

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:

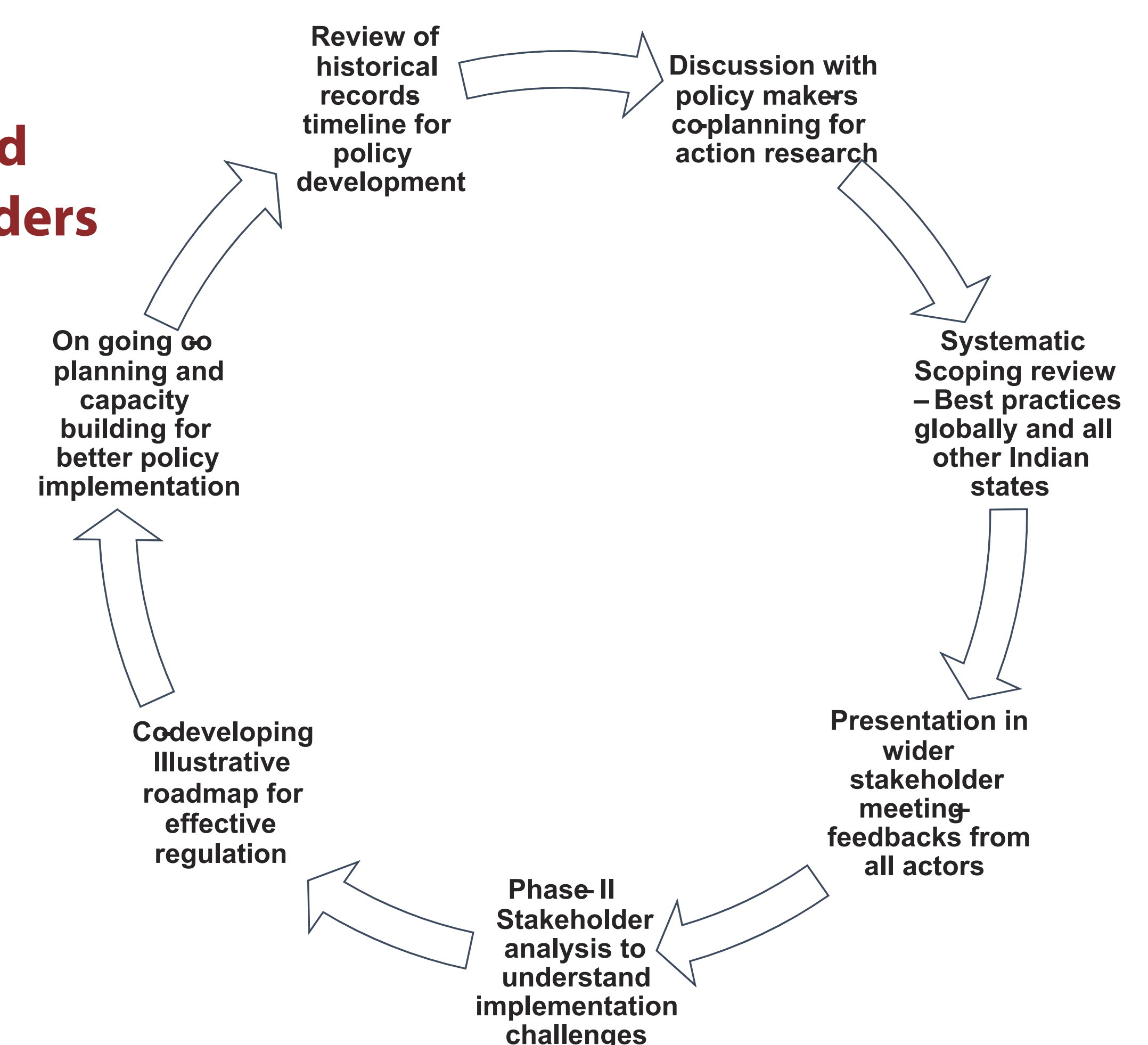
- International Organization for Standardization (ISO)
- National Accreditation Board of Hospitals (NABH) and other agencies.

Ensuing Challenges for Regulation

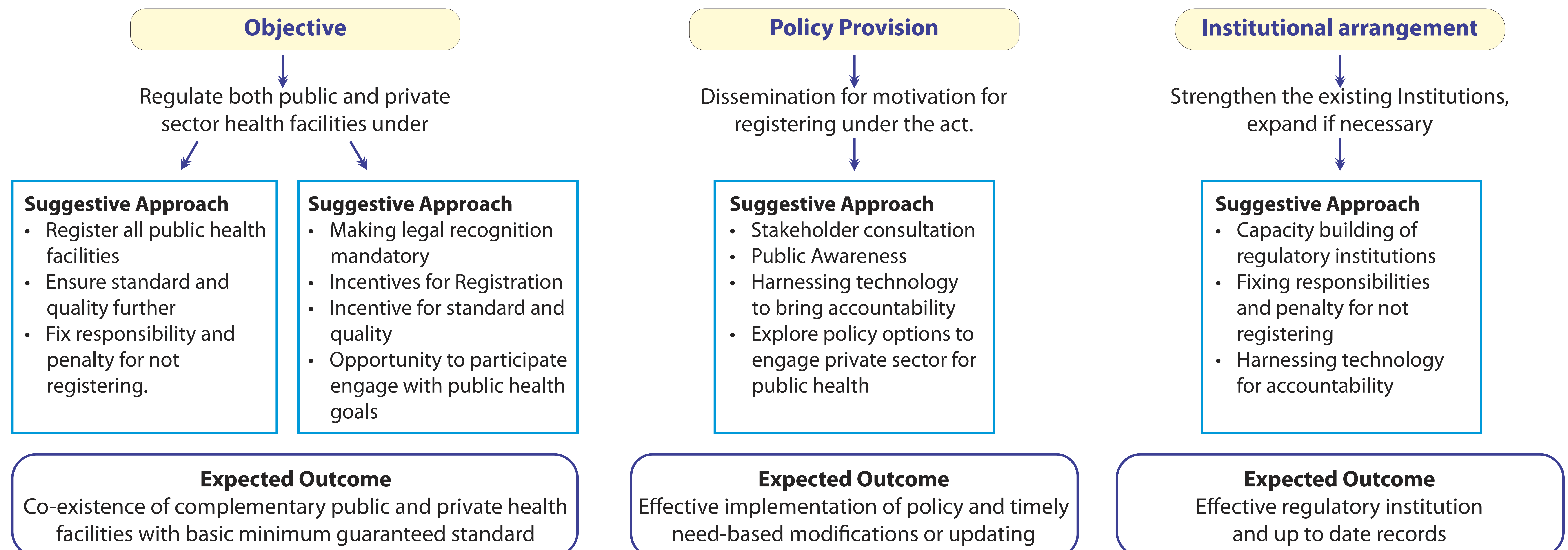
- Private Health Facilities: registration, compliance to standard, quality not known.
- Extent of private sector not understood.
 - Informal providers running health facilities
 - Crosspathy – AYUSH (Indigenous Medicine System) doing allopathic practice



Strategy for Change: Building Capacity and Motivating Stakeholders



Regulation of Health Facilities in Bihar: Suggestive Roadmap



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 India. Health in India: NSS 71st Round 71st .2014
- Government of Bihar. Health Department. Clinical Establishment (Registration and Regulation) Rule 2013
- Bloom G, Henson S, Peters DH. Innovation in regulation of rapidly changing health markets. *Global Health*. 2014;10(1):53