

## 4. MANAGING THE SOCIAL SECTORS THROUGH TRANSITION

The biggest social sector challenge the region faces, in a resource-constrained environment, is to accelerate progress toward the MDGs and simultaneously address the opportunities and risks of globalization and economic change (box 3.1). Governments in the region are already struggling to meet the MDGs and have limited financial, institutional, and managerial capacity to deal with the new, complex social sector challenges. For governments to address the dual challenge:

- first and foremost, they need to appreciate the implications of the transitional forces on the social sectors, and to acknowledge that the old ways of doing things need to be changed; and
- second, they must explore different paradigms for dealing with the dual challenge.

In the next pages, we discuss, in two parts, how South Asia can deal with this dual challenge. We first consider overall social sector strategies from the perspectives of efficiency, effectiveness, and equity. We then present indicative recommendations for the education and health sectors. It must be borne in mind that actual outcomes will be affected by factors external to the social sectors, e.g., the pace of investment in water and sanitation, which contribute to better health.

### Increasing Efficiency and Effectiveness

**Public and private goods: financing choices and options.** Constrained by limited resources, governments have to make difficult choices in allocating financing to meet the dual challenge. The dilemma of how to allocate resources to basic and higher education, and to primary and tertiary health care, will increasingly confront governments. As a general principle, the public sector may consider focusing most on delivering the “public goods” that have significant external impacts, e.g., the control of communicable diseases. In contrast, social services that have mainly individual or private benefits, e.g., treatment of noncommunicable diseases or tertiary education, can be financed more by the beneficiaries and delivered more efficiently by the private sector (ADB 2005b). Models may be derived from transitions already made in other Asian countries, e.g., combining prudent fiscal policies with large allocations for social services, providing health insurance, and relying on the private sector for higher education and some types of health care (Mundle 1998). The desirability of ensuring access to such services by the needy

will justify some continued financing (but not necessarily delivery) by the public sector through health insurance, targeted grants, scholarships, and long-term loans.

**Redefine the role of government.** If private individuals and service providers are to take greater responsibility for higher education and advanced health care, central governments can focus more on their role as facilitator and regulator, including policy making, setting of service and quality standards and norms, quality assurance and accreditation, monitoring and evaluation, intersectoral coordination, and ensuring of legal and regulatory compliance. But in the areas where public financing and service delivery will continue to predominate, service quality must improve and human resource constraints must be addressed. In particular, professional management capacity is largely absent at all levels in South Asia's social sector ministries. Accountability standards for public service delivery should be just as rigorous as those set for the private sector service providers.

**Build new partnerships with local governments and civil society, in addition to the private sector.** Through innovative partnerships with local governments and civil society, governments can increase their reliance on the local knowledge and talent of diverse partners to improve social service delivery (Basnyat and Rajapaksa 2004). The region is witnessing many successful public-private partnerships in infrastructure, some of which may be applicable to social sector infrastructure and services (Panggabean 2006). With due support for local capacity building, decentralization can be promoted and local governments given more authority to run schools and health facilities (Behrman, Deolalikar, and Soon 2002). Central governments should also motivate the local governments to produce better results with the help of "conditional" or performance grants. With effective incentives and institutional arrangements, civil society organizations are capable of contributing to the delivery of social services in many areas of South Asia. Governments can also collaborate more with civil society and the media to promote awareness about important social sector issues, particularly in areas of public health.

**Use taxation, develop strong regulatory frameworks, and ensure compliance.** If South Asia's buoyant growth can be sustained, higher tax revenues will be available to fund the social sectors. "Sin taxes" on alcohol and tobacco can both raise public revenue and provide economic incentives for healthy behavior. Governments in the region can use financial incentives and legal and regulatory frameworks to ensure that the private sector effectively contributes to the social good. The private mass media should be encouraged to raise awareness about diseases of public health importance, and thereby contribute to national public health goals. Advertising of alcohol and tobacco should be restricted. Food and water safety laws should be introduced, and their compliance monitored. Workplace rules should provide a safe environment and promote healthy lifestyles.

