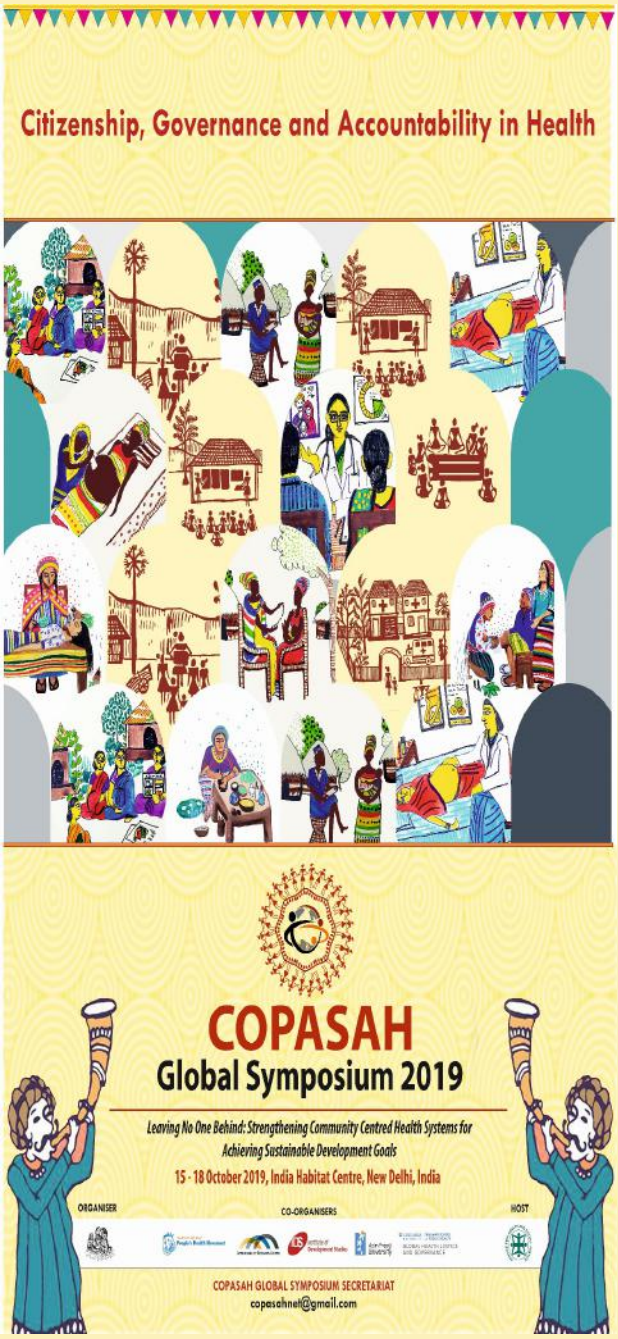
World Health Organization



Report on Satellite session sponsored by WHO

"Including the Excluded": The imperative of involving multi-stakeholder forums to ensure responsive governance of health systems in the Movement towards UHC in India"

2.30 to 4 pm, October 15th, 2019

India Habitat Centre, New Delhi

Organized by

Support for Advocacy and Training to Health Initiatives (SATHI)

And

World Health Organization – India

Support for Advocacy and Training to Health Initiatives
SATHI

Introduction:

India has committed to achieving access to Health care for all its citizens in its National Health Policy 2017 and proposes to reduce out of pocket expenditure on health through involving the public and private health sector for health service delivery, including tax funded insurance schemes.

Governance frameworks for healthcare should not be monopolised by the government, private sector or any single stakeholder. It is important to foster the active participation and engagement of people and civil society organizations in accountability and regulatory processes towards achieving UHC goals. Involvement of civil society representatives, community representatives, panchayat members along with health care providers are essential to ensure multi stakeholder oversight of regulatory frameworks and grievance redressal forums. These forms of social regulation are essential building blocks for ensuring effective implementation of UHC.

We need to examine what is currently transpiring in the absence of such inclusion. There is a need to analyse examples of power centralisation and monopoly of single powerful stakeholders, which may lead to opportunities for corruption, manipulation and wilful neglect of accountability and regulatory processes. Further, we need to look at positive examples to understand how development of multi-stakeholder accountability and governance platforms can lead to increased responsiveness of healthcare providers. This workshop will give participants an opportunity to facilitate discussion and debate about the relevance of multi stakeholder platforms and participatory mechanisms to enable citizen participation in public and private health sector governance.

