Workshop on Strengthening Public Health System for Realising

‘**Universal Health Care**’

in Chhattisgarh

Venue :- New Circuit House, Civil Line, Raipur

Date:- 20th February 2019, Time:- 09:30 AM

Summary of Recommendations

A Workshop on Strengthening Public Health System for Realizing 'Universal Health Care' (UHC) in Chhattisgarh was organized by the Department of Health & Family Welfare, Govt. of Chhattisgarh on 20th February 2019. The workshop involved eminent experts in the field of health systems development from national level, international partners like WHO, NGOs and stakeholders and officials from within the state, including from the field and the Minister of Health, Chhattisgarh.

The workshop had the following four main components:

a) Brief Overview and Situational Analysis of Chhattisgarh was presented by the state
b) The National level experts presented their suggestions on how Chhattisgarh should shape its ideal of UHC
c) Four Working Groups discussed important policy questions on UHC
d) Presentation, Synthesis and Conclusion

The situational analysis of Chhattisgarh is a picture of many advances made over the last two decades, coupled with a situation of many persisting gaps. The state has made substantial progress in improving primary care, especially for Reproductive and Child Health and for some of the Communicable diseases. However, fresh challenges in the form of chronic diseases, accidents and infectious diseases like dengue, scrub typhus etc. require a response.

The expert inputs emphasised the following strategies – a) Role of improving social determinants is paramount if population health is to be ensured b) Planning should factor in the epidemiological variations across districts or regions of the state c) Local knowledge and plurality of health systems should be utilised and given a space in the design of UHC d) State would require a 40% increase in current budget (from around Rs.5000 Crore to Rs.7000 Crore annually) for UHC, but a start can be made with existing resources e) Insurance may not be the best route but other options can be thought of, for involving private sector depending upon need. f) Primary Curative Care for urban poor is also a crying need where some lessons can be learnt from other states.

The following key issues and suggestions emerged from the workshop:

1. Defining UHC and its Objectives in Context of Chhattisgarh
2. Deciding the broad strategy for roll-out of UHC
3. Key Health System Dimensions

UHC means different things to different people. Internationally, several definitions exist for UHC, including by WHO. It would need to be defined in the context of Chhattisgarh. The broad contours of such definition can include:

a) Providing access to all people to services. Include special attention for difficult geographies.

b) Services to be comprehensive – covering a large range of high-occurrence health problems affecting population health status.
c) Services to be affordable or free of cost

The comprehensive nature of services has many aspects. One they should not be focused on RCH or a few national disease control programmes but should cover entire gamut of high-prevalence health problems. The second aspect is of including preventive, promotive, rehabilitative aspects along with the curative aspect. The third issue is of inter-sectoral action, covering multiple social determinants of health, involving collaborations with other departments and stakeholders.

It would require an expansion as well as strengthening of services. In terms of roll-out strategy, an incremental approach by introducing improvements in different aspects of public health system. It was clarified that UHC is not a vertical scheme which gets launched one fine day. Instead, it is an ideal that health systems strive to achieve by improving their capacity to deliver an expanding range of services. Some of the key steps can be:

a) Waive off all user fees in government facilities and compensate our hospitals by paying them a pre-decided amount per OPD or IPD handled
b) Decide a package of services for each level of care.
c) Prioritise primary care while defining the essential package. Gradually add secondary and tertiary care elements as the system capacity improves
d) Within primary care, start by ensuring immediately the essential care for RCH, Communicable diseases, Emergencies and High-occurrence NCDs like Hypertension, Diabetes, Sickle-Cell disease, Epilepsy etc . The state is at a very early stage of building its capacity to deliver mental health care, palliative care etc. and they can be part of the long term vision to be realized over a longer span of time.

