

SOCIAL ENTREPRENEURSHIP IN HEALTH CARE OPPORTUNITIES AND CHALLENGES

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Abstract: Health care is one of the largest sector in terms of revenue and employment. It comprises hospitals, medical devices, tele-medicine, medical tourism, health insurance and medical equipment. Health care is provided by public and private institutions. As the role of government is very much limited, private sector enterprises play a major role in health care. Entrepreneurship is closely associated with Business, technology and products. Social entrepreneurs are those who combine business practices with social service with the combined motives of service and profit. Social entrepreneurs play a great role in health care development and improvement, as government and market failed to meet basic health needs. Social entrepreneurship is the key to unlock the potential in health care sector to ensure huge benefits to disadvantaged sections and underprivileged. This paper is an attempt to analyse the opportunities for social entrepreneurship in health care development and examine existing social entrepreneur models in health care delivery at global level and national level. It also throws light on some of the social entrepreneurs work in health care development.

Keywords: Health Care, Community Health Workers (CHW), Social entrepreneurship, PATH.

1. INTRODUCTION

Right to health is a fundamental right. Physical and mental well-being are synonymous with economic development. Six of the eight broad targets for the Millennium Development Goals and most of the Sustainable Development Goals are directly related to health. Millennium Development Goals (2015) stated that “millions of poor people still live in poverty and hunger without access to basic services” such as health care, clean water, and sanitation. The new Sustainable Development Goals adopted by the United Nations for 2016-2030 aim to eradicate poverty; improve health and well-being; and provide access to clean water, sanitation, and affordable and clean energy.

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To ensure “Health for All” government authorities confront various challenges due to the large size of the country and diversity of its population in social-economic, regional and cultural terms. Health care in India is provided by Public authorities in parallel with private sector. Urban and rural households use private medical sector more than public sector. In India expenditure on health is mere 4 percent of GDP and 86.4 percent spend out of pocket and large segment of population lack insurance coverage (Aiyer, 2013) Health care in India is a \$160 billion industry. 74% of total spend is private. We have 1.3 beds per thousand as against global average of 2.6 and WHO guideline of 3.5; we have 1.7 trained doctors and nurses per thousand against WHO guideline of 2.5; we spend only 4% of our GDP on health care as against 5.7% for low and middle-income countries (Bhatia, 2015)

OBJECTIVES:

1. To analyse the role of social entrepreneurship in health sector as a tool to solve social problems
2. To analyse the working of various social entrepreneurs in health sector in India and around the globe.
3. To study the working of social entrepreneurship models in health sector.

2. METHODOLOGY

This paper is descriptive in nature. Necessary data and information are collected from website of Government of Karnataka and published reports of Journals, reports and websites.

NEED FOR SOCIAL ENTREPRENEURSHIP IN HEALTH SECTOR:

Entrepreneurship is commonly associated with businesses, technology and products. A Business entrepreneur measures performance in profit and return but a social entrepreneur measures the positive returns to society. The main aim of social entrepreneur is to broaden social, cultural and environmental goals (Singh, 2012) The defining characteristic of social entrepreneurs is their application of business and entrepreneurial approaches to solving social problems among disadvantaged populations.

Social entrepreneurs are change makers, who harness the power of markets and create social impact with combined motives of service and profit. They create enduring sustainable impact with for profit social ventures across sectors like financial inclusion, livelihoods, education, affordable housing, renewable energy, waste management, water and sanitation, and health care.

Social entrepreneurs play a crucial role in health care development as government efforts alone are usually insufficient to ensure equitable health care for all. To improve health care, social entrepreneurs are working along with government and Non- government Organization (NGO). But unlike NGOs, social entrepreneurs do not rely on charity for financing their project, rather they strive to become self-sufficient by developing viable business models and taking financial risks.

Social entrepreneurs have emerged where governments and markets have failed to meet basic health needs. Social entrepreneurs address multiple aspects of health delivery—from individual health care needs to population health, from health care professional capacity building to environmental health threats.

Several Healthcare organizations that engage in social entrepreneurship develop health technologies for developing countries, improve child and maternal health, restore broken health systems, and fight infectious diseases like tuberculosis, malaria, and HIV/AIDS worldwide using cost-effective tools are working for the advantage of poor and underprivileged communities.

