State Inception Meeting
on
Collusive Behaviour in Health Delivery in India: Need for Effective Regulation

Tuesday, 3rd September, 2010, Raipur

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 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.

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 failures calls for identification of necessary remedial action, a closer monitoring and regulation of healthcare delivery.

Against this background, CUTS with the support of Oxfam India has initiated a project titled 'Collusive Behaviour in Health Delivery in India: Need for Effective Regulation' to Identify collusive and deceptive behaviors and advocacy for appropriate (policy and regulatory) intervention for enhancing access to affordable and quality health care, in cooperation with local organizations and other stake holders, CUTS intend to document the nature and type of these practices on the ground and their implication for the consumers in the states of Assam and Chhattisgarh in India with the support of local partners from these two states.

Objective
CUTS in collaboration with SUTRA, organized an inception meeting with the stakeholders from the state of Chhattisgarh to gather inputs about existing collusive behaviour in health care delivery in the state, and brainstorm about possible ways of addressing such behaviour through appropriate regulatory interventions and consumer education. The meeting also marked the launch of the project activities in the state. This interactive meeting held at Raipur, on September 3rd, 2010.

Opening Session
Alok Acharya, Sutra and Rijit Sengupta, CUTS welcomed all participants briefed about the objective of meeting in the State Which is identify a group of key stake holders and gather their views on collusive behaviour in health care delivery in State. He further solicited active involvement from the participant on respective session.
Rijit Sen Gupta, CUTS gave a brief introduction about the project rationale and enlightened the gathering about seriousness of issue and stress on need for generation of recognition among government departments, regulators, media and civil society of the crucial linkage between collusion in healthcare and its poor quality and affordability.

He mentioned visible nature of anarchy of tacit or deceptive practice in health care delivery in India. He envisaged a tendency of rising cost and how its impact on the consumers affordability in regard of seeking treatment, in spite of large number of players doesn’t play any role to enhance the affordability and Access of people health.

Further more he described how these different webs of arrangement and linkages among players restrict consumers to make their own choices, he said the project endeavor is to collect the evidence and document them for future strategy making to control such collusions. The lack of accountability, increasing cost of health services at the expenses of consumers, poor quality and other issues making it a very critical area which need to be looked at holistically and more seriously.

DR Kamlesh Jain SHRC presented on Access to health care challenges and efforts, he told the audience about segmentation of health care provisions in Rural and Urban India. He shown his worries on accessibility challenges to health care in the State like dysfunctional physical infrastructure, lack of trained human resources, poor health care financing, poor supply of drugs due to unorganized logistic management, non functional equipment, conflict situation etc.

He said we need to be check on abusive dominance and procurement policies, raising awareness among the consumers can enhance the accessibility and help them to fight against collusive behaviour in health care delivery in India.

The existing problem in the health sector become bed to worse by using prohibitively expensive treatments and excessive and irrational use of technology which give rise to inappropriate

S Srinivasan from LOCOST made his presentation on Collusive Behaviour, Medicines and Access. He illustrated how big players in the pharmaceutical market have been making super normal profit through high price which in turn have contributed significantly to impoverishment. He cited few interesting cases of pharma companies and doctors interface in his presentation.

Endorsement of product from key opinion leaders in health sectors such as doctors teaching at hospital, senior consultants and author is the top priority of pharma companies where they often use highly unethical tools to capture these opinion leaders.

He mentioned various reasons for not getting the right medicine at the right time. Overpricing of drugs, prevalence of irrational drugs, irrational prescriptions and practices by doctors, no prescriptions and medical audit and poor adherence to standard treatment guidelines are among major reasons for poor access to the essential medicines at affordable prices.
Pricing anomalies of drugs is a serious concern, different brands of same drug are sold at different prices and most of them are out of government regulation. According to him, 62 percent of top selling drugs are not in the national list of essential medicines and many of them are irrational/unscientific. The prices of medicines in India can not be decided by the market because buyers and sellers are having different bargaining strengths.

It is the sellers and doctors who are instrumental in deciding the prices of medicines whereas consumers have little or no choice. Further, markets are distorted by unfair and unethical marketing practices of drug companies.

**Conclusion:** The session was unanimously stand against the collusive behaviour in health care delivery and envisages being proactive towards collecting the evidence and addressing this issue at large in bringing justification for consumer’s affordability, quality, and accessibility in health care delivery in India.