

COLLABORATIVE GOVERNANCE FOR SUSTAINABLE DEVELOPMENT OF HEALTH AND WELL-BEING: ISSUES AND PERSPECTIVES

Potential Pathway to Reinforce Local Governance for Health
Care System Reform to Support Quality of Life



Volume: I



आरोग्यम् सुखसम्पदा

राष्ट्रीय स्वास्थ्य एवं परिवार कल्याण संस्थान

The National Institute of Health and Family Welfare

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COLLABORATIVE GOVERNANCE FOR SUSTAINABLE DEVELOPMENT OF HEALTH AND WELL-BEING: ISSUES AND PERSPECTIVES

Volume: I



Editors

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Preface

India, like other nations face multiple health and related challenges like poverty, corruption, natural calamities, etc. which need to be handled effectively and urgently. Over the years it has become clear that traditional modes of governance are not capable of dealing them effectively and confidence in the capacity of the government to meet these challenges is diminishing. To respond towards the growing needs, for government to address these problems centering on Sustainable Development, new configuration of governance such as Collaborative Governance has been idealized. A more collaborative style of governance plays an important role in achieving Sustainable Development Goals (SDGs) in the progress of any nation. Among many countries a move towards a more collaborative style of governance has played an important role in the nation's progress. Appropriate approaches to policymaking and public management are required for the implementation of Collaborative Governance structures that brings public and private stakeholders together in collective forums of decision-making and implementation of programmes.

Collaborative Governance visualizes coordinating and integrating the goals and interests of multiple stakeholders. It involves a complex decision-making process in political, social, health and economic matters. It considers the processes and structure of public policy decision-making and management that include constructive partnership among the state, the private sector, civil society, and ordinary citizens. It advises engaging all levels of government to carry out a public demand that could not otherwise be accomplished. Collaborative governance is a tool used to resolve conflicts and facilitate cooperation among different government agencies, interest groups and communities. It encompasses reconstruction of democracy along the idea of giving voice to people. It believes to comprehend an idea that comes close to the principles of deliberative democracy along with the idea of giving voice to non-state actors, in which citizen-centered governments implement governance systems with great levels of transparency, accountability, and legitimacy.

Hitherto, there is a prerequisite to review & assess the current collaboration and suggest strategies to overcome the problems faced by stakeholders for inter-sectoral/multi-sectoral agreements for health. Further, the way India with its unique diversity of problems & issues develop Sustainable Development strategies for achieving optimum quality of health will be a preeminent model for replication by other countries with similar setting and development. For making such deliberations meaningful and coherent, the NIHFWS is publishing a special Edition Book entitled "Collaborative Governance for Sustainable Development of Health and Well-Being: Issues and Perspectives". Articles were invited on the dimension of Inter-sectoral and Multi-sectoral coordination for health and the same is compiled as book. Each article provides multiple perspectives on how to attain health and wellbeing in short term and long-term measures with an ultimate aim depending on supportive enabling development context, where public goods and resources are defended and channeled for optimum qualitative life and wellbeing and developing a prosperous society. Hitherto, there is a prerequisite to review & assess the current collaboration and suggest strategies to overcome the problems faced by stakeholders for inter-sectoral/multi-sectoral agreements for health. With collaborative strategic action we can seize opportunity with our existing resources and able to fulfill our commitments of the SDGs 2030 agenda at the earliest and this book is one small step towards it.

Harshad P. Thakur
Director, NIHFWS

About the Editors



Harshad P. Thakur

Dr. Harshad Thakur has completed his MBBS and MD (Preventive and Social Medicine - PSM) from Seth GS Medical College and KEM Hospital, Mumbai. Currently he is working as Director at the National Institute of Health and Family Welfare (NIHFW), New Delhi since October 2019. He also worked in PSM Dept. at KEM hospital for almost 7 years where he was Lecturer from 1993 and later on Associate Professor till October 2000. He has been working with the School of Health Systems Studies, Tata Institute of Social Sciences (TISS) for the last 20 years. He joined TISS during 2000 as Associate Professor and became Professor in 2008.