Florence Nightingale is a typical example of social entrepreneur who completely changed hospital practices and brought professionalism to nursing through her uncommon determination and meticulous attention to detail. It is an example to social entrepreneurship in health sector and urged a need to address and mitigate the problems of HIV/AIDs, aging disability, reproductive and mental health. (Drayton, 2006)

SOCIAL ENTERPRISE IN HEALTH AROUND THE GLOBE:

Social entrepreneurship utilizes effective business practices combined with social and cultural awareness to change the lives of those in need. There are millions of people in rural and poor communities suffering from lack of access to proper health care. Social ventures go a long way to providing necessary interventions to increase health awareness. The following examples of non-profit health organizations are making a positive social impact all over the world.

- **PATH:** It is an international non-profit health organization, with more than 70 offices around the world. It is known for developing and adapting latest technologies, such as improved vaccination devices and new tools to prevent cancer, to address health needs of developing countries. In addition to this it works in partnership with governments and businesses to solve the health issues like AIDs, tuberculosis, malaria and provide basic vaccination and access to health technologies to the poor communities and work towards greater health equity for women. Its vision is “a world where innovation ensures that health is within reach for everyone” and mission is “to improve the health of people around the world by advancing technologies, strengthening systems and encouraging healthy behavior.”
- **Unite for sight:** It is a non-profit organization founded by Jenifer Staple –Clark in 2000 conducts programs in India, Honduras and Ghana performed over 99000 surgeries to those have vision impairment. It also conducts training programmes to educate local communities to eradicate preventable blindness. It works through experienced social entrepreneurs in partnership with local eye clinics, community leaders, government bodies and hospitals to provide quality care to those live in villages and live in poverty.

- **Basic Needs:** It is an international organisation started in 2000 to serve people suffering from mental illness or epilepsy. It provides medication and psychological support in partnership with local governments and helped over 6,86,000 people by fostering mental health programmes in several countries
- **Medic Mobile:** It is a non-profit tech company started by Josh Nesbit in 2009. It works in more than 23 countries like Africa, Asia, Latin America facilitate quality health care with the use of mobile and web tools. It trained more than 13,173 health workers who with mobile technology (SMS and SIM communication Apps) able to reduce substantially maternal mortality in poor populations. Their work of treating malnutrition and immunization efforts improved child health around the world.
- **Riders for Health:** Riders for Health started their service of transport infrastructure in rural Africa in 1989 for providing services to those suffering from infectious diseases and women after child birth. They organise car, trucks, and motor cycles to bring health services to rural people and work with ministries of health and local health care organizations in providing vehicles for speedy delivery of health services. They also transport patient samples to health facilities and laboratories.
- **One World Health:** it is a pharmaceutical company and medical research organisation that develops medicines for poor patients in developing countries.

SOCIAL ENTERPRISE MODELS IN HEALTH SECTOR IN AFRICA (SOUTH SUDAN)

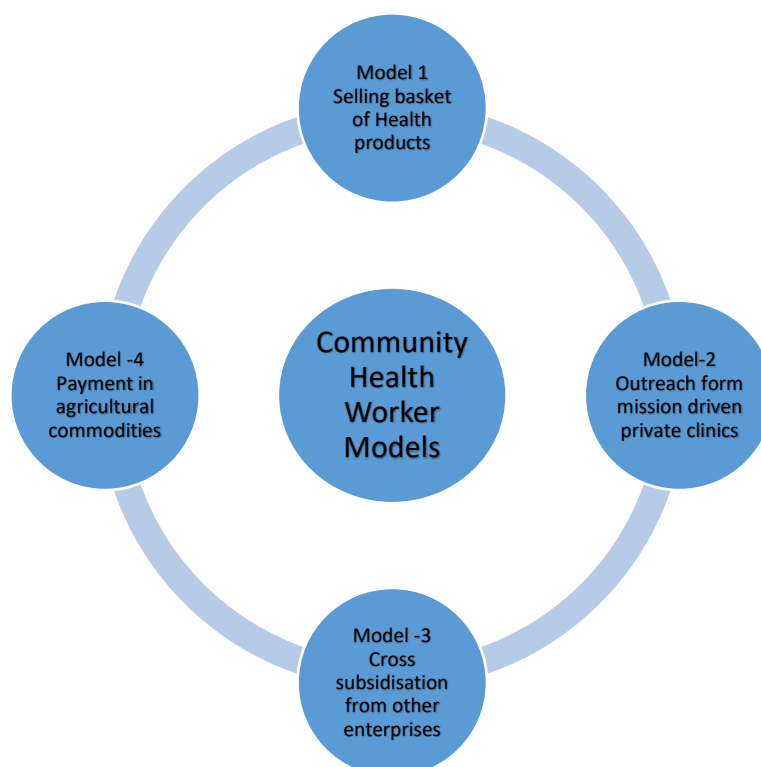
Community Health Workers (CHW) play a dominant role in health sector especially in reducing maternal and child mortality around the world. (McKague, 2016). CHW are trained volunteers, most of them are women, recruited from communities for providing health messages and medicines to needy poor communities.