Key Dimensions of Health Systems Development:

Human Resources: The state has a reasonably well-equipped primary cadres in form of ANMs, Mitanins and AMOs. There is a need to develop more Mid Level Care Providers because Health and Wellness Centres at sub-centre level can have major potential for expanding the basket of primary care availability at an accessible distance and free of cost for a large number of people. Several suggestions were received regarding improving availability of doctors and specialists, including campus recruitments, improving capacity of the department to organise recruitments, promotion of PG doctors to specialist roles, direct recruitment as specialists, better career pathways and training courses to improve skills. While the payments and the non-financial facilities for the doctors should be increased, the dual practice by doctors should be controlled or restricted. The three-year diploma clinicians should concentrate on PHCs and HWCs and should be freed from CHC level duties. The reporting and record keeping requirements should be rationalised and reduced.

Free Essential Drugs and Diagnostics: The state currently is able to ensure availability of around 60% of the drugs and around 50% of the diagnostics needed by current number of people accessing public facilities. An incremental approach was advised to first focus on ensuring

availability of 60-70 high consumption drugs focused on primary care, including NCDs. Gradually the high-use secondary drugs can be added to the priority. Apart from the above suggestion to focus on a manageable range of drugs, other suggestions were around improving capacity of CGMSC, improving annual requirement estimation of drugs at directorate level, improving indenting practices by facilities and monitoring by directorate. For free diagnostics, an approach to strengthen in-house provisioning of services was advised as compared to the outsourcing option. However for certain low volume services, there was an inconclusive debate on the extent to which the private sector could be involved. The examples cited in favour of in-house government provisioning were of Bijapur, Dantewada and Sukma district hospitals. Further suggestion was to ensure that the drugs and diagnostics match with the services guaranteed at a facility level. The new Essential Medicine List of the state was also released.

Role of Private Sector: This topic attracted a very active debate in the workshop. One aspect raised was that the availability of qualified private sector was more concentrated in urban areas whereas the services were in short supply in remote areas. The other aspect was about which services need to be taken from private sector. The debate was resolved in the end with the following suggestions: a) the overall approach of the state should be clear that it wants to build its public system and rely on it for delivery of most of the essential services b) private sector can be involved for specific tertiary care needs e.g. heart surgeries etc. as being done under Baal-Hriday or Sanjeevani schemes c) Partnerships with NGOs or non-profit hospitals can be useful in improving services in remote areas d) Private sector can co-exist with public sector. Each sector has its respective strengths. There can also be a healthy competition between private and public sectors in providing the best services to people.

Conclusion: There was a consensus that Chhattisgarh has chosen a very worthwhile goal in form of UHC. The state should embark on its journey to steadily but certainly improve its systems and capacity to deliver. The state has done well to define its focus on free drugs and diagnostics along with human resources. The workshop was concluded with a collective resolve to build our health system and to enable it to provide quality services to people of Chhattisgarh.

Detailed Proceedings and Presentations in the Workshop:

Universal health care (UHC) means "All people and communities can use the promotive, preventive, curative, rehabilitative and palliative health services they need, of sufficient quality to be effective, while also ensuring that the use of these services does not expose the user to financial hardship".

This definition of UHC embodies three related objectives:

1. Equity in access to health services - everyone who needs services should get them, not only those who can pay for them;

2. The quality of health services should be good enough to improve the health of those receiving services; and

3. People should be protected against financial-risk, ensuring that the cost of using services does not put people at risk of financial harm.

Service packages are being designed to ensure coverage of all 12 aspects of primary health care

1. Care in Pregnancy and Child-birth.

2. Neonatal and Infant Health Care Services

3. Childhood and Adolescent Health Care Services.

4. Family Planning, Contraceptive Services and other Reproductive Health Care Services

5. Management of Communicable Diseases: National Health Programmes

6. General Out-patient Care for Acute Simple Illnesses and Minor Ailments

7. Screening, Prevention, Control and Management of Non-communicable Diseases

8. Care for Common Ophthalmic and ENT Problems

9. Basic Oral Health Care

10. Elderly and Palliative Health Care Services

11. Emergency Medical Services including Burns and Trauma

12. Screening and Basic Management of Mental Health Ailments

District wise burden of disease would also be taken into account while designing the service wise packages. The services shall be gradually available in all the public health facilities

(Sub-centers, PHCs&CHCs) in phase-wise manner. To meet the challenges of shortage of Human Resources – Technology would be utilized. Use of technologies like telemedicine would be ensured to provide higher end health care services at people's doorsteps. Tele radiology shall also be started for provision of CT and MRI at CHC, PHC etc. Phase wise costing and accordingly budget analysis for UHC shall be done. Local Source of revenue shall be explored. Optimum utilization of available funds shall also be ensured.

