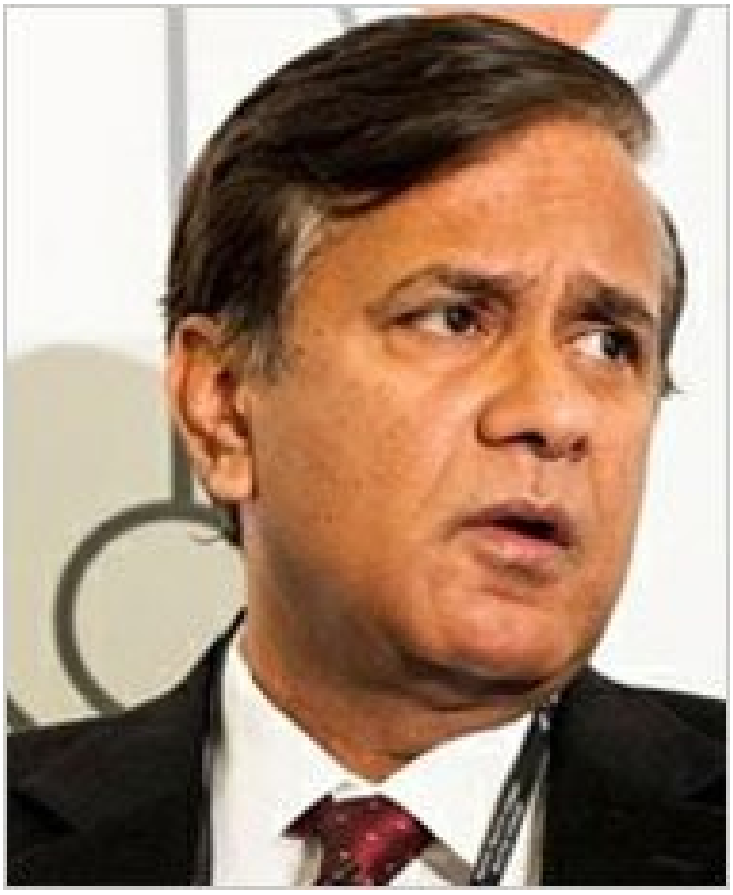
BioSpectrum the business of Bio & Health Sciences

# "We are trying to improve the healthcare access"

20 May 2014 | Interviews | By Rahul Koul Koul

**"We are trying to improve the healthcare access"**



Founded in 2008 by its current president, Gopi Gopalakrishnan, WHP is supported by Bill & Melinda Gates Foundation. It has been extensively involved with the health and reproductive services across India. In partnership with Bihar government, BMG foundation launched comprehensive health care projects for the state two years back. World Health Partners, will be engaging with informal and formal
providers in your districts to improve management of TB, Kala-Azar, childhood diarrhea and pneumonia. Here is Mr Gopalakrishnan answering queries from the BioSpectrum's Rahul Koul:

**Q: Brief about the World Health Partners (WHP) and its activities in India?**

World Health Partners is a non-profit Indian society which is focused on reaching good quality health and family planning services to rural cotreatment relative to a patient's income.

With low-cost innovation, cheap mobile handsets and more 'inclusive' solutions filling in crucial gaps in health information and

access, technology has a potential to grow capacity in this sector tremendously. In public health, information management and communication processes are pivotal, and are facilitated or limited by the availability of information. For instance, e governance has been institutionalized, via ways in which the use of ICT is becoming a norm for various government departments.
Health information plays a key role in determining how these challenges are met. Add to these the long list of brick-and-mortar infrastructure gaps, capacity building, training of health professionals who are ICT-illiterate, and the lack of primary healthcare staff, and it is easy to see why the Indian healthcare sector offers an array of opportunities for low-cost innovation and the application of technology for improving health outcomes. WHP's approach addresses the perennial problem of the inability to reach rural and vulnerable communities with essential health services.

**Q: How are you utilizing the latest advances in diagnostics and medical technology to establish large scale, cost-effective health service networks?**

A key driver of success for WHP is the application of innovation. WHP has been at the forefront of a number of technological initiatives that have pioneered the use of telemedicine and mobile phone-based solutions that link qualified urban doctors with remotely based patients. WHP follows the principle, referred to internally as, 'Simple Front, Savvy Back'. This combines commonly available technological tools, such as low-end mobile phones in rural and poor communities, with highly sophisticated backend tools. WHP anticipates the challenges associated with utilizing technologies in underdeveloped areas: the energy supply is stabilized by a low cost generator or solar panels; and internet connections are supplemented with cell phones, landline phones or information delivered through messengers.

**Service Model:**
The WHP franchised network represents a monumental shift in health service delivery. WHP provides the patient with a higher-standard provider as first point of contact, and a well-defined referral route for complicated cases. Franchises include localized informal providers in addition to formally qualified providers. Working together, they ensure patients receive appropriate, quality-assured services.

**SkyCare Rural Health Providers:**
SkyCare Rural Health Providers form the foundation of the WHP network as the first and often only point of contact for the majority of clients. The client is increasingly attracted to this first contact due to branding (SkyCare) and reputation. SkyCare informal health providers already live in each village and are identified and selected based on their entrepreneurial acumen and social skills. WHP equips them with training and low cost mobile solutions that enable them to perform teleconsultations, referrals (usually to SkyHealth Centers), and diagnostic, symptom based treatments. SkyCare providers charge for their services and earn a commission for each referral.