Model -1: To promote family health and well –being CHW s sell medicine, personal care products and other household goods and generate additional income.

Model – 2: In this model Public-Private-Partnership (PPP) pay health care needs to low income population. PPP clinics and hospitals pay for the free door to door outreach of CHW s to low income neighborhoods.

Model-3: In this model funding to support the work of CHWs are done by non-health care related enterprises. Funding support is done throughout year for expenses related to user-fee, levies etc.

Model- 4: In this Model CHWs receive payment in agricultural commodities.



SOCIAL ENTREPRENEURS IN INDIA IN HEALTH CARE SECTOR:

Several social entrepreneurs in India, family foundations and NGO led non – government health care have come up like Rockefeller Foundation addressing Yellow Fever and Malaria; Gates Foundation addressing HIV; or Red Cross and Medicines Sans Frontier (MSF) providing medical and humanitarian aid.

Yashaswini Co-operative Farmers Health care scheme a micro insurance health scheme launched in 2002, for millions of farmers and their families in Karnataka, belonging to various state cooperative societies by government of Karnataka, pioneered by a reputed social entrepreneur Dr. Devi Prasad Shetty and his team at Narayana Hrudogalaya Bangalore is a typical example to social entrepreneurship in health care. (Chittawadagi, 2012) Narayana Hrudayalaya is a Wal-Mart of cardiac care where up to 25 heart surgeries are conducted in a single day and 70 % of treatment is given below cost or almost free.

Feeding India started by Ankit Kawatra is a not-for-profit social organization working to solve hunger, malnutrition and food wastage in the country. it channelizes extra food from individuals, weddings, restaurants, corporate offices to the people who really need it and have no means or access to food. It also serves freshly cooked food or raw grains to our partnered shelter homes and beneficiaries.

Name of the institution	Head of the project	Year of Inception	Facilities Provided	Achievements
Narayana Health, Bangalore	Dr. Devi Prasad Shetty	2000	225 bed cardiac hospital provides economical health care service	Serves across 20 locations with 6,498 beds.
Aravind Eye Care System	Dr. G. Venkataswamy	1976	11 bed hospital with beds reserved for poor	Treated 32 million patient and 4 million surgeries
Life Spring Hospitals, Hyderabad	50-50 joint venture between govt owned HLL Life care Ltd and Million Acumen Fund	2005	Maternity care for women of low income groups	Provided health care for 35 lac women at 30 to 50 percent of market rate
Vatsalya Health care	Dr. Ashwin Nayak and Dr. Veerendra Hiremath	2004	Health care in Rural and Urban areas	Serves 2,80,000 patients annually with 17 hospitals across Karnataka and Andhra Pradesh
Ziqitza Health Care Limited, Mumbai	Sweta Mangal, Naresh Jain, Manish Sacheti, Shaffi Mather, and Ravi Krishna	2004	emergency medical service in Mumbai	1,250 ambulances in 17 states and has delivered 9,598 babies on-board
Glocal Hospitals, Sonamukhi, West Bengal	Dr. Syed Sabahat Azim	2011	Health care	Served 4,64,670 patients and 61336 Surgeries across its 9 Hospitals.
Neurosynaptic Communications Pvt. Ltd,	Sameer Sawarkar and Rajeev Kumar		Provides rural telemedicine and tele diagnostic solution in remote village clinics through mobile and video conferencing.	With 600 clinics, serve 100,000 patients annually
Drishti EyeCare, Bangalore	Anandampillai and his wife Anjali Joshi	2011	a rural eye care chain with vision centres and district hospitals	offers an operating model that is designed to cover BOP populations.