The main focus of Universal Health Care shall be the provision of Free drugs and free diagnostics in public health facilities to reduce out of pocket expenditure on health drastically so that no household becomes BPL household because of catastrophic health expenditure. For ensuring Free Drugs; procurement and supply chain system shall be strengthened even more through implementation of Drug and Vaccine Distribution and Management System (DVDMS) software. For ensuring Free diagnostics all Public health laboratories and radiological services shall also be strengthened.

For strengthening of infrastructure; hospital planning shall be done with the help of specialists in hospital Architecture. Provision of basic facilities like systematically planned buildings keeping in mind the future disease burden as well), security and water be ensured.

For ensuring availability of motivated Human resource for health a transparent and effective HR promotion & Transfer policy shall be made and implemented immediately so that rational deployment of HR can be done. State shall also try to increase the number of PG seats in Medical & Paramedical educational institutes to get more skilled HR. Regularization of contractual health staff shall also be done in due course of time so that there is no apprehension in HR regarding social security coverage. For continuous capacity building, international and national exposure and career development programs shall be introduced.

For involving private health providers under UHC- state shall do Mapping of private service providers according to geographical area and service delivery, identify services for which we are dependent on private sector. Plurality of knowledge shall all so be explored. Emergency case management through identified private service provider shall also be planned for. Suggestions on strengthening of health system shall be taken from private sectors. Fixed day service delivery from private practitioner shall be planned. Telemedicine services can also be provided by private providers. Strong regulatory provision shall be made for regulation of private sectors in rational and ethical manner. For engaging private sectors, State policy shall also be reviewed and modified as per health needs of the state. State shall also encourage the Non-profit / missionary hospitals to provide services under UHC in remote areas.

Universal Health Care is not just a goal but a journey to ensure the availability, accessibility and affordability of quality healthcare for residents of even the remotest areas of Chhattisgarh without undergoing any financial hardships and through strategic planning and meticulous efforts- Team Health Chhattisgarh shall ensure the implementation of Universal Health Care.

Introductory Session

Universal health coverage (UHC) means that all people and communities can use the promotive, preventive, curative, rehabilitative and palliative health services they need, of sufficient quality to be effective, while also ensuring that the use of these services does not expose the user to financial hardship. UHC is firmly based on the WHO constitution of 1948 declaring health a fundamental human right and on the Health for All agenda set by the Alma Ata declaration in 1978. The goal of Universal Health Coverage (UHC) is to ensure that all people obtain the health services they need without suffering financial hardship when paying for them. UHC cuts across all of the health-related Sustainable Development Goals (SDGs) and brings hope of better health and protection for the world's poorest.

To ensure the quality of service delivery across the state, a State Level Workshop was organised on Strengthening Public Health Systems for Realising "Universal Health Coverage" by National Health Mission on 20th February, 2019 in New Circuit House, Civil Lines, Raipur.

The workshop started with an **overview to the objectives of workshop** by Secretary, DoHFW which was followed by an inauguration speech by Honourable Health Minister. He talked about the political commitment from the side of the state government in achieving the goal of universal health coverage in the state.

A small talk on **Situational Analysis of Chhattisgarh** was given by the State Program Manager, NHM in which District Gap Analysis along with the disease burden in the state was pointed out based on the standards of latest IPHS Guidelines. Major concerns were health policy, focus needs on NCDs, Geriatric, Rehabilitative services.

Sujatha Rao, gave a brief idea on the topic **Strengthening Public Systems**. Barriers to access public health facilities were also discussed such as infrastructure, transportation, human resources, logistics, drugs and diagnostics.

A session on **UHC In context of Chhattisgarh** was taken by Yogesh Jain who discussed about problems already faced in delivering health facilities, operationalization of UHC and challenges which has to be overcome to achieve UHC.

Strengthening Public Systems was discussed by ShriKeshavDesiraju, in which he revealed how to use the available resources to their optimum level for ensuring best service delivery.

