

# Public Health 3.0: Reimagining Healthy India

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# Outline: Public Health 3.0\*

- Background and Rationale
- Five components of Public Health 3.0
- Public Health 3.0 relevance to India Health Sector Reform

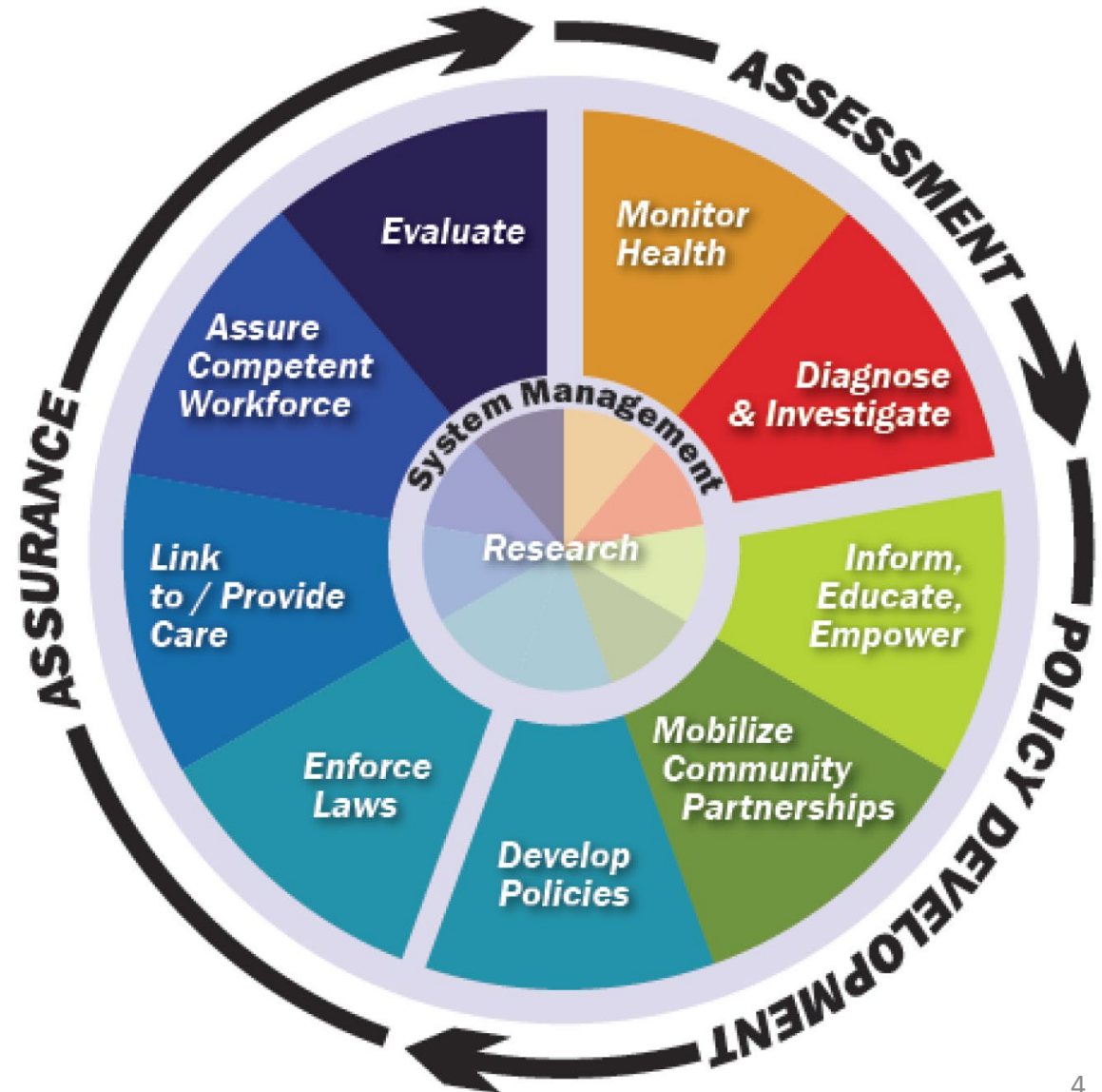
# Background – 3 Phases of PH in US

- **Public Health 1.0:** 19th – early 20th century
  - Increased role of government, Public Health - Essential function
  - State and local health departments launched
  - Systems- sanitation, improved food and water safety, understanding of diseases, prevention and treatment tools such as vaccines and antibiotics, infrastructure lab and epidemiology.
- **Public Health 2.0:** late 20<sup>th</sup> century
  - Transition from invisible public health safety nets to “public health programs”
  - Vertical disease-oriented programs resulting in fragmented service delivery
  - Emphasis on standardization and professionalization public health agencies

