Eleventh Kolkata Group Workshop
Curing India’s Health System:
Learning from Asian Experiences
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At the eleventh Kolkata Group workshop, 47 participants from different walks of life, including doctors, public health experts, policy makers, development practitioners and activists gathered to discuss the dismal state of health services in India and to learn from the experiences of other Asian countries in introducing health systems reforms.

Most importantly, it should be recognized that healthcare is a fundamental human right. Furthermore, there is an essential need for (i) an integrated approach to healthcare, with guaranteed access for all to qualified doctors trained in modern medicine, and (ii) a comprehensive understanding of healthcare that must, among other things, include the provisioning of clean water, nutrition, sanitation and waste disposal.

Sharing their experiences and lessons were health experts from Bangladesh, China and Thailand. Bangladesh has shown the importance of drawing on women’s agency through female community health workers as well as school teachers and the constructive role of NGOs. China has embarked on a massive reform of its national healthcare system, not only involving near universal coverage but also showing the possibility of rapid change given public commitment. Thailand has generated several health innovations like the universal insurance system and regular Health Assemblies for public discussion.

Single payer national health insurance must be an essential component of healthcare financing. Current financial allocations are massively inadequate. In addition, the recently introduced public subsidization of expensive hospital care (private or public), without guidance from primary care doctors, could be both wasteful and injurious to the health of patients subjected to such procedures without assessing the exact medical need. New avenues of public support such as the Rashtriya Swasthya Bima Yojana (RSBY) should be incorporated within an integrated healthcare system.

Relying on private medical care, without the availability of public health services, allows extensive exploitation of vulnerable and under-informed patients and their families, because of the asymmetric nature of healthcare knowledge. This has been noted across the world both by professional economists and by public health experts. In fact, no country in the world has achieved universal health coverage based on private healthcare only or even on private commercial health insurance.
There is an imperative need to ensure responsible behaviour by public servants in terms of presence and engagement throughout the full working hours in healthcare facilities.

Professionalism with ethics is required among doctors and other healthcare workers in a labour-intensive industry where the technical, social, and geographic attributes of health workers should match health service delivery needs. Medical education, a national subject in India, should be revamped to produce workers suited to achieving comprehensive primary healthcare.

Healthcare reform is a complex, long-term process that requires sustained leadership and attention. Arbitrary transfer of well-performing senior public servants leading the necessary reforms of healthcare jeopardizes effective long-range planning and implementation. Sustained leadership is needed.