

**Internship
at
WISH Foundation,
New Delhi**

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2013-2015**


**Institute of Health Management Research,
Jaipur
2015**

Introduction:

Wadhvani Initiative for Sustainable Healthcare or WISH Foundation envisioned by IGATE Chairman and Co-Founder Sunil Wadhvani works to scale innovations for an equitable healthcare system.

The intent: accessible and quality primary healthcare to underserved populations, with a focus on Indian states seeking urgent redress to their health problems.

The Foundation plays a facilitative role within the healthcare ecosystem to ensure need based, high potential innovations. Enterprises are identified, supported and scaled up within a service delivery system to embed vibrant, sustainable cycle of healthcare innovations.

SCALE

Envisioned and led by WISH Foundation, SCALE is a strategic scale up mechanism for promising healthcare innovations. It lends impetus to the delivery of primary and preventive healthcare in India, working in close conjunction with state governments, especially those in need of urgent solutions to intractable healthcare challenges.

Its methodology is simple yet astoundingly effective. It demonstrates the competencies of low cost system solutions through on-ground projects, and establishes healthcare ecosystems and knowledge hubs (to enable replication and intensify the scale up process).

SCALE's focus is high priority health issues. There is a special emphasis on Reproductive Maternal Neonatal Child and Adolescent Health (RMNCH+A) programs and on key barriers to quality and affordable healthcare delivery, particularly for the underserved population at the bottom of the pyramid (BoP).

The strategic vision of SCALE is ambitious: a sustainable market and solutions for the last mile. By 2020, SCALE programs aim to reach 10 million underserved people with quality healthcare services in partnership with the governments of Rajasthan, Madhya Pradesh and Odisha, followed by many other states.

SCALE paradigm:

1. Designed and delivered in partnership with the state governments to address state priorities and challenges and significantly increase coverage for BoP.
2. Offers a menu of high impact and locally relevant innovations to governments to address key challenges.
3. Demonstrates impact of innovations on-ground within the public health system using financial and technical assistance as well as leveraging partnerships.
4. Mobilizes financial resources.
5. Facilitates scale up of successful innovations within the public health system.
6. Develops an ecosystem and knowledge hubs for effective knowledge sharing, showcasing and networking of successful scale ups and their replication across India.

SCALing-up-innovations:

Step I: Mining of promising healthcare innovations in public and private sectors to build a database of high potential innovations.

Step II: Acceleration of promising innovations to be scale ready through incubation, technical assistance and mentoring to innovators and enterprises.

Step III: On ground demonstration of scalable innovations within government system, combining a variety of partnership strategies.

Step IV: Replication and scaling up of successful innovations within government and private healthcare systems using direct procurement, public, private and Market Based Partnership (MBP) strategies.

SCALE is a strategic mechanism adopted by WISH Foundation during steps III and IV to ensure successful scale up of healthcare innovations within the government system and private markets at the last mile.

SCALE Rajasthan

A charismatic public private partnership initiative between WISH Foundation and the Government of Rajasthan to transform the primary healthcare delivery for the underserved.

Its dynamism lies in demonstrating and scaling up high impact innovative solutions using a medley of public, private and market based partnerships.

By 2020: establish a fully operational, quality compliant, efficient and cost effective primary healthcare delivery system in 12 SCALE districts.

Targeted outreach: serve at least 5 million underserved people with quality and affordable healthcare services.

Aligned with national, state and global goals: achieve priority Millennium Development Goals, Sustainable Development Goals, and Health for All goals of the Government of Rajasthan by addressing critical delivery gaps within the integrated RMNCH+A program.

Foregrounding key health challenges: Gleanings from the underlined restraining factors can help enhance clarity on cross cutting strategies to better sustain and scale up responses, put in practice game-change innovations, and foresee emerging threats.

- Insufficient decline in critical indicators for infant and maternal mortality and malnutrition
- Rising incidence of non-communicable diseases and poor awareness on prevention
- Dysfunctional public health facilities due to acute shortages of doctors and paramedics
- Difficult terrain, scattered population and high disease burden among underserved communities
- Insufficient information, communication and education on key family practices

SCALE Rajasthan provides innovative and strategic solutions to systemic challenges in healthcare delivery, such as shortages of manpower, infrastructure, skills, supplies, governance available within the market (public, private and informal).

