

## NAC wants private players to fill gaps in Universal Health Coverage

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**New Delhi :** The National Advisory Council, led by Sonia Gandhi, has endorsed most recommendations of the High Level Expert Group on Universal Health Coverage. These include contracting private healthcare providers to fill the gaps in coverage, setting up a National Health Regulatory and Development Authority to oversee quality of healthcare in public and private sectors and the urgent need to increase public healthcare spending.

“Allocations for health over the first two years of the 12th Plan — around Rs. 50,165 crore or an average of Rs. 25,000 crore a year - have not been encouraging. If the planned allocation of Rs 268,551 crore over the five-year period has to be fulfilled, this will require the government to allocate at least Rs. 70,000 crore a year over the next three years. While this may look an unreasonable jump for the ministry to absorb, this should not become the reason for the health sector to be starved,” the NAC said. The NAC finalised these recommendations earlier this month.

It also stressed the need to get UHC pilot projects going in select districts and suggested that the health ministry should earmark part of its budget as an Innovation Fund to finance pilots and incentivise states that adopt out of the box ideas in assuring quality and affordable healthcare.

UHC has been hanging fire for more than two years, largely due of fund constraints but also because of a running feud between the ministry and the Planning Commission over whether the PPP system should be adopted. The 12th Plan document has included PPP provisions and now the NAC has also put its weight behind “contracting-in” private healthcare providers, at least in urban areas. The proposal for a National Urban Health Mission in 779 cities recently cleared by the cabinet also has PPP provisions.

The NAC recommended that NHRDA at the Centre and in the states should be granted regulatory and monitoring powers, including to draft infrastructure, human resource, diagnostic, treatment norms, and standard treatment protocols; to fix charges and fees; monitor implementation and enforcement of norms by states; prescribe guidelines for “contracting-in” of private providers; and to set set norms for granting new registration, suspension and cancellation of permission to run clinics.

The plan envisages community participation as a key monitoring tool, with Village Health Sanitation and Nutrition Committees tasked with ensuring accountability and urban local bodies tasked with setting up mohalla sabhas to fulfil the same function.