HEALTH CARE REFORMS

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- COVID-19 AND THE NEED FOR HEALTH CARE REFORM -?

Meaning of reform

- make changes in (something, especially an institution or practice) in order to improve it.

Reforms

- ‘Fundamental rather than an incremental change, which is sustained rather than one off, and also purposive’

(Cassels1997)

Health System

- Health system means the "combination of resources, organization, financing, and management that culminates in the delivery of health services to the population"

(Roemer 1991)

- The key institutional components of the health system are:
  - State or government institutions
  - Health care providers
  - Resource institutions
  - Purchasers of health care such as insurance agencies
  - Other sectoral agencies e.g., education, water supply, sanitation
  - Consumers or population at large

Definition

- "Sustained purposeful change to improve the efficiency, equity and effectiveness of the health sector"– **Peter Berman (1995)**

- "Defining priorities, refining policies and reforming the institutions through which those policies are implemented"– **Cassels (1997)**

Definition

- Health sector reforms is a sustained process of fundamental change in policy and institutional arrangements, guided by government and designed to improve the functioning and performance of health sector and ultimately the health status of the population.

-WHO

Introduction

- Changes that affect at least two of these elements:
  - **health financing**
  - **Expenditure**
  - **Organization regulation**
  - **Consumer behavior.**
- If we change only health financing its not health sector reform

(William Hsiao)

Introduction

- In recent years, economic pressures on the government and specifically on the health sector have forced the governments of developing countries to initiate health sector reforms.
- This thrust is made to ensure that an appropriate share of public funds is spent on health care, especially at local levels (allocative efficiency).

- It is designed to improve the organization and management of health systems and ultimately to **achieve overall health policy objectives.**

HSR Components

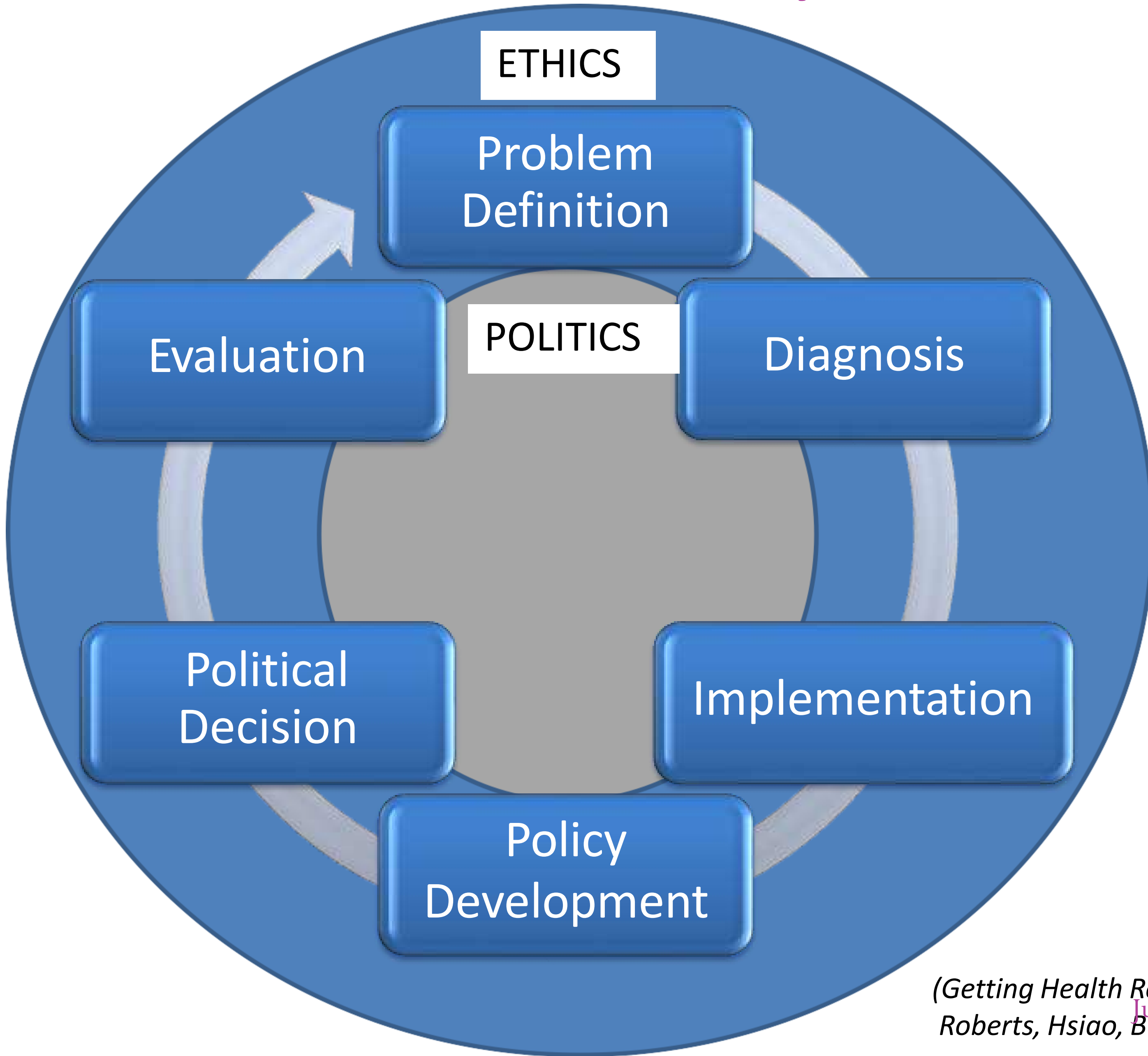
- HSR deals with
  - Equity
  - Effectiveness
  - Efficiency
  - Quality
  - Sustainability
  - Defining priorities
  - Refining the policies
  - Reforming institutions for policy implementations.

