INTRODUCTION
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Definition and Classification of Reforms:
The Oxford dictionary defines the word ‘reform’ as to ‘make changes in something so as to improve it’ and as ‘form again’. And it defines a reformist as a person who supports gradual political and social reform. That means reform is basically gradual in nature and tries to bring changes in the system or structure to improve its functioning. It is not a radical change. Cassels defines Health Sector Reforms as changing health policies according to priorities and along with this bringing reform in the institutions to implement these policies.\(^1\) Whereas World Health Organization defines health sector reforms as a continuous process which brings some fundamental changes in the policy and institutional arrangements, which is carried out by the government.\(^2\) Thus the WHO definition says that reform has to be a continuous process and it involves some fundamental changes in policy, which is supported by corresponding institutional arrangements to implement it. Significantly it says that it has to be implemented by the government of a country. Analysis of other definitions of health sector reforms suggest that any fundamental changes in health policies according to the changing priorities and a corresponding institutional changes to implement it has been termed as health sector reforms. The institutional change can be in terms of structures of financing and provisioning. In structures of provisioning and financing, a wider role for the private sector could be seen. Also the decentralization measures in these two aspects could be thought out in a federal kind of polity like India or Canada. However the interpretation of these changes could be termed at best as systemic changes. Systemic changes are those in which any system tries to adapt itself according to the changing circumstances. Therefore it has more interest in maintaining the status quo.

If we bring the elements of health sector reforms from the wider understandings of response of the system to new challenges than we would have to include different initiatives by any government to face the new health challenges at any point of time in the

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\(^1\) Cassels, 1995.
history of healthcare. For example there has been a shift in population policy in India since it was conceptualized in the early 1950s. This could be a reform element according to the current understanding. Even the Alma Ata declaration of late 1970s, which emphasized on primary healthcare or for that matter the 1994 Cairo conference in Egypt, which emphasized on a holistic approach to population could be termed as a reform initiative. There was another important issue related to our understanding of health sector reforms. The reforms in health sector are basically seen as a phenomenon of the 1980s and 1990s. Therefore, if we include elements according to our above understanding than we would have to decontextualise the phenomenon of ‘health sector reforms’; for than the reforms have existed in health sector since the provision of healthcare services was taken up by any nation state in the history of the world.

Role of a theory:
Therefore there is need for a definition, which would not only contextualize the phenomenon, but it would also bring out the dominant trends in the field of healthcare. Before giving a definition of reform, it is necessary to discuss about the role of a theory

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According to Goode and Hatt, “Without no system, some ordering principles, in short, without theory science could yield no predictions. Without prediction there would be no control over the material world.... It can therefore be said that the facts of science are the product of observations that are not random but meaningful, that is theoretically relevant. The development of science can be considered as a constant interplay between theory and fact.” P. 9. See Methods in Social Research by William J. Goode and Paul K. Hatt, MacGrow-Hill Company, 1981.

In a subject dealing with health sector reforms why the necessity of defining the role of theory or even quoting Kuhn from his famous Scientific Revolution? There are several reasons, one of them is that the way public health has been taught in various universities in the world, the way text books on public health has been written and the manner in which the issue of public health is being dealt with in terms of various preventive measures suggest that the term public health has been accepted as a truth statement, as a given category having universal meaning. However just like any other scientific discipline public health also is a constructed category and hence the challenge also lies here to understand the mechanisms through which knowledge is generated in this field. This would place the discipline in its proper context. For example this would help us to see that at present there is not a single definition of public health, which is accepted universally. There are many definitions of the term and there are very few books, which have tried to address this epistemologically significant question. Similarly over the later half of the twentieth century quantitative methods has been equated with proper way of doing research or to generate scientific data. This can be observed from the syllabus of public health departments of various universities all over the world as well as from the national and international public health journals. The quantitative method has been given the status of the scientific method. This argument has been extended in the later part of this chapter where it has been argued that quantitative method is only a tool of research as qualitative method is. The real question is about how a phenomenon is problematised and accordingly a quantitative or qualitative method can be used and therefore the nature of a problem defines whether a quantitative method would help to address it better than qualitative method or vice versa.
in explaining a social phenomenon. It has to be understood that, a theory or a paradigm does not try to explain everything about the social reality. In his classic *Structure of Scientific Revolution*, Thomas Kuhn wrote, “To be accepted as a paradigm, a theory must seem better than its competitors, but it need not, and in fact never does, explain all the facts with which it can be confronted.” It can only claim to be explaining certain trends or dominant aspects of a phenomenon in the social world. It can never explain all the facts. For if a theory tries to explain everything it would try to become a truth statement, which is fallacious.

