



# HEALTH CARE SUMMIT

## Bangalore, Karnataka

*Karnataka moving towards Universal Health Coverage*

**Dr. Rathan Kelkar**

**Mission Director (NHM)**

**Executive Director, Suvarna Arogya Suraksha Trust (SAST)**

**Department of Health and Family Welfare  
Government of Karnataka**

# Outline

Universal Health Coverage: Background & Challenges

Karnataka's efforts towards UHC

Benefits of convergence

Progress of convergence from Karnataka

NHPS as a path towards UHC

Karnataka's preparedness towards NHPS

Conclusion

# Universal Health Coverage - Background

# Universal Health Coverage

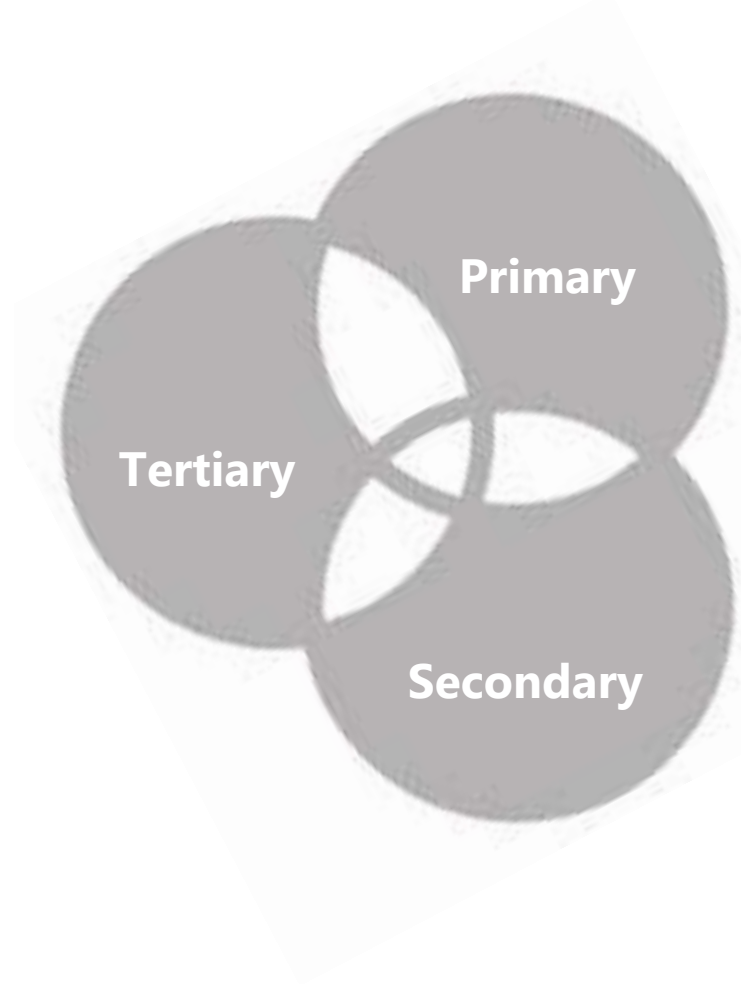
UHC embodies three objectives –



1. **Equity in access to health services**, i.e., everyone who needs services should get them and not just those who can afford them
2. The **quality of health services must be good** enough to improve the health of those receiving the services and
3. People should be **protected against financial risk**, thus ensuring that cost of availing these services does not put them at risk of financial harm

# Karnataka's Efforts towards UHC

**Karnataka covers more than 90% of its population (APL and BPL) in tertiary care**



National Health Mission, Karnataka augments health department primary health care

Secondary healthcare Health department and also mix of schemes state and central

# Mode of Healthcare Delivery

Tertiary care schemes **implemented by Karnataka in assurance mode** as opposed to insurance mode

The **scheme implemented for BPL families was commended by the World Bank** which found a reduction of up to 64% in out of pocket expenses

Karnataka is a **key player at the Government of India level to showcase the assurance model**

The assurance mode of healthcare delivery was **also recognised by the Parliament Departmental Related Standing Committee on Labour** as a “less expensive model”



# Convergence of Schemes in Karnataka

# Benefits of Convergence

**Measures are currently being taken to converge all schemes**, initially to one implementing agency to set the process under the umbrella of UHC