Types of Reforms

- Changes in financing methods
- Changes in health system organization and Management
- Public sector reforms

(Reforms Thomason Jane A, Health Sector Reform in Developing Countries :A Reality Check http://www.sph.uq.edu.au/acithn/conf97/papers97/thomason.htm Site last assessed on September 25, 2014)

Health-Reform Cycle



(Getting Health Reform Right. Roberts, Hsiao, Berman, Reich,2004

Origin of Reforms in India

Need for Reforms

Fiscal Constraints

Òil Shock
Economic crisis
of 70s and 80s

Poor social indicators

Need for reforms

'Investing in
Health'
WDR, 1993

'Financing Health Services in
Developing Countries'
WB, 1987

(Health Sector Reforms in India, Initiatives from nine states. GOI. Vol 1. Aug 2004)

Health Sector Reforms in India

HSR IN INDIA

- Health sector reforms have come center stage since 1980s essentially from frustration of the citizens in receiving any semblance of health care from the public system. By 1990s the process had taken concrete shape.
- In India, the health sector reforms broadly cover the following areas :
  - Re organisation and restructuring of existing health care system
  - Involving Community in health service delivery
  - Health Management Information System
  - Quality of care

All aspects of the sector from manpower to infrastructure to logistics to monitoring to participation of stakeholders are subject matter of this process

EIGHTH 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.
- Promote social welfare measures like improved healthcare, sanitation
- Check the population growth by creating mass awareness programs
- Private sector promotion

NINTH FIVE YEAR PLAN (1997 - 02)

- Convergence and increase involvement of public, private and voluntary health care providers.
- Enabling Panchayat Raj Institutions (PRI) in planning and monitoring health programmes.
- Emphasis on basic infrastructural facilities including safe drinking water and primary health care.
- Inter-sectoral coordination and utilization of local & community resources.
- Greater emphasis on accountability

TENTH FIVE YEAR PLAN (2002 - 07)

- 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.
- Human resource development
- Capacity building
- Quality assurance
- PRI empowerment
- Focus on public private partnership

Policy Shifts in Five Year Plans

8th

- Free medical care revoked
- Encouraged initiatives with private sector

9th

- Profit/non-profit NGO in health care
- Inter sectoral coordination of health programmes
- PRI in planning and monitoring

10th

- Address issue of equity

(Adjustment and Health Sector Reforms: the Solution to Low Public Spending on Health Care in India? DelampadyNarayanawww.idrc.ca/en/ev-118491-201-1-DO_TOPIC.html)

NATIONAL RURAL HEALTH MISSION

- Health care is now one of the thrust areas for the Government of India.
- The Government mandates an increase in expenditure in health sector, with main focus on Primary Health Care from current level of 0.9% of GDP to 2-3% of GDP over the next five years.
- The National Rural Health Mission (NRHM) which is the main vehicle for giving effect to the above mandate was launched in April 2005.