# Professionalization: Essential Public Health Services (EPHS)

## 3 Core functions

- Assessment
- Policy Development
- Assurance



# Gaps in PH 1.0 and 2.0 – Rationale for PH 3.0

- NCD and Re/Emerging diseases
  - Rethink conventional vertical program structure – public health siloes
  - Horizontal integration to reduce fragmentation in service delivery
- Structural causes of inequities
  - Explicit focus on socioeconomic and environmental determinants
  - Workforce able to work outside of a biomedical paradigm
- Increase focus on developing local health leaders
- Collective action by the community for positive change in health

*COVID-19 has thoroughly laid bare these gaps – PH3.0 is an important way forward*

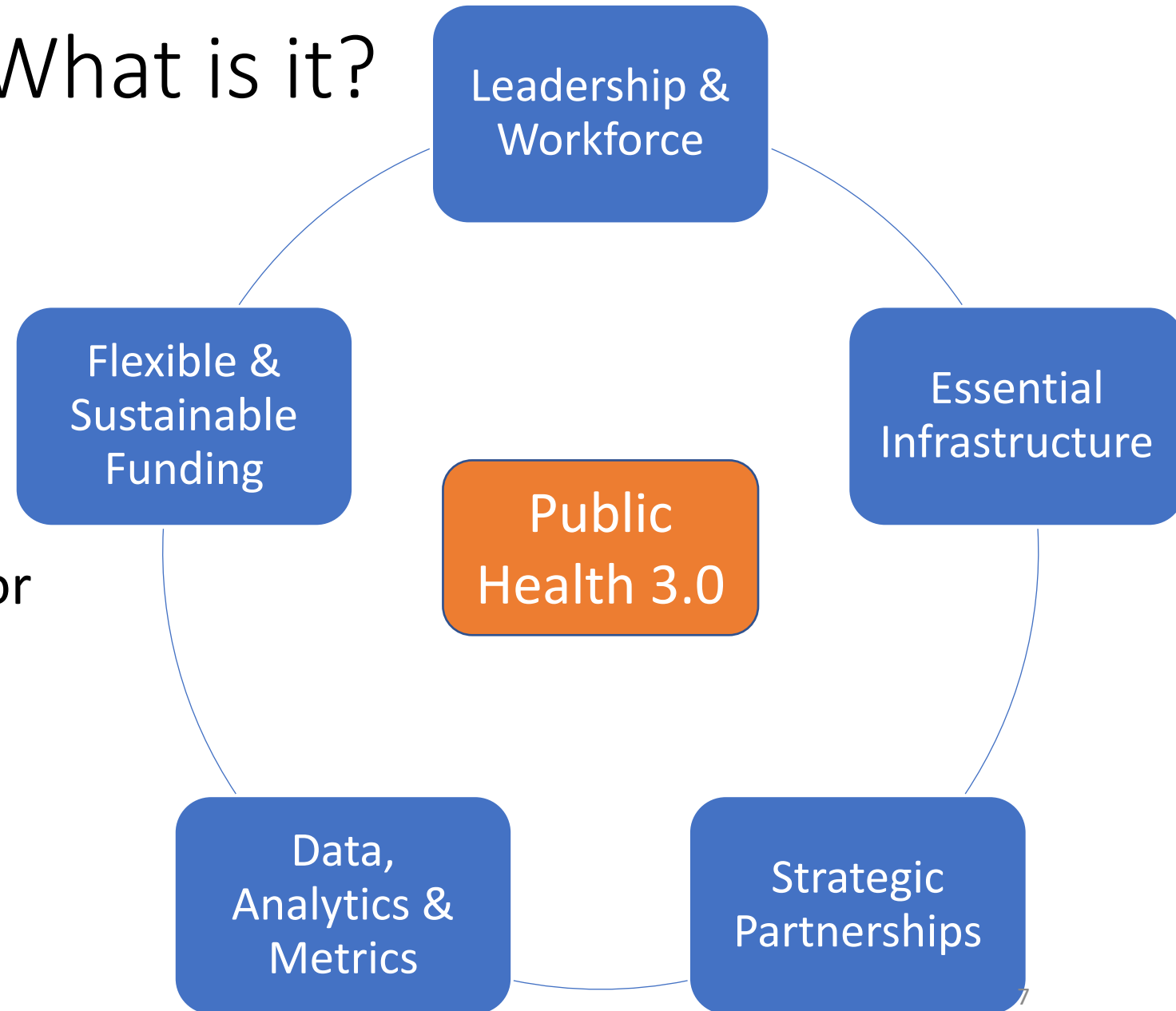
# Public Health 3.0 Framework

- Key Elements

- Focus on local public health agencies to broaden practice
- Build on historical success at health improvement
- Add attention to Social Determinants of Health
- Multi-sectoral collaboration
- Achieve health equity

# Public Health 3.0: What is it?

- Convert public will to public policy
- Multi-sectoral systems level actions directly affecting the social determinants of health
- Engage community partners for generating collective impact
- People's platform for public health!



# Does PH 3.0 work?

- Accomplishments of Nepal, Sri Lanka, Cuba, and other stalwarts of the Declaration of Alma-Ata
  - Bishai D & Schleiff M 2020: Achieving Health Care for All: Primary Health in Action
- “Collective impact,” i.e., efforts focused on one condition, one place
  - [Project Lazarus](#) Prevented opioid overdose in Wilkes County, NC
