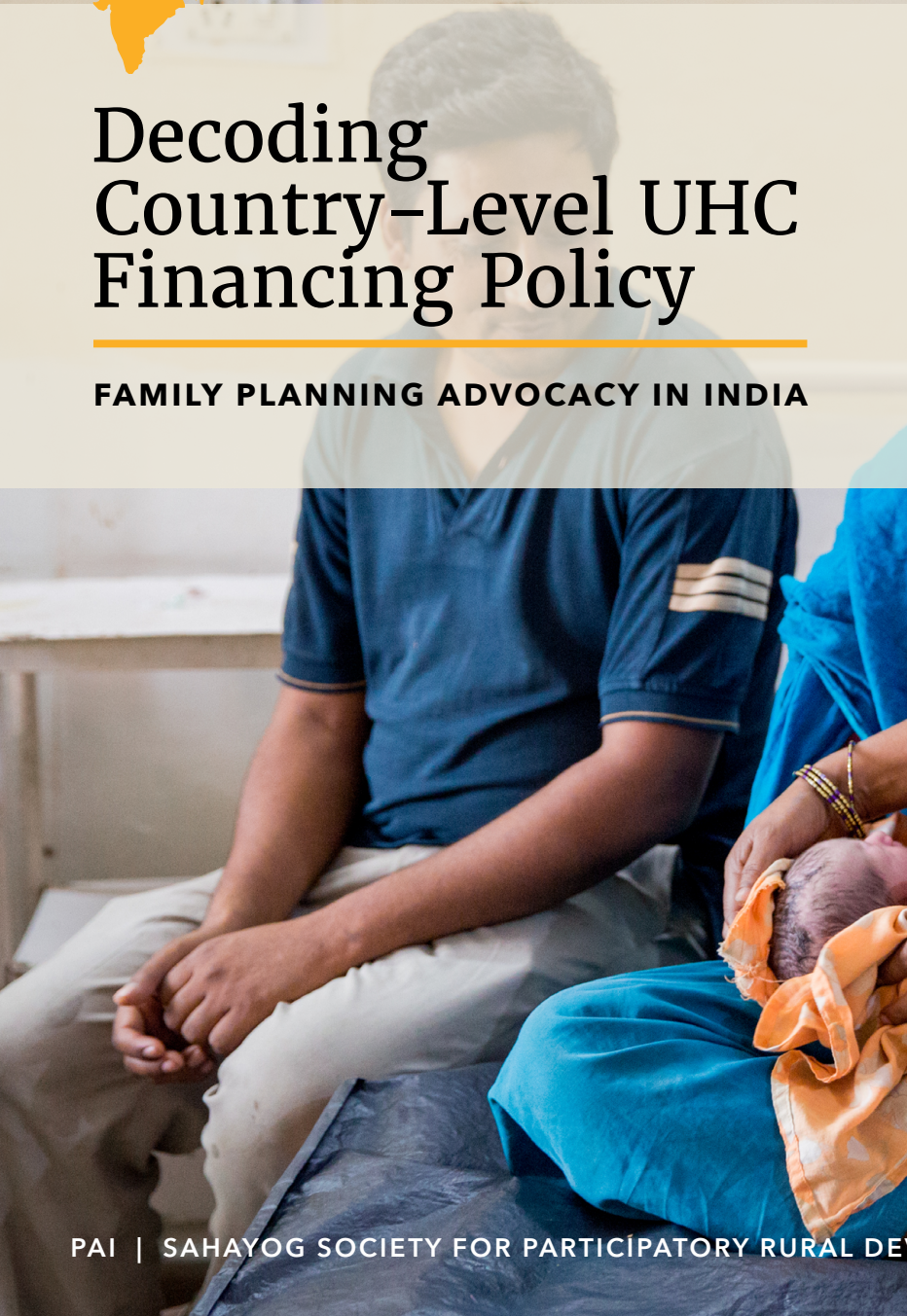




Decoding Country-Level UHC Financing Policy

FAMILY PLANNING ADVOCACY IN INDIA





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UHC ENGAGE

Universal health coverage (UHC) is the defining health goal of the sustainable development era and requires country-specific health systems and financing changes. As governments across Asia and Africa introduce UHC financing reforms centered on nationwide health insurance schemes, policymakers have the chance to design reforms that deliver for women and girls from the beginning. Through the policy process, there are advocacy entry points for sexual and reproductive health and rights (SRHR) champions from civil society to engage alongside government counterparts. Advocates can use these opportunities to ensure decision-makers develop UHC policies that are rights-based; increase the availability, affordability, acceptability, equity and quality of sexual and reproductive health services and commodities; and bolster sustainable domestic financing for family planning (FP).