Dr. A. M. Elizabeth has a Doctoral degree in Anthropology (University of Delhi), M.Sc., M.Phil. (Anthropology), M.A. (Sociology) and Diploma in Nutrition and Health Education. She has been working as Research Officer in the Department of Social Sciences at NIHFW. For more than two decades she has been involved in many public health research studies and evaluation of the National Programmes conducted at NIHFW. She is also involved in developing many Educational and training courses like Master in Public Health (MPH), NGOs in Health care, Elderly Health care, Health system research etc. She has published books and scientific articles in various national and international journals.



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**COLLABORATIVE GOVERNANCE FOR SUSTAINABLE
DEVELOPMENT OF HEALTH AND WELL-BEING:
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Introduction

In India, the health system across the states portrays a complex and wicked nature of problems often lacking the capacity to respond to them meaningfully. High infant and child mortality, maternal mortality, ageing population, rapid urbanization, migration, changing food and livelihood pattern, traditionally and culturally deepening social and economic inequalities, deficiency or poor health infrastructure has generated a host of new health challenges and landscapes of need. Added to this is the growing burden of chronic, lifelong diseases (HIV and non-communicable diseases), new emerging communicable diseases like Dengue, Chicken Guinea, Covid-19, SARS, Swine Flu, other local emerging diseases, mental illness, violent injuries consistently challenging the efficiency of the country's health care system in providing optimum quality of health care services for its citizen. Over the decades, new philosophy of service provision such as people-centric integrated models of care and services, community-grounded service delivery, social accountability and transparency, quality improvement, public-private partnerships, e-health technology, health financing for individual and family, etc. have steered pragmatic approaches and practical mechanisms.

To accommodate the above pioneering inventive and calibrate qualitative health services in the remote rural and disadvantaged urban areas, the Govt. of India introduced the National Rural Health Mission NRHM (2005) and National Urban Health Mission, which now subsumed and adapted to National Health Mission (NHM-2017). All these programmes are designed to achieve the international benchmark of Millennium Development Goals (MDGs) set for the country. The MDGs focused on addressing specific diseases and symptoms that contributed to fragmentation and consequent inefficiencies in the health system. WHO estimates that nearly 20-40 per cent of all the health resources are wasted due to suboptimal human resource management, inappropriate and unnecessary use of drugs, medical technology and diagnostics, and diversion of resources to low priority areas and activities. Such fragmentation is not only within the health sector, there has been an inadequate focus on working closely with other sectors that have an impact on health such as nutrition, water and sanitation, school education, and environment, to name a few. Now the whole world, particularly the developing countries including India focuses to ensure the momentum spawned by the MDGs be carried forward beyond 2015 by focusing on Sustainable Development Goals (SDGs) by 2030 with the aim of "no one is left behind and everyone is a partner in development".

Thus, the SDGs are about five Ps: People, Place, Prosperity, Peace and Partnership.

The SDG of health (SDG-3) anticipates immense synergy across sectors to address the bio-socio, economic and environmental inequalities for optimum quality of life. SDG-3 visualizes collaborative governance as a source of action to shape public policy, crafting public decision, management, and engage people constructively across the precinct of public agencies, level of government, and/or the public, private and civic sphere for greater achievement. India's recent development agenda is a reflection of SDG. The adorable phrase enunciated by the Prime Minister "*Sabka Saath Sabka Vikas*" translated as "Collective Effort, Inclusive Development" forms the foundation of the new national development agenda. Hence, it foresees collaboration for health with other departments for achieving quality of life. It acknowledged the desirable that each sector should consider the Health dimension in their public policy and program strategies with utmost priority. Documented evidence on the intersectoral and multisectoral cooperation for health showed that collaboration was facilitated by authorizing directives and reinforcement from above. It is challenging to ponder which one amongst will facilitates to build up a flexible health system, capable of adapting the universal health approach. The previous experiences and lessons always struggle to unearth ways accelerative on how to achieve collaborative action within regional health systems to address an unmet prerequisite for health transformation. As there is no standardized procedure for engineering health care system between various actors of the health system; therefore, specific regional-based strategies need to be designed for the region, district, state and country based on the level-based research and solution-based collaboration with a profound understanding of the local needs and resources meant for collaboration.