  - [Getting to Zero](#) Reduced new HIV diagnoses and time to viral suppression in San Francisco
- National Study of Public Health Systems
  - 16-year study of 360 U.S. communities
  - Incentives and infrastructure to support multisector population health activities associated with reductions in geographic and socioeconomic disparities in population health <https://www.healthaffairs.org/doi/full/10.1377/hlthaff.2016.0848>



## Leadership & Workforce

# Public Health 3.0: India

Essential Infrastructure

Policy & Regulation

Data, Analytics & Metrics

Strategic Partnerships

### Current Situation

- Reliance on clinical professionals
- Limited training
  - PH practice
  - Cultural competence
  - Strategic thinking
  - Team building
  - Building collaborations
  - Strategic partnerships
  - Communication
  - Community Engagement

### PH 3.0 reforms underway

- Expansion of PH training to non-medical, allied health professionals
- Exclusive PH training institutions
- Program Managers at state and sub district levels through NHM

### Current Situation

- Multiple vertical programs - diverse standards and variable quality of care
- Weak PHC linkage
- Variable Regulatory/Accreditation frameworks

Leadership & Workforce

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Public Health 3.0: India

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### PH 3.0 reforms underway

- NHM and PMJAY: Integration of health services
  - Health and Wellness Centers
  - UPHCs under NUHM
- IPHS, National Quality Assurance Framework, NABH accreditation systems
- Multiple laws and regulations
  - COTPA
  - MVA 2019
  - National Mental Health Care Act
  - National Education Policy

