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Health system field building dimension: Cutting edge research

Research Topic: Financing for people-centred and equitable health systems

How people-centred is India's National Health Insurance Scheme (RSBY): Lessons from a study on social exclusion in Karnataka, India.

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Introduction:

The World Health Organisation recommends health systems to be people-centred if Universal Health Coverage (UHC) is to be achieved. Similarly a paradigm shift is needed in social health protection schemes towards becoming people-centred policies. To push for such an approach, is a difficult yet real challenge facing India with a population of 1.2 billion people.

In this paper, we review existing literature and our experience on the role of social exclusion in accessing national health insurance scheme (RSBY) in India, to understand how people-centered is it actually.

Methods:

Our larger study aimed at exploring social exclusion in accessing RSBY via household surveys (n=6040); stakeholder interviews (n=42); group discussions (n=23) in Karnataka, India. These findings along with literature review provided the basis for this paper. We qualitatively subjected them to four action domains of WHO's policy framework for people-centered health care, by adapting it to the scheme design and implementation.

Results:

Enrolment at doorsteps, cashless hospitalisations and accessibility across states, are few people-friendly designs. However, inequitable access to scheme determined by, socio – political factors and poor information excluded beneficiaries at different levels of implementation.

At the service provider level, beneficiaries can choose to access hospitals from either sector. However, inequitable distribution, non-inclusion of outpatient care, insufficient clinical guidelines, and regulation deprives the beneficiary from accessible and appropriate care.

Lack of partnership between RSBY and health department does not allow it to synchronise itself with existing health system. Lack of decentralisation with a 'one-size-fits-all' approach makes insurance the centre of it and not the people.

Conclusion:

A government health insurance scheme with business model for implementation and social mandate at heart makes it difficult to assess its effectiveness. With India's move towards UHC considering RSBY a potential platform, there is an urgent need for it to adapt its design and implementation with a people-centred lens.