NATIONAL RURAL HEALTH MISSION

- NRHM is an overarching umbrella initiative which subsumes the existing programmes of Health and Family Welfare and seeks to be the omnibus vehicle for sector wide reforms in India.
- The NRHM (2005-2012) in recognition of the needs of the urban poor population has constituted a task force on urban health to recommend strategies for improving health of the urban poor.

The National Urban Renewal Mission (NURM) launched by the Government of India in 2005 has a sub-mission on basic services for the urban poor covering sixty cities in India.

NATIONAL RURAL HEALTH MISSION

- Architectural corrections in delivery systems in reforms agenda
  - Promote equity, efficiency, quality and accountability
  - Enhance community based approaches to health
  - Ensure public health focus
  - Promote new innovations, methods & new approaches
  - Decentralize and involve local governing bodies
- District health societies
- NGO involvement
- Integration of ISM (AYUSH)

ELEVENTH FIVE YEAR PLAN (2007-12)

- To achieve good health for people, especially for the poor and the underprivileged
- Time-Bound Goals for the Eleventh Five Year Plan
  - Reducing MMR to 100 per 100,000 live births.
  - Reducing IMR to 28 per 1000 live births.
  - Reducing Total Fertility Rate (TFR) to 2.1.
  - Providing clean drinking water for all by 2009 and ensuring no slip-backs.
  - Reducing malnutrition among children of age group 0–3 to half
  - Reducing anaemia among women and girls by 50%.
  - Raising the sex ratio for age group 0–6 to 935 by 2011–12 and 950 by 2016–17.

HSR: AREAS

- Decentralization
- Human Resources
- Financial reforms
- Reorganization and restructuring of the existing health system
- Health Management Information Systems
- Communitization
- Quality assurance
- Convergence
- Public Private Partnership

DECENTRALIZATION

- Devolution of authority and responsibility
- Delegation of responsibility and functions
- Shifting power from the central offices to peripheral offices
- Merger & formation of Societies, VHSC, RKS
- Decentralization of Planning Process
- Decentralization of Financing mechanism
- NGO participation in National Health Programs

HUMAN RESOURCES

- IPHS norms
  - 2 ANMs/sub-center and 1 male MPW.
  - 3 nurses/ANMs per PHC, 2 MO
  - 9 nurses/CHC plus 5 specialists & 3 to 4 MO
  - AYUSH staff
- Expanding available skilled human resource
- More medical UG & PG seats in govt. & private medical colleges
- Reviving ANM and MPW training centers

HUMAN RESOURCES

- Compulsory rural postings
- Contractual appointments
- Incentives for difficult areas
- ‘Pooling’ of medical officers
- Multi skilling option for existing staffs

FINANCIAL REFORMS

- “We are now aspiring to taking the total allocation for the health sector to 2-3 per cent of our GDP in the 12th (Five Year) Plan period” : **Mr. Ghulam Nabi Azad** (union Health and Family Welfare Minister) at Pune (8th May 2011)
- New financing mechanisms of untied funds, breaking the traditional Treasury route
- Untied grants to village, subcenters, PHC, block, district

FINANCIAL REFORMS

- Alternative financing of health care, such as
  - user fees/charges,
  - community finance,
  - health cards or voucher systems,
  - contracting services,
  - social insurance schemes and
  - private insurance

FINANCIAL REFORMS

- Demand side financing through Insurance (RSBY)
- Conditional cash transfers (JSY)
- Flexible financial resources to ensure service guarantees
- State Government's increase their allocation by 10 % every year and also contribute 15% to NRHM.