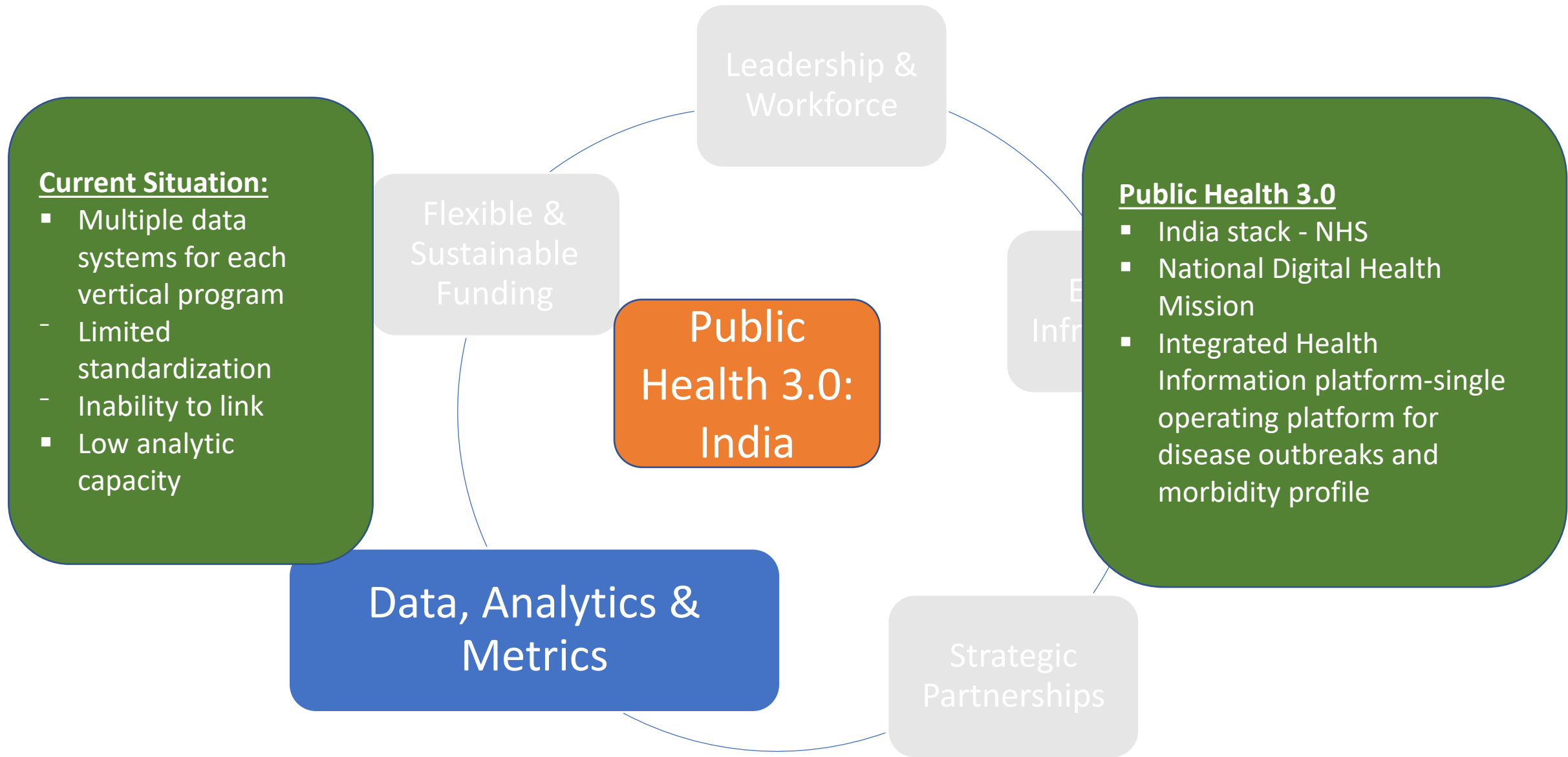


**Current Situation:**

- Majority of partnerships for RCH
- Limited engagement/ collaboration
  - Private sector
  - Other sectors/ ministries
- Limited examples of local autonomy and community involvement

**PH 3.0 reforms underway**

- States identifying new needs for partnerships
  - NCD
  - Health Financing
  - Digital Innovations
  - PHC
- Inter-sectoral collaborations
  - POSHAN Abhiyaan
  - Swachch Bharat Abhiyaan
- Public Private Partnerships
  - Urban PHC
  - HWC Ayushman Bharat
- Multisectoral dashboard for Aspirational districts



### Current Situation

- Low overall health spending
- Line item (supply side) funding
- Extremely high out of pocket expenses

