

# Way Forward & Implementation Challenges of Universal Health Coverage : Chhattisgarh Perspective

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# Need to define the pathway for achieving UHC vision

- Fully agree with the core recommendations of UHC for
  - Universal health as an entitlement
  - Guaranteed access to Essential Health package at primary, secondary and tertiary levels
  - Freedom to choose from public sector facilities and private providers
- Pathway needed for
  - Designing the content of National Health Package (NHP) including costs
  - Designing institutional framework for separating 'provisioning' from 'financing' : e.g. financing by an autonomous 'health fund' which lays down entry and exit barriers / criteria for service providers, both for-profit and not-for-profit (including public sector) service providers
    - An autonomous 'financer' can set (and enforce) standards more effectively across the spectrum of service providers

# Need to increase Public Expenditure on Health Sector

- Fully agree with HLEG recommendation to increase public expenditure on health sector from 1.2 % of GDP to 2.5 %.
- Chhattisgarh Public Health Expenditure to GSDP ratio:
  - 0.65% in 2010-11
  - 0.93% in 2011-12
  - Likely to grow substantially in coming years with universal health insurance and urban health initiative
- GOI should incentivize States by providing special incentives to States raising their Health budgets by substantial increases (15% over base) to attain above suggested levels; e.g. matching grants based on incremental expenditure over previous year

# Urban Health

- Correcting the resource allocation between Urban and Rural areas as well as Urban poor and non poor segments.
- Chhattisgarh has 23.24% urban population but most of Primary care facilities like sub-centres are functional in rural areas
- Urban poor/slum dwellers health indices such as complete immunization, Ante natal care coverage comparable to or worse than rural areas (NFHS 2005-06 )
- Chhattisgarh launched a pilot Urban health program in 2 cities (Bilaspur & Rajnandgaon) focusing on urban slums
- Mukhyamantri Shahari Swasthya Karyakram has been announced in the 2012 budget to cover all the Municipal corporation areas.
- Comprehensive National Urban Health Program required

# Containing out of pocket expenditure

- As per HLEG findings, major component of out of pocket expenditure is on OPD (74 %) and 72 % of it is on medicines
- Availability of Cheap Drugs of utmost priority
- TNMSC model a success but little or low availability of technical and managerial capabilities in other states prevents replication
- CGMSC set up and recruitments are on
- Central rate contracts for EDL drugs (in addition to NPPA-108 rate contracts) as well as consumables akin to DG S&D rate contracts would help in making available affordable drugs at Health facilities

# HR issues

- Fully endorse the HLEG view of 3 year BRHC (Bachelor of Rural Health Care) for primary health care
- Chhattisgarh pioneered the course and currently about 1263 RMAs (Rural Medical Assistants) employed under NRHM, mainly at PHC and Sub-centres
- Permanent posts of RMAs also created at each PHC to counter balance shortage of MBBS at PHC level
- Evaluation of field level work of RMA shows they are as effective as MBBS and ayurvedic doctors in handling major public health diseases like malaria dysentery etc

“Which doctor is for Primary Health Care?”-Assessment of the performance of healthcare providers at PHC level...(based on knowledge, attitude, behavior and practice – including community perception ....) by PHFI, New Delhi & NHSRC New Delhi, SHRC, Chhattisgarh 2010

# HR issues (contd. )

- Agree with suggestion that number of CHWs be doubled; Mitanin experience suggests a CHW for every 'majra-tola' in States like Chhattisgarh would be a better option than population based norm
- Endorse the idea of Panchayat level ANM drawn from CHWs; CG considering to pilot 'Panchayat Swasthya Karmi' concept with 250 Mitanins passing out ANM course in June, 2012; will shortly request special financial package under NRHM innovation component
- Need to move towards implementing 12<sup>th</sup> Plan Approach Paper recommendation to provide SHC in every Panchayat; starting with tribal blocks
- Chhattisgarh will require additional 1867 ANMs in total 4430 panchayats in tribal areas with financial expenditure projection of 45 crore per annum
- DBS(Direct budgetary support) by GOI for expanding SHC network in Tribal areas required

# Regulation of Health Institutions

- Chhattisgarh Nursing home Act passed in 2010
- Rules under finalization
- Immediate objectives of the regulations
  - Define minimum standards
  - Promote quality of care
  - Ensure Patients' access to their health records
  - Prevent malpractices



# Communitisation of Health institutions

- Mitanins to continue as a voluntary worker nominated by community and representing community and to act as link between VHSNC and Government Health institutions
- Need to continuously train, motivate and monitor the VHSNCs and instill sense of ownership so that they are actively involved in extension activities of health institutions such as immunization, identification of patients and referral services etc.

# RSBY – stepping stone for UHC ?

- Chhattisgarh Govt has recently announced universal health insurance cover using RSBY platform in Round-4.
- RSBY has provided opportunity to leverage presence of large capacity in private sector; the SNAs can start playing the role of 'purchaser' of services.
- National level legislation is recommended to make it mandatory for each family to have Health insurance; premium paid by Govt on behalf of those who can not afford.
- Presently, RSBY covers only hospitalization; consider adding OPD (e.g. annual health check up) and preventive services (e.g. immunization and ANC) a part of the package.
- At full stage UHC, the GOI along with states can provide a minimum basic cover of essential package free of cost and states may add-on other coverage to beneficiaries as per their finances and policies

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**Thanks**