If we look at most of the definitions of health sector reforms, they have tried to include almost every big or little change in the health sector as an element of reform. For

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6 Definitions of Health Sector Reforms:

1- “Health Sector Reforms involves a significant, purposive effort to improve the performance of healthcare systems.” WHO Website visited on 18th October 2005.

2- “It is a fundamental rather than an incremental change, which is sustained rather than one-off and purposive in nature.” – Cassels, 1997. Further elaborating on this Cassels says, “Health Sector Reforms include:

   - Improving the performance of civil service.
   - Decentralization of power and resources.
   - Improving function of national health ministries.
   - Broadening health financing mechanisms.
   - Introducing managed competition.”

3- Health Sector Reforms as a “Group of projects that include communicable diseases, Reproductive and Child Health Programme and Health System.” – Interview with a senior World Bank Official, The World Bank Delhi Office, March 2002 by Rama V. Baru.

4- Heath Sector Reform is a “Mixed bag of donors, projects and the government of India. Overall there is singular lack of vision among all these actors when it comes to Health Sector Reform.”- Ibid.

5- It is a “Sustained, purposeful change to improve the efficiency, equity and effectiveness of the health sector.”- Berman, 1995.
example the change in the approach from Maternal and Child Health or MCH in the early nineties to Reproductive and Child Health or RCH in the late nineties has been termed as a reform element. If this is the case than we could also include the change in approach towards the population policy in India from the early fifties onwards as a reform element! And for that matter any other initiative taken in the field of health services sector after independence, which tries to bring a change in approach, could be termed as a reform measure. For example, the adoption of Primary Healthcare Approach after the Alma Ata declaration could be termed as a reform measure. Even the Vitamin ‘A’ campaign in the state of Orissa has been termed as a reform initiative! Therefore the context of the 1980s and 1990s of twentieth century as the beginning of Health Sector Reforms has to be recognized.

It is being argued here that initiatives by the state or central governments might be taken to improve the quality of healthcare services but these are smaller measures within the dominant trends of giving a greater role to the private sector in the domain of healthcare. In this frame health or good health is seen as the responsibility of an individual, rather than of the community or of a state.

There are some authors like Peter Berman who have defined reforms in technical terms. By giving or trying to interpret in technical terms, an effort seems to have been made to give it the power of a natural science, which can not be questioned. Defining in technical terms also takes away the chance to look at the historical context for the emergence of a phenomenon.

**Defining Health Sector Reforms:**

Let us first have a look at the elements of reform. It has to be remembered that there are different definitions about reform. Here we would be using the definition of reform as any initiative by the state since the later part of twentieth century, which tries to reduce

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7 This also suggests selective role for state -- preventive services are state responsibility while curative is individual responsibility.
8 It suggests about the liberal capitalist model of economic growth giving primacy to the market.
9 See how Foucault has discussed about method in his book "History of Sexuality".
the role of government in health sector while creating a space for a larger role for the private sector. Therefore this definition has three important characteristics; one is that it has located health sector reforms in the context of 1980s. This distinction is very important as many of the definitions on health sector reforms have tried to overlook it. It is also important to mention here that while the beginning of health sector reforms has been contextualized in 1980s, this definition does not try to exclude initiatives by different states in twenty first century as reform elements. Because the basic idea is that the state trying to create a larger space for the private sector since 1980s. Another important distinction is that while the role of government gets reduced, that space is occupied by the private sector due to the deliberate policy of the state. The third distinctive aspect is inherent in the definition although it is not explicit and it is that the reforms in the health sector needs to be located within broader economic liberalization or economic integration of various countries with the world economy i.e. health sector reforms carry an ideological content.