**Strengthen institutional capacity.** Governance, transparency, and accountability can all be improved in South Asia, which will in turn help improve the quality of public service delivery and, thus, the efficiency of public spending (ADB 2005b). In the social sectors, a switch in public sector emphasis from provision to facilitation and regulation, and the increasing complexity of issues in the sectors require dedicated management cadres. Capacities need to be developed in managing public-private partnerships, regulation and enforcement, ICT, economic and financial analysis, and strategic decision making. Cost-effective ICT has a direct role in service delivery; ICT can also enhance efficiency and transparency and improve public disclosure.

## Addressing Equity

**Deal with inequalities proactively for inclusive and sustainable economic growth.** As indicated in table 4.1, the transitional forces can aggravate inequalities in various ways. The result would be a sharpening of the divergence between optimistic expectations and day-to-day grinding realities that is likely to disenchant unemployed youth exposed through the media to opulence elsewhere. Relative, and in some cases absolute, deprivation might lead to social disorder (Ali 2007). Governments in the region need to make growth

**Table 4.1: Potential Impacts of the Transition on Inequality**

<b>Forces of Change</b>	<b>How Inequities May Be Aggravated</b>
Economic Growth and Globalization	Opportunities from globalization are based on the competitiveness of labor on a global scale. The skills and knowledge required by the global labor market are likely to keep shifting with changes in means of production. The poor are least equipped to upgrade their skills. Economic growth has led to urbanization, with rural poor people moving to urban slums, where the quality of life is low, further exposing poor migrants to environmental and social risks.
Technological Change	As more efficient means of production are driven by technology, new jobs demand a higher skill and knowledge base. The poor have limited access to ICT, which in turn may aggravate income inequalities.
Labor Market Changes	Illiterate and poorly educated youth entering labor markets will need to improve their skills and knowledge. Otherwise, they will remain at the bottom of the labor market pyramid. English language skill brings a competitive advantage, but is least accessible by youth from poor families. The poor are less equipped for life-long learning and upgrading of skills.
Private Sector Growth	Public sector failure to deliver quality education and health services has led to the emergence of private sector provision of these services. The private sector responds mainly to opportunities for profit, and will often need incentives and regulation if it is to provide services that are accessible by the poor.
Demographic Changes	Fertility rates have come down much faster among the rich than the poor. A greater proportion of population growth momentum will be from the poor. Without assuring that the poor can benefit from economic growth and employment, the existing inequities will increase.
Epidemiological Transition	The poor suffer from a double disease burden, with higher exposure to communicable disease, higher prevalence of risky lifestyle behavior (including tobacco and alcohol consumption), and lower awareness of risks relating to sexual and other health-related behavior. Catastrophic health care costs are likely to hit the poor more severely in the absence of risk pooling or community-based health insurance.

“inclusive” to ensure social stability and sustainability of the growth process. Governments should provide adequate social protection mechanisms to mitigate and reduce vulnerability, especially from global and regional economic shocks and cycles that can be detrimental in the short run (Sipahimalani-Rao 2006). Most of the poor depend on the public sector for education and health care. Improved and expanded basic education and health services of good quality, efficiently targeted to the poor, will increase the likelihood of inclusive economic growth (ADB 2004c, Devarajan and Nabi 2006, and World Bank 2004).

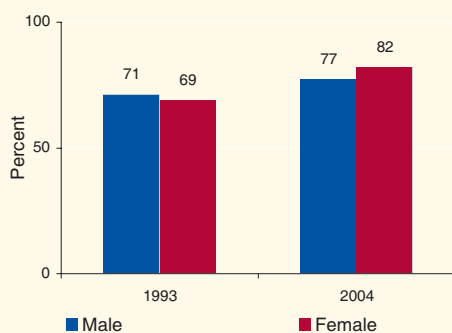
**Target the poor, the disadvantaged, and backward regions: make public expenditures count.** The largest progress toward the MDGs can be achieved by effective targeting of public expenditures to the poorest and most disadvantaged groups. Where malnutrition is widespread, targeted programs for maternal and child nutrition and health can help overcome demand-side barriers (Islam and Malik 1996). Where demand-side constraints are daunting, e.g., in girls’ education and institutional birth delivery, direct cash transfers such as stipends and scholarships, and maternal and child health care vouchers should be designed to reach the most disadvantaged households; successful experiences from the region should be widely shared and replicated (examples are presented in boxes 4.1 and 4.2).

