Decentralization of Health Care Delivery – Search for and Ideal Indian Model

Summary & Way Forward

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Search for an Ideal Model

• No one ideal model
• Principles underlying successful models need to be understood
• From international and Indian experience, some of the ingredients of the successful models could be identified from this workshop
• A set of models could be developed for different situations
Common threads

International & Indian experience

• Uneven health status
• Poor and informal sector left out
• Lack of finances – within federal structures
• Shortage of technical staff
• Quality of services
• Impact of globalization
• Gender issues
Health System Problems

Policy Level

• No comprehensive health policy
• Government Expenditure in health is still low – 1.7% of GDP
• Declining Public Investments and Expenditures in Health and Healthcare
  i) Growth of private capital and stagnation of public investment
  ii) Abdication of responsibility by government, central and state
• Many schemes floated but no money to them
• Devolution of responsibilities but not financial powers
• There has been decline in health care facilities in the period of reforms & breakdown of the Public Health System and declining access
Health System Problems

- Health policy primarily remains family welfare policy
- Resurgence of Communicable Diseases
- Absence of Regulation and Control, and Quality Standards in Private Healthcare
- Corporatization and rising costs of healthcare
- There are high inequalities and continued discrimination
- Increased demand on health system because of increasing conflicts and violence, environmental degradation
- Health status improvement has decelerated
Health System Problems

Data Level

- No appropriate and adequate data of the health status, health costs, health facilities
- Recent RCH data could be used for developing some decentralized data at the district level
- Decentralized planning requires decentralized & quality data
Health System Problems

At management level

- Frequent transfers in bureaucracy and health staff that does not permit continuity
- Low variable expenditure allocations, that is for maintenance and operations. Not congenial to attracting doctors and nurses
- High expenditure on capital. There is no money for buying medicines but there is money for making a building.
- Just Rs. 1.5 per capita per year on medicine in Gujarat
- Lack of commitment of health care staff, especially para-medical staff. E.g. ANM.
- Accountability of medical staff of public health facilities not built in
- High expenditure on salaries
Health System Problems

- No money, less spent, and even then there is misuse of money. Even external funds are misused or wasted.
- Gujarat, Maharashtra and Karnataka are states where PHCs have been made a responsibility of PRIs, from 1964 onwards. There is no experience of Gujarat that suggests that the PHCs or public health facilities have improved after being made responsibility of the Panchayats.
- Panchayats do not have a good system of auditing of accounts
- Whether Panchayat Raj has improved the situation? It might have helped in decentralizing corruption
Health System Problems

- Lack of utilization of local knowledge on health
- There is lack of referral care at the local level. Where one would go for specialized facilities.
- Malpractices exist on a large scale in urban Gujarat. Nexus of pharmaceuticals and doctors.
- For a poor household, health expenditure leads to increased debt and hence high vulnerability to poverty.
Ingredients of Successful Models

At the national level

- Strong national commitment to comprehensive health care for all
- Health care as a right
- Commitment of finances for health care
- Commitment to decentralization backed by devolution of financial and administrative powers
- Health care at affordable rate
Ingredients of Successful Models

At the state level (mid-level)
- Financial and administrative autonomy
- State-level commitment to resources
- Devolution of resources and power to lower level
- State level health policy – macro policies and sectoral policies
- Facilitating decentralization through legal, financial, administrative and organizational measures
- Equal emphasis on rural and urban areas
Ingredients of Successful Models

At Micro level

• Universal health care for all irrespective of gender, caste, class, religion, etc.
• Comprehensive health care – at individual level, community level
• To include primary, secondary and tertiary care
• Preventive health issues to be addressed
Ingredients of Successful Models

Finances - Sources

- Adequate and automatic devolution of central and state finances to the local level on per capita basis
- Local level taxation
- Beneficiary contribution at affordable rates – through fees, labour, etc.
- Donations and other contributions

1. This requires new legislation for devolution of functional & financial powers and autonomy
2. Requires affordable insurance coverage (Columbia)
Ingredients of Successful Models

Organizational

- Evolving of an appropriate system of health care (today there is a total anarchy) for rural and urban sectors specially
- Appropriate hierarchy of services
- Participatory
- Local responsiveness & responsibilities
- Setting up of referral linkages
- Flexible and facilitative government structure
- Autonomy of decentralized structures
Participatory organizational structure

Participation - with appropriate role for each participant

Community participation and partnerships

Public – community (RKS)

Public – NGO

Public – private

Public – private – NGO (SEWA)
Ingredients of Successful Models

Proper organizational structure will lead to
• Staff & their motivation
• Identification of needs
• List of services to be provided
• Quality
• Planning, Monitoring & evaluation
• Local record keeping
• Proper roles of every one involved
Principle of Autonomy

Financial autonomy

• Raising resources
• Utilization of resources

Administrative autonomy

• All decision-making
• Human resource management
Ingredients of Successful Models

Monitoring

• Developing indicators for monitoring of outcomes, processes.
• Setting up institutions for monitoring (e.g. councils in Brazil or RKS in MP, Chhattisgarh etc.)
• Monitoring with participation of local people
Accountability & Transparency

- Regular publishing of annual reports, including financial functional report at all levels
- Social auditing
Ingredients of Successful Models

Innovative and culture specific models
• Scope for innovations to be identified
• Experiments to be recorded and evaluated

Assist communities to demand health care right
• Unless people demand quality, system may not improve
Ingredients of Successful Models

Capacity Building at the local level
- Of local health care givers
- Empowerment of women
- Training for various tasks and use of technology, record keeping, need assessment, planning, etc.
Ingredients of Successful Models

Technical support
• Building of capacities of medical and paramedical staff

Setting up of State level cell to support
• Staff
• Rules for autonomy
Issues

• Ensuring of Access to All in a highly fragmented society
• Proper representation of people at the micro level – gender, class, caste social group
• Health care services to the door step
Challenges

• Decentralization has improved access. But, there has to be proper representation of the marginal groups and women
• Raising finances
• Maintaining equity and efficiency
• To make health a political agenda
• Committed and competent technical staff
Case of Gujarat

- Gujarat HDR – 2003
  - In health sector, state at 9th position among 15 large states
  - Deceleration in improvement in most indicators in 1990s
  - Problems at macro, regional and micro level
- There are micro level success models as well
- There is a need to compile experiences of the success stories, learn from them and attempt scaling-up
- In this context, ORF’s international seminar and lessons from other countries very useful.
- CM of Gujarat has shown interest in this
Case of Gujarat

• Interventions are needed in:
  - State-level health policy for integrated and comprehensive health care system
  - State-level facilitative sectoral policies
  - Decentralization facilitated through legal, organizational, administrative & financial & mechanisms
  - Organizing decentralized health services
• Need to prepare a concept paper – may be through a small committee
• Developing micro models where the basic principles discussed above are put in place
• Pilot project – under a state level committee