Although, significant achievement has occurred within the public health; yet it is raveled by the decline in demographic indicators and increase in life expectancy. But, ranking people's health and grading the health care system across the states express disengagement between the complexity as well as the nature of problems and the competence to address them meaningfully. The health outcomes still continue to be gloomy as compared with other countries with a similar economic stage of development. The individuals who are deprived mostly bear a disproportionate burden of death and disability. India ranks 130th among 189 countries in the latest Human Development Index report. The ranking of India's quality of life is 49 out of 66 with quality of life index of

121.61, health care ratio is 68.04, and the cost of living index is 23.81. (Human Development report 2019). Progress has been made with new commitments under the NRHM/NHM by the Central and State governments to correct some of the inequities and gaps in health care. Further, there is overlapping of programmes and financing by each state and centre in their attempt for new initiatives intended to bridge the gap of health inequities. However, the health system has to be reconfigured if the commitments under Sustainable Development (SD) of Health are to provide optimum benefits to the people. Studies on intersectoral coordination for health identified challenges like lack of clear directives and institutional support for collaboration, obstacles to monitoring, interdepartmental administrative challenges, and differing perspectives on strategy among district leaders, community resistance, and intervention over-commitment. There have been struggles to find the way forward on how to achieve collaborative action within the local health systems with specific local-based strategies considering regional disparities for health transformation. Despite the expansion of health system capacities, states and union territories are at different levels of achievements.

India's development agenda along with the National Health Programmes and other socio-economic sector development programmes have contributed immensely towards the evolution and expansion of health system capacities and progression of its people. But states and union territories are at a different stages of economic, socio-democratic, political and health achievements. Thus, to transform policy and programme into result-oriented achievable action for strengthening SD of Health and wellbeing; Gol and the state need to deliberate and consider several essential but critical aspects of collaboration in all dimensions to address the socio-economic, health inequalities like

- How to integrate the SD for health agenda into the existing health and other non-health policies, programmes and plans?
- What additional strategies and resources would be required within and outside the health sector for coordination, cooperation for collective impact?
- How could be the needed additional resources be pooled and mobilized for collaboration for health between different sectors?
- How to conglomerate, integrate and converge schemes and services, implement and monitor progress on different targets under intersectoral and multisectoral collaboration?

- How to establish Centre-State and Regional level intersectoral and multisectoral coordination mechanism for transition and managing the change for sustainability and promoting health?

SD of Health though challenging, offers a great opportunity not only to transform health but also provides a platform for convergence of activities between other sectors for achieving the improved quality of life under resource crisis. Further, besides addressing differences for intersectoral coordination, Governments continue to develop their sectoral actions and their intersectoral coordination to address the health issues and challenges but broader efforts need to be made to transform policy and programme into result-oriented achievable action. Hitherto, there is a need to review and assess the current collaboration and suggest strategies to overcome the problems faced by the stakeholders for intersectoral/multisectoral agreements for health.

In line with the global attempt to achieve sustainable development of health, India also set time-bound 13 targets for various health indicators by linkage of Ministry of Health and Family Welfare with 19 different Ministries/Departments through centrally-sponsored schemes. Since health is the responsibility of all the Government departments, there is a need for a 'sub-department of health' in all the Ministries for health impact assessment of the policies/initiatives of these Ministries right from the conceptual stages. The rising interest in health system strengthening provides an opportunity to discuss intersectoral/multisectoral collaborations especially for the universal Health approach in the prevention, promotion, curative and rehabilitative aspects for quality health. Over the years, lots of research initiatives have been undertaken to understand the dynamics of intersectoral and multisectoral collaboration in the country. There are convincing health system shortcomings decked in the literature such as lack of awareness, lack of access, human resource crisis, affordability, and lack of accountability. Further, among the different ministries and departments, there is a lack of trust, mutual respect, and clear-cut specified division of roles and responsibilities adversely affecting the concept of collaboration. These challenges that have an impact on the quality of health issues can be overcome through a sustainable collaboration which was considered as a potential solution. However, there is limited documented evaluation of collaborations for health which makes it difficult to consider which one amongst will aid to build up a flexible health system, capable of adapting the universal health approach. Further, there is no standardized health care system between various players of the health system. Therefore,

specific local-based strategies need to be designed for the region, district, state and country based on the different level-based research and solution-based collaboration strategies. Hence, it is essential for any collaborative approach, to have a profound understanding of the regional needs and regional probability for collaboration. Multiple collaboration with inter-ministerial health task force and level-based collaborations comprising individuals like health professionals at various levels and community people for integrated surveillance and monitoring, accountability, and integrated local-focused research for addressing crucial issues, will lead to a more resilient health system. In addition, there is a need for further studies on the system and contextual factors responsible for health care strategies before implementation to make it more worthwhile.