With this urgent motivation, PAI launched UHC Engage, a multiyear, evidence-based advocacy project that supports SRHR champions in countries where governments are introducing UHC-oriented reforms, including Ethiopia, Ghana, India, Kenya, Uganda and Zambia. PAI is working with civil society partners to prioritize SRHR within emerging UHC policies and share learnings from these local FP advocacy efforts to inform the global UHC conversation.

DECODING COUNTRY-LEVEL UNIVERSAL HEALTH COVERAGE FINANCING POLICY

Family Planning Advocacy in India

The goal of universal health coverage (UHC) is inspiring landmark political and systemic change all over the world to guarantee access to the quality services people need — spanning preventive through palliative care — and financial protection to ensure they are not pushed into poverty by realizing their right to health care. However, the details of emerging policies at the country level are not widely available at the global and regional levels. Through the UHC Engage project, PAI and partners collaborated to develop a series of publications demystifying country-specific UHC financing policies to illustrate family planning (FP) advocacy opportunities and inform the international dialogue. As each country is in a different stage of UHC financing reform, these briefs deconstruct UHC policy processes in real time, illuminate multifaceted examples for advancing FP in UHC-oriented policies and offer insights across multiple contexts for sexual and reproductive health and rights (SRHR) advocates to strengthen global action.

In 2018, India's government launched Ayushman Bharat, the parent program of its Health and Wellness Centers (HWCs) and the world's largest public health insurance scheme, Pradhan Mantri Jan Arogya Yojana (PM-JAY). Ayushman Bharat is meant to serve as the country's health financing catalyst toward UHC, but individual states must determine their own execution strategies. One of the largest challenges of this process is that many HWCs are not yet operational, which has exacerbated FP access gaps in the public sector. To track and dismantle these implementation barriers, the civil society organization (CSO) Sahayog Society for Participatory Rural Development (SAHAYOG) has been working with key partners and government officials ranging from the community level to the national level.

India's FP Snapshot

With nearly one-fifth of the world's population and a decentralized governance structure, India faces unique challenges meeting its Family Planning 2020 (FP2020) commitments. According to its 2017 FP2020 commitment, the national government intends to increase the modern contraceptive prevalence rate (mCPR) and satisfy demand by strengthening access, choice and quality of FP services nationwide. Over the past several years, the government has prioritized expanding contraceptive method choice and the range of FP services at all levels of care, strengthening the FP supply chain, increasing the private sector's role in FP service provision and increasing domestic resources for FP.¹

Given India's decentralized government, progress varies across the 28 states and eight union territories. For example, in the state of Uttar Pradesh, there is markedly lower FP coverage of modern contraceptive methods among currently married women compared to national-level figures: 31.7% and 52.6%, respectively, indicating a need for major improvements in access to these methods.^{2,3} Despite the variance in FP demand and access across the country, contraceptive method

mix is heavily skewed toward female sterilization at 75.3%, followed by condoms at 11.7%, according to FP2020.⁴ Female sterilization has declined relative to national trends, but it continues to be the primary modern method used in Uttar Pradesh.⁵

As of 2017, the national government financed 90% of FP commodities from domestic resources.⁶ Since the announcement of the Ayushman Bharat reform, India's government has been covering the cost of FP commodities and services through HWCs — the new primary health care network — so that sexual and reproductive health (SRH) care is free in all public facilities. Alongside this broader government-financed FP coverage effort, disparate FP voucher programs that are primarily financed by donors will continue to be offered.⁷

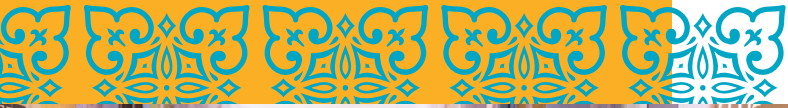
India's Commitment to UHC

One of the government's key strategies to achieve UHC is to increase domestic budgets and development assistance for health. Its 2017 National Health Policy presented the vision for a first-of-its-kind UHC scheme, which aims to provide high-quality, affordable health care without financial hardship, especially for groups at higher risk of poor health due to social, economic, political and environmental barriers. India's government has advertised that once this UHC scheme is complete, Ayushman Bharat will be the world's largest public health care program.

