Public-Private a Mix: a Public Health Fix?
Strategies for Health Sector Reform in South and Southeast Asia
20^{th} – 22^{nd} June 2007
Naresuan University, Phitsanulok, Thailand

Dr Chandrakant S. Pandav
Professor & Head
Centre for Community Medicine
All India Institute of Medical Sciences
New Delhi, India
शुक्लाम्बरधरं देवं शशिवर्णं चतुर्भुजं ।
प्रसन्नवदनं ध्यायेत् सर्वविद्धनोपशान्त्ये ॥

Translation: Shuklambaradhara, the Deva with the golden shield, four-armed.
Pleased, contemplate, all enemies will be vanquished.
Ganesha Symbolism

- Big Head - Think Big
- Large Ears - Listen more
- Axe - To cut off all bonds of attachment
- Small Eyes - Concentrate
- Rope - To pull you nearer to the highest goal.
- One Tusk - Retain good throw away bad
- Trunk - High Efficiency and Adaptability
- Madaka - Rewards of Sadhana
- Large stomach - Peacefully digest all good and bad in life
- Prasada - The whole world is at your feet and for your asking
- Mouse - Desire. Unless under control can cause havoc, you ride the desire and keep it under control and don't allow it to take you for a ride.
Acknowledgements:

• Prof Kusum Verma, CMET, AIIMS, New Delhi
• Prof Bir Singh, CCM, AIIMS, New Delhi
• Dr Nupur Barua, ICCIDD/CCM, AIIMS, New Delhi
• Dr Jennifor Lobo, CEU, AIIMS, New Delhi
• Dr B. V. Adkoli, CMET, AIIMS, New Delhi

• Dr Binod K. Patro, ICCIDD/CCM, AIIMS, New Delhi
• Ms Anagha Khot, WHO India, New Delhi
• Dr Sunil Nandaraj, WHO India, New Delhi
• Dr Rama Baru, JNU, New Delhi, India
The call for action

on health for the urban poor

Evidence for Policy
Outline of Presentation

• Health Sector Reforms in India

• National Rural Health Mission
  – National Urban Health Mission
  – Task force on accreditation, training and integration of Private Rural Medical Practitioners.

• Health System Reform and Ethics:
  Private Practitioners in Poor Urban Neighborhoods in India, Indonesia and Thailand
Health Sector Reforms in India 1992-2012

- VIII Five Year Plan 1992-1997
- IX Five Year Plan 1997-2002
- X Five Year Plan 2002-2007
- XI Five Year Plan 2007-2012

  National Rural Health Mission 2005-2012

  Task Force on Urban Health, 2006 -
  Task Force on Private Practitioners, 2006 -

  Health Sector Reform & Ethics – Project 2004-2007
Health Sector Reforms in India


2. Siddarth Agarwal – Urban Health Task Force Recommendation


4. Ashok Kumar – Regulation of Medical Practitioners in India.

5. Jenifer Lobo – Regulation of Medical Practitioners in India

6. Rama Baru – Structure & Quality of Private Health Services in India

Outline of Presentation

• Health Sector Reforms in India
  • National Rural Health Mission
    – National Urban Health Mission
    – Task force on accreditation, training and integration of Private Rural Medical Practitioners.
  • Health System Reform and Ethics:
    Private Practitioners in Poor Urban Neighborhoods in India, Indonesia and Thailand
Health Sector Reforms (HSR) in India

No consistent and universally accepted definition of what constitutes Health Sector Reforms thereby leading to varied meaning and connotations.
Moral:

So oft in theologic wars, The disputants, I ween,
Rail on in utter ignorance, Of what each other mean,
And prate about an Elephant, Not one of them has seen!
Health Sector Reforms (HSR)

- “Sustained purposeful change to improve the efficiency, equity and effectiveness of the health sector”

- “Defining priorities, refining policies and reforming the institutions through which those policies are implemented”
  – Cassels (1997).
Health Sector Reforms (HSR)

HSR deals with

- Equity
- Effectiveness
- Efficiency
- Quality
- Sustainability
- Defining priorities
- Refining the policies
- Reforming institutions for policy implementations.
Health Sector Reforms in India

• Started in early 1990’s
• India’s reform measures are piecemeal and incremental
• Gradual shift in the organization, structure and delivery of health care.
• Three phases
  – X Five year Plan: 2002 - 2007
HSR in India –
Eight Five Year Plan (1992-97)

• Concept of free medical care was revoked.

• Levying user charges for people above poverty line for diagnostic and curative services.

• Ensured commitment for free / highly subsidized care for the needy / BPL population.
HSR in India – Ninth Five Year Plan (1997 - 2002)

- Convergence between public, private and voluntary health care providers.
- Increase involvement of voluntary, private and self-help group in the provision of health care.
- Enabling Panchayat Raj Institutions (PRI) in planning and monitoring health programmes.
- Greater emphasis on accountability inter-sectoral coordination and utilization of local & community resources.
A Policy Analysis of the Health Sector Reform Process in India

Dr. Rama Baru
Associate Professor, JNU
India Habitat Center, March 7th, 2003
A Policy Analysis of the HSR process in India

- The overall objective of this study is to explore the perceptions and experiences of health sector reform at the national level.
- It specifically explores the definition, content, process, and sustainability of the health sector reform process in India.
- It seeks to understand both the internal and external forces that are shaping the health sector reform process.
Major Issues

• Definition—incremental not fundamental
• The ‘project approach’ to health sector reform
• Spaces are available for negotiations at both the central and state levels with multilateral agencies.
• Since nearly all state governments are facing a fiscal crisis and health is not a high priority area of investment, most of them have been applying for loans to the Bank.
• The interviews suggest that the entire reform process is a ‘top-down approach’. There is little consultation with the personnel at different levels of the health
Major Issues

• There is very little co-ordination among donors on health sector reform. There are situations where two or three donors are operating in the same state with their own priorities and agendas. This has raised the problems of duplication and adhocism when it comes to programme implementation.

