Public health experts, including members of an expert group established by Prime Minister Manmohan Singh to suggest a framework for universal health coverage in India, have distanced themselves from the Planning Commission’s recommendations calling for a radical shift in healthcare delivery.

The health chapter of the 12th five year plan (2012-17) called for the introduction of a “managed network approach” where payments for health services will be made to a network of service providers on a per-patient basis, *Mint* reported on 2 August. Despite being aimed at giving more flexibility to state governments to design region-specific, tailor-made health plans, nearly 90% of central funding will come with strings attached under the plan. Additionally, the apex planning body approved the consolidation of all 43 centrally funded programmes into six schemes. The collapsed schemes will form the national health mission, which will replace the centre’s ambitious national rural health mission. The current mission accounts for 73% of the health ministry’s expenditure and each of its schemes deals with a specific disease such as AIDS, tuberculosis, and malaria and has guidelines specific to that disease.

The health plan was eagerly awaited as a channel for universalization of health coverage in India. A review of the health chapter, however, reveals an inconsistent, industry-friendly plan that can further weaken the country’s crumbling health infrastructure, health experts say.

“I would be ashamed to be associated with the recommendation in the health plan. There has been a distortion of the HLEG (high-level expert group) recommendations. There is a deviation in the plan document and HLEG report on issues like upscaling of insurance based schemes like Rashtriya Swasthya Bima Yojana (RSBY), use of user fees, etc., which is deeply disturbing,” said Yogesh Jain, a member of the panel and founder of the Bilaspur-based non governmental organization Jan Swasthya Sahyog. After an internal meeting on Thursday, panel chairperson Srinath Reddy will be meeting Montek Singh Ahluwalia, deputy chairman of the Planning Commission, to offer feedback on the health plan. “I am yet to receive a communication from the health ministry asking us to rewrite the plan,” said Ahluwalia. “We are taking feedback from various stakeholders.”
The health chapter states that centrally sponsored schemes “are proposed to be collapsed into an overarching National Health Mission to assist states for primary and secondary care, and strengthening of health system. This will provide the states with the flexibility to design multi-year plan for health as per the local disease burden, population dispersion and administrative capacities or structures.”

Experts said integrating parts of the health system will offer no benefits since the health plan lacks consistency.

“Collapsing the schemes into fewer programmes will give results only if they operate through an integrated public health system—an idea which the plan document does not, unfortunately, address,” said Amit Sengupta, an activist with the People’s Health Movement, a non-governmental organization. “This document is extremely inconsistent. The plan is a clear attack on the concept of decentralization.”

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