STRUCTURAL RE-ORGANIZATION

- Creation of Societies- bypass regular government Procedure
- National/ State level technical support organization like– NIHFW, SIHFW, NHSRC, SHSRC (State Health Systems Resource Centre)
- Emergency response systems- 108 or 102
- Emergency Management and Research Institute (EMRI)

STRUCTURAL RE-ORGANIZATION

- Procurement initiatives – TNMSC (Tamil Nadu Medical Services Corporation), KMSC, PHSC (Punjab Health Systems Corporation) etc.
- National HMIS
- Meaningful partnerships with the non-governmental providers for reaching quality health care
- Co location of AYUSH in PHCs/CHCs/District Hospitals

COMMUNITIZATION

- Community accountability through RKS/ RMRS (Rajasthan Medicare Relief Societies)
- monitoring process by community stakeholders
- Community Health volunteer – ASHA
- PRI involvement in health care
- Village health & nutrition days (VHND)

Quality Assurance

- New standards for government facilities
- IPHS
- NABH standards (National Accreditation Board for Hospitals & Health care providers) &
- NABL standards (National Accreditation Board for Testing and Calibration Laboratories)
- Focus on service guarantees

CONVERGENCE

- Envisaged horizontal and vertical linkages within Health sector
- Intrasectoral and Intersectoral integration
- Mainstreaming of AYUSH

PUBLIC PRIVATE PARTNERSHIP

- Involving the private sector in service provision
- Private sector should be seen as a national asset and alternate service delivery systems e.g. social franchising should be considered.
- Outsourcing of services
- Contracting-in options –
  - Specialists (Haryana, MP, Rajasthan etc.)
- Contracting-out options –
  - Karuna trust in Karnataka, Punjab (village level dispensaries)

Newer High-Potential HSR Initiatives

Government initiatives	**Purpose**	**Issue(s) addressed**
Telemedindia	Combines information and communication technologies(ICT) with Medical Science for clinical records, diagnostic tests, video consultations and medical education(several govt and private healthcare network established)	To increase healthcare services and education to rural(and remote) parts or under emergency conditions
Compulsory licensing	Grant non- patent holder(s) permission to manufacture patented drugs not available at an affordable price (first grant to cancer drug Nexavar in March 2012)	To increase accessIbility to medications
Bachelor of Rural Health Care(BRHC)	A 3 &1/2 year rural health care course(proposed inn Rajya Sabha)	To increase rural healthcare professionals

Newer High Potential HSR Initiatives

Govt initiative	Purpose	Issue(s) addressed
National Programme for Healthcare of the Elderly(NPHCE)	To be test –launched in 100 districts of the country in 2012-17	To reduce the incidence of non-communicable diseases (NCDs)in elderly
National programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke(NPCDCS)	To be test-launched in 100 districts of the country in 2012-17	To reduce the incidence of major non-communicable diseases through lifestyle modifications
Free Medicines for All	Rs 28,560 crore plan to provide 348 medicines for all and must-prescribe generic drugs mandate to doctors (proposed 2012-2017	To increase accessibility to medications
Healthcare for All by 2020	All residents will have healthcare coverage via a combination of public, employer and private sources	To uphold the fundamental right of all citizens to adequate health care