Further, the way India with its diversity of problems and issues develop SD strategies for achieving optimum quality of health, will be the best model for replication by other countries with a similar settings. For making such deliberations meaningful and coherent, the NIHFW is planning to publish a series of theme-based books on “Collaborative Governance for Sustainable Development of Health and Well-Being: Issues and Perspectives”. The objective of the book is to discuss and deliberate on the Current Status of Collaborative Governance for Sustainable Development of Health and Well-being: Issues and Perspectives under various health-associated developmental initiatives. This will pave the way to achieve holistic development and quality of life. The book attempts to (i) discuss and deliberate the current status of collaborative governance in different health programmes, the magnitude of collaboration and developmental initiatives undertaken to address the health inequity for quality of health care; (ii) identify the priority issues and challenges relating to collaborative governance for health to the attainment of sustainable development goals and beyond; (iii) develop a future strategic plan of action for collaborative agreement by addressing the existing gaps within local health systems; and (iv) recommend a future course of action.

With this perspective, a workshop was organized at NIHFW in January 2020 involving researchers, academicians, and administrators working in diverse fields from various Delhi-based institutions of national importance and from NIHFW. Brainstorming exercise in the workshop led to finalization of six key thematic areas viz. (1) Intersectoral and Multisectoral Coordination for Health, (2) Intersectoral Coordination for Environmental Challenges and People’s Health, (3) Socio-Economic

Policy Perceptive in Public Health, (4) Health Communication, (5) Alternative Medicine and Health and (6) Role of Private Sector and Non-Governmental Organization in Health. Thereafter, a meeting of the core member of experts was organized at NIHFW to finalize the themes and subthemes. The ambition and emphasis of the workshop and core group meeting were to organize a National Conference titled “Collaborative Governance for Sustainable Development of Health and Wellbeing: Issues and Perspectives” in the month of November 2020. However, due to the COVID-19 pandemic and the subsequent lockdown in March 2020 resulting in the restriction of public gathering; it was decided to invite articles from researchers, academicians, and administrators working in the relevant areas. As an initiative, it was decided to invite articles for the current book giving due emphases on the Theme-1 i.e. “Intersectoral and Multisectoral Coordination for Health” with the sub-themes: Reproductive and Child Health, Non-Communicable Diseases, Adolescent and Youth Health, Health of Vulnerable Populations– Tribal and Elderly, Migration and Public Health Challenges, Private Sector and Public-Private Partnership in Health and Health Financing, e-Health Technology, etc.

The authors were academicians and researchers from India and neighboring countries belonging to various Universities, Medical Colleges, National and Regional Health Research institutions, Health Professionals and Administrators, Policy-makers and Planners, NGO professionals working in the field of health and development. Each author alone or with co-authorship wrote an article on the given thematic areas of their interest. Each article submitted by the author has been reviewed by external experts to maintain the quality for publishing. The reviewers' comments received against each article were intimated to the author for required modification and changes. The revised and modified articles were compiled sub-thematically for publication in the book.

‘Health and wellbeing’ is a very important element of the citizens who are supposed to make their respective countries and world peaceful, livable, and positive. To lead the world, they have to remain healthy to feel, think, interact and constructively contribute towards the society's welfare. To achieve this, a lot of emphasis is given on health in Sustainable Development Goals (SDGs) through collaboration with other sectors. Although health requirements are universal, the health needs of each category like reproductive women, child, adolescent, elderly, tribal, and marginalized rural and urban population are very much diversified with inter-linkage and overarching. Thus, each group of people needs specially crafted attention because of their uniqueness of physical and