This workshop aims to identify and discuss possible inclusive approaches to ensure social accountability and regulation of health care providers in public and private health sector. It promotes the relevance of multi-stakeholder platforms in enabling collective action in the movement towards Universal Health Coverage in India.

COPASAH (Community of Practitioners on Accountability and Social Action in Health) is a global network of community of practitioners who share a community –centric vision and human rights-based approach to health, health care and human dignity. (For more details see www.copasah.net).

In this regard, COPASAH established the thematic Hub on “Patient’s Rights and Private Medical Sector Accountability” in 2017-18, as a platform for promoting networking and facilitating the exchange of experiences and perspectives among civil society organizations and activists working on issues related to regulation of the private health sector, with a focus on South Asia and Africa.

A satellite session on ““**Including the Excluded”:** The imperative of involving multi-stakeholder forums to ensure responsive governance of health systems in the Movement towards UHC in India” was organized during the COPASAH Global Symposium on 15th

October 2019. It was organised by the thematic hub on private sector accountability , anchored by SATHI (Support for Advocacy and Training in Health initiatives) and supported by WHO - India (World Health Organisation)
More than 50 delegates from India, Nepal, Sri Lanka, Bangladesh, Uganda, Kenya, South Africa, United Kingdom and USA participated in this workshop

The 90-minute workshop was divided into two parts, covering issues related to multi stakeholder representation for regulation of private and public health systems in India.

Dr Abhay Shukla, Senior health activist from SATHI, Anchor of the Thematic Hub on Private Sector Accountability of COPASAH and Convenor of PHM-India welcomed all the participants to the session and introduced the chairperson, Professor Jonathan Fox of the Accountability Research Centre, USA.

Part 1: Relevance of multi-stakeholder bodies for social regulation of private healthcare sector – duration 45 mins

1. **"A long struggle for Justice**" Grievance redressal in the private health sector and the role of State medical Councils.
   Dr Kanchan Pawar – SATHI
   Shishir Chand – People for Better Treatment, India

The presentation by Dr Kanchan Pawar focused on the current status of grievance redressal mechanism in State Medical Councils for victims of medical negligence and malpractice in the private sector in India. Outlining the various pathways for grievance redressal in India, she stressed on the complicated and confusing processes that frustrate patient victims as they have to file complaints in multiple forums. State Medical Councils are entrusted with the responsibility of conducting enquiries filed by aggrieved parties against medical practitioners and decide on appropriate penalties, if found guilty. However, she pointed out that poor functioning, inadequate manpower and disciplinary committees comprising of only medical professionals' result in long waiting periods to begin preliminary hearings, which have been reported as being patient unfriendly and biased towards doctors. She also highlighted the very poor rate of prosecution and lack of data on disciplinary actions meted out to doctors, as examples of regulatory capture and failed self-regulation.

Shishir Chand presented his first-hand experience of grievance redressal in India as he has been fighting for justice for the past seven years for the death of his brother due to medical negligence. He recounted his struggles to get a fair hearing in the Delhi Medical Council and Medical Council of India and the delay, corruption, apathy, red tapism and biased nature of the hearings. As a volunteer with a Patient Rights Group, he added that many other victims had similar experiences.

2. **Integration of patient perspectives in regulatory function of medical councils - General Medical Council model from UK – Dr Amar Jesani, Editor, Indian Journal of Medical Ethics**

Dr Amar Jesani's presentation noted that there was no clarity about the functioning of accountability mechanisms in private healthcare in India, with state medical councils not sharing any data regarding details of disciplinary actions. He questioned if self-regulation of the medical profession was really possible, even within the framework of their ethical codes. Given that the ruling bodies are dominated by doctors, they have no interest or incentive to self-regulate themselves. He cited the example of the Medical Practitioners Tribunal Services 2012 (MPTS) and the UK Model where the General Medical Council (GMC) first experimented with a self -regulatory system before moving to a multi-stakeholder system of governance.

