P178 / Public Health Policy to Practice: Navigating the Complexities and Challenges of Implementation

Topic : Implementation/Street-Level Bureaucracy

Chair : Srijita Barui (Netaji Subhas Open University)

Second Chair : Debajit Goswami (Netaji Subhas Open University, India)

Third Chair : Ayan Das (University of Gour Banga)

GENERAL OBJECTIVES, RESEARCH QUESTIONS AND SCIENTIFIC RELEVANCE

Public Health Policy to Practice: Navigating the Complexities and Challenges of Implementation

Public health policies are among the most important instruments through which states pursue equity, well-being and social protection. In developing and underdeveloped countries, a large share of the population depends on welfare schemes sponsored by central and state governments, because high out-of-pocket expenditure places adequate treatment beyond their means. Such programmes are commonly assessed against several criteria, including accessibility, affordability, quality of care, equity, financial protection and responsiveness to beneficiaries. Universal health coverage (Target 3.8 of Sustainable Development Goal 3) is one such important benchmark among these. In recent years, governments have also introduced digital health infrastructure to improve registration, service delivery and feedback.

Despite the operation of these health policies and frameworks, policy design and lived experience frequently diverge. Field studies show a notable contrast between the intended objectives of health programmes and the accounts of beneficiaries, particularly at the grassroots level. Several factors contribute to this implementation gap: constrained public financing, corruption, a shortage of trained health personnel, weak institutional foundations, and inadequate coordination among administrators, bureaucrats and beneficiaries. Street-level bureaucrats, in Lipsky's sense, occupy a pivotal position in this process. They translate policy into practice, yet heavy workloads and limited managerial support often hinder consistent delivery.

This panel invites papers that examine both the aspects and the challenges of implementing public health policies. The aspects under discussion include policy design, institutional arrangements, financing, human resources, digital infrastructure and the role of frontline implementers. The challenges include administrative bottlenecks, accountability deficits, coordination failures and barriers to access faced by marginalised groups. We welcome empirical, comparative and mixed-methods contributions, especially those drawing on primary surveys that use both open- and closed-ended questions to capture beneficiary perspectives.

The panel is guided by a simple principle: the effectiveness of a policy should be judged by the benefits that actually reach its intended recipients, not by the soundness of its design alone. Contributors are encouraged to evaluate programme outcomes against multiple criteria, identify the points at which implementation falters, and propose evidence-based remedies. By bringing beneficiary experience into conversation with administrative perspectives, the panel aims to inform more responsive, accountable and equitable public health governance.

CALL FOR PAPERS

Policy prognosis for universal coverage: A comparative study of Swasthya Sathi and Biju Swasthya Kalyan Yojana

The study investigated the realization of Target 3.8 “Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all” of the Sustainable Development Goal 3 " Ensure healthy lives and promote well-being for all at all ages" in the state of West Bengal and Odisha. Before the Bhartiya Janata Party came to power in West Bengal and Odisha respectively, both states had blocked the centrally sponsored scheme PM-JAY- Ayushman Bharat. Instead, the Trinamool Congress government in West Bengal had launched a similar health cover scheme in the form of Swasthya Sathi and Odisha's Biju Janata Dal had launched Biju Swasthya Kalyan Yojna. However, these state sponsored health cover programmes encountered bottlenecks in implementation and could not catch up to the services provided by Ayushman Bharat at the all-India level. This study evaluates the implementation and performance of the two health cover schemes of West Bengal and Odisha respectively, to identify the structural lacunas and

propose evidence-based policy solutions to enhance the outcomes of public health cover programmes.

The study employed a mixed-methods research design, drawing upon quantitative primary data from a sample of 50 beneficiaries and subscribers from Odisha (Biju Swasthya Kalyan Yojana) and West Bengal (Swasthya Sathi Scheme). The study further augments its findings from qualitative insights gained from semi-structured interviews, conducted amongst respondents from the Khordha district (n=25) of Odisha and Kolkata district (n=25) of West Bengal. Based on beneficiary experiences, the study presents a critical analysis of the implementation gaps plaguing the two state health cover policies, and proposes strategic policy recommendations for the fulfillment of universal health coverage through augmentation of PM-JAY and other state sponsored health cover programmes. This study offers empirical insights and contributes to the broader discourse on public health policies in India.