**The benefits are –**

- 1. Cost effectiveness by prevention of duplication of beneficiaries across schemes**
  - 2. Continuity of care to all**
  - 3. Increased awareness and decreased confusion among beneficiaries**
  - 4. Rationalised and regulated healthcare by the State**
- Convergence would lead to more than 2000+ procedures (1500+ Secondary and 663-tertiary) covering beneficiaries across the state



# Progress of convergence in Karnataka

*Ras...* was transferred to SAST (April, 2016) from labour

Most recently, *Yeshasvini Scheme* will be implemented through SAST (June, 2017) from Co-operative Dept

RBSK, GOI scheme for secondary shifted to SAST from Co-operative Dept

Jyothi Sanjeevini Scheme tertiary care for Government employees of DPAR initiated through SAST since 2015

Implementing agencies for *ESIS and CGHS* have also approached SAST to take up implementation

- Karnataka through SAST contributed in the design of *National Health Protection Scheme (NHPS)*

- In due course schemes of police dept, scheduled castes and scheduled tribes, women and child development labour department construction workers may also be converged

# Health Financing through Convergence

Schemes (Secondary +Tertiary) / Amount (crores)	Funding available (crores)
Yeshaswini	200
DPAR (employee reimbursement)	90
CM relief fund	200
SAST - VAS (330); RAB (15); JSS (25); MSHS (14); RSBY (183); Indira SurakshaYojana (3)	570
NHM-RBSK	23
NHM- JananiSuraksha Yojana (78); Blindness control (7); Deafness-control (4)	89
Total funds available	1172
Funds needed in Year 1 of convergence	761
Funding gap Year 1	NIL

Table 1: Projection of resources to be available to the state through converging health schemes

# NHPS as a path towards UHC: Karnataka's preparedness

# NHPS as a path towards UHC

Karnataka believes that National Health Protection Scheme (NHPS) can be a powerful tool for UHC

- Converged secondary and tertiary procedures leading to wider coverage
- Focus on quality of care
- Improved and wider choices to beneficiaries in terms of hospital networks
- Coordinated stakeholder participation
- Ease in accessibility of scheme e.g. enrolment process have been strengthened
- Financial sustainability under the scheme

Portability and access across states with strengthened IT infrastructure

# Karnataka's preparedness towards NHPS



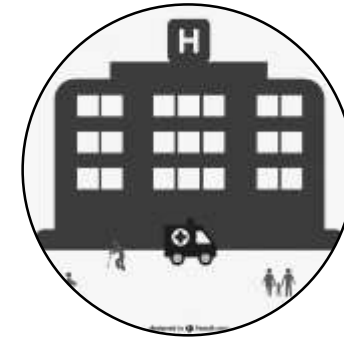
## Hospital:

- Empanelment process prepared
- Package enhanced
- Adhaar linkage set up



## Beneficiary:

- Field verification piloted
- IEC strategy designed



## Policy:

- Financial sustainability model
- Creation of knowledge network
- M&E framework set up

***Multi prong  
preparedness***

# Hospital related preparedness

- SAST has been designated as the State Health Authority under NHPS
- SAST has prepared the MOU for NHPS and set up a system for auto-empanelment of hospitals
- Empanelment strategy designed to be completed 3 months before launch of scheme in the state
- SAST has made aadhaar numbers preferred for all its schemes at the thus piloting a feature embedded under NHPS
- SAST provided all its package rates to GOI at the time of NHPS policy design.

# Beneficiary related preparedness

- **SAST has conducted pilot test the field validation system under NHPS and validated around 3132 households**
- ***Functional Testing of the mobile application***
- ***Process Testing- To test the process/workflow of the activity***
- ***User Management- Ability for authorized users to access the mobile application***
- ***Download the SECC data- Ability to get the base data on which the validation exercise will be performed.***
- ***To firm-up the training requirements for go-live***
- ***To firm up the specifications of the tablet and internet bandwidth for go-live***



# Beneficiary related preparedness

- covered under any scheme currently
- Android tablets to be used in capturing such data at state level in co-ordination with Centre for E-governance
- SAST to implement NHPS under assurance mode
- IEC related activities such as - Arogya Jagriti Abhiyan; regular meetings with Asha workers & strengthening field level participation



