Objective
To gather inputs from key stakeholders about possible ways of addressing collusive behaviour in healthcare delivery in select states of India, including Chhattisgarh through appropriate regulatory intervention and subsequently improving the affordability and quality of healthcare in general and especially for the poor

Background
Access to healthcare, which has been universally recognised as a basic human need and an inalienable right, has been sought to be ensured in India through constitutional commitments. However, these commitments have not been translated into appropriate policies and effective practice as more than 50 percent of population does not have access to essential medicine in the country because of simple lack of availability or unaffordable prices. Even when there is access, quality is often suspect as poor recipients of health services often get entangled in a vicious cycle involving commercially motivated doctors, pharmacists and diagnostic clinics, who compromise on medical treatment to maximize their own revenues.

The problem with existing healthcare delivery in India is multidimensional. Inefficient use of already low levels of public financing coupled with prohibitively expensive, substandard and often unregulated private healthcare gives rise to inappropriate practices and sub-optimal outcomes. Collusion among agents in the supply chain is a serious concern. Collusive activities can range from tacit agreements between service providers at different levels, to deceptive practices to fleece ill-informed consumers by healthcare providers. There has been very little systematic documentation and compilation of evidence of such activities in India. However, information garnered from various sources points to significant involvement in collusive behaviour of all major players in the health delivery system.

These imperfections in the market for medical services (especially in the absence of proper regulatory oversight and strict enforcement) often lead to proliferation of market malpractices at various levels resulting in poor market outcomes. Such market failure calls for identification of necessary remedial action, a closer monitoring and regulation of healthcare delivery

Context
Against this background, Consumer Unity & Trust Society (CUTS) with the support of Oxfam India has initiated a project to identify collusive behaviour and other market malpractices, and advocate for appropriate (policy and regulatory) interventions for enhancing access to affordable healthcare. In cooperation with local organizers (and other stakeholders), CUTS intends to document the nature and type of these practices on the ground and their implications for the consumers. Further, it is envisaged that consumers would be better informed about prevailing collusive practices through this initiative and empowered to seek redressal through collective efforts

CUTS would be implementing this project in Chhattisgarh jointly with SUTRA – involving a participatory approach by engaging key stakeholders from the state, to arrive at a consensus on the way forward for addressing collusive and deceptive practices in healthcare delivery in the interest of consumers

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DRAFT PROGRAMME AGENDA

0930 - 1000  Registration & Tea

1000 - 1030  Welcome & Introduction
Sutra Consulting
CUTS International

1030 - 1130  Session 1: Introduction to project
CUTS International
Floor Discussion

1130 - 1300  Session 2: Access to healthcare delivery and challenges thereof
Panellists*
Floor Discussion

1300 –1330  Summing up & closing

1330 -  
Lunch

*TBC