Ravi Duggal, took a brief session on **Financing for UHC.** He stated that no demarcation should be made between rich and poor and also to make the base system strong by investing accordingly. He calculated the revenue expenditure to run the public health system and the amount of money which will be needed in total to build reasonably robust health system. He also tried to provide clue on the resources from which monetary help can be gained.

A session on **HR for UHC** was taken by Ritupriya, who talked about the principle for evolving the model of UHC. She talked about having a bottom up approach for planning with centrality to people's real life context, to choice of appropriate technologies & delivering care closest to home.

Topic **Primary Care for Urban Population** was taken by Sunil Nandraj. He briefed about the AamAadmiMohalla Clinics-Delhi having core pillars of free consultancy, Free drugs, Free

diagnostics, Referral & linkage to higher centers. He spoke about the administrative and operational pattern of Mohalla clinics and also discussed about its utilisation and impact on the society.

SabahatAzim, spoke on **Use of Technology for Primary Health Care**, in which he told about the problems faced related to money and resource and the ways to solve it. The indicators should be easily accessible & solutions should be cheapest.

After lunch, 4 working groups were made and separate topics were given for discussion. After a gap of two hours, presentations were given by each group followed by concluding session and summarising discussion given by Secretary.

In the end, speech was given by Honorable Health Minister in which he gave his words to work in full commitment to achieve universal health coverage in Chhattisgarh.

Working Group 1

Defining Package of Services under UHC and Health financing in the context of Chhattisgarh

1. **Universal Health Care** -Universal health care refers to a scenario where everyone is covered for basic healthcare services. This is a scheme, under which all the peoples, regardless of their economic, social or cultural backgrounds will have the right to access
   - Affordable
   - Accountable and
   - Appropriate health services of assured quality

   health services as per need.

It is important to definea published package of services and benefits to ensure at different level of health care facilities. There should be a supplementary system of financing to protect people from increasing medical expenses.

Service packages should be defined as per current indicator and disease trend of the state which will be realistic to ground realities

Indicators of state

Indicator	C.G.	India	Data Source
Infant Mortality Rate	39	34	(SRS 2016)
Maternal Mortality Ratio	173	130	(SRS 2014-16)
Birth Rate	22.8	20.4	(SRS 2016)
Death Rate	7.4	6.4	(SRS 2016)
Total Fertility Rate	2.2	2.2	(NFHS-4 2015-16)
Full Immunization	76.4%	62.0	(NFHS-4 2015-16)
Institutional Delivery	70.2%	78.9	(NFHS-4 2015-16)
Prevalence Rate Leprosy	2.07	0.6	(State Data)
T.B. Notification Rate	90%	74	(State Data)
Annual Parasite Incidence –API	2.62	0.63	(State Data)

***District wise indicators are varies.**

Most common disease burden of state as per DALYs Report

1. Ischemic Heart Disease
2. **Diarrhoeal diseases**
3. Stroke
4. **Lower Respiratory infection**
5. **Pre term birth complication**
6. **Tuberculosis**
7. COPD
8. **Iron deficiency anemia**
9. **Other neonatal disorders**

10. Sense organ disease

To make provisioning of universal health care there is requirement to define the boundaries of health care service provisioning as per level of provisioning institutions. Service packages should be comprehensive as per the level of care.

Level of Care	Provider / Provisioning institution
Primary Level care	Home Remedies Community Knowledge of care ASHA SHC PHC AYUSH clinic
Secondary Level Care	CHC , Nursing Home , Polyclinic
Tertiary Level care	Medical Collage, Super Specialist Hospital

2. At primary and secondary level Government of India has categories health services in 12 different categories of services. To make provisioning of universal health care we need to define package of services at primary and secondary level as per these 12 categories of services. These packages will ensure the health care services in defined manner at primary and secondary level for defined range of services free of cost to the people of Chhattisgaarh.

a. Care in Pregnancy and Child-birth.
b. Neonatal and Infant Health Care Services
c. Childhood and Adolescent Health Care Services.
d. Family Planning, Contraceptive Services and other Reproductive Health Care Services
e. Management of Communicable Diseases: National Health Programmes
f. General Out-patient Care for Acute Simple Illnesses and Minor Ailments
g. Screening, Prevention, Control and Management of Non-communicable Diseases
h. Care for Common Ophthalmic and ENT Problems
i. Basic Oral Health Care
j. Elderly and Palliative Health Care Services

k. Emergency Medical Services including Burns and Trauma
l. Screening and Basic Management of Mental Health Ailments

As resource are limited and institutional capacities to ensure services in guaranteed way need to increase. There is need to implement universal health care in phase manner.