3. **Sharing of experiences / perspectives regarding multi-stakeholder mechanisms for regulation of private health sector governance in India – open discussion with participants.**

Dr Abhay Shukla noted that in the context of the private medical sector, it is evident from the presentations that self-regulation has been a complete failure and that the state should explore regulatory models that emphasize on multi stakeholder governance to build credibility and prevent elite capture.

Dr Sharad Onta from Nepal remarked that the definition of accountability changes, in the context of moving towards universal coverage instead of care, as is happening in Nepal and should encompass the publicly funded health insurance schemes as well.

Brian Kiira said that Uganda faces similar challenges of accountability and said that as consumers, patients should have more say in regulating the medical profession through appropriate forums.

Part II: "Need for multi-stakeholder platforms for social accountability of public health systems" – duration 45 mins

1. Multi-stakeholder committees- Spaces for promoting community participation in the health system - Presentation on Preliminary findings of SATHI study with Accountability Research Centre, American University, USA
   Shweta Marathe & Deepali Sudhindra – SATHI

- Shweta Marathe and Deepali Sudhindra presented the findings from a comparative case study in which they studied factors like awareness, access & availability of health services, participation and empowerment of community-based actors and responsiveness of the public health system to community feedback in five districts of Maharashtra.

- The study attempted to find out the effectiveness of Health Welfare committees called *Rogi Kalyan Samitis* (RKS) and *Village health Nutrition and Sanitation Committees* (VHNSCs) in promoting community participation in health system functioning, their multi-stakeholder nature and the role of the Community based Monitoring and Planning (CBMP) process in improving the functioning of these bodies.
- The study found that awareness regarding roles and responsibilities of HWC and VHNSC members was significantly higher in districts in CBM districts. Committee functions such as capacity building of members, frequency of meetings, expenditure of funds on health and nutrition were markedly better in CBM districts. Participation of members in VHNSC and HWS activities and their attendance in meetings were also high in CBM districts.
- The findings suggest that RKS and VHNSC functioning seem to be significantly better in CBM districts as compared to NON CBM districts. Multi-stakeholder bodies were dominated by officials in Non CBM districts, whereas the multi-stakeholder nature of the committees was actualised in CBM districts. However, proactive and special efforts are required to realise and sustain the multi stakeholder nature of these bodies.
- CBM has thus significantly contributed in improving the functioning of multi-stakeholder bodies which when empowered play a crucial role in accountability of the public healthcare system.

2. Panel discussion on experiences / reflections regarding participatory mechanisms for communities in public health sector governance and their relevance towards achieving UHC, followed by comments by participants.

- Dr Chandrakant Lahariya, WHO India
- Prof. Jonathan Fox, ARC
- Shweta Marathe & Deepali Sudhindra – SATHI

Dr Chandrakant Lahariya talked about the impact of empowered local institutions clarified that while the current perception of UHC is limited to population and services coverage along with financial protection, the definition should change to UHC being about health equity and community engagement in healthcare systems and processes in the mission to leave no one behind.

Efficiency and accountability in health systems increases on including the community in effective meaningful ways such as in multi stakeholder bodies for governance. Referring to the SATHI study, he stated that there is clear evidence that involvement of community and civil society organizations in participatory governance processes are the main drivers for UHC. There is a need to go into granular detail of functioning of such multi stakeholder bodies at local and national level as these learnings are crucial in the broad-based inclusive process of moving towards UHC.

Professor Jonathan Fox applied his observations collectively to the private and public health sector as the themes were cross cutting. He noted that the term "multi stakeholder engagement" is used very commonly but there needs to be clarity on their exact role and output.
Secondly, how does one determine that multi stakeholder forums (MSF) are a pathway to change or just eventual dead ends - procedural meetings that keep everyone occupied and distract us from looking for more effective pathways of change? These differences are not always apparent.

It is necessary to confront the reality that many multi stakeholder forums merely have the appearance of deliberation and representation.
Stakeholders should answer the following questions to determine the effectiveness of such fora:

1. What are the minimum conditions for MSF to be possibly meaningful?
2. In terms of participation, inclusiveness and diversity, who are the actors allowed to have a voice?
3. What are terms of access for the forum members? Do they have the resources and the access to information that they need to play their role, to take decisions and operate effectively?" Do they have a balanced deliberative process that ensures that everyone at the table gets to voice his/her opinion?
4. What do MSF have power over? Do they have the authority to act? Do they have any tangible influence over decision makers?