mental health status and requirement. Population "wellbeing" is the key to the future of the developed society in the world. In our country, the population faces a lot of health-related problems such as communicable and non-communicable diseases, malnutrition and mental problems, accidents, injuries, substance abuse, alcoholism and smoking, and sexually transmitted diseases, etc. A lot of programmes are run internationally to achieve the optimum health and wellbeing; and WHO and United Nations task forces and commissions determine the indicators of developments in the health and wellbeing of people. To make each programme successful, there is a need for multisectoral collaboration and intersectoral coordination to achieve the health and wellbeing of people. In India, many programmes are run at the national, state, and district levels to achieve qualitative health. At the national level, the Government of India initiated programmes like RCH, ICDS, immunization programme, ARSH (Adolescent's Reproductive and Sexual Health), and RKSK (*Rashtriya Kishor Swasthya Karyakram*), NPHCE, NHM, e-Health Technology, etc. Although it brought out some successful results, many problems remained unmoved. The shortfalls were found to be at the governance level. Delayed recruitment, lack of skill-building through training, lack of community involvement, and lack of elected representative participation in the programmes are some of the reasons for non-performance or poor achievement of the programmes. At the same time, there are small programmes that are successfully handling the issues related to maternal and child health, adolescent health and their wellbeing, etc. Multiple partners such as various ministries, academic institutions, administrators, workers at grassroots levels, media houses, and corporate giants need to be equally interested and involved in making the government programmes successful. There has to be coordination and understanding between the sectors in handling a particular aspect of the programme, such as conducting regular meetings, training, resource sharing, and also taking joint responsibility for the success as well as failures. Applying the successful models in other parts of the country with needed flexibility is also to be considered. Convergence of RCH and ICDS services for maternal and child health issues and tobacco control are such programmes which are often considered as successful programmes due to its inter-sectoral coordination and multi-sectoral approach. In this special issue, out of the total twenty-four articles; four are related to reproductive and child health, five related to non-communicable diseases, three related to adolescent health, four related to Tribal health, four related to elderly health, one each is related to migration and health, public-private partnership for health, health financing and application of machine learning technique in

public health research. All these articles are compiled into two volumes i.e. Volume I & volume II. The volume-I contains sub-themes reproductive and child health, non-communicable diseases and adolescent health. The volume-II contains sub-themes Tribal health, elderly health and migration, public-private partnership, health financing and application of machine learning technique in public health. Further, these articles are dealing with the health problems of diverse groups in our country as well as worldwide. The role of multi-sectoral and inter-sectoral coordination is discussed in detail in these chapters for the health and wellbeing of people. It is hoped that these chapters would be helpful to the policymakers at any level in future for designing or implementing the policy for the health and well-being across the country as well as especially the states.

Members
Editorial Board

COLLABORATIVE GOVERNANCE FOR SUSTAINABLE DEVELOPMENT OF HEALTH AND WELL-BEING: ISSUES AND PERSPECTIVES

This Book is published as a part of the special book series on public health in India. In this special book, the issues discussed are about the ways of Collaborative Governance for Sustainable Development of Health. It focuses on Inter-Sectoral and Multi-Sectoral Coordination on Reproductive and Child Health, Non-Communicable Diseases, Adolescent and Youth Health, Tribal and Elderly Health. It also discusses the other aspects related to health such as Migration, Public Private Partnership, Health Financing, and Artificial Intelligence and Health. Each chapter of the book discusses the different ways and means to improve the health outcome in the concerning areas by considering collaboration for health.



आरोग्यम् सुखसम्पदा

राष्ट्रीय स्वास्थ्य एवं परिवार कल्याण संस्थान

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ABOUT THE INSTITUTE

The National Institute of Health and Family Welfare (NIHFW) was established in 1977 by the amalgamation of two erstwhile institutes, i.e. National Institute of Health Administration & Education (NIHAE) & the National Institute of Family Planning (NIFP). NIHFW is an autonomous institute funded by the Ministry of Health and Family Welfare, Government of India and serves as an apex technical institute to promote national health and family welfare programmes in the country through its Education and Training, Research, Evaluation, Specialized Services, Advisory and Consultancy Services.

In order to achieve these objectives, the NIHFW, apart from its regular MD/DHA & PGDPHM courses in community health administration & public health management, also conducts 45-50 in service training courses/ workshops & seminars every year which are attended by variety of health professionals from high level to grass-root level. Other activities of importance include the research and evaluation in the field of health and family welfare in collaboration with National & International agencies. The results of these evaluations are reported upon to the programme planners, administrators and health managers.

NIHFW also provides advisory and consultancy services to the Ministry of Health and Family Welfare, to the States, voluntary organizations & international agencies in matters related to Health & Family Welfare. NIHFW also provides specialized services such as clinical services for Infertility, antenatal care, adolescent and peri-menopausal causes, documentation, publication and video conferencing services as a part of its education, training and research activities.



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