Flexible & Sustainable Funding

Leadership & Workforce

Public Health 3.0: India

Essential Infrastructure

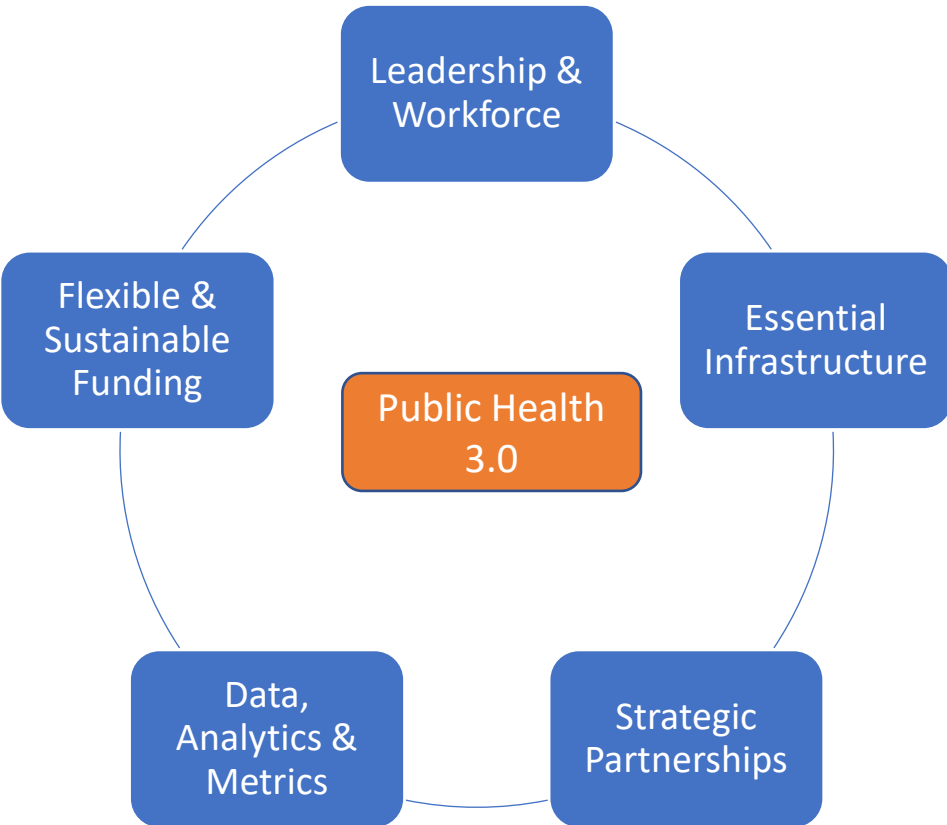
Data, Analytics & Metrics

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### Public Health 3.0

- NHP commits healthcare spending increase to 2.5% of GDP by 2025
- Demand side financing - Ayushman Bharat and other insurance schemes
- Capitation based systems
- Flexible Funding Approaches in NHM (performance incentives)
- Social Impact Bond

# Sum Greater Than The Parts



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# PH 3.0 Implementation

- NITI Aayog recommendations consistent with PH 3.0 components
  - [Health Systems for a New India: Building Blocks – November 2019](#)
- Guidelines have been developed<sup>3</sup>
  - Develop a quality of PH practice task force
  - Broad stakeholder consultation
  - Determine PH 3.0 key performance indicators (KPI)
  - Develop KPI self-assessment tool
  - Regular self-assessments and professional development plans
- Can update/ build on previous work in India
  - Essential Public Health Functions<sup>1</sup>
  - Public Health Systems Strengthening<sup>2</sup>

1. Das Gupta M, Rani M. Nov 2004. World Bank Policy Research Working Paper 3447.

2. Das Gupta M, Shukla R, Somanathan TV, Datta KK. 2009. How might India's Public Health System be strengthened? World Bank Policy Research Working Paper 5140.

3. [www.who.int/alliance-hpsr/bellagiowhitepaper.pdf](http://www.who.int/alliance-hpsr/bellagiowhitepaper.pdf)

# Summary

- PH 3.0: An organizing framework to enable health systems to meet the challenges of 21<sup>st</sup> century
- Goal: Translate public will to public policy through collaboration across different levels of health system and different sectors
- India is making progress on all 5 components of PH 3.0
  - Learn from existing successes
  - Institutionalize
  - Scale-up for wider impact



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