



Business Models of Public Private Partnerships in Publicly Financed Emergency Response Services

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INTRODUCTION

- Year 2005: No functional model of either emergency response systems (ERS) or assured transport for pregnant women in any state or region.
- Large number of hospital linked private ambulance services, which catered to limited populations in major cities.
- Publicly financed referral transport system was not a significant part of both RCH-II project designs and the XI Five Year Plan.
- In 2012, with NRHM financing: 22 states have some form of emergency response system or referral transport in place. And six more scheduled to start.
- Three main models emerge with variations across the states.
 - **“Dial 108” Model** - A “state of the art” ERS in 16 states.
 - **Haryana Swasthya Vahan Sewa (HSVS) Model** - A patient transport system (mainly focusing on pregnancy transport) with some ERS roles, funded and managed by the state government.
 - **Janani Express (JE) Model** - A local partnership based patient transport system for pregnant women, initiated by State Governments of Odisha and Madhya Pradesh.

OBJECTIVES

- To describe the three main models of ERS that have evolved under NRHM.
- To compare these models that public finance has supported; for their strengths and weaknesses in terms of coverage, timeliness, costs, equity and outcomes.
- Recommendations on design of ERS to improve efficiency and effectiveness in different contexts.

FINDINGS

- Strength of “Dial 108” model is in managing medical emergencies requiring stabilization and it must be prioritized for this.
- All three systems are comparable in costs.
- “Dial 108” EMRI model is not costlier- it just handles more cases and provides more services.
- Lower costs of HSVS and JE models are due to lower assured services and lower quality of services.

Comparative Performances of 3 Models of ERS in India

Service	Ambulance / lakh population	Cases moved/ vehicle/ day	Cost/ vehicle/ mnth (lakhs)	Cost/ patient transported (In Rs)	Cost/ vehicle deployed/ year (In Lakhs)	Cost/ district (In Lakhs)	Cost per capital (In Rs)
“Dial 108” Andhra	0.89	3.59	1.05	565	12.59	529	14.36
HSVS Haryana	1.32	2.85	0.31	562 (Avg)	3.68 (Avg)	82	6.79
JE-ODISHA	0.82	1.73	0.15	391	1.74	28	2.00

RECOMMENDATIONS

1. Emergency response system should be part of an integrated district plan and seen as a chain - immediate pre-hospital care, retrieval and transport, enroute stabilization care and facility development for emergency care and subsequent follow up.
2. Supplement “Dial 108” model with a mix of JE and HSVS. “Dial 108” for emergency rescue and HSVS and JE vehicles to take care of normal pregnancies, drop back home and inter-facility transfer.
3. Facility mapping with real time updated call centres in terms of facilities and staff availability for proper positioning, dispatch of ambulances and establish a referral network of hospitals.
4. States should customize operational and performance standards of care; based on their needs, using National Guidelines, that has to be put in place.
5. Legislative provisions for establishing a designated authority for ERS, mandating 24 hrs stabilization care free of cost in both public and private hospital network, protection from liabilities, etc.
6. Well-designed tender based procurement of the service provider with a contract not less than 5 years (+max 3 years extension) and prevent the development of Monopoly.

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Partners in the States of Haryana

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