OPPORTUNITIES FOR SOCIAL ENTREPRENEURS IN HEALTH SECTOR IN INDIA:

There are several opportunities for social entrepreneurs in health sector. Some of them are as follows.

- **Hospitals and pharmaceuticals:** Health care is one of the most sought after sectors for impact investing with funds being channelled into a variety of areas – from hospitals and clinics to innovative diagnostic tools and medical devices designed for low-resource settings. Medical devices account for the third largest (again 13% of total investment). pharmaceuticals account for the second largest percentage of total funding (13%) given the global success of Indian pharmaceuticals companies in developing low cost generics
- **Health insurance:** Health Insurance: Nearly 75-80% of Indian population is without a proper health insurance, paying their health care spending out-of-the pocket. According to a newly released report by Swiss Re and Harvard’s School of Public Health, 16.7% of Indians were covered by health insurance policies in 2012.

- **Medical devices:** the medical devices sector is seen as the most promising area for future development by foreign and regional investors. Recently, the government has been positive on clearing regulatory hurdles related to the import-export of medical devices, and has set a few standards around clinical trials. Swiss quality high tech medical devices, made affordable, can scale rapidly in India.
- **Awareness creation and information:** Improve accessibility to information with offline and on-line Drug Database to improve health delivery system and build local champions for information distribution.
- **Health care infrastructure:** Standardizing diagnostic procedures, building rural clinics, and developing streamlined health IT systems and improving efficiency.

CHALLENGES FOR SOCIAL ENTREPRENEURS IN HEALTH SECTOR IN INDIA:

Problems of social entrepreneurs can be similar to the problems faced by their counterparts in business sector. Some of them are as under.

- **Lack of financial Sources:** Lack of financial source is the major challenge faced by social entrepreneurs. Generally, they have run their business by investing their own funds or from borrowings at high interest rates.
- **Rural vs. Urban Divide:** A staggering 70% of the population still lives in rural areas with limited access to hospitals and clinics and relies on alternative medicines and government programs in rural health clinics. In contrast, the urban centres have numerous private hospitals and clinics that provide quality health care.
- **Demand for Basic Primary Health care and Infrastructure:** Basic infrastructure, especially in rural areas is still lacking, with respect to sanitation and water management.
- **Lack of support from government:** Lack of government support is a major hindrance to the development of social entrepreneurs. Government is not providing any kind of support for promoting social cause ventures. Policies and regulations of government are rigid and complex, with no tax incentives or subsidies.

3. CONCLUSION

Social entrepreneurs are change makers who create long lasting impact on society. They are not only addressing social and health related issues but also educate and assist various groups to setup fully functioning health services and enable long term solutions to keep communities healthy.

REFERENCES

- [1] Aiyer, A. (2013). *RSBY Karnataka*. Global Development Network.
- [2] Bhatia, A. (2015). *Social Enterprise in Health Care*. <http://iiicin.worldpress.in>.
- [3] Chittawadagi, D. M. (2012). *Social Entrepreneurship that Facilitates Societal Transformation- A study of Yashaswini Co-operative Farmers Health Care Scheme* (Vol. 12). Global Journal of Medical Research.
- [4] Drayton, W. a. (2006). *Integrating Social Entrepreneurs in to the Health for All formula* (Vol. 84). Bull World Health Organisation.
- [5] McKague, J. T. (2016). *Social Enterprise Models To Improve Women's Livelihoods And Health In Africa*. <http://www.csih.org/en/blog/social-enterprise-models-improve-womens-livelihoods-and-health-africa>.
- [6] *Millennium Development Goals Report*. (2015). www.un.org.
- [7] Organisation, U. N. (n.d.). *Sustainable Development Goals*. <http://www.un.org>.
- [8] Singh, D. P. (2012). *Social Entrepreneurship : A Growing Trend in Indian Economy* (Vol. 1). Haryana: International Journal of Innovations in Engineering and Technology.
- [9] *Sustainable Development Goals*. (n.d.).
- [10] Wagstaff, A. (2001). *Poverty and Health (CMH Working Paper Series Paper No WG 1:5)*.