

From the editor's desk

Public private partnerships have been advocated as a means to improve equity, efficiency, accountability, quality and accessibility of the health system. PPP as a strategy, to meet the needs of the social sector, was proposed by WHO in 1997 and many developing as well as developed nations implemented PPPs in various social sectors like health, water and education.

In India, although, the idea of PPPs was introduced in several disease control and the RCH programmes in the mid 1980s, owing to the influence by external funders like the World Bank, the formal implementation of PPP as a strategy picked up pace in late 1990s. Since then, various definitions of Public private partnerships have evolved and various kinds of PPP initiatives have been experimented by different states in India. Few states like Tamil Nadu and Gujarat have been able to improve health indicators substantially by trying PPP models like VHS-TAI clinics and Chiranjeevi Yojana respectively.

We certainly need to harness the resources from existing private health care sector as today it plays a dominant role in Curative health care and is catering to majority of the population. A true PPP would be where the relationship between government & private sector is based on shared objectives, shared risks, shared investments and involves participatory decision-making. However, today most PPPs are sort of contractual arrangements.

As delineated in the *People's Alternate Health Plan* the five consensus principles of PPP in the health sector are that it should be pro-poor; have effective monitoring mechanisms in place and, where both quality and costs are monitored. PPPs should be output-based and cost-effective. The payment to private provider must be made promptly, and with dignity. While entering into PPPs, simultaneously government should expand pro-poor investment and expand services made in health sector- and not substitute public sector by private sector. The PPPs should not weaken the public health system, instead should contribute to strengthening it. Mostly, the private sector is given undue admiration for being efficient, but 'efficiency' should not mean disregard for equity – especially as regards labour laws and workers rights.

This issue of the *Journal of Health Studies* puts together selected papers presented at the *National Conference Emerging Health Care Models: Engaging the Private Health Sector* organised by CEHAT, on September 25-26, 2009. This conference provided a forum to researchers, academics and stakeholders like NGOs, involved in operationalising PPPs to deliberate on issues affecting PPPs like lumping of private partners (for profit and not for profit), lack of clarity of roles of partners, problematic interface with the government; and discussion on the need for developing a conceptual framework for evaluating impact of PPPs in strengthening health system and improving health outcomes. There was a broad consensus on a need to address the above mentioned issues in order to utilize PPPs as a key driver strategy to strengthen the health system by improving the accessibility and quality of services rendered by the health system.

We have here two papers that discuss the experiences of Tamil Nadu and Bihar and three case studies of PPP initiatives of Vadu Rural, ASK partnership under City Initiative and PPPs in PHC in Arunachal Pradesh. In addition, there is a paper on 'Psychologising Public Health' that takes a critical look at health psychology theories. We present four book reviews. Two book reviews on health services; one on a book based on the theme of this issue i.e. PPPs in healthcare in India, another on a book detailing on mid-term evaluation of NRHM. Apart from the book reviews on health services, there is a book review on suicidal behaviour and another on the deadly world of toxins that surround us. We are grateful to all the authors and reviewers for making this issue possible.

We invite papers for a forthcoming issue on 'Conflict and Health in India'. The relationship between armed conflict and health is a complex one. Armed conflict not only has a direct impact on the physical and mental health of the people it affects, but it also compromises health systems thereby reducing accessibility and availability of services. This issue intends to add literature to address the multiple dimensions of the health impact of conflict.

JHS provides wide range of options to the young researchers as well as people working in developmental organisations to showcase their work in the form of Research Notes/Field Notes/ Discussions on methodology, essays or Policy conclaves. We would be happy to publish the details of recent publications, upcoming events and the reports of events held by NGOs to update the readers.

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