

Public-Private Partnership in the Health Sector in India

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Voluntary Sector in Health Care

Need for a New Paradigm

Health care in India has a long tradition of voluntarism. For centuries, traditional healers have taken care of the health needs of their own community as a part of their social responsibility. They have used knowledge that has passed down the generations, regarding the medicinal value of locally available herbs and plants. This tradition still continues, particularly in the tribal pockets of the country.

Unfortunately, the institutionalized voluntarism that evolved during the colonial era was completely dominated by the thinking of the colonizers. They completely ignored the rich traditional systems of health care in India. This was partly due to the fact that much of this effort grew out of the activities of Christian missionaries, most of whom came from the West. The Indian elite, who had been partially involved in the voluntary effort during that phase, also firmly believed in the supremacy of everything Western. Consequently, there was little possibility of evolving a health system that assimilated the best of both schools. Perhaps, the major exception was Mahatma Gandhi's continuous effort to popularize naturopathy, yoga and vegetarianism through the ashrams that he had set up in various parts of the country.

After Independence, until the mid-sixties, voluntary effort in health care was again limited to hospital-based health care by rich family charities or religious institutions. In the mid-sixties, the effectiveness of the Western curative model of health care in the less developed countries came under serious attack by development planners. The Chinese experience of decentralized health care through effective use of motivated health cadres at the grassroots level also received widespread attention. Out of this rethinking, grew various models of community health programs that emphasized decentralized curative services. In these, trained vil-

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lage-level workers played a key role. Much more importance was given to preventive aspects, where the community plays a more effective part in their 'own' health care. Unfortunately, this refreshing trend too ignored the important role of traditional healers and dais in health care, and very little attention was paid to the Indian systems of medicine.

The voluntary health effort as it exists today, can be broadly classified as follows:

- *Specialized Community Health Programs:* Many of them go a little beyond health, by running income-generation schemes for the poorer communities so that they can meet their basic nutritional needs.
- *Integrated Development Programs:* In these programs, health is a part of integrated development activities. Consequently, their emphasis on health care may not be as systematic or as effective as that of the previous group. However, the long-term impact of their work on health and the development of the community is significant.
- *Health Care for Special Groups of People:* This includes education, rehabilitation and care of the handicapped. These specialized agencies are playing an important role, keeping in view the fact that hardly any government infrastructure exists in this sector of health care.
- *Government Voluntary Organization:* These are voluntary organizations which play the role of implementing government programs like Family Planning and Integrated Child Development Services. These bodies are marginally more efficient than the government system but their overall approach is the same.
- *Health Work Sponsored by Rotary Clubs, Lions Clubs and Chambers of Commerce:* They usually concentrate on eye camps – conducting cataract operations in the rural areas on a large scale with the help of various specialists, etc.
- *Health Researchers and Activists:* The efforts of these groups are usually directed towards writing occasional papers, organizing meetings on conceptual aspects of health care and critiquing government policy through their journals (which usually have limited circulation).
- *Campaign Groups:* These groups are working on specific health issues, such as a rational drug policy and amniocentesis, among others.

According to a rough estimate, more than 7,000 voluntary organizations are working in the above areas of health care throughout the country. Voluntary agencies have played a significant role in developing alternative 'models', as well as providing low-cost and effective health services in many parts of the country. They have been able to develop village-based health cadres, educational ma-

terials and appropriate technology. They also help in filling the critical gaps that exist in government health services.

However, these 'models' are far from perfect: they do not possess the conditions of replicability, as does the government sector. On the other hand, the vastness and regional diversities that characterize India also make it extremely problematic to think of the replication or standardization of 'models'. In fact, it is being increasingly acknowledged that the term 'model' itself is suspect when applied to people's health care systems. There can be no prototype. An appropriate system should evolve from the people themselves. Just as health conditions emerge from the community's interaction with its surroundings, it is the people's struggle through time that determines the nature of the services that they receive.

It is also recognized that the task of formulating a 'model' or an appropriate system of health care becomes a highly challenging managerial, sociological, technological, epidemiological and political task, which, if simplified to the current level of health planning, will produce imperfect results.