Selection of facility (SHC, PHC,UPHC, CHC,UCHC ,DH): As per IPHS standard there are gaps in the facilities of Chhattisgarh. To provide packages of services at different level of care under Universal health care, there is need to select institution, which are fully equipped with infrastructure, human resources, equipment and other recourses required to make provisioning of health care services in assured manner. (low hanging fruits)

Facilities operational in the state

Level of Health Care	Facilities	Number of facilities
Primary Level	SHC and PHC (HWC)	5200 SHCs and 793 PHCs
Secondary Level	CHC, CH and DH	170 CHC, 17 CH and 26 DH
Tertiary Level	Medical Colleges and AIIMS	06 Govt Medical College and AIIMS

Situation of the facilities as per Delivery points

Delivery norms	Total Number of facilities	Total number of facilities conducting deliveries as per norms
=>3 delivery per month (SHC)	5200	838
=>10 delivery per month (PHC)	793	262
=> 20 Delivery per month	170	170

3. Phase wise selection of facilities may be selected for UHC

Phase	Facilities may be selected
1st phase	838 SHCs and 262 PHCs 170 Community Health Centre may be selected
2nd phase	625 More SHCs and 250 PHCs
3rd phase	800 PHCs and 281 PHCs

4. Selection of services based may be –

Service Packages in SHC	Service Packages in PHC	Service Packages in CHC
1. ANC , Institutional delivery and PNC 2. Child Health, Neonatal Care and Immunization 3. Adolescent Health 4. Family Planning and Reproductive health 5. Screening of Non – Communicable disease Like Hypertension and Diabetes 6. Communicable disease control program	1. ANC , Institutional delivery and PNC 2. Child Health, Neonatal Care and Immunization 3. Adolescent Health 4. Family Planning and Reproductive health 5. Screening of Non – Communicable disease Like Hypertension and Diabetes 6. Communicable disease 7. Nutritional support 8. Telemedicine 9. Minor ailments of ophthalmology	1. Care in Pregnancy and Child-birth. 2. Neonatal and Infant Health Care Services 3. Childhood and Adolescent Health Care Services. 4. Family Planning, Contraceptive Services and other Reproductive Health Care Services 5. Management of Communicable Diseases: National Health Programmes 6. General Out-patient Care for Acute Simple Illnesses and Minor

		Ailments 7. Screening, Prevention, Control and Management of Non-communicable Diseases 8. Care for Common Ophthalmic and ENT Problems 9. Basic Oral Health Care 10. Elderly and Palliative Health Care Services 11. Emergency Medical Services including Burns and Trauma 12. Screening and Basic Management of Mental Health Ailments

Note: In every subsequent phase our effort should be to bring down higher level services to lower level facilities gradually

5. Based on the services packages following need to be assessed
    - Infrastructure may be renovated /upgraded
    - Additional requirement of HR to be calculated accordingly
    - Medicine list to be prepared as per EDL
    - For each level list of diagnostic test should be defined
6. Ensure 100% Availability of minimum essential drugs and diagnostics as per the service and facility chosen phase wise
7. At the Facility level Utilization of technological interventions/telemedicine for ensuring higher end services like mental health and ophthalmic services at doorsteps may be started
8. IEC BCC for major health determinants like safe water, nutrition, hygiene and sanitation at each level of facilities as well as community level

9. Referral Chain system should be strengthened and honored at higher centre

- Referral guideline should be strengthened at every level of facilities to avoid unnecessary referrals.
- Ambulance services should be available at the facility level for emergency referral of the patient
- 100% GPS should be installed in government ambulances, 102 and 108