Currently, though, the government's spending on health is very low — in 2017, this amounted to just 27% compared with 60% paid out of pocket by the Indian people.⁸ India has one of the highest rates of out-of-pocket spending on health globally, which places an undue burden on individuals and families. Seventy-two percent of out-of-pocket health spending is on primary health care, and catastrophic out-of-pocket costs for health services push 39 million people, or 7% of the population, below the poverty threshold every year.^{9,10}

The details of emerging policies at the country level are not widely available at the global and regional levels.





Ayushman Bharat is designed to address excessive out-of-pocket spending and increase the accessibility, availability, and affordability of health services.

India's Health Financing Reform Toward UHC: Launching Ayushman Bharat

In August 2018, in a significant step toward achieving UHC in India, the government launched the Ayushman Bharat reform, which encompasses the twin pillars of PM-JAY and HWCs. Ayushman Bharat is designed to address excessive out-of-pocket spending and to increase the accessibility, availability and affordability of health services at the primary, secondary and tertiary levels of care.

PM-JAY is the public national health insurance scheme created to provide financial risk protection to individuals of low socioeconomic status and other vulnerable groups. This scheme covers hospitalization costs at secondary- and tertiary-level facilities through a network of accredited public hospitals and private health care providers. Additionally, the scheme covers three days of pre-hospitalization and 15 days of post-hospitalization expenses. The government fully funds PM-JAY and pays Rs 5 lakh (approximately \$6,990) per family annually with no caps on family size, age or gender. To share the costs of the scheme, the national government contributes 60% and state governments contribute 40%.

HWCs are envisioned as the foundation of the health system and will provide comprehensive primary health care, as well as free essential drugs and diagnostic services through the public sector. The centers are intended to deliver an expanded range of services, including FP, contraception and other SRH care. The government pays for these public sector providers, services and associated supplies.

Ayushman Bharat Policy Process

Ayushman Bharat was publicly announced overnight without a clear policy process outlined. While the scheme is coordinated from the national level, its adoption and implementation falls to the states, which raises equity concerns given that each state can implement the reform differently.

PM-JAY

In the first phase of Ayushman Bharat's implementation, PM-JAY was rolled out to those facing severe economic and health barriers. The scheme enrolled 107 million households in both rural and urban areas according to criteria in the 2011 Socio-Economic Caste Census — specifically, the bottom 40% of the most vulnerable populations. Additionally, PM-JAY automatically enrolled beneficiaries from other social safety net programs, such as Rashtriya Swasthya Bima Yojana.

HWCs

The national government has advanced a dual strategy of building new HWCs as well as converting existing primary health care and subcenter facilities in order to meet the needs of local communities. However, until recently, the national government has been primarily focused on the PM-JAY pillar of Ayushman Bharat, with insufficient attention being paid to establishing and opening HWCs. As a result, state governments are behind on implementing the HWC policy and operational guidelines and many HWCs are not yet open to deliver publicly funded primary health care. This delay in the provision of care and essential medicines, including FP, is a glaring gap for women's and girls' access.

India had initially aimed to operationalize 40,000 HWCs by March 2020, but state governments have not yet reached this national target. In Uttar Pradesh, the number of operational HWCs has remained below approved goals as of late 2019. In December 2019, approximately 2,600 HWCs were operational compared with the government-approved goal of 5,400

Not only are HWCs mandated to provide FP, contraception and other SRH services, but this care will also be offered at the community level – which includes home visits by accredited social health activists – as well as at higher-level referral sites.