• In the RCH programme the government has adopted the ‘Rights Based Approach’ after ICPD but this has not been effectively transferred to the different levels of providers.

• New budget?
Health Sector Reforms

Ministry of Health & Family Welfare, GOI – WHO Initiatives

Sunil Nandraj
National Professional Officer
World Health Organization
Country Office - India
Initiatives

• Systematic review, documentation & analysis of health sector reform initiatives in India

• Providing a forum for enabling experience sharing at the Centre, across States and the Centre & States

• Identification of information gaps & conducting studies on HSR, so as to provide evidence to policy makers & other stakeholders
Process

- Review of literature
- Mailed Survey
- Interviews with Centre & bi-lateral & multi-lateral agencies
- National level workshop (Sept. 2003, Delhi)
- Visit to States
- Dissemination workshops
Areas of HSR

• Public Private Partnership
• Decentralization
• Human Resources
• Financing Methods
• Re-organization & re-structuring of existing system
Health Sector Reforms in India – Salient features

• Specific to each state

• Common themes and approaches, objectives and issues are identified.

• Exchange experiences and information on health system reforms for policy makers.

• Disseminate success and failure and to draw lessons from and draw on best practices.
Initiatives from Nine states – 2003 – 2004
HSR in India – II (Eight states) - March 2007
HSR in India –
Tenth Five Year Plan (2002 - 2007)

• Reforms focused on primary, secondary & tertiary health care level.
• Emphasis was on equity and financing health care
• Social Health Insurance for BPL population – Universal Health Insurance Scheme.
• *National Rural Health Mission.*
Outline of Presentation

• Health Sector Reforms in India

• National Rural Health Mission
  – National Urban Health Mission
  – Task force on accreditation, training and integration of Private Rural Medical Practitioners.

• Health System Reform and Ethics: Private Practitioners in Poor Urban Neighborhoods in India, Indonesia and Thailand
NATIONAL RURAL HEALTH MISSION
राष्ट्रीय ग्रामीण स्वास्थ्य मिशन
(2005-2012)
National Rural Health Mission: (NRHM)

• Deoki Nandan –

*Private Sector in the context of the National Rural Health Mission.*
Outline of Presentation

• Health Sector Reforms in India

• National Rural Health Mission
  – *National Urban Health Mission*
  – *Task force on accreditation, training and integration of Private Rural Medical Practitioners.*

• Health System Reform and Ethics:
  Private Practitioners in Poor Urban Neighborhoods in India, Indonesia and Thailand
National **Urban Health Mission**?

- Urban Health Task Force also convened to addresses:
  - Issues relating to health care for urban poor
  - Increasing number of private practitioners in urban centres
  - Options for public private collaborations

---

**National Urban Health Mission**

– just announced!
National Urban Health Mission

• Siddarth Agarwal – *Urban Health Task Force Recommendations*
National Rural Health Mission (NRHM)

• Special focus on private health care providers

• Task Force formed for development of system for accreditations, training & integration of private Rural Medical Practitioners

• Centre for Community Medicine (CCM), AIIMS is part of the Urban Health Task Force & above
National Rural Health Mission (NRHM)

• Rama Baru –
  Structure & Quality of Private Health Services in India

• Ashok Kumar & Jenifer Lobo –
  Regulation of Medical Practitioners in India.

• Siddarth Agarwal –
  Public Private Partnership for Improving Health of the Urban Poor –
  Lessons and Best Practices from India.
Outline of Presentation

• *Health Sector Reforms in India*
  
  • National Rural Health Mission
    
    – *National Urban Health Mission*
    
    – *Task force on accreditation, training and integration of Private Rural Medical Practitioners.*
  
• Health System Reform and Ethics:
  
  Private Practitioners in Poor Urban Neighborhoods in India, Indonesia and Thailand
ITERATIVE LOOP
Research, Policy, Programme
Health System Reform and Ethics: Private Practitioners in Poor Urban Neighborhoods in India, Indonesia and Thailand

• Among very few studies in India which provide such intensive data on the role of private health care providers in slum areas

• Certain very important findings have been documented during fieldwork

• Findings have immense importance vis-à-vis current developments in the Ministry of Health & Family Welfare, Govt. of India
Health System Reform and Ethics: Private Practitioners in Poor Urban Neighborhoods in India, Indonesia and Thailand

- Nupur Barua –

  The discreet charm of private practitioner: Access, utilization and quality of health care in a slum in Delhi
ITERATIVE LOOP

Research, Policy, Programme

ASSESSMENT & ANALYSIS

RESEARCH

POLICY

PROGRAMME

ACTION

ACTION
Beyond the rhetoric…

- We have created the context
- The project could provide crucial insights for both these groups
- NOW, it is **time for action**

![Diagram]

- Project Level
- National Level
- Regional Level
In Summary....

- Health Sector Reforms in India
- National Rural Health Mission
  - National Urban Health Mission
  - Task force on accreditation, training and integration of Private Rural Medical Practitioners.
- Health System Reform and Ethics: Private Practitioners in Poor Urban Neighborhoods in India, Indonesia and Thailand
The call for action
on health for the urban poor
Evidence for Policy
शुक्लाम्बरधरं देवं शशिर्वणं चतुर्भुजं ।
प्रसन्नवदनं ध्यायेत् सर्वविध्नोपकारं ॥

॥