10. Triaging system should be in place at the every level

- Triaging of emergency cases should be implemented at all level
- Separate triaging room may be developed at the level of CHC and above facilities

11. Identification of high risk cases and referral linkage

12. Much more specialized care like trauma, ENT, Mental Health at the CHC and DH level

13. Telemedicine and Technology Interventions

14. Capacity building of existing staff

15. Short and achievable Long term goal need to be set

16. Training of Medical officer for Mental Health program

17. Generation of Generalist like family Medicine.

18. Phase wise costing and accordingly budget analysis for UHC can be done

19. Source of Revenue to be worked out if available locally??

20. Optimum utilization of available funds to be ensured

21. Payment system should be efficient

Working Group 2

Ensuring Free Essential Diagnostic and Drugs

Drugs:

- Health Facility wise annual indent should be submitted to the DHS and to CGMSC by a fixed timeline.
- Rate contract of drugs should be done for 2 years.
- Annual indent should be estimated based on current consumption and services provided in the health facility.
- 3 months buffer stock should be present anytime at CGMSC.
- Committed finances should also be provided by state.
- Inventory management receipt, payment system to be made completely online with MIS.
- Primary care High priority drug list to made and indented at the earliest.
- Transportation of drugs from warehouse to the health facility should be improved.
- Drug status should be monitored by state and districts officers on regular basis.
- Internal Stores and Pharmacy transactions in health facilities are to be strengthened.
- Standard list of equipment, reagent and consumables should also be prepared.
- State should centrally purchase all the consumables and reagents and supply to heath facilities. 30-40% of flexible funds can also be given to districts for stock gap arrangement.
- Equipment maintenance and repair cell should be established and made functional.
- CMC of equipments can be monitored and actions should be taken.
- Hub and spoke model can also be piloted in some facilities.
- 24*7 lab services should be provided upwards CHC.
- Tele radiology can be started for CT and MRI.
- Hire more number of pathologist, microbiologist and lab technicians

Diagnostics:

- Need to identify the services
- Tele- services for high end diagnostics –radiology

- State should declare free diagnostics policy by strengthening public system.

- State should release Essential Diagnostic List for each type of health facilities.
- Hub and spoke models on to be used for ensuring modern diagnostics systems.
- Lab thematic revision of infrastructure to be refurbished and strengthened.
- Human Resource Analysis- Strengthening by availability and capacity building
    - Pathologist and Microbiologist
    - Laboratory Technicians
- Crucial supplies like blood banks to be strengthen.
- MOU mode for ensuring those diagnostics which are not available
- Laboratory and pharmacy to be made 24 * 7 hours to ensure round the clock services.
- User charges for diagnostics to be outweighed to the money lost by the government.

Working Group 3

Mobilizing Resources for UHC– Physical infrastructure, Human resources - Recruitment and Capacity Building

The Key points which came upon in the discussion related to **Infrastructure** is that in CG we have good infrastructure in numbers but concentration need to be give on below points:

For strengthening of infrastructure; hospital planning shall be done with the help of specialists in hospital Architecture. Provision of basic facilities like systematically planned buildings keeping in mind the future and Re organize and use of existing infrastructure to make it Patients friendly. Also -Money is not enough for annual maintenance and repairs, so it should be increased

There should be a provision for having staff quarter, boundary wall, basic amenities like water connection, electricity connection etc. Location of facility should be within community to avoid better access

And the Second part of the discussion was around the **Human Resource** availability and other issues. The points discussed were below with suggestions as well:

Dynamic carrier progression and transparent transfer policy for Health workers (Rotation from remote areas), feeding cadre for promotions. For ensuring the full time availability of doctors there should be measures to control on double practice of doctors.

Inclusion of Public health Cadre in the administrative structure is the need of hour for providing expertise in the public health services and better management of health services at the community level.