#### Box 4.1: Bangladesh: Remarkable Success in Girls’ Education

In Bangladesh in 1993, girls’ enrollment was significantly lower than that of boys. Between 1993 and 2004, girls’ enrollment improved by 13%, more than double that of boys, reversing the gender bias in favor of girls for the first time (box figure 1).

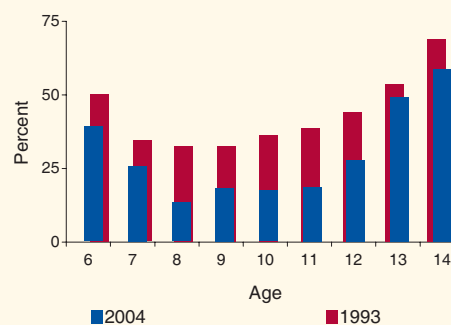
Bangladesh achieved this remarkable success by targeting the enrollment of the most disadvantaged—girls from poor families. By providing food for schooling and girls’ scholarships with the aid of a vibrant civil society and nongovernment organizations, the number of poor girls not in school dropped significantly for all age groups in the country (ADB 2006b), as shown in box figure 2. ADB, along with other development partners, has provided support to the Government’s stipend program.

**Box Figure 1: Bangladesh School Children 6–14 years, in 1993 and 2004, by gender**



Sources: Demographic and health surveys (see pp. viii–ix).

**Box Figure 2: Percentage of Girls Out-of-School by Age in the Poorest Quintile**



Source: Author’s analysis from Demographic and Health Surveys, Bangladesh, 1993 and 2004

## Sector-Specific Recommendations

Elaborate sector-specific recommendations are beyond the scope of this report; solutions have to be contextual and a “cookie-cutter approach” is unlikely to work. Table 4.2 (pp. 41–42) lists indicative recommendations for the education sector and table 4.3 (p. 43) lists these for the health sector. We elaborate a few key recommendations separately for each.

### Education

**Improve the quality of primary education.** With access to primary education largely addressed, the emphasis will need to move toward improvements in quality, relevance, and, thus, efficiency—equitable access to good quality education, especially for the disadvantaged groups (Hasan and Mehta 2006). Too often, “a woefully inadequate primary school system ... fails to equip students with the basic skill set that they need so as to benefit from socially relevant education” (ADB 2007a). Curricula should be reviewed and updated to ensure their relevance, and textbooks and teaching and learning materials correspondingly revised. Basic school facilities (which may need to include provision of separate toilet facilities for boys and girls, and running water), textbooks, and materials should be provided in a timely manner. Teachers should also be provided with regular pre- and in-service training that reflects current pedagogical requirements. Standardized tests should be used to assess the reading, writing, mathematics, and reasoning skills at the national and regional levels.

**Expand good quality and relevant secondary education.**<sup>3</sup> As primary school participation increases and more students complete primary education, secondary education will have to expand to accommodate them (Devarajan and Nabi 2006). The Government of India notes: “The 11<sup>th</sup> Plan must ... aim to progressively raise the minimum level of education to high school ... level.” Curricula can be updated to include ICT education, and skills and competencies required by the labor market, such as analytical, communication, and language skills (UNESCO 2005). Skills to facilitate learning at later stages in life need to be provided. Improved student guidance is important to channel students in appropriate higher education, training, and career directions. At the same time, a large number of school leavers will not be able to enroll in higher education or join the formal labor market. Opportunities for acquiring practical

<sup>3</sup> Devarajan and Nabi (2006) find that South Asia falls short of East Asian standards in the supply of skilled workers, and use two proxies to capture workers’ skills—gross enrollment at the secondary level and average years of schooling of workers. According to them, “both of these education attributes give information about the trainability of workers. Acquiring industry specific skills to attract foreign direct investment is facilitated by a trainable work force.”

employment and entrepreneurship skills can be expanded. Where appropriate, targeted subsidies can be provided to lagging and disadvantaged groups.