**SkyHealth Centers:**
Telemedicine Provision Centers branded as SkyHealth Centers are operated by an entrepreneur with a health background, and serve as tele-diagnostic and Sky Care support and coordination hubs. Each SkyHealth Center has 7-10 Sky Care providers/catchment villages underneath it that refer patients requiring more sophisticated care. SkyHealth Centers are thus situated in larger, more centrally located villages. Modern tele-medicine services located at the SkyHealth Centers connect patients with doctors at Central Medical Facilities via the ReMeDi$^{TM}$system. Based on tele-diagnostic consultations, SkyHealth Centers may either refer patients to Franchisee Clinics, or provide them with transportation to a hospital. Local entrepreneurs make full investments in the start-up of a SkyHealth Center, and earn revenue via tele-consultations, product sales and referrals.

**Central Medical Facilities:**
The Central Medical Facility (CMF) houses a panel of experienced, accredited physicians and specialists who consult with clients via cellphone at the SkyCare level or Internet at the SkyHealth level. CMFs are located in urban centers and in addition to telemedicine services, provide training and education to local network members. CMFs also feature a Hotline for the management of complex maternal and neonatal issues that direct patients to the nearest provider. CMF consultations not only benefit rural patients, but also offer an opportunity for doctors and specialists to provide valuable services in their spare time while earning additional revenue.

**Franchised Clinics:**
Clients who require surgery, inpatient care, or specialized procedures that cannot be delivered via tele-medicine, are referred to the nearest Franchised Clinic (FC). These are existing clinics operated by formally qualified general physicians and specialists. Franchised Clinic doctors benefit from an increased caseload. They also receive ongoing professional training and education through consultations with other physicians and specialists in the WHP network. In 2012, a WHP-managed

clinic, branded Unihealth Medical Clinic, was launched in Patna, Bihar. Plans are in place to introduce more clinics in larger towns in Bihar, and potentially down to the block town level.

**Franchised Diagnostic Centers:**
WHP partners with existing diagnostic laboratories in the project area to improve accessibility to high-quality, affordable service for investigations ordered by network doctors. Representatives from these centers visit SkyHealth Centers on a pre-determined schedule to collect samples. Reports are delivered electronically to doctors at the Central Medical Facility. With funding and support from The Bill & Melinda Gates Foundation and the Grameen Foundation, WHP has deployed a TB management system built on the open-source Mobile Technology for Community Health (MOTECH) platform. MOTECH allows local health providers to track patients' progress with an events engine and a scheduler, among other tools, all linked to an electronic medical record system. A software system may not seem like an essential tool in infectious disease management, but using MOTECH allows both WHP and its large scale network of providers to track and more effectively manage TB cases in rural communities.

**Q: What do you think about public private partnerships? Are these a viable solution to bridge the wide gap that exists between health needs of poor and rich?**

The limitations people face when there is a desire to access quality health service but there are issues like unavailability of qualified Doctor's, paramedics and unorganised and haphazard public delivery system. For over 60 years, the focus was on strengthening the public sector for health and it has worked in states like Himachal Pradesh, Goa, and Tamil Nadu. However, may other areas where the public sector has not been successful in India like Bihar and Uttar Pradesh, are prime examples- services and technologies which are more than two generations old are not reaching the rural poor. The immunisation coverage in UP, for example, is about 31% even though other parts of the country benefitted more significantly from these vaccines 30 years ago.

**Q: How can a sector that focuses primarily on profit driven economic activities be induced to provide health care to the poor?**

This is the challenge policy makers face if the investments the country has made to create vast resources in the private sector is to be harnessed for a larger social good. In states where the public sector is ineffective or dysfunctional, it is also clear that the only option available for reaching care to the poor on scale is through the private sector. The private sector in India is large. Its primary interest is in curative care whereas a significant number of the MDG goals can be achieved only by strengthening preventive care. Provider competencies in this sector are deployed on a predictable pattern: high level curative skills and facilities are urban based while rural communities depend primarily on locally available low level skills. The chasm between need and access needs to be bridged.

Public private partnerships are ventures which supplement and complement each other. These partnerships use the strength and resources available within both public and the private sector. The policies, resources created by the public sector are complimented by the managerial expertise, entrepreneurial energies in the private sector.WHP presents a generational change in programming paradigms: WHP's innovative Social Marketing and Social Franchising model belongs to a new fourth sector, where private, public and NGO strategies are combined to respond to the needs of underserved populations through a scalable and sustainable model. Using existing private providers at all levels of care, WHP creates a large contiguous network linked via technologies and strengthened by financial incentives.

**Q: How do you look at the future and your organization's role?**

As WHP consolidates its intervention in UP and Bihar and incorporates lessons and insights into program management, it is also taking the early steps to expand the franchising concept to other countries, particularly in Africa. The system of using remote consultations to target hard to reach communities has particular relevance to most of the poor countries of Africa especially as the mobile telephony and internet availability expand. Adjustments will be made on the basis of local resources available but initial indications are that the system is adaptable to these changes. For instance, traditional healers and traditional birth attendants, who are the first point contacts for rural communities, can serve as the cellphone-based bottommost tier of the network. Nurses and Clinical Officers can provide the next level of care, and provide internet-based telemedicine and telediagnostics. The current development of more cellphone-based diagnostic services and supply chain management will be even more appropriate for Africa where internet availability is extremely limited.