# Policy level preparedness

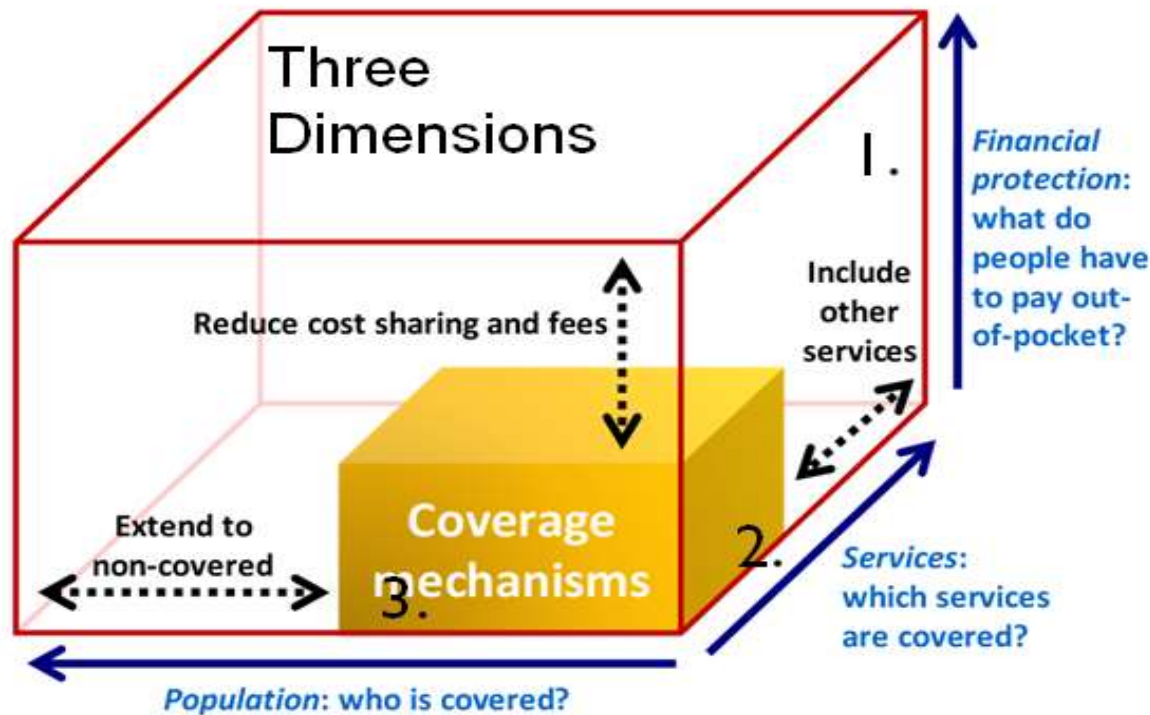
- Health department has sought supplementary funds from the state government for NHPS implementation
- State government has approved the convergence and UHC plan as stated in Chief Minister's Budget Speech
- At the state level, SAST continues to advocate for policy and legal changes e.g. by suggesting amendments to KPME Act in the state mandating participation private institutions under Government schemes both state and central

# Policy level preparedness

- Through the All India JLN platform, SAST actively participates in sharing best practices and learnings
- Additionally, SAST will be a knowledge hub to share best practices from its transition into NHPS for other states
- SAST to use its existing network of agencies/universities to conduct M&E
- SAST's prior experience in third party monitoring, impact evaluation would remain useful for NHPS
- SAST will begin small scale operations research on its own & use its external resources/networks for big evaluation

# Conclusion: Karnataka's path towards UHC

***"Moving towards UHC is a process of progressive realization"***



State's integrated focus on:

- i. *Population-* focussing on increasing coverage & those excluded; NHPS enrolment captures exclusions
- i. *Healthcare service-* PPP arrangements with hospitals & focus on quality of care
- i. *Cost-* focus on convergence & financial pooling

THANK YOU

# GOAL 3

A graphic featuring a red heart with a white heartbeat line passing through it, set against a green background. The heart is filled with a textured, brush-stroke-like pattern. The heartbeat line is drawn in white and has a slight shadow effect.

ENSURE HEALTHY LIVES AND  
PROMOTE WELL-BEING FOR ALL AT ALL AGES