For overcoming the issue of shortage of specialist doctor's flexible norms for engaging specialists mandatory like rural postings etc can be used. Also Expansion of role of MBBS with short specialization courses can also be considered for making them expert in specialized services. We can also make specialist cadre direct recruitment post to avoid long process time to get them onboard

For all the clinical staff in health facilities including Medical officers, Staff Nurse, Lab technicians, Pharmacists etc the Salary should be divided in 2-components

1. Fixed salary-90-95% Based on Grade Pay
2. Variable Component- 5-10% which should be dependent on deliverables like No. of patients treated, No. of test done, No. of deliveries

Also Non-financial incentives e.g. decent living conditions, jobs for spouses etc should be arranged for staff for better retention especially for distant areas. Special attention needed for not only in tribal areas but also in districts like Mungeli, Gariyabandh, Bemetara etc.

It was recommended that there should be 3 cadre of PHC level administration, clinical and social worker for better and quality service delivery. Detailed TOR for every cadre should be prepared so that accountability can be fixed and avoid improper delegation of tasks

The Sub-centers, PHCs and UPHCs are running 24*7 in the state of Chhattisgarh. Staff Nurse or ANMs are present during night time alone. Currently there is no facility for security of female staff in health facilities which is risk. Hence its suggested to appoint a Security guard in health facilities and installation of CCTV camera in the facility to avoid any unwanted events at night.

It is recommended to **form of HR cell and Technical Working Group for HR at state level** so that similar workshops and discussion can happen regularly.

There is urgent need of Support staff like ward boy, dresser to be included in the service delivery structure and dedicated HR for emergency department in Hospitals. Mid level care providers cadre should be developed and AYUSH doctors should be used as supportive resource rather than substitute of Medical Officer. Detailed TOR should be prepared for every cadre to avoid unnecessary delegation of work and fixing the accountability of work.

There should be policy level change for including and supporting Women professionals for the leadership roles. Stringent policy for workplace harassment especially for Women should be made and implemented

Research studies should be promoted by government which will become the component for decision making.

Working Group 4

Role of Private sector in achieving UHC

Team Introduction

Group chair-
Dr Sunil Nandaj and Dr Yogesh Jain

Team members:

Dr. Akhileshtripathi, Dr Chandrakar, Dr Pradeep Beck, Dr Vinit, Dr Gupta, Dr R.Sharma, Mr V.Katre and four Members from IMA representing Pvt sector. Dr Roshan Gupta, Mr. GanpatNaik, Mr Sanjeev Dubey, Mr. TusharVerma

Opening remarks by Dr S. Nandraj followed by following key discussions-

INTRODUCTION:

India is embarking on an ambitious target of achieving Universal Health Coverage for all during 12th Plan period. Everybody will be entitled for comprehensive health security in the country. It will be obligatory on the part of the State to provide adequate food, appropriate medical care, safe drinking water, proper sanitation, education and health-related information for good health. The State will be responsible for ensuring and guaranteeing UHC for its citizens.

State level Administration and State Health society is eager to ensure Universal health care to all the natives of Chhattisgarh. Ministry of Health and Family Welfare and National Health Mission, Chhattisgarh under the leadership of Honorable *Shri.T.S. Singhdev,* honorable Health Minister of the state; is determined to bring strengthening of Public health system to ensure Universal health coverage in Chhattisgarh. For this a state level workshop was called at New circuit house, Raipur on 20th Feb 2019 which consists of thinking brain from different fraternity and from different parts of the country to share their experiences. The quality and healthy discussions on various indicators related to Universal health coverage were fruitful in understanding and preparing the first draft on strengthening the public health system. A series of presentation was followed by Group discussion.

BACKGROUND

Under **National health policy** it is clearly indicated the role of private sector in HCD and UHC-

1. Private providers, especially those working in rural and remote areas, or with under-serviced communities, require access to opportunities for skill up-gradation to meet public health goals, to serve the community better, for participation in disease notification

and surveillance efforts, and for sharing and support through provision of certain high value services- like laboratory support for identification of drug resistant tuberculosis or other infections, supply of some restricted medicines needed for special situations, building flexibilities into standards needed for service provision in difficult contexts and even social recognition of their work.