Professor Fox emphasized that one of the significant research findings to come out of SATHIs research on the CBMP program was the fact that when they pursued an insider outsider approach strategy, they were able to transform community spaces that existed only on paper or didn't exist at all and activate a substantial fraction of them into meaningful micro spaces. He remarked that the arc could also go the other way around where such active spaces could be captured and watered down through deliberate actions. He stressed that it was necessary to be aware of the opportunities and threats in these processes, while thinking in terms of engagement.

In the context of grievance redressal through MSF, Professor Fox noted that different accountability strategies become especially relevant when there is a pervasive conflict of interest happening when professionals attempt to regulate themselves. A key accountability strategy in such scenarios involves whistle-blower protection – The most likely way to get crucial evidence that a professional is abusing his/her authority is from other professionals, who make the best witnesses as they have the experience, credibility, the standing, exposure and can therefore provide the best proof of the truth, if they are given necessary

protection. It is therefore important to include whistle-blower protection in the GR mechanism process.

Questions and Discussion:

Professor Fox then opened the floor to questions and comments:

Ravi Duggal, senior public health researcher pointed out that accountability needs to be stringently enforced in the private health sector – as it is a market and markets are accountable to no one and have failed to be self-regulated. Commodification and commercialisation lead to malpractice, aggravated by the monopolistic behaviour. Most OECD countries have strong public financing which strongly controls the behaviour of the health service providers.

A participant from Kenya noted that universal health coverage should also cover key issues like malnutrition and dental health. He felt that there is a need to change the regulatory framework to include more accountability of the private health sector.

Regarding MSF, a participant from Uganda observed that the most important outcome should be "How does the platform produce/ influence power? What has the MSF been able to change or influence? He quoted his experience in the Netherlands, where citizens are satisfied with their health systems and are given agency to express their opinions in several ways:

1. As empowered consumers, they can rate the health system through the European Health Consumers Index and the information they provide generates more demand for services and expectations.
2. Government enforcement of both professional development schemes and hefty penalties for bad behaviour of medical professionals.
3. Naming and Faming – Appreciate what is good and positive
4. General socio-political climate and culture of ethics in that country. Sometimes, health workers are disproportionately blamed for unethical practices. But if the general culture is such that we see dishonesty or bad behaviour in other fields, it will naturally also be reflected in the healthcare sector.
5. Effective Grievance redressal forum: GMC, the tribunal, or health professional oversight authority

Dhananjay Kakade from the Open Society Foundation observed that the notion of regulation has been imported in India without giving real thought as to what it means in the Indian context. India should build a strategy while learning from completely capitalist countries

like Japan, who have regulated rates of healthcare in their country. He also added that UHC as a concept needs to be reframed in the context of proposed partnership with the private health sector

Amar Jesani pointed out that keeping the public and private sector separate in terms of accountability confers a special status on the private sector. He proposed having a single regulatory body that controls both the sectors. He also questioned how a few MSF would change the balance of power in healthcare, given that it is difficult to mobilise people on the street on issues like health.

While responding to questions, Dr Lahariya emphasized that while UHC was misunderstood for a long time, it is now being recognized and talked about in clear and tangible terms. He was trying to highlight how civil society engagement can come up with innovative ideas to regulate healthcare and improved health services – For example, the use of litigation in the Thailand National Health Assembly where civil society came together or the successful health movement by civil society organisations for increased access to HIV/AIDS drugs in South Africa in 2001

From the discussions in the session, it was clear to him that it is regulation and multiple mechanisms that ensure good governance and improvement in health services and not the public or private nature of healthcare. Netherlands has a completely publicly funded and privatised healthcare system. In Japan, hospitals cannot make profit or be listed on the Stock exchange.

In his summary, Dr Abhay Shukla observed that multi stakeholder forums are necessary but not sufficient for accountability of the healthcare sector. They are arenas of power which could be meaningful only if they could contribute to a more equal balance of power. Private health sector accountability can happen only if there is pressure from within and outside the system. While the scope of the discussion was vast, the session was able to highlight the relevance of multi – stakeholder forums in the health sector in moving towards UHC and the challenges in ensuring their relevance in the process.

Dr Shukla concluded the session by acknowledging the contributions of the panellists and the audience members and thanked everyone for their support.