

Panel Discussion: Abstract for the Third Global Symposium on Health Systems Research,
Cape Town, South Africa

Organizers: Dr Priya Balasubramaniam, Dr. Subhash Hira (PHFI)

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Title: In the Indian Health System ready for Integration of National Vertical Programs? Addressing Programmatic Hierarchy and role of Sectoral Partnerships for UHC

Objective: A mix-method qualitative and quantitative study was conducted on integration of national vertical programs under the Universal Health Coverage in 2013 in seven states of India.

Technical content: Universal Health Coverage (UHC) is a widely shared global health agenda. WHO estimates that 20-40% of health budgets globally is wasted; and is attributed to common causes of inefficiencies including de-motivated health workers, fragmentation, duplication of services, and inappropriate or overuse of medicines and technologies. India currently has 13 national disease control and 2 promotive health programs under the UHC to address primary healthcare delivery. The study revealed that the word 'integration' has varied interpretations at different levels of the system. The discordance in definitions of integration has led to the concept being used loosely such as coordination, collaboration, convergence and cooperation used interchangeably. While key informants listed several advantages and disadvantages of integration towards people-centred health systems, enumerated several current barriers and measures to overcoming these barriers to integration, alluded to state-centric models, and outlined various operational pathways to effective integration.

Target Audience: Policy-makers, Implementers, Communities, Researchers.

Means of Engagement: Interactive.

PANEL DISCUSSION:

Session Chair:

- **Dr. Nata Menabde**, WHO Representative, New Delhi will bring global perspective on integration of national programs to optimize resources under the UHC mandate.

Discussants:

- **Prof. Srinath Reddy**, President, PHFI, India is an acclaimed leader and an advocate of UHC in India. He will bring the Indian national perspective to the panel discussion.
- **Dr. Antonio Duran**, Senior Advisor WHO- Dr. Duran has gained particular expertise in working in and leading health system reform projects. He will bring perspective on program integration and health system reform in in some of the transition countries he is working with.

Panelists:

1. What do we mean by Integration? Conceptualizing program integration in complex health systems:

Dr. Priya Balasubramaniam, Senior Public Health Scientist, Director RNE-UHC Initiative-PHFI, India.

Abstract: Integration of various disease control programs is one of the key priorities for the implementation of UHC in India. However, a universally accepted definition of integration does not exist especially among vertical disease control programs. A mix-methods study was conducted in 7 states of India to better clarify the depth of integration within programs five distinct levels demonstrating degrees (or extent) of integration were synthesized and measured according to the number of program components involved. Results shared will stimulate implementation agendas for integration.

2. Why do we need to integrate vertical national programs: Duplication versus efficiency!

Dr. Geetha M, IAS, NRHM Director, Govt of Madhya Pradesh, India.

Abstract: There has been some progress on integration with schemes like the National Rural Health Mission. However many of these responses remain fragmented resulting in replication of services and an absence of task-shifting and task-sharing. From a practitioners perspective this presentation will examine 1) The role of Centre-State dynamics in program integration and design 2) Is integration desirable (will it add value)? 3) Indicate under what circumstances vertical and horizontal programs have a role in health systems.

3. How do we Integrate? Consensus versus coercion!

Dr. Mohamad Shaukat, Deputy Director General, Ministry of Health & Family Welfare, Government of India, National AIDS Control Organization

Abstract: UHC is organized around providing a specified package of benefits to all members of a society. It is not a one-size-fits-all concept; nor does it imply coverage for all people for everything. UHC can be determined by three critical dimensions: who is covered, what services are covered, and how much of the cost is covered. The presentation will highlight policy-makers perspective that integration of vertical national health programs in the general health system is the need of the hour but without losing the disease-specific expertise.

3. When is the right time to initiate Integration: yesterday, today, or tomorrow!

Prof. Subhash Hira, PHFI, India.

Abstract: The health sector is dynamic and it consistently throws up newer challenges and solutions. The current phase of economic growth (2014 onwards) should see a boost in the health budget towards 2-2.5% of GDP with the launch of the amalgamated National Health Mission (NHM). It is now evident that vertical programs working in silos will need training to adapt to the integrated style of functioning.