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.

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
- All data and service provisions are recorded.
 No record of human resource, infrastructure, service provisions and cost.

Voluntary Accreditation:

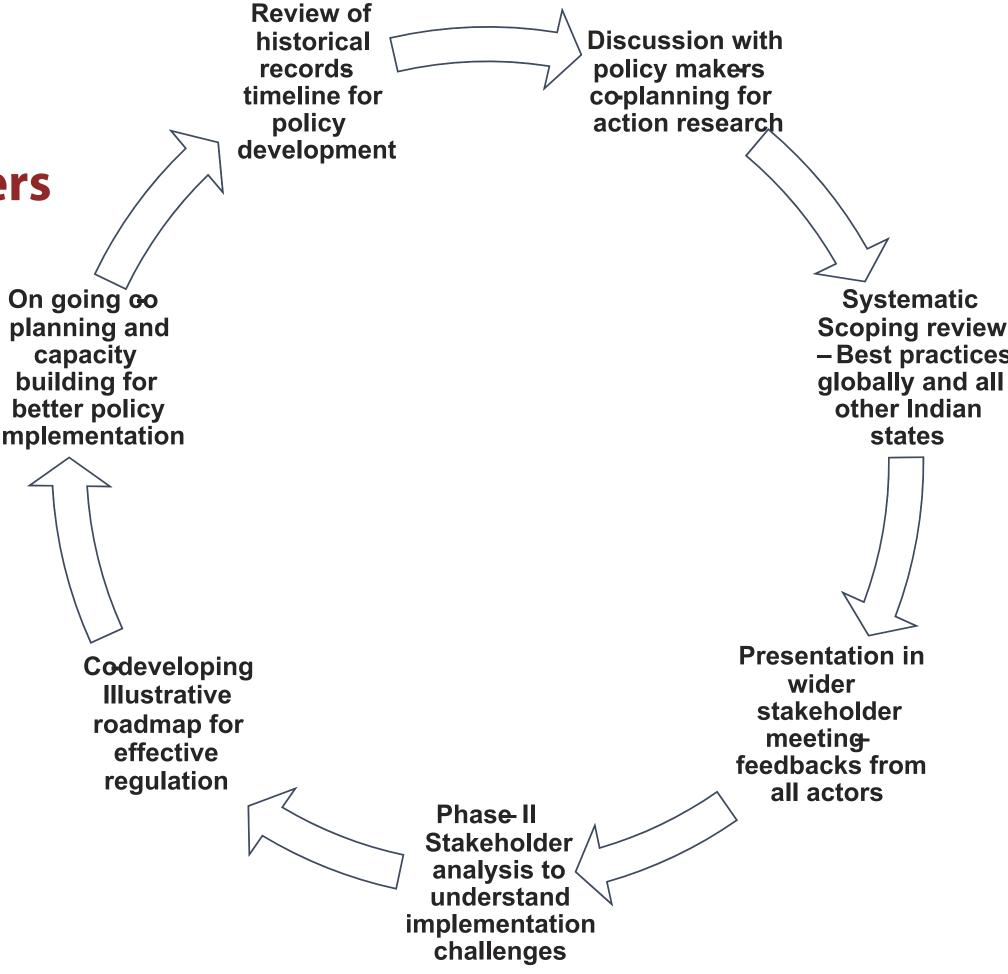
- International Organization for Standardization (ISO)
- National Accreditation Board of Hospitals (NABH) and other agencies.

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

BIHAR Purba Champaran Madhubani Muzaffarpur Araria Darbhanga Saran Madhepura Saharsa Samastipur Khagaria Buxar Patna Bhojpur Bhagalpur Rohtas Nalanda Lakhisara Sheikhpura Munger Kaimur (Bhabua) Gaya Banka Aurangabad

Strategy for Change: Building Capacity and Motivating Stakeholders



Regulation of Health Facilities in Bihar: Suggestive Roadmap

Objective

Regulate both public and private sector health facilities under

Policy Provision

Dissemination for motivation for registering under the act.

Stakeholder consultation

Institutional arrangement

Strengthen 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

Harnessing technology to bring accountability

Suggestive Approach

Public Awareness

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

Expected Outcome

Co-existence of complementary public and private health facilities with basic minimum guaranteed standard

Expected Outcome

Effective implementation of policy and timely need-based modifications or updating

Expected Outcome

Effective regulatory institution and up to date records

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:

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