The concept of 'participation', currently in vogue, is another problem. In the case of the establishment, for whom anything referring to empowerment of the people is hard to accept, the term has come to mean compliance, contribution or collaboration. In its true sense, 'participation leading to empowerment' stands as a challenge to the interests of the establishment.

The effect of community health experiments in shaping government policy with regard to health care has been limited, although a few of the concepts have been incorporated in government programs. Some representatives of voluntary agencies have been absorbed in the government's policy-making bodies. This is a critical area, totally neglected by voluntary agencies.

All voluntary initiatives are not necessarily in the area of extreme needs. One finds very limited voluntary initiatives in the BIMARU states (Bihar, Madhya Pradesh, Rajasthan and Uttar Pradesh), as compared to the better-off states like Kerala or Maharashtra. Even in Kerala, they are not necessarily in the least developed parts of the Malabar Coast or the highlands.

Hardly any effort has been made to form public opinion or mass organizations like trade unions, people's movements or political bodies, to generate a demand for more appropriate and effective health services. In spite of these limitations, however, the contributions of voluntary health organizations in providing appropriate health services in needy areas is highly appreciable.

The Kerala Sastra Sahithya Parishad (KSSP) is one of the few voluntary organizations that has attempted to demystify medicine. Special campaigns on drug policy, anti-smoking and amniocentesis have had some limited impact, both at the policy level as well as in educating consumers. KSSP emphasizes that the greater health problem is poverty, and that the majority of ailments arise from the inadequacy of proper food and an unhealthy living environment. The KSSP has

organized numerous health camps, published several documents on people's health, and are in constant touch with various organizations like the Voluntary Health Association of India (VHAI) and Medico Friends Circle. The KSSP believes that health care is a basic right of every citizen, and that an effective delivery system should work towards keeping the entire population physically and mentally healthy. It warns people against modern health care systems controlled by multinational drug companies, stressing instead the wealth of knowledge that exists in traditional systems of medicine.

The health groups are also divided on ideological grounds – foreign or locally funded, those following traditional or modern medicine, etc. Most of these groups are dominated by a group of elite, who meet nationally or internationally, to express concern and share information; however, they do not have any mechanism by which to transfer this information to either the common people or social activists, who might be able to use this in their struggle. To this elite, even paramedics and village health workers are more functionaries and not agents of change.

National Policies for Involvement of NGOs

From mid-sixties, the government has envisaged a major role for NGOs in the health sector. Most of the plan documents clearly mention the important role that NGOs have to play in all aspects of health care, especially for the under-privileged population and remote areas. Since health is a state responsibility in India, this concern of the Central Government is not very often shared in all the state governments. Consequently, there has been uneven partnership between the government and NGOs, depending on the political leaning of the respective state governments.

The other major problem has been that of inadequate involvement of NGOs in health planning. Consequently, governments look for NGOs to participate in the final phase of implementation of programs, the content of which may not be close to the NGO perspective of the problem. These lead to a situation where a large number of sensitive NGOs do not take part in major government programs, but a large number of NGOs who are coined as GONGOs (government NGOs) jump into the band-wagon of all government programs just for their own financial survival. They operate more like sub-contractors than sensitive representatives of a civil society.

The other problem in this partnership has been the mismatch between the grassroots needs and the government agenda. Very often, an NGO working at the grassroots with the community perceives communicable diseases and reproductive health as a major problem, whereas the government enthusiastically supports proposals that are target-oriented, pre-conceived and may not have anything to do

with the local realities. The partnership is further complicated by the unequal nature of relationships and the red-tape involved in getting programs sanctioned and the budget released from the government.

These problems have been discussed in various forums between government representatives and NGOs for the last decade leading to some improvement in the collaborative relationship. Some fairly good examples of this could be cited in the areas of immunization, HIV/AIDS-related work as well as newly formulated government programs on reproduction and child health. As stated above, however, these dialogues have been mostly at the level of central government and the concerns shared in these dialogues have yet to filter down to many of the States.

Voluntary Health Association of India

Vision

Voluntary Health Association of India (VHAI) is a Delhi-based national network of more than 4000 non-governmental organizations spread across the country. It is one of the world's largest associations of voluntary agencies working in the areas of health and development.

