Learning from Example: Motivating the Government to Reinforce Regulation of Private Health Sector in Resource Constrained Bihar Province of India

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HSR2018 Sub - theme: Polemic and pragmatism: engaging the private sector in moving towards universal health coverage

Bihar, India
- 110 Million People
- 94,163 Sq. Km. Area
- 61.8% Literacy
- 682 $ (2014) Income Per Capita
- 89% Rural Population

Health System:
- Health – a state subject
- Improving public health is constitutional mandate
- Preventive, promotive primary health care and maternity care predominantly by public health system
- Curative mainly by private sector
- Dual practice by public sector doctors
- Review of best practice on regulation across globe and other Indian states

Regulation of Health Care Facilities in Bihar: Current Scenario

Public Health Facilities
- All facilities are listed under government record.
- All data and service provisions are recorded.

Voluntary accreditation:
- Indian Public Health Standards (IPHS)
- National Quality Assurance Standard (NQAS)
- Parameter for Cleanliness (Kaya-kalp) and many other government schemes

Private Health Facilities
- No registration system
- No record of human resource, infrastructure, service provisions and cost.

Voluntary Accreditation:
- International Organization for Standardization (ISO)
- National Accreditation Board of Hospitals (NABH) and other agencies.

Ensuing Challenges for Regulation
- Private Health Facilities: registration, compliance to standard, quality not known.
- Extent of private sector not understood.
- Informal providers running health facilities
- Crosspathy – AYUSH (Indigenous Medicine System) doing allopathic practice

Strategy for Change:
Building Capacity and Motivating Stakeholders

Dissemination for motivation for registering under the act.

On-going on planning and capacity building for better entry into regulation

Outreach planning for regulatory agencies and stakeholders

Sustainable financing mechanism and effective regulation

Institutional arrangement

Strengthening the existing institutions, expand if necessary

Suggestive Approach
- Register all public health facilities
- Ensure standard and quality further
- Fix responsibility and penalty for not registering.

Suggestive Approach
- Making legal recognition mandatory
- Incentives for Registration
- Incentive for standard and quality
- Opportunity to participate engage with public health goals

Suggestive Approach
- Stakeholder consultation
- Public Awareness
- Harnessing technology to bring accountability
- Explore policy options to engage private sector for public health

Suggestive Approach
- Capacity building of regulatory institutions
- Fixing responsibilities and penalty for not registering
- Harnessing technology for accountability

Conclusions
- Co-designing of research focus with policy makers was effective health policy and systems research approach for complex issues such as regulation of private sector in resource constraints area.
- This Approach to motivate stewardship capacity can be replicated in other similar settings.

Key References:
- Government of Bihar. Health Department. Clinical Establishment (Registration and Regulation) Rule 2013