BioSpectrum
the business of Bi
24 years of leveraging the business of Bio
www.biospectrumindia.co

IIT M Research shows benefits of UHC Project in Tamil Nadu

16 April 2018 | News

UHC pilot in Three Rural Blocks brought about substantial fall in out-of-pocket expenditure among those seeking OP care from both public and private providers



An Indian Institute of Technology Madras Research has shown that Universal Health Care (UHC) Pilot Project in three rural blocks of Tamil Nadu brought about a “Significant Change” in improving access to primary care at sub-centre level.

The study also showed that the UHC pilot brought about a dramatic fall in the overall dependence on private providers, particularly those seeking care from private hospitals. It also brought about a substantial fall in the out of pocket expenditure among those seeking OP care from both public and private providers.

The study, titled 'Universal Health Coverage-Pilot in Tamil Nadu: Has it delivered what was expected?' - was undertaken by Centre for Technology and Policy, Department of Humanities and Social Sciences, IIT Madras. It has been submitted to the Department of Health and Family Welfare, Government of Tamil Nadu.

The UHC-pilot was launched in early 2017 in Tamil Nadu in Shoolagiri Block (of Krishnagiri HUD), Viralimalai Block (of Pudukkottai HUD) and Veppur Block (of Perambalur HUD). Strengthening the primary health care service was the first step in the design and rolling out of UHC-pilot. As a result, Health Sub-Centres (HSCs), which are the closest delivery points to the community have logically become the building blocks of the UHC in Tamil Nadu.

After the implementation of UHC Pilot, the HSCs now account for 17.8% of all OPs in Shoolagiri Block, 14.8% in Viralimalai Block, and 23.1% in Veppur Block, respectively; in all three blocks, HSCs accounted for less than 1% of all OPs during pre-UHC pilot.

The share of private hospitals for OP (out-patient) care have dropped significantly during pre-UHC pilot period (2015-16) and post-UHC pilot period (Dec.2017): from 51% to 21% in Shoolagiri block; from 47.8% to 24.2% in Viralimalai Block; from 40.9% to 23.9% in Veppur Block;

Speaking about the Research Project, Prof V.R. Muraleedharan, Department of Humanities and Social Sciences, IIT Madras, said, “To the best of my knowledge about health sector in India, this is perhaps the first time we have a robust survey on both household health seeeking behaviour and facility based utilization before and after intervention any public health intervention”.

This report attempted to answer the following two questions:

1. To what extent the UHC pilot has effectively improved access to HSCs and reduced OOPE for primary care in the community; and
2. To what extent and how well the UHC piloting in the State covers the scope of the proposed components/services of Health and Wellness Centres by GoI?

Prof Muraleedharan said, "The report provides unambiguous evidence in support of increased access to HSCs, diversion of patients from higher level public facilities, diversion of patients from private hospitals, significant reduction in OOPE for patients seeking care from both public and private facilities, and significantly lower cost of provision of OP care per visit in pilot HSCs, than when they are provided at higher levels of public facilities.”

The Report further states: "With careful nurturing (by way of good training programmes) without hurrying the VHNs to “perform” and “show” results, by allowing them to mature over time, along with careful efforts to “integrate HSCs with PHC/CHC” as is already happening with the “hub and spoke” model being used for laboratory tests (between PHCs and CHCs), and complementary human resources, with strict enforcement of population norms (in order that VHNs do not get overwhelmed with excessive load), the current VHN based UHC pilot for providing comprehensive primary care services as envisaged by GoI through Health and Wellness Centres (HWCs) , is likely to become a reality. There are clear signs of commitment at all levels, bureaucratic and political. We need more time to pursue the pilot and also to scale progressively. Access and financial burden on the poor for primary care need immediate attention."

“Evidently, it makes sense therefore to scale up this UHC pilot, as it is cost effecive, and makes public primary health care delivery system more efficient. The amount saved could well be spent on further strengthening public healthcare delivery system,” report adds.

The Project Team Members are Prof V.R. Muraleedharan and Prof Umakant Dash, Department of Humanities and Social Sciences, IIT Madras, S.D. Vaishnavi (SHReAs, Chennai), Rajesh M, R. Gopinath, M. Hariharan, R. Babu, P. Balamurgan, A. Emaya Varaman, S. Arul Kumar, A. Mariyan Devan and Contributors: Elna James Kattoor and Sudha Rani D.