VHAI was founded in 1970 with the goal of “making health a reality for all the people of India.” To achieve this goal, VHAI promotes social justice and human rights in the provision and distribution of health care, with an emphasis on the disadvantaged millions. VHAI believes that such an equitable health care system should be culturally acceptable, universally accessible and affordable. VHAI envisions a sustainable, rational and dynamic health planning and management system in the country with the active participation of the people.

VHAI is a federation of 24 state-level voluntary health associations. Over 400 member organizations of these State VHAs form the democratic base of VHAI. Elected representatives of these organizations manage the affairs of VHAI.

Strategies

VHAI strives to build a people's health movement in the country by advocating a cost-effective, preventive and promotional health care system through innovative approaches in “Community Health.” Its programs are designed for health workers, community leaders, voluntary agencies, professionals, social activists, media, government functionaries as well as policy makers. Benefits of VHAI's programs are extended to everybody, irrespective of their socio-economic, religious, political or

any other such considerations. VHAI works closely with the State Voluntary Health Associations, their member organizations and other network partners.

Focus Areas

- Work closely with the government through policy interventions. Facilitate research on vital issues and do campaigns, advocacy and lobbying both at the central and state levels for evolving congenial policies aimed at improving the health status of people.
- Strengthen voluntary action through formation and support of state level organizations.
- Organize formal and non-formal training programs and doing active follow-up to strengthen capacity building of voluntary agencies, members and associates.
- Strengthen grassroots-level health care delivery by equipping village health workers with training and communication materials.
- Reach out to remote areas through comprehensive community health and development projects.
- Implement effective communication strategies through use of print, electronic media (TV & radio) and folk medium.
- Disseminate and repackage information on various aspects of health issues for use by people at various levels.
- Globally network with the UN and other international agencies for sharing of expertise and resources.

VHAI's Partnership with the Government

Given VHAI's presence in almost every corner of India and its technical and professional competence, we have been able to develop a relationship of mutual trust and confidence with the government. This has resulted in a situation where in many areas of common concerns, like reproductive and child health, HIV/AIDS, people-centered community health care as well as health promotion, VHAI is working closely with the Government of India, very often supported by the government financially and otherwise. This relationship has not been without its frustrations but given the size and complexity of the government machinery and its old bureaucratic tradition, the relation has not been too unfulfilling.

On the other hand, VHAI has also taken up issues with the government on many areas of major concern, starting from its five-year report on the status of the nation's health. The Report of Independent Commission on Health in India, which VHAI sponsored and coordinated as a major document of national importance that was released by the Prime Minister of India, covers all aspects of health and medi-

cal care in the country. The Report has created considerable public debate and governmental discussion so that the recommendations can be included in the national agenda of future health care. On issues like tobacco, drug policy and baby food, VHAI has taken a pro-active confrontational stand, vis-a-vis the government by doing systematic research, educating the public and media, and sometimes even utilizing the legal recourse for a more people-oriented policy on these issues. Fortunately, these confrontations have not antagonized the government but perhaps have helped to build grudging respect within government for our association.

In the situation of natural disasters and epidemics, we have collaborated with the government in providing medical relief to a large number of refugees. We have also pointed out the failures of the government machinery in tackling this situation.

It is important to note that quite a few consultants working with VHAI are ex-government employees and they have contributed enormously towards the voluntary sector development. It is also important to record that very often the collaboration between the government and the voluntary sector is dependent on specific person handling the program in the Ministry and their attitude and inclination towards the voluntary sector.

Towards a More Fruitful Partnership Between the Government and Voluntary Sector

Given this situation, as well as keeping in view the tremendous potentiality of the voluntary sector in meeting critical needs, we propose that the following mechanism be put in place within the Ministry to strengthen and encourage voluntary effort in key areas of health care. A National Co-ordination Committee, consisting of the Director General Health Services, Secretary (Health), three representatives from voluntary organizations and one representative from the state government, should work as an active listening post for the voluntary agencies working in the field of health. This committee should meet periodically to monitor the implementation of the committee's recommendations, and provide inputs on the planning and implementation of health services in the country. Its functions should include:

- Promoting collaboration and co-operation between the government and voluntary organizations in primary health care.
- Identifying people's health needs and bringing them to the notice of planners.
- Assisting in developing comprehensive national health policies and action plans at all levels.

