

Summary of the Recommendation of National Task Force to Advise the NRHM on Strategies for Urban Health Care in India, 2006

International Workshop on
Public-Private Mix: a Public Health Fix?
Strategies for Health Sector Reform in South and Southeast Asia
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The Need

- Rapid urbanization,
 - Rapidly growing slum population @ 5-6%
- Unlike Rural Areas with an organized three tier health delivery structure, there is a lack of organized health infrastructure available in Urban Areas
 - 1083(UFWC),3299(SS)871(UHP)1662(PP) 62 thousand ICDS Centres
 - One Primary Health Care Facility per 2.3 lakh population (D Type Health Post & Type C UFWC)
 - Clarity with regard to role of service provider to urban poor missing
- Urban areas highly diverse/heterogeneous w.r.t. health infrastructure, specific health risks, demand-supply gaps.
 - Fiscal capacity of most ULBs to support health care facilities limited
 - Overwhelming majority of manpower and infrastructure in the private domain
 - Active NGOs in urban areas
 - Utilisation of preventive health services is low
- Poor health and sanitation conditions in slums

Setting up of National Urban Health Task Force

- Acknowledged as an emerging priority under different National Policies from time to time:
 - National Population Policy 2000; National Health Policy 2002;
 - Tenth Five Year Plan and RCH II.
 - Core Group on Urban Health: 2002
 - Committee for formulation of Urban slum Health Guidelines: 2003
- Consequent to a letter from Prime Minister's Office
 - Task Force to Advise NRHM on Strategies for Urban Health Care set up in Ministry of H&FW in June 2005,
- Comprised of 20 members.
 - Representing Health Practitioners, Administrators, NGO, Academics, Ministry of Urban Development and Ministry of Women & Child Development
- Two Sub Groups constituted:
 - 1.UH Infrastructure and Funds: Current availability and future requirement
 - 2.Institutional Framework for UH and coordination amongst stakeholders