COMMUNITY LEVEL

- Counseling on FP
- Provision of condoms, oral contraceptive pills and emergency contraceptives
- Follow up with patients using contraception and other reproductive care, including counseling and facilitation of safe abortion services
- Post-abortion contraceptive counseling, determination of any post-abortion complications and provision of referrals if needed

HWCs

- Insertion and removal of intrauterine devices (IUDs)
- Provision of condoms, oral contraceptive pills and emergency contraceptives
- Provision of injectable contraceptives in certain districts
- Counseling and facilitation of safe abortion services, including medical methods of abortion up to seven weeks of pregnancy
- Post-abortion contraceptive counseling, determination of any post-abortion complications and provision of referrals if needed

REFERRAL SITES

- Insertion and removal of IUDs, including postpartum IUDs
- Performance of female and male sterilization
- Provision of injectable contraceptives
- Management of all complications from SRH services
- Provision of medical abortion up to seven weeks of pregnancy and provision of referrals if needed
- Performance of manual vacuum aspiration up to eight weeks and provision of referrals to higher-level centers for cases beyond eight weeks and up to 20 weeks of pregnancy
- Treatment of incomplete, inevitable or spontaneous abortions, and management of all post-abortion complications

centers.¹¹ Considering this disparity, Ayushman Bharat has a long way to go before it is completely up and running in Uttar Pradesh.

FP Advocacy Opportunities

In India, HWCs are the primary vehicle for providing free contraception and must be opened and operationalized to ensure access to FP. SAHAYOG's FP advocacy is focused on monitoring the HWCs' progress and holding government officials accountable, particularly in Uttar Pradesh.

Currently, there are critical districts in Uttar Pradesh where most of the HWCs are not yet open, making it impossible for women and girls to receive the FP methods and services they need. This forces people to turn to the private sector for FP, where they face the cost barrier of paying out of pocket. Therefore, the advocacy priority for FP is ensuring that the state and local governments open the HWCs that will provide the vast majority of contraceptives to Indian women and girls.

This context affords several concrete advocacy entry points that CSOs like SAHAYOG are using to monitor India's UHC reform, ensure access to FP and hold the government accountable to its policy commitments.

1 Monitoring the Implementation of HWC Policy and Operational Guidelines

The HWC Policy and Operational Guidelines provide the policy framework for Indian states executing the HWC pillar of Ayushman Bharat. This includes guidance on engaging civil society and other key stakeholders to track implementation progress and the effectiveness and quality of health services. CSOs can aid government efforts to monitor the performance of HWCs and other facilities in terms of delivering the extended ranges of services; minimizing out-of-pocket expenditures; as well as providing free essential medicines, diagnostics and patient-centric care. When

civil society is consulted by district and state government officials, advocates can use the data they have collected to suggest corrective measures for improving performance, particularly with FP and contraceptive services provided at HWCs.

SAHAYOG is leading efforts to determine whether HWCs are open with two core CSO coalitions — the Mahila Swasthya Adhikar Manch (MSAM) and HealthWatch Forum (HWF) — focused on community-led monitoring and accountability. For community- and district-level advocacy, SAHAYOG is working closely with MSAM, a grassroots women's organization of over 10,000 women from marginalized communities in eight districts of Uttar Pradesh. Through the civil society forum HWF, SAHAYOG is leveraging a community lens to inform state and national UHC advocacy with grassroots evidence.

2 Engaging Local and National-Level Policymakers with HWC Evidence

SAHAYOG is using monitoring data from both government sources and civil society to track which HWCs are open to advocate for improvements in FP and contraceptive services from the community level through the national level.

Through the MSAM, SAHAYOG is training women on UHC policy, health financing and Ayushman Bharat in their communities' HWC monitoring efforts. MSAM leaders and SAHAYOG are using this evidence to inform their FP advocacy with local government officials. They are also elevating this information in their advocacy with district health officials in district forums.

To engage in advocacy at the state level, SAHAYOG is working with HWF to present evidence from five key districts to decision-makers who oversee HWC implementation across Uttar Pradesh. SAHAYOG and members of HWF will also monitor the provision of FP services at referral sites and in accredited private facilities under PM-JAY. Together with HWF, SAHAYOG is engaging in advocacy with the

national PM-JAY office to call for the availability and access to quality FP services offered above the primary health care level at both public and private PM-JAY-accredited facilities.

The Next Decade and Beyond

As SAHAYOG and its partners continue to make headway on ensuring UHC reforms in India increase access to FP, advocates are readying themselves for the long haul. Prioritizing FP in UHC financing policy reforms is only the beginning. To reach universal SRH access through UHC, major policy and programmatic changes are needed across complementary parts of the health system, including the health workforce, service delivery, supplies, governance and information systems. Civil society champions like SAHAYOG will remain pivotal to government efforts to achieve effective, sustainable change during this decade of action and following the global target date of 2030. ■

Prioritizing FP in UHC financing policy reforms is only the beginning.





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