

A Forum of Federations conference on
Decentralization of Health Care Delivery in India – New Delhi

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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, Chhatisgarh 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 para-medical 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