2. To develop a Standard Regulatory framework for laboratories and imaging centers, specialized emerging services such as assisted reproductive techniques, surrogacy, stem cell banking, organ and tissue transplantation and Nano Medicine will be created as appropriate.The policy supports setting up of National Allied Professional Council to regulate and streamline all allied health professionals and ensure quality standards.
3. To encourage participation of private sector, the policy advocates incentivizing the private sector through inter alia (i) reimbursement/ fees (ii) preferential treatment to collaborating private hospitals/institutes for CGHS empanelment and in proposed strategic purchase by Government, subject to other requirements being met (iii) Non-financial incentives like recognition/ acknowledgement/ felicitation and skill upgradation to the private sector hospitals/practitioners for providing public health services and for partnering with the Government of India/State Governments in health care delivery and (iv) through preferential purchase by Government health facilities from domestic manufacturers, subject to quality standards being met.
4. Collaboration with private sector consistent with Meta Data and Data Standards and Electronic Health Records would lead to developing a seamless health information system.

GROUP ACTIVITY

Title-

One of the four important pillars of Public health strengthening was "**Role of Private sector in achieving UHC"** which was assigned to Group IV which comprises of experts enlisted below:

Team composition-

Group chair- *Dr. Sunil Nandaj and Dr. Yogesh Jain*

Team members: *Dr. AkhileshTripathi, Dr. Chandrakar, Dr. Pradeep Beck, Dr. Vinit, Dr. Gupta, Dr. R.Sharma, Mr. V.Katre and four Members from IMA representing Pvt sector. Dr. Roshan Gupta, Mr. GanpatNaik, Mr. SanjeevDubey, Mr. TusharVerma*

Opening remarks by Dr S. Nandraj followed by following key discussions-

1. Private sector is classified into two major categories;
   a) InFormal sector- which includes Hakims, daai, Jholachaap, traditional healers
   b) Formal sector- which includes general practioners from Govt and pvt sector, multiclinics, laboratory services, diagnostic services
2. Need of Mapping of above both categories in terms of types of services, geographical area and its functionality in their healthcare delivery.
   a. What kind of services can be collaborated with private sectors?
   b. How it can be financially managed?
   c. Time orientated services delivery (evening clinics, on call services)
3. Involvement of Private sector in National health programs, implementation and Reporting
   a. Mandate services in terms of Primary health care (eg. All 0 birth dose to all live births under UIP)
   b. Notifiable services related to epidemics (eg. Diseases under IDSPetc)
   c. indicators of National health policy
4. Involvement of specialist associations and various systems of service delivery
   a. Associations like Government bodies, IMA, Specialist associations, ISM, Pvt hospital bodies etc
   b. Group discussions
5. Involvement of emergency care services plan to be planned. Legal issues and imbursement plan also to be specific.
6. State advisory group for legalities is also to be involved in policy documentation.
7. Category of private sectors can be formalized ie. Clinical services, Diagnostic services, Referral services, Ancillary services
8. Epidemic data collection and surveillance system strengthening can be done utilizing private sectors.

9. Fixed day services to be planned under Government infrastructure through private practioners voluntary or incentive based.
10. Dissemination of incentives should be as per norms and on time.
11. The design of insurance system PMAY needs to be analysed and redesigned.
12. Use of telemedicine services involving Private Practioners.

It was noted that both Public and Private sector must together contribute to the effective implementation and access to Universal health care. It was observed by most of the Tem members that Public sector should provide free heath care services to each and every citizen irrespective of condition in a secular manner. Involvement of Private sector under specified written regulations and guidelines which should be specific, clear and precise. Policy regulation documents should be drafted by experts indicating the role of Private practitioners, minimum service delivery and financial provision on behalf of the services catered to the needful. It was very clear that Primary health care services should be promotive, preventive, curative and rehabilitative healthcare services. So, the healthcare facilities should be strengthened to ensure primary health services through public sector. On the other hand, the specialized services where Specialists doctors are not available private sector need to be involved. Other health care organizations or Structured Voluntary organizations could also be involved who are already involved in service delivery. Strengthening of Public health facilities under Ayushman Bharat will definitely help in achieving Universal health care in Chhattisgarh. Indeed it will be a challenge to fulfil the gaps in service delivery. The gaps of IPHS under HR norms must be fulfilled with the help of Private sector for specific duration of time and under a defined timeline.