However it is important to make it clear that the above definition is a conceptual category and it does not claim to explain all the changes happening in the healthcare sector in recent times, nor does it try to explain all the policy initiatives taken by the different governments around the world with regard to the health sector. On the other hand this definition captures the dominant trends being introduced in the health sector in India and abroad, beginning with the decade of 1980s, which has the potential of affecting the totality of the health sector in the long run.

Traditionally health has been seen as a domain of the government even in countries, which followed a liberal capitalist model of development. However with the oil shock of the 1970s many of the governments in the world faced fiscal crisis, along with this the collapse of the former Soviet Union in 1990 created an atmosphere where liberal
capitalist model was seen as the only model of economic development.¹¹ In this model the private sector and the market forces play a dominant role with the state playing as a facilitator. The assumption is that *market has its own rationality* and in the long run would benefit all even though at the initial stage there would be ‘hardships’.¹²

This argument has also been extended to the health sector. Now health is seen as an *individual responsibility*. After the 1990s it has been observed that the governments around the world were increasing the scope for private participation in the health sector. The scope of private participation may vary from one country to another. This private participation may be on a small or large scale but it is redefining the concept of ‘health for all’. With this the issues of universality and equity are also involved. Because this private participation is happening in an era when the market plays a dominant role in the process of world economic growth. Any kind of control by the state is seen or perceived negatively.

*What is not Reform?*

For defining the concept of Health Sector Reforms it is equally important to identify what it is not.¹³ Health Sector Reforms is different from *systemic changes*. Systemic changes are any initiative by the state to maintain the ‘efficiency’¹⁴ of the system so that it could produce optimum output¹⁵. Therefore systemic changes are not specific to a particular time period as compared to health sector reforms and hence we could say that systemic changes are an integral part of any health system. Systemic changes exclude any initiative

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¹² See for example Amartya Sen’s understanding of the notion of Development from his different writings. Although he talks about inclusion of the poor in the overall development framework, he places his faith in the market forces in the long run.

¹³ In a lecture on “Class and Power” given at Jawaharlal Nehru University, New Delhi on 18ᵗʰ October, 2005, Professor Andre Betteille, mentioned that the Marxist definition of ‘class’ was an important way of defining a concept, for apart from mentioning about ‘what is class’ it also says ‘what is not class’.

¹⁴ We can mention ‘efficiency’ as ‘the best way/means to achieve certain targets/objectives’.

¹⁵ Here it needs to be mentioned that the term ‘efficiency’ has been associated with health sector reforms by various definitions as if the health systems in different countries before 1980s were never interested to make themselves efficient to achieve their objectives!
by the state for increasing private participation or for decreasing the role of state from the health sector.\textsuperscript{16}

In this introductory section we have given a new definition of health sector reforms keeping in view different country experiences. Apart from defining what is reform we have also explained about those aspects, which could not be termed as reforms. Before giving a definition of health sector reforms we have tried to explain the role of a theory in explaining the social phenomenon. This was because the field of Public Health has been accepted as a given category and as a result the phenomenon of health sector reforms has been assumed as being out there in the field. Therefore we have argued that health sector reforms were a constructed category and hence they required a definition, which would help to classify them into a group of phenomenon, which could be studied scientifically.

Using our new definition of health sector reforms, in first chapter we have discussed about review of literature, which has looked at the process and experience of health sector reforms in various countries of the world.

\textsuperscript{16} This distinction has been made for our clarification for even the health sector reforms could be mentioned as systemic changes! Therefore this distinction has been made to prevent a teleological argument.