Cross-sectoral collaboration: Conceptualizing public-private models for elder care integration

India's ageing population faces gaps in healthcare, social care, and financial security. Integrated elder care needs public-private collaboration, digital health, community support, and blended financing to ensure dignity and quality of life.

By Prof. Allen Prabhaker Ugargol, Associate Professor of Practice, Public Policy, IIMB

The ongoing demographic transition is leading to a rapid ageing of the Indian population which according to projections is expected to rise to more than 315 million by the year 2050. India's silver generation is vulnerable and lacks on several counts including the triumvirate of healthcare, social care and financial security standpoints. The ever-increasing burden of chronic diseases, disabilities, and mental health challenges and corresponding high out-of-pocket expenditures lead to cyclical poverty traps for older persons and their families. Deficiencies in retirement support, social security, issues such as isolation, neglect, loneliness, widowhood, abandonment, poverty and financial insecurity are some of the social and economic hardships encountered by older persons today. The current elder care ecosystem is limited as India has a small number of functioning geriatric departments and currently not enough geriatricians are being trained given the lack in intake capacity. Other geriatric-care personnel such as physiotherapists, homecare nurses, mental health counsellors, and home care aides are also scarce, especially in the rural areas.

Though there are growing demands for long-term care, palliative care and end-of-life-care services, a concerted public-private response to this is awaited and is the need of the hour. Given that the markets and for-profit sector cannot be expected to bring about equity in availability, access and affordability of these services, an expected public health policy response here is to address these triumvirate challenges through cross-sector collaborations. Beyond healthcare, responding to the social care and financial security needs of older adults is vital and this must include social engagements, residential care, community care and home-based care all with the intention of improving the quality of life of older persons, on the lines of what the World Health Organization's (WHO) guidelines on Integrated Care for Older Persons recommend.

Efforts are ongoing to create interoperable electronic health records (EHRs) in India that can connect hospitals, community health workers, NGOs, and private insurers to allow for seamless flow of electronic health records. This however requires careful consideration to patient rights, consent, privacy and confidentiality concerns. The country is embracing digital health quickly and the push towards virtual care during the pandemic has served as a nidus. Advanced AI tools such as retina screening or ECG examinations are available and can enable

early and remote diagnosis with supported technology made available at higher healthcare centres, primary care facilities and homes. Language-based and voice-based AI chatbots, wearables and other mobile health applications are available that can monitor vitals, adherence to medication, and physical activity. Through involving community health volunteers these digital tools have the potential to monitor and intervene in real-time and such digital innovations can improve access, reduce high-cost interventions, and reduce preventable admissions.

Policy frameworks for elder care will need to be socially sustainable, i.e., various social impacts on stakeholders are thoroughly considered during its lifecycle, and their well-being is realised under a specific social, cultural and institutional context. There are often inherent challenges wherein the profit-driven goals, culture and values of private investors may not align with the realisation of public interests in a community-driven elder care project; however, addressing stakeholder concerns is a natural antecedent to making an integrated approach work. Local self-governments can anchor community-level implementation, while private players and civil society can drive innovation and outreach..

Public financing through insurance models in partnership with the private sector can lead to elder care contracts between firms and local administrations, that provide ageing support such that the public sector's mission of stewardship, supervision and regulation will be preserved when entering into private-sector care contracts and the private sector finds this guarantee encouraging and sustainable over the long-term. A blended finance model will prove handy in designing integrated elder care that includes government funding, pooling of CSR funds as per the Companies Act, philanthropic capital, and newer forms of insurance products that combine intelligently and keep the door open for consistent resource streams. The choice to integrate elder care across the public and private sectors is no longer an option but quintessential to promote and safeguard the health, dignity, and financial security of India's silver generation. Cross-sector collaborations aimed at provisioning preventive care, continuity of care and long-term care and support that are person-centered and sustainable over a long-term horizon in line with the Sustainable Development Goals for 2030 and beyond are the need of the hour.

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