

Executive Summary of the UGC Minor Research Project titled “Health Care Reforms in Contemporary Kerala: A Study on the Effects of National Rural Health Mission”, completed by Dr Sunitha B. Nair, Assistant Professor of Economics, Payyanur College, Payyanur.(Sanction order No: MRP (H)-0379/12-13/KLKA002 UGC-SWRO dated 23rd September 2013)

The present research is an attempt to understand select components of the National Rural Health Mission (NRHM) and evaluate them in the Kerala context from a public health perspective. The study intends to unravel the politics of neoliberal public sector programmes by showing that they advertently or inadvertently facilitate the private sector; NRHM is one among such programmes. *Arogyakeralam* is the ‘brand name’ for the NRHM activities implemented in Kerala state. The study tried to contextualise *Arogyakeralam* in the background of a series of health sector reforms in Kerala. The main objectives of the present research were to examine the role of the International Advisory Panel of NRHM and its implications on the public health system in Kerala and to critically analyse key components of *Arogyakeralam* for its effects on the health of the people and the public health system in Kerala.

The first chapter provides a brief review of literature on NRHM along with stated objectives of the research and its methodology. An analysis of NRHM from a public health perspective forms the subject matter of the second chapter. Though NRHM is projected as an innovative internally-framed policy for the betterment of health indicators of India, I argue that it is an Indian response to the directions and desires of global capital for the restructuring of the health sector of India which ultimately meets the interests of capital. It effectively is part of the second stage of the Structural Adjustment Programme. This study analyses the discussions of the International Advisory Panel (IAP) of NRHM and their recommendations so as to understand how it will affect the Indian public health system in general and Kerala in particular. Though health is a state responsibility as per the constitution of India, through NRHM, I argue that it has now been hijacked by the global players. Also, the state governments as well as local self governments are made to dance to the

tunes of these global players with the support of bureaucrats and politicians at all levels. This only spoils the spirit of decentralization where the local self governing institutions are supposed to plan and decide what should be done on local health issues. In short, the whole priority has been shifted from the people to the big corporates through the newly created “health professionals” who are trained in this new public health frame. Apart from lack of knowledge on public health ethics and principles, those who are part of the international advisory panel are either mainly governed by new public health management techniques or are business heads of the IT industry or pharmaceutical industry.

In the third chapter, I have tried to examine some of the key components of NRHM in the Kerala context to understand its appropriateness and for its implications on the health of the people as well the existing public health system. NRHM/*Arogyakeralam* proceeds with the assumption that the existing State government machinery is ineffective in bringing quality health to the people. Therefore, NRHM/*Arogyakeralam* directs the State to shift the responsibility of undertaking health concerns from the Governmental Department to that of a Society registered under charitable act. That is, it asks the State to become an NGO or an NGO to become ‘State’-like. I argue that while emphasizing on architectural correction of the existing health sector and synergization of ‘health’-allied factors for creating a better health situation, *Arogyakeralam* may, in the long run, subvert Kerala’s ‘public’ health sector into a ‘private’ health sector.

An analysis of priorities within NRHM indicates one important shift: it focuses more on non-clinical interventions based on behavioural economics or individualistic approach towards public health where ill health is often attributed to lack of health education or non hygienic practices. Yet another important observation is that while NRHM declares that it goes along with introducing a demand-based health delivery system, in practise, it imposes the interests of the neoliberal capital on the local, whether it is insurance companies, or private health delivery services. NRHM envisages converting the public health delivery system like

a private institution in the long run through the support of integrated and universal insurance scheme.

Another important change with Arogyakeralam is that it strongly stands for Public-Private Partnership in delivering health services. The paradox in such an assertion is that while on the one hand, the NRHM argues for accountability and transparency, on the other hand, by characterizing departments like CAG as inefficient and claiming that it would arrest the spread of Private Public Participation (PPP), it tacitly argues for bypassing public auditing of the whole financial management involving PPP. I add here that introducing PPP too is a major architectural correction that NRHM tacitly advocates. But through this kind of architectural correction, what will come out is nothing but the ceding of the existing public sector into the hands of the profit-making private sector. If in the 1970s, the State's concern was to improve the health of population through strengthening the health service system, by the beginning of the present millennium, the state has started considering management of health personnel and health service institutions as the major problem and all health sector reforms are directed to revamp them and ultimately cede them into the hands of private capital, whether it is hospitals, paramedical institutions, pharmaceutical companies, or insurance companies. In conclusion, a critical reading of the policies and implicit assumptions on which NRHM/Arogyakeralam is built reveal that in a short period of time, it will change the whole health delivery system. There will hardly be any public health service and even if there is any, it will be ruled by the interests of the private sector.