- Working out the modalities of administrative relationships between the government and voluntary organizations for health care delivery to the people.
- Identifying voluntary organizations at the state, district and block level which are capable of taking up, in collaboration with government agencies, health education, primary health care services and operational research.
- Monitoring and providing feedback to the government on various National Health Programs.
- Providing guidance and support to voluntary organizations in the health field.
- Calling an annual convention of all voluntary organizations in health, to provide healthy interaction between the health functionaries responsible for policy-making and planning at the national level and various representative voluntary organizations.
- Updating the national directory of voluntary organizations, which should be a priced publication from which profits should be used to update the directory every year.
- Organizing periodic quarterly meetings of the National Co-ordination Committee.
- Sanctioning innovative projects in the voluntary sector to conduct research, health service delivery and the production of educational materials. It is proposed that about 100 projects should be sanctioned in the first year and, subsequently, 50 projects every year. Projects should be run for three to five years, and every project should have a reasonable budget. The Ministry of Health and Family Welfare may consider decentralizing the power of sanction to the states.
- Screening, monitoring, and evaluating, as well as providing support to all the sanctioned projects.

The National Co-ordination Committee should evolve a working mechanism with a state-level counterpart. Its activities should be aimed at:

- Preparing and updating a state-level directory of voluntary organizations in the health sector.
- Convening a people's health assembly annually, comprised of information leaders, religious leaders, trade unions, media representatives, policy-makers, planners and voluntary organizations.
- Identifying voluntary organizations that have the training and resource potential to undertake orientation programs for the government and other voluntary organizations.

- Responding quickly to epidemics.
- Meeting quarterly for effective co-ordination and cooperation.
- State health secretaries should act as convenors to the state co-ordination committees.

Voluntary organizations should be involved in various activities at the district and block level, such as innovative health service delivery, training and special programs for endemic areas. A fine example of voluntary agencies taking up health and development initiatives in remote areas is VHAI's initiative through its KHOJ projects.

Certain criteria should be followed when providing financial support to voluntary organizations. Only those registered as societies or trusts should be considered for assistance. Moreover, only those voluntary organizations that have worked for at least three years in primary health care and development, and are currently engaged in such work, should be provided financial assistance. These strategies, if realistically pursued, could go a long way towards improving the provision of health care in the voluntary sector. The Commission feels that voluntary agencies working in the health sector need to focus on the following issues of concern:

- To search for means to join together in a broader struggle for social justice with other progressive forces.
- To systematically and effectively take up issues of socio-economic justice in the areas where they are operating.
- To work systematically towards a viable alternative health strategy.
- To build up general awareness on rational and holistic health among the public at large, so that a conducive atmosphere is created for a shift in policy.
- To build up an atmosphere for greater public accountability of existing government health infrastructure.
- To build up a consumer movement to ensure quality health care at a reasonable cost from the private sector.

This major shift of focus will very often put the voluntary organizations in conflict with the state, medical establishment and medical industries. But to make an overall impact on the health sector within the nation, the above concerns need to be addressed on a priority basis by voluntary agencies working in the health sector.

Partnership to Meet the Future Challenges

Analysis of available qualitative and quantitative data clearly shows extremely uneven health and development progress in various parts of the country. Often this difference is so dramatic that one can hardly believe that they are part of the same nation and have followed the same development path for the last five decades. Even within the states that are doing reasonably well, there remain regions of darkness where little has changed since Independence. Obviously, these parts of the country should be of major concern in the coming decades.

We are also living under two shadows in India: the familiar one of infectious diseases like malaria, tuberculosis, etc., and the new and growing cases of non-infectious chronic diseases like cancer and coronary diseases. The large widespread health infrastructure that has been set up throughout the country seems to be non-functional and unresponsive in many parts. Instead of moving forward to meet newer health challenges, it is sliding backward. Over-centralized and lopsided planning, inadequate and unbalanced financial outlays, lack of accountability to communities, low moral values and, very often, dereliction of duty by medical and nursing professionals plague the system. A thorough review of the National Health Policy and a total revamping and restructuring of the health infrastructure are immediately called for.

