medical science, social policy, and community involvement are the most promising method to bring about significant change. The PPPs' capacity to transform healthcare by developing accessible, reasonably priced interventions has been continuously demonstrated.**



The upsurge in chronic diseases such as diabetes, heart and lung diseases, and cancer portends a potential healthcare catastrophe of significant magnitude, with women bearing a disproportionate burden of this unfolding scenario. The burden of chronic diseases among women in India represents a critical public health challenge, with cardiovascular diseases (CVD) or heart diseases and cancers emerging as health concerns. Addressing this crisis in India demands a comprehensive, collaborative approach that leverages public-private partnerships across multiple sectors.

India can develop relevant and scalable solutions by fostering innovative alliances between government agencies, healthcare providers, research institutions, civil society organisations, and private sector partners. These alliances can play a pivotal role in driving targeted health interventions, enabling widespread access to quality care. By focusing on preventive measures and integrating community-driven insights, such collaborations can ensure that healthcare initiatives are responsive to the specific needs of women across diverse socio-economic and geographical contexts.

**Need for Innovative Solutions**

The Global Burden of Disease Study reveals that CVD is the leading cause of female mortality in India, claiming 18 per cent of all deaths. As per data shared by ICMR – National Institute of Cancer Prevention and Research, cancer follows, with one in every two women newly diagnosed with breast cancer succumbing to the disease. Cervical cancer compounds this, with one woman dying from the disease every 8 minutes in India. Approximately 23 per cent of worldwide cervical cancer fatalities occur in India, representing 3,41,831 deaths in 2020—a statistic that urgently demands early diagnosis and treatment strategies.

**What Ails Women's Health Care in India?**

Several challenges prevent women in India from receiving their share of healthcare. Economic constraints, limited health literacy, and deeply entrenched social stigmas surrounding women's health discussions amplify these challenges.

With only 6 per cent of doctors being women in rural areas, there exists a gender-based healthcare provider deficit that compounds existing cultural and socioeconomic barriers. These systemic constraints create complex obstacles for women seeking medical interventions.

Many women prioritise family needs over personal health, leading to delayed medical consultations and missed preventive care opportunities. A significant proportion of women, particularly in rural areas, lack basic knowledge about disease risk

factors, early symptoms, and treatments that may be available. This low or lack of awareness translates into poor health-seeking behaviour, delayed diagnosis, and, ultimately, compromised health outcomes.

The healthcare access divide further exacerbates this crisis with a stark urban-rural disparity. While urban areas—representing merely 28 per cent of the population—consume 66 per cent of healthcare resources, rural women are left navigating very limited medical options. The result is a growing health crisis where preventable conditions transform into life-threatening conditions.

Each missed vaccination, postponed screening, and delayed diagnosis is not just an individual health risk but a broader systemic failure that demands immediate, strategic, multi-sectoral interventions to reshape India's approach to women's healthcare. This is further compounded by a lack of knowledge and poor access to a balanced healthy diet, adequate physical activity and restful sleep, all of which are seminal in preventing chronic diseases.

**A Fresh Approach**

The World Health Organisation (WHO) and Indian health research institutions increasingly recognise that addressing women's chronic disease burden requires more than medical interventions. It demands comprehensive social reforms, economic empowerment, and a fundamental reimagining of women's health as a critical national priority.

Recommendations emphasise a holistic approach, including developing culturally sensitive health communication strategies, expanding community-based screening programmes, leveraging digital health technologies, and creating affordable, easily accessible healthcare models. Targeted interventions for high-risk populations are also gaining traction as potential solutions.

Interdisciplinary public-private partnerships integrating medical science, social policy, and community engagement represent the most promising pathway to meaningful transformation.

**Public-Private Partnerships in Healthcare – An Innovative Pathway**

Women's health, particularly in chronic diseases, requires tailored solutions that address medical, social, and economic determinants of well-being. Public-Private Partnerships (PPPs) offer a practical pathway to bridge resource gaps, encourage innovation, and ensure equitable healthcare delivery for women.

PPPs can deliver sustainable interventions by integrating community insights with advanced medical capabilities. For instance, governments can leverage private sector technology to deploy mobile health clinics and telemedicine platforms to address women's specific challenges in underserved and remote areas. The Pune Municipal Corporation's "Vaccine on Wheels" initiative exemplifies how such mobile screening models can bring critical healthcare services directly to vulnerable populations in underserved regions.

India's history of employing PPPs to overcome healthcare challenges underscores their transformative potential. Recent successes, such as the Arogya Setu and CoWIN App rollouts, demonstrate how multi-stakeholder collaborations can deliver groundbreaking outcomes on a global scale.

Across the world, numerous successful examples of PPPs have demonstrated their ability to address healthcare access challenges and improve health outcomes in resource-constrained settings. The Beyond Zero Campaign, initiated by the Kenyan government in collaboration with private sector partners and international organisations, focused on reducing maternal and child mortality by deploying mobile clinics to underserved rural areas. By leveraging private sector resources and expertise, the initiative provided essential healthcare services such as antenatal care, immunisations, and disease screenings to communities with limited access to medical facilities.

The PPPs have consistently proven their ability to reshape healthcare by creating affordable, accessible interventions. Programmes under the National Health Mission have leveraged such collaborations to address vulnerabilities in rural and marginalised communities through public awareness campaigns, expanded healthcare access, reduced costs, and innovative solutions for emerging health conditions. Private sector contributions, such as advanced diagnostic technologies, AI-driven early detection systems, and online health platforms, further amplify these efforts.

By combining the strengths of public institutions, private sector capabilities, and community insights, PPPs can create solutions that can significantly improve health outcomes for women across India. These collaborations will enhance the reach and efficiency of healthcare delivery and also ensure that interventions are sustainable and culturally relevant, propelling long-term systemic change.

***Prof. (Dr) Dorairaj Prabhakaran, Executive Director, Centre for Chronic Disease Control***