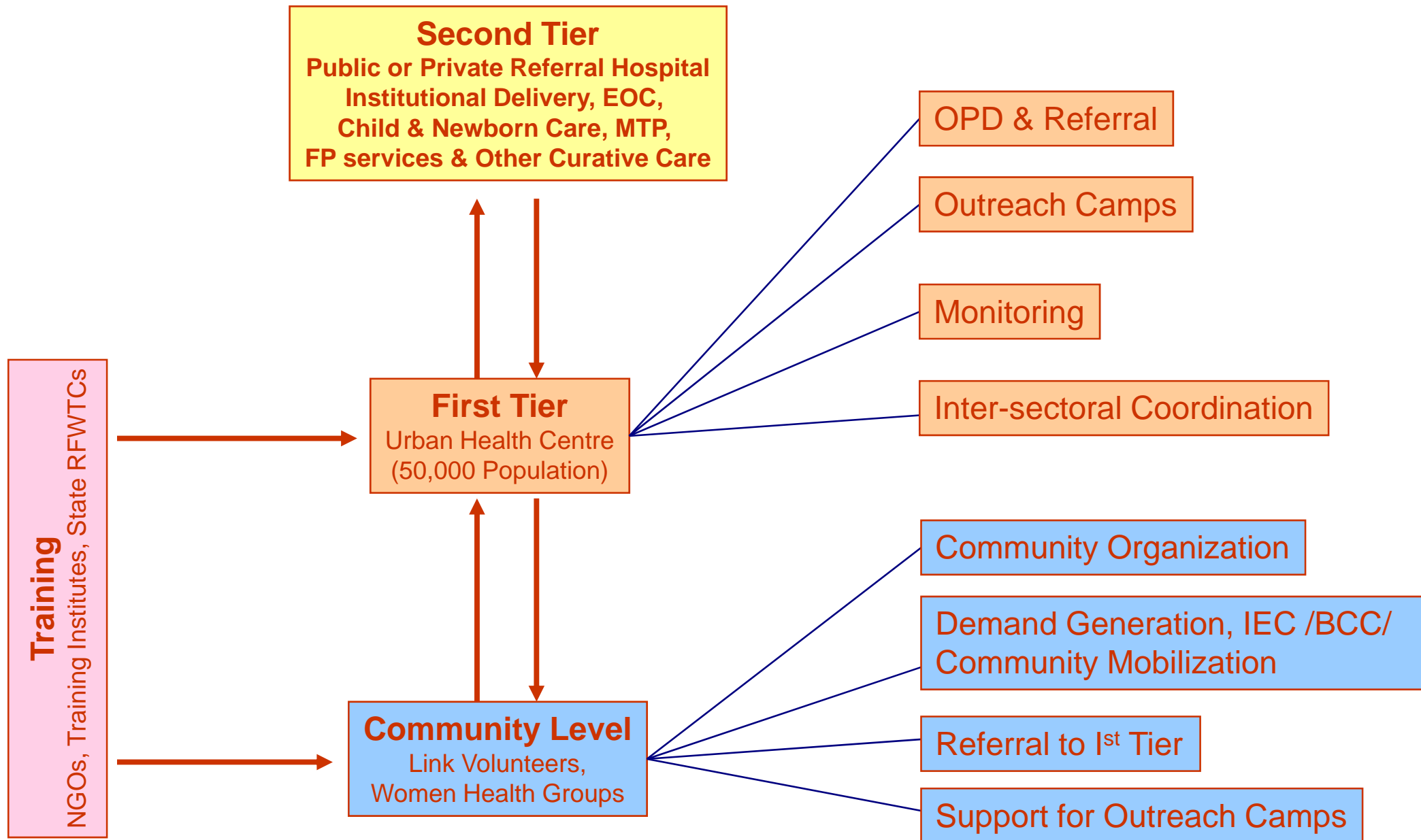
Key Recommendations of Task Force

- National Urban Health Mission on the model of NRHM
- Facility level services:
 - One Primary Health Facility (UHC) per 50,000 population,
 - One First Referral Health Facility (Zonal Hospital) per 250,000 population, (with new born care units)
- Outreach level services:
 - Regular outreach health services, for the Slum Population
- At community level:
 - A slum woman as “Link Volunteer” and a Women’s Health Committee for a slum population of 1500-2000
 - Periodic input to and review of Link Volunteers and Women’s Health Committees by NGOs to carry out community health promotion and demand generation
 - Enhanced role of Urban Local Bodies in provisioning of health care services in urban areas in the light of 74th Constitutional Amendment.

Key Recommendations of Task Force

- **Coordinated and integrated activities at slum level:**
 - Health and related departments viz. Women & Child Development, Water & Sanitation, Urban Development/ Urban Employment & Poverty Alleviation, Education etc. and programmes like National Aids Control Programme.
- **Institutionalizing integration:**
 - Mechanisms and management systems for ensuring effective integration and clear accountability at national, state, district and sub-district levels.
- **City specific planning:**
 - Decentralized city-specific planning and implementation.
- **Public Private Partnership (PPP):**
 - Quickly expanding health services to un-served areas
 - Provision of 2nd Tier and Laboratory Services
 - Identifying, training and supervision of Link Volunteers and promotion of slum level Women's Health Committees.

Proposed Urban Health Services at Different Levels



Envisaged Role of Private Sector in the Context of Urban Health Task Force Recommendations

Public Private Partnership for urban slums

- There is substantial capacity among private providers (NGOs, professional associations, medical practitioners, corporate sector and other agencies)
- Urban areas much better placed for utilising PPP as many potential private partners are available
- The task force recommendations encourage optimal utilisation of Public Private Partnership (PPP) for quickly expanding health services and strengthening linkages between the service providers and the community, especially the vulnerable sections.

Suggestions for effective PP Partnership

- Need to develop guidelines on
 - How-to develop partnerships and capacity building on partnerships.
 - Sample Terms of Reference and MoU
- Quality partnership: formulation of screening criteria for selection of appropriate partners, Accreditation, Reporting and Monitoring Systems
- Quality care: Protocols for enabling and ensuring proper quality of care at the facilities
- Streamlining financial mechanisms and fund flow
- Participatory approach for evolving public-private partnership: through consultations
- Documenting and disseminating experiences/ best practices to encourage PPP

Possible areas of Partnership for Urban Health Programs

- Service delivery:
 - Primary health care services – management of 1st tier health facilities
 - Provision for 24 hour maternity services
 - Sterilization services on regular/ basis; mobilizing male members
 - Provision for Diagnostics (subsidized/ low cost)
- Community demand & capacity building & linkage with service providers:
 - Identification, training and management of Link Volunteers for demand generation in the slum community and BCC
 - Provision of Referral transport facility
- OPD, outreach services and community mobilization:
 - Contracting out of specific vulnerable areas for all services
- Other areas:
 - Independent monitoring and evaluations of the program

Possible Partners in Urban Areas

- Professional associations (e.g. IAPSM, IPHA, IMA, IAP, FOGSI etc.)
- Medical Colleges
- NGOs and Charitable Organizations
- CBOs and community level groups such as Self Help Groups
- Charitable Hospitals
- Health practitioners and Nursing Homes
- Corporate sector

Not-for-profit sector may be encouraged for partnerships, in addition to the profit oriented/profit motivated private sector.

Possible PPM Approaches Addressing Urban Health Needs

- Approach A. Public sector first tier facility available:
 - Partnership with NGOs for enhancing utilization of these existing Public Sector services through identification and training Link Volunteers, women's groups, social mobilization and supporting IEC/BCC activities
- Approach B. No public sector First tier facility available:
 - The entire first tier service delivery component may be contracted out through partnership with a charitable hospital or an NGO or any appropriate private agency with requisite capacity.

Possible PPM Approaches Addressing Urban Health Needs

- Approach C. Involvement of private medical practitioners:
 - Engagement on part-time basis for first as well as second tier facilities (based on the experience in IPP VIII in Kolkata and neighboring cities).
- Approach D. Outsourcing 2nd tier services to private facilities:
 - Services (including maternity services, neonatal, infant and child care, laparoscopic tubal ligation and no-scalpel vasectomy services) and diagnostic services may be outsourced to private medical facility on reimbursement basis.
 - A uniform rate system needs to be enforced for such services.