

VIEWS & REVIEWS

PERSONAL VIEW

National standards of care quality would help India enable health coverage for all

The next central government should better coordinate existing state led schemes and set national care standards to encourage universal healthcare coverage, writes **Anju Aggarwal**

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With the 2014 elections now under way, the national parties have issued manifestos outlining their visions for the future of health in India.¹ Commentators have offered their own recommendations for how the next Indian government can improve health, highlighting the need for greater accountability and better quality of care, among other suggestions.^{2,3}

The details of each vision vary, but the manifestos and many commentators share one key idea—the essential role of universal health coverage. There is a clear path to improve health for the next central government that is consistent among the different party platforms and points of view: support promising state led health initiatives by better coordinating policies and introducing clear national standards for care.

I have studied Indian healthcare policy and its effect on service delivery and quality. Successful implementation of policies often depends on states' ability to manage programmes. By coordinating policies and providing strong regulatory oversight, central government can help states to implement and integrate healthcare financing and delivery initiatives effectively and efficiently.

Consider a few of India's large maternal and child care initiatives. The Ministry of Health and Family Welfare's hallmark programme, the National Rural Health Mission (NRHM), introduced Janani Shishu Suraksha Karyakram, which delivers maternal and child care at the community level and provides incentives for women to have institutional deliveries.

The Ministry of Labour and Employment funds maternal and child care, including institutional deliveries, through the country's largest government sponsored health insurance scheme, Rashtriya Swasthya Bima Yojana. And the Ministries of Rural Development and Women and Child Development are supposed to prevent prematurity and illness in mothers and children through their sanitation and nutrition work.

Efforts to coordinate schemes have yielded only partial success—for example, village health and nutrition days have

seen large variances among states. If the central government brought complementary and potentially overlapping schemes like these into alignment it could prevent duplication of effort, maximise available resources, identify opportunities for cross-policy synergies, and, ultimately, ease implementation at the state level.

The Ministry of Women and Child Development's Indira Gandhi Maritya Sahyog Yojana (IGMSY) scheme and the NRHM's Janani Suraksha Yojana (JSY) scheme offer a prime example of this potential. The first compensates for the loss of wages associated with childbirth and childcare costs and aims to ensure safe delivery and good nutrition for mothers, infants, and young children, implemented through Integrated Child Development Services. The second provides compensation for institutional deliveries. Women are eligible for both benefits, but the scale of IGMSY is limited, covering only 52 districts throughout the country; JSY is implemented in all states.

Both the ministry and the NRHM are working towards overlapping and complementary objectives: ensuring safe deliveries and the health and wellbeing of mothers and children. At present, however, the two schemes operate independently, with separate processes, workforces, and means of implementation. Yet, in addition to common goals, the schemes share target populations and implementing agencies at the grassroots level. Aligning the two would allow states to apply lessons learnt in implementing JSY to strengthen and support the growth of IGMSY and potentially minimise duplicated administration and costs associated with managing them independently.

Another opportunity for central government to improve health is through the introduction of standards. State governments have shown the ability to expand healthcare coverage through various programmes, but without clear guidelines to ensure high quality of care they have struggled to improve health outcomes.

We saw this pattern with Chiranjeevi Yojna in Gujarat. The scheme provided free deliveries to underprivileged women in private facilities. Despite an increase in the number of facility based deliveries after the programme was implemented, we have not seen a reduction in maternal mortality.⁴ By failing to provide standards for quality of care and integration of services, the central government missed an opportunity to support a promising state effort to reduce maternal mortality.

Similarly, the government can support improved quality of care by providing evidence based clinical pathways. The state of Karnataka introduced the Vajpayee Aarogyasri insurance programme to pay for tertiary care, including cancer treatments. But poor regulation and a lack of evidence based guidelines forced the state government to invest in developing clinical pathways for oncology. Coordinated effort at the central level to regulate and standardise clinical pathways would have freed the state government to focus on effective implementation of the programme rather than stretching its capacity to fill this gap.

The growing emphasis on improving health is heartening, and whichever party leads the next central government has a valuable opportunity to build on promising efforts that have struggled in implementation without abandoning them altogether.

Additional money, training, and infrastructure would all be valuable inputs to healthcare throughout India. However, most important is for central government to take full advantage of its ability to align initiatives and incentives—thanks to its central position, relatively robust budget, access to data, and specialised departments with a mandate to invest in health—to advance

guidelines for the best possible performance at every level. The new government should take on these challenges to empower states to make better use of public funding through better designed and more efficiently implemented healthcare financing and delivery programmes and public health interventions.

By focusing on coordination and oversight, the government has an unprecedented opportunity to reduce medical costs, improve provider quality, and—most importantly—prevent illness in the first place.

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