

4.4. Role of Stakeholders and Partnerships

There is a promising future for health and nutrition to take forward the role of various stakeholders within the government and outside. While the Government of Karnataka has initiated various programmes and schemes, addressing the needs of the state there have been few aspects that need more strengthening and support.

4.4.1. Intersectoral Convergence

While the government has recognised the need for intersectoral convergence by introducing School Health Programmes, ICDS etc, there are other areas in which there is a need to strengthen the convergence such as:

- **Rural Development** sector for **safe drinking water and sanitation**; the infrastructure of public health facilities managed by the Zilla Panchayat.
- **Education**: Promoting education of girls which will in order have an impact in bringing down the MMR in the state; Ensuring the Mid day meal programme is functioning smoothly.
- **Governance**: Strengthening the existing governance structure.
- **Finance**: Increasing the budget for health during budget allocation will help bring in the much needed changes and improvement in health and nutrition status.

4.4.2. Public Private Partnership

- **SAST** - The initiation of this Trust has helped address the OOP expenditure faced by the low socioeconomic community in order to receive secondary and tertiary care. This has been one of the strongest moves by the government which can and should be upscaled across the state and also boost the role of the private institutions in being accountable for provision of health services to all.
- **Arogya Bandhu Scheme** - This scheme introduced by the government has helped address the health needs of vulnerable populations placed in inaccessible areas, for example, tribal communities. This model of public private partnership, which brings in collaboration between both the sectors to address the common problem of the people needs to be upscaled and well resourced.
- **Mobilising CSR initiatives**: The private sector continues to grow in the state at a fast pace in terms of health service delivery, pharma industries, hospitals etc. There is a growing trend where CSR funds are being utilised towards improving health of those belonging to lower socio-economic groups. The government can facilitate and take forward future partnerships for the same.

5. Methodology

The vision document has been initiated by the Government of Karnataka to build a governance strategy for the next 7 years in 13 sectors under which Karuna Trust was selected as a knowledge partner for health and nutrition sector.

A state level workshop was conducted with a diverse panel of health experts from across the state with suggestions about which areas of health need to be the focus for health and nutrition. The overall suggestions and points discussed were consolidated by Karuna Trust and then incorporated as part of the skeletal framework for the vision document.

Post the state level workshop, district level workshops were conducted across all 31 districts with inter sectoral discussions with focus given towards district specific health issues. These district level workshops were very productive and a lot of feedback was provided which has been incorporated in the document as well.

Health determinants are multidimensional and multi-sectoral. An interaction was undertaken with other sectors, which influence health. They included the education, rural development, social justice & empowerment, IT and governance.

Data that has been represented in the document has been collected from various government resources and put in place.

For the overall document framework, the Task Force Report, 2001 has been taken as a guide. References have been taken from the following documents:

- Directorate of Health and Family Welfare Services, Karnataka, Annual Report, 2016-2017
- Economic Survey of Karnataka, Department of Planning, Programme Monitoring and Statistics, 2016-2017
- Karnataka Health Profile, Department of Health and Family Welfare, 2015-16
- Karnataka Integrated Public Health Policy, 2017
- Sample Registration System Bulletins, 2011-2017
- National Family Health Survey- 3, 2012-2013
- National Family Health Survey- 4, 2015-2016
- District Family Health Survey -3,
- District Family Health Survey- 4,
- Niti Aayog website (www.niti.gov.in/)
- My Gov.in website (<https://mygov.in/>)
- NABH website (www.nabh.co/)
- Rural Health Statistics, 2015-2016
- Key Indicators Of Social Consumption In India Health, National Sample Survey Office, 71 St Round, 2015
- Tamysetty, S. & Sudarshan, 2014. Nutritional Status Of Karnataka
- Shiddhalingaswami V H, 2014, Critical Analysis Of Dr. D M Nanjundappa Committee Report And its Implementation
- WHO EPI Fact Sheets, 2016
- Niti Aayog: Social Sector Expenditure of States Pre & Post Fourteenth Finance Commission (2014-15 & 2015-16)

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6. Conclusion

Though the state has seen a lot of improvement in the past and present, there is a lot more to be done to bring in a better quality of healthcare to the people of the state. While the government has been progressive and addressed health concerns by introducing new schemes and programmes there is a need to focus mainly on:

1. Increasing the budget for health to 8% of total expenditure
2. Universal Health Care
3. HR management: Filling up of vacancies of health workers and specialists
4. Quality accreditation of public health facilities
5. Good governance

Keeping this in mind, the vision for the state is achievable and can be made a possibility!

7. Annexures

- ***Annexure – I: Refer Attachment***

- ***Annexure - II: List of Acts related to Health***

1. Medical Termination of Pregnancy Act, 1971 and Rules 1975.
2. Pre-natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act, 1994 and Rules 1996.
3. The Transplantation of Human Organs Act, 1994 and Rules, 1995.
4. Drugs and Cosmetics Act 1940 and Rules, 1945; The Drugs (Control) Act, 1950; The Drugs (Prices Control) order, 1995.
5. Drugs and Magic Remedies (Objectionable Advertisements) Act, 1954.
6. The Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995 and Rules, 1996.
7. The Mental Health Act, 1987.
8. Epidemic Diseases Act, 1897.
9. Consumer Protection Act, 1986 and Rules, 1987.
10. Maternity Benefit Act, 1961
11. Dangerous Drugs Act, 1930.
12. Narcotic Drugs and Psychotropic Substances Act, 1985.
13. Poison Act, 1919.
14. The Industrial Disputes Act.
15. The Water (Prevention and Control of Pollution) Act, 1974.
16. The Air (Prevention and Control of Pollution) Act, 1981.
17. The Environment (Protection) Act, 1986
18. Hazardous Wastes (Management and Handling) Rules, 1992.
19. Insecticides Act, 1968.
20. Infant Milk Substitutes Act, 1992.
21. Prevention of Food Adulteration Act, 1954 and Rules 1955.
22. Fatal Accidents Act, 1855.
23. Personal Injuries (Emergency Provisions) Act, 1962.
24. Personal Injuries (Compensation, Insurance) Act, 1963.
25. Medical Degrees Act, 1916.
26. Indian Medical Council Act, 1956 and Rules, 1957; Medical Council of India (Regulations on Graduate Medical Education) 1997.
27. Indian Medical Council (Amendment) Act, 1993.
28. Indian Medicine Central Council Act, 1970.
29. Homeopathy Central Council Act, 1973.
30. Dentists Act, 1948.
31. Nursing Council Act, 1947.
32. Pharmacy Act, 1948.
33. Cigarettes (Regulation of Production, Supply and Distribution) Act, 1975.
34. National Food Security Act, 2013
35. The Mysore, Ayurvedic & Unani Practitioners Registration and Medical Practitioners Miscellaneous Provisions Act, 1961 and Rules 1964.
36. The Minimum Wages Act, 1948
37. The Biomedical Waste (Management and Handling) Rules, 1998.
38. The Karnataka Prohibition of Smoking in Show Houses and Public Halls Act, 2016