At its core is an unwavering focus on primary healthcare. Efforts are steered to make quality healthcare available at the doorstep to directly benefit the poor, one, by reducing the out of pocket expenses and, two, the burden on the community health centers and district hospitals.

Foster public private partnerships: Shortages of trained human resources remains a key challenge for the state. Absence of qualified doctors have resulted in a number of primary health centers and attached subcenters being dysfunctional and inadequately managed.

SCALE Rajasthan will facilitate an enabling environment for private sector engagement required to address the gaps and challenges by:

- Advocating for policy change using participatory approaches (to increase communication, coordination and partnerships between public and private partners.
- Supporting institutional mechanisms (PPP Cell) to efficiently manage the PPPs. The mechanism will help identify emerging focus areas, set performance standards and ensure timely payments, etc.
- Ensuring private sector management of primary healthcare centers so as to move towards making them smart clinics.
- Setting up of lab-based diagnostic services using PPPs.

SCALE Rajasthan over five years (2015-20) will achieve:

1. The evolution of smart clinics through alterations in the dysfunctional primary health centers and connected subcenters (private sector engagement following the PPP policy framework can help this process enormously)
2. The creation of state-of-the art diagnostic labs at district hospitals and community health centers with linkages at the primary health centers through private partners
3. The establishing of standard operating procedures (documented and made available for PPPs in Rajasthan in all PHCs tendered out by the government)

SCALE Rajasthan will make sustained efforts to identify innovations to address key needs and gaps within the public health system and scale them up. From a seed of an idea, these enterprises will emerge as large scale ventures validated by their low cost and positive impact on a large number of poor people. Learning from feedback, reflection, analysis and course correction will be constant. Noteworthy innovations include:

eHealth Centers: Affordable user paid model that offers step down primary healthcare. Deployed in a shipping container and fully equipped with key medical diagnostic equipment, electronic medical records (EMR) systems and cloud-enabled technology, the ehealth center is developed by Council of Scientific and Industrial Research and Hewlett Packard. Operated through a public private partnership, it will be set up and managed by Narayana Health.

Point of Care (POC) diagnostic devices: Easy to use, portable and low cost. Empowers ANMs and ASHAs to provide quality diagnostics at doorsteps and assist with early detection, referral and treatment. POC devices have high potential to reduce out of pocket expenditure for poor, early diagnosis and reduced workload at tertiary hospitals.

- Anemia Screeners: IT enabled, non-invasive hemoglobin measuring device, battery operated, easy to use by ANM, cost-effective and connected for data analytics.
- Urine Analyzer: IT enabled portable urine analyzer for diagnosis of urinary tract infections, pregnancy testing, and complications of diabetes, liver and kidney diseases.
- IT enabled glucometer with strips for diagnosis and monitoring of diabetes.

Telemedicine: Addresses shortages of human resources, connects primary health centers to secondary and tertiary care, increases quality medical consultation and prescription services at the last mile and establishes an integrated platform to collect data for improved program tracking, analysis and use.

Health ATM: Deployed at subcenters, they will deliver doctor's consultation through telemedicine, provide 15 diagnostic tests and dispense medicines through a vending machine at the last mile. Operated by a private partner along with ANMs, they will ensure comprehensive services through a sustainable PPP model. It would mean:

- Reduced travel and time cost for patients.
- Provision of early diagnosis and treatment for pregnant mothers, children and general population.
- Empowering of ANMs and ASHAs to ensure their communities do not have to travel long distances for primary care.
- Reduction in the patient load at district hospitals.

WISH endeavors to advance and leverage the power of technology to connect the health facilities for improved access, referrals and better coordination will be long running.

- mHealth for information, education and communication for underserved population and supportive supervision to frontline workers to track and monitor clients.
- MIRA-Mobile Channel on RMNCH+A for rural women that provides health information and connects them with health services.
- Introduction of electronic medical records with client history and disease profile to track health encounters, ensure adherence, and monitor effectiveness of programs.

- Establishing an integrated platform to collect data for improved program tracking, analysis and use.
- Leveraging private sector to increase access to fortified food and nutrition supplements for pregnant women, children and adolescent girls using community based nutrition program.
- Adaptation of Food Fortification Program (by IIHMR) to serve pregnant mothers and adolescents in rural Rajasthan.
- Localizing and popularizing innovation through engagement of local institutions.
- Building knowledge hubs and networking platforms to help nurture and scale up innovations.