

## Thematic Hub on

# Accountability of Private Medical Sector

Associated with COPASAH

Today despite massive growth of the private medical sector across the world, and major social evidence of the negative consequences of market failure, regulation of the private medical sector remains patchy and ineffective in most LMICs. Despite large scale dissatisfaction related to malpractices, unethical practices, overcharging, and violation of patients rights in private hospitals, movements around these issues are often non-existent or very small. Hence there is urgent need for a platform which would help develop the discourse on accountability of the private medical sector through involvement of activists and practitioners, along with facilitating exchange of experiences and perspectives.

Given this context the Thematic hub on "Patients rights and private medical sector accountability" associated with COPASAH has been initiated to develop a conceptual discourse and framework for social accountability of the private medical sector, especially keeping in view the context of South Asia. The hub seeks to promote networking among civil society organisations and networks on issues related to private health sector regulation and patient's rights, with a focus on South Asia. This note provides an overview of the Thematic Hub on Accountability of Private Medical Sector, describing some background on the private medical sector in LMICs with a focus on South Asia, followed by a brief conceptual framework for developing a social accountability approach to this sector.

### Private Medical Sector - 'All is not well' with the unregulated giant

The private sector in healthcare, and privatization of health systems are becoming important issues today in the context of most LMICs (Low and Middle Income Countries). There is also increasing concern regarding regulation of the private sector, in context of mixed systems comprising both public and private segments. As pointed out in a recent Lancet series: *'The task of those concerned with health should be to subject the private sector to scrutiny-description, analysis, and evaluation...; the evidence on which to make wise policy decisions concerning the private sector is often weak or absent. That situation must change'*.

### Performance of the private healthcare sector - Blind optimism belied by troubling reality

It is useful to recall arguments made by international institutions such as the World Bank since the early 1990s, favouring growth and increased participation of the private sector in health care. It was claimed that private services are better in terms of efficiency and quality etc. However increasing number of studies and accounts point to the myriad problems with the private medical sector. While the Oxfam report remains a landmark reference, further studies have also shown that the public sector provided better quality care than the private sector. Studies on performance of health insurance programmes and other forms of PPPs demonstrate a wide range of problems with private providers. *The pathbreaking book 'Dissenting Diagnosis' published in India based on testimonies of 78 'whistleblower' doctors has ripped the lid off myriad malpractices in the commercialised private medical sector, including unnecessary interventions, and irrational care driven by profit seeking, pharma industry-doctor*

nexus, institutionalised kickbacks, and inflated, arbitrary costs of care.

### Danger of ineffective or 'captured' regulation, imperative of social accountability

Given this context of large and often dominant private sectors within the health systems of many LMICs, the mechanisms for regulation are often weak, under-resourced, bureaucratic and inadequately effective. There are major gaps in policy design and implementation, human resource constraints, problematic organizational relationships, and major risk of 'capture' of the regulatory bodies by private interests. Regulation may be minimal, limited to addressing physical infrastructure issues, and standards may be influenced by either academic experts or the corporate healthcare industry. There is an emerging view that the *problems with regulation of the private sector are not just narrow, technical issues of poor design, rather healthcare services have certain unique features requiring special regulatory strategies compared to other services or products. In fact regulation is a socio-political process which must address issues of quality, safety, affordability, access, transparency, accountability, equity and justice.* Further the goal of universal health care provides a basis for *taking a Health systems perspective to deal with the private sector*, and the main aim of government policies must be to develop a healthcare system that ensures availability of good quality, free or highly affordable care guided by public health logic, so that this system meets the needs of the population as a whole, especially working people and marginalised populations.

Linked with such a broader socio-political and people-oriented approach to regulation *is the need to explore 'bottom-up governance', and related concepts of social*

*accountability of regulators, and social regulation, related to the entire Health care system including private medical sector. Social accountability refers to formal or informal mechanisms through which citizens and/or civil society organisations bring officials or service providers to account. 'Social regulation' refers to action-oriented approaches designed to reinvent and democratise regulation, with greater participation and accountability of the regulatory process to users and the public.*

This includes developing participatory oversight mechanisms for regulatory bodies, such as patient and citizen involvement in monitoring of enforcement of rules and regulations related to health care providers, from a patient-oriented and rights-based perspective.

### Regulation should be accountability writ large

Regulation of the private medical sector has often been looked upon as a bureaucratic function of the state, divorced from issues of patients rights, and accountability of private hospitals to patients and citizens who use health services. However *if we agree that regulation is a form of social accountability writ large, then regulators must be systematically accountable to citizens, and citizens concerns must be strongly reflected in the regulatory framework. Otherwise regulatory bodies may be captured by elites, or regulation may remain minimal or may become an additional channel for corruption.*

Given this context, we propose that *demand for protection of Patients rights could be an important fulcrum for social mobilisation related to regulation and social accountability of the private medical sector, by the health movement and civil society organisations. Along with this there is also need for working within the medical profession, and developing a voice for social responsiveness from sections of doctors interested in ethical, rational care, who may be concerned about the negative impacts of gross commercialisation on their profession.*

### Key activities planned by Thematic Hub on Accountability of the Private Medical Sector

The hub would promote networking among civil society organisations and networks on issues related to private health sector regulation and patient's rights, with a focus on South Asia. These efforts would support and

complement existing networks like the People's Health Movement. The thematic hub will engage in relevant knowledge generation through publication of papers and policy briefs. It is expected that this hub would help to orient and inform health activists and civil society members, enabling them to raise key issues related to the private healthcare sector, in the spirit of accountability and rights.

The thematic hub will work through organising global thematic webinars, networking and alliance building in South Asia, regional consultations, and capacity building of activists. Key activities would include -

- 1) Forming an e-group of the Thematic Hub, and sharing regularly about accountability of private medical sector and patients rights, especially in South Asia context.
- 2) Organising a Regional consultation on accountability of private medical sector and patients rights involving civil society activists from India, Bangladesh, Nepal and Sri Lanka, during January 2018 at Mumbai.
- 3) Organising webinars on accountability of private medical sector and patients rights, focussed on South Asia context but with relevance for various LMICs. These would have involvement of interested civil society activists and health professionals from various countries.
- 4) Developing policy briefs and widely disseminating these; sharing literature on this theme, which would be uploaded on COPASAH website.
- 5) Preparations related to the theme for the Global symposium on Health sector accountability, including organising various workshops and sessions.



SATHI, Pune - an Indian Civil society organisation is anchoring the secretariat of this thematic hub. SATHI team members may be contacted at – [sathicehat@gmail.com](mailto:sathicehat@gmail.com), [dr.abhijitmore@gmail.com](mailto:dr.abhijitmore@gmail.com)  
 Webpage: [www.copasah.net/thematic-hub-2-accountability-of-private-medical-sector.html](http://www.copasah.net/thematic-hub-2-accountability-of-private-medical-sector.html)



Contact :

**SATHI (Support for Advocacy, Training and Health Initiatives)**

Flat No. 3 & 4, Aman (E) Terrace Society, Dahanukar Colony, Kothrud, Pune- 411029, India

Phone- +91-020-25472325, 020-25473565; email- [sathicehat@gmail.com](mailto:sathicehat@gmail.com), website- [www.sathicehat.org](http://www.sathicehat.org)

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