Due to the prevailing situation in the government sector, there has been an unprecedented growth of the private sector, in both primary and secondary health care all over the country. Given the current ethical standards of the medical profession and free market technology-driven operational principles, the private sector generally does not provide quality health care at a reasonable cost. Before this sector becomes a public menace, it is necessary to introduce participatory regulatory norms.

The voluntary sector, though their overall presence is limited, is playing a significant role in providing innovative and quality health services to the needy in remote areas. There is a need to create an enabling climate for them to grow further, especially in those pockets of the country where the overall health and development situation remains grim.

On the population front, two-and-a-half decades of following an aggressive, unimaginative target-oriented approach does not seem to have produced the desired results — in spite of the huge investments made. The indirect adverse impact of aggressive family planning programs on the primary health care infrastructure is well known. Commendable and well-founded recommendations of the Swaminathan Committee continue to gather dust in the Ministry, though, in recent times, we have seen some efforts to review past programs.

An area of distinct concern for the future is environmental degradation. Pollution levels in all our major cities have reached alarming proportions. We are

just waking up to this major health threat. Almost half of the urban population does not have basic civic amenities. In the name of industrialization and development of our backward areas, we are polluting the limited sources of drinking water for local communities. The indiscriminate use of pesticides is a cause of serious long-term worry. Development projects like the Rajasthan Canal are carrying malaria to regions where it did not exist earlier. Non-degradable packaging materials litter the country. Deteriorating environmental conditions are also eroding the health culture of our people. Public places and even the holiest rivers of this country are fast turning into garbage dumps.

Recently launched long-term programs to meet some of the above challenges are mostly selective, large vertical programs on AIDS, Malaria, Tuberculosis and Immunization, principally supported by international organizations. Convergence of these programs with existing primary health care priorities would have had the possibility of revitalizing the primary health care infrastructure. It is very important to review and recast these selective programs. Often, these new programs do not even follow the basic framework and priorities of the Five-Year Plan document.

In spite of numerous well-meaning but centralized, unimaginative economic development schemes of the government, the grim tale of poverty and underdevelopment of millions of our citizens remain overwhelmingly distressing. We have come across countless instances of communities putting up a brave struggle against all odds. We were confronted with an equality large number of incidents of their social, political and economic exploitation. We also encountered new groups of power brokers and self-interest groups who siphon on social, political and economic exploitation. The time has come for us to stand up and recognize this growing menace and change the direction of our poverty eradication programs to a decentralized, imaginative and participatory model, as has been exemplified by many voluntary organizations. The economic development of one-third of our total population needs to be undertaken with appropriate inputs for their social development. Perhaps in the health and development agenda of India, solving their problems will remain the most complex challenge for many years to come.

Within this generally depressing picture, we have also come across many heart-warming experiences, such as the significant impact of the efforts of voluntary organizations and charismatic government officials in the area of leprosy eradication. Tamil Nadu is a good example of a state where the health situation has improved significantly in recent years due to the multi-faceted development efforts of the government. Local authorities have dramatically spruced up the city of Surat after the horrendous outbreak of 'Plague'. We have also come across numerous imaginative, people-centered and effective health and development projects run by voluntary organizations. These examples give us hope for the

future and indicate the direction in which the health and development paradigm needs to shift.

We have to look beyond the so-called predominantly reductionist bio-medical model of health care to a holistic model of health care that puts human beings in the center. We need a disciplined conversation between the modern allopathic system and traditional systems, each checking and fertilizing the insights of the other.

The health of any nation is the sum total of the health of its citizens, communities and settlements in which they live. A healthy nation is, therefore, only feasible if there is total participation of its citizens towards this goal. In India, in the last five decades, we have followed a path of social transformation that mainly relies on five major institutions, namely, the parliament, assembly, cabinet, bureaucracy and party functionaries. In the absence of mediating and reconciling agencies between the state and society, the state lacks a base, and remains remote and insensitive to people's needs. Unfortunately, development efforts have not been rooted in our traditional institutions nor community initiatives that exist in some form or other throughout the country. Progress is easiest made if we are tuned in with the national genius that has developed over the centuries, with certain special traits. If this domestic capacity is ignored or discarded, development efforts will lose their bearing and roots, and, gradually, vitality.