

Notes

Task Group VIII

Technical Resources Support for the Mission

February 10, 2005

Group members:

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2. Dr. Murugan, Government of Tamil Nadu
3. Dr. A.K. Shiva Kumar, Member NAC
4. Mr. A. P. Singh, Director, MOHFW
5. Dr. Leela Visaria, GIDR Ahmedabad

The group began by taking note of the slide on Technical Support in the NHRM presentation that outlined the following:

- to be effective the Mission needs a strong component of Technical Support
- to include reorientation into public health management
- reposition existing health resource institutions
- involve NGOs as resource organisations
- improved Health Information System
- support required mostly at District and below district level. Also at state and national level
- technical support National Level and State level public health institutions need to be created in government, non government and private sector

Mr. A. P. Singh presented a “Note on the National Health System Resource Centre (NHSRC)” as a background to initiate the discussions.

The Group deliberated on the contents of the NHSRC Note. A summary of discussions is presented below:

1. The Group took note of objectives of the Centre listed in the Note. These are to:
 - create a network of institutions and individuals to improve the capacity, efficiency and outcomes of health systems through meaningful interventions at national, state, district and sub-district levels;
 - develop state of the art monitoring systems based on latest data management innovations;
 - facilitate the process if accountable service delivery, community ownership and technical innovation in health systems;
 - develop frameworks for pro-poor innovations that reduce out-of-pocket expenditure and disease burden of poor and experiment in partnership with states and districts;
 - provide appropriate implementation framework to the 18 focus States under the NHRM through a range of non-governmental partnerships, demand side financing and improved service delivery from the public health system;

- become a focal point in identification, documentation and dissemination of knowledge and experiences in health systems across countries and the Indian states;
- provide support to MOHFW in improving health outcomes through capacity development, sharing of good practices, training and orientation. The NHSRC would evolve as a single collection point for effective sharing of documents, reports, studies and general information; and
- provide evidence-based insights on wider determinants of health outcomes.

The Group, while endorsing the general thrust, felt that some more discussion would be needed on giving greater precision to some of the objectives.

The Group identified two distinct kinds of support that the Mission needed. To that extent, it may be useful to visualize two different centres with different objectives and skill-sets.

2. Programme Management Support Centre (PMSC)

The Group strongly underscored the need for professional management systems in order to improve healthcare delivery. Accordingly, the case was made for a Support Centre that would offer management advice to the Mission. Such a Centre should be headed by a person with management expertise in public systems, a strong problem-solving orientation and familiarity with the internal functioning of central and state governments especially in matters relating to financing, financial flows, procedures, audits, etc.

The PMSC should explore ways of:

- Strengthening management systems:
 - To include basic program management, financial systems, infrastructure maintenance, procurement systems, MIS, and also explore possibilities of (1) *corporatising* some functions such as drugs procurement and distribution, cold chain management, etc. (2) new contractual methods; (3) innovative real-time reporting and information systems making use of the emerging technologies; and (4) flexible mechanisms including the creation of a non-lapsable fund for health that enhance outcomes.
- Developing manpower systems:
 - To include professionalisation of staff (by recruitment of MBAs/CAs /MCAs), training and curriculum development (to revitalize existing institutions through partnerships with NGOs and other private institutions), motivation and performance appraisal etc.
- Improving governance:
 - To include new forms of audits, performance monitoring, partnership arrangements; decentralization and empowerment of communities; use of new IT based systems; and pursuance of the right to information.

3. Health Trust of India

The second resource centre to support the Mission ought to be (1) a vibrant, knowledge-institution that becomes the repository of innovations, (2) a base for encouraging experimentation and action research, (3) a pro-active agency for networking with national and international organizations, and (4) a dynamic institution that taps the best resources to monitor, evaluate and report periodically. Such a centre should provide the intellectual basis for finding creative solutions. It should serve as a mechanism for engaging the best minds to address health concerns.

The Group proposed a name for such a knowledge institution: Health Trust of India (HTI). HTI would be an independent health policy and action research centre for:

- developing knowledge systems for health – through appropriate research and documentation, epidemiological mappings, strengthening of health information systems, improved planning, monitoring and evaluation
- developing and establishing public accountability systems – by encouraging external evaluations, social audits, community based feedback mechanisms, and drawing upon the participation of NGOs and Panchayats.
- developing mechanisms for experimentation and pro-poor innovations
- reviewing and proposing appropriate health legislation
- encouraging inter- and intra-sectoral networking; and
- serving as a knowledge resource for giving shape to a long-term vision for health and for capacity building at different levels.

The Centre should also examine the scope for revitalising many of the existing health and population centres, such as the Population Resource Centres, national and state institutes of health and family welfare, etc.

The group felt that such an institution should remain outside the routine purview of the Department, and have adequate autonomy to function. The possibility of registering such a body as a non-profit Trust or Foundation should be explored.

4. The Groups deliberated briefly upon: (1) the composition of the two resource Centres, (2) the reporting relationships of the two centres to the Mission; and (3) the options for funding, and (4) accountability of the resource centres.
5. It was felt that the group ought to be expanded with the induction of others; and a more detailed Note is prepared for consideration.
6. Mr. Hota endorsed the ideas and expressed the view that the deadline of February 28 need not apply to this Group. Details and modalities could be worked out over the next 2-3 months.