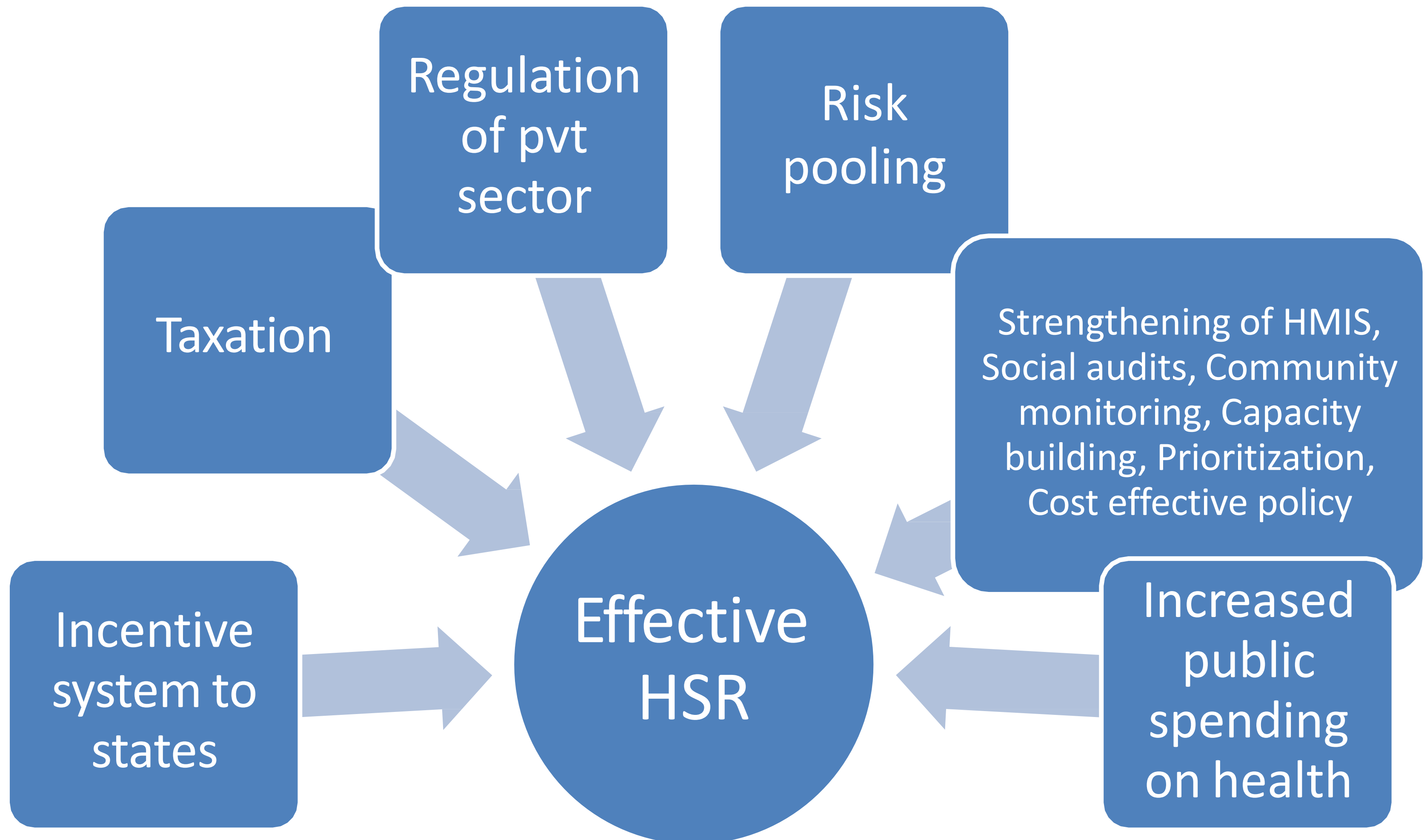
WHO'S ROLE

- The World Health Organization, through its various collaborative programmes at all levels, is involved in capacity building in the member Countries to take care of the evolving reforms in the health sector, mainly in the areas of planning and human resources.
- To support the reforms processes in countries, a series of publications, both at regional and global levels, have been issued.

WHO'S ROLE

- An international "Forum on health sector reforms" has been established to share and disseminate information on the scope and nature of WHO's current and planned activities in support of health sector reforms and in identifying priority issues, reviewing country experiences and also the approaches of different agencies in the field.
- WHO is also supporting institutional strengthening to promote expertise in the developing countries.

Way Forward for effective HSR



Financing health care for all: challenges and opportunities A K Shiva Kumar, Lincoln C Chen, Mita Choudhury, Shiban Ganju, Vijay Mahajan, Amarjeet Sinha, Abhijit Sen. The Lancet 2011

CONCLUSION AND POINTS FOR CONSIDERATION

- Reforms encompass a range of purposeful efforts to change the system for improving its performance

- You should make deliberate efforts, and conscious choices so that the changes in the system would lead to the improved performance in line with the desired goals.

- reforms have to be rational, logical and specific.

CONCLUSION AND POINTS FOR CONSIDERATION

- Health sector reforms is a political process.
- Radical reforms is impossible without robust political leadership, informed by sound technical advice.
- reforms should take place as a sustained process of fundamental change in health policy and health institutional arrangements.

CONCLUSION AND POINTS FOR CONSIDERATION

- Improvements in the functioning of the public sector and civil service systems in general will occur in parallel with, and sometimes in response to, other aspects of institutional reforms, such as increasing privatization.
- Sustained information and education are needed to generate wider political and public understanding and support.
- Health system research and other forms of research studies will provide evidences to strengthen the processes and mechanisms for health sector reforms.

CONCLUSION AND POINTS FOR CONSIDERATION

- Health sector reforms demand an explicit link between researchers, planners and decision-makers for the optimal use of research findings.

- **While every reforms experience is country specific, there are always important lessons to learn from comparing options, identifying common issues addressed and the tools used, and evaluating effects of various reforms initiatives.**