**Provide good quality postsecondary and higher education, and technical and vocational education and training.** To meet the demand for skilled and semiskilled South Asian workers for outsourcing activities, the international labor market, and the growing domestic sectors, the private sector can help ease the pressure on governments to provide more education and training places, and the governments may adapt East Asia's public-private partnerships to local conditions through firm-specific training programs (Devarajan and Nabi 2006). Given governments' limited budgets, the cost of higher education can be shared between the government and households, as the major part of its benefits accrue to the graduate. To provide equitable access to higher education, governments can use targeted subsidies for the poor and disadvantaged.

Postsecondary and higher education and TVET programs should be relevant to the needs of the labor market. For this, the capacity for teaching and research in science and technology needs to be strengthened (Hansen and Lehmann 2006). For example, the Government of India (2006) states: "We need to expand vocational training from the present capacity of a mere 2 million to 3 million to at least 15 million [people].... Training institutes in India typically cater to around 40 skills compared with 4,000 in China." Effective quality assurance mechanisms for tertiary education programs need to be in place, including accreditation programs. In TVET, employers and related stakeholders should be actively involved at all stages, from identifying the needed training programs to developing skill standards and providing practical training. To coordinate and lend coherence to the multitude of TVET programs and providers, a national vocational qualifications framework should be considered. Skills testing and certification can address questions relating to quality and facilitate the international movement of skilled and semiskilled labor. Potentially, women comprise half of the labor force and they should be encouraged to continue their schooling and/or training.

**Provide mobility between education and workplace, and lifelong learning.** With rapid changes taking place in the labor market, the workplace, and society, job stability and the permanence of employment could decrease. Lifelong learning and skill training opportunities are needed to ensure that workers are able to keep up with the changes through retraining or continued education. Adult education programs are needed to provide basic skills. Coordination and mobility between education and training systems should be facilitated. Labor market information, job search assistance, apprenticeship programs, and other measures should be readily available to help ease the school-to-work transition. The availability of information and referral networks for work, learning, and training

opportunities can be improved, to help expand education and work opportunities for presecondary school-leavers.

**Integrate ICT.** Teaching and learning experiences can be enriched by a combination of innovative teaching methods, media, software, and information available through the Internet and digital libraries. ICT enables learning and communication, and is increasingly affordable and being mainstreamed in education systems. Education and training can be more flexibly delivered with the use of ICT. Remote communities can be served through distance education using ICT. Teachers should be trained in ICT and curricula revised to accelerate its integration. Effectively employed and improved management information systems and information networks can result in policy decisions, promotions and transfers of teachers, and students' assessments that are more transparent. With the rapid pace of change in ICT, budget allocations for hardware and software upgrades and support will need to be made regularly. As more ICT is employed in classrooms, care must also be taken to ensure that the poor, who have limited access to ICT, are not left behind.

## **Health**

**Strengthen urban primary health care.** Primary health care systems in urban areas need to be strengthened (Sclar, Garau, and Carolini 2005). The Bangladesh Government is supporting urban primary health care through innovative public-private partnerships (box 4.2). Other governments in the region need to take effective steps to build public health networks in urban slums. Instead of replicating the weak model of public financing and public provision, the region needs more innovative approaches to service delivery that can provide maximum impact and value for public expenditures.

**Regulate the private sector: control costs, improve quality, and share information.** Without proper regulation, profit-seeking hospitals can inflate costs by (1) increasing the days of stay in a hospital, (2) increasing the number of diagnostics, and (3) resorting to costly medicines when equivalent cheaper ones are available. In the absence of risk pooling and health insurance, fewer choices are available to individual patients. Consumers in the region do not have access to performance benchmarks of various hospitals to properly evaluate and price the health services. Thus, governments need to strengthen their role as regulators and facilitators of private health care and to institute mechanisms to accredit hospitals through independent quality assurance institutions.

**Integrate information and communication technology.** Health departments in the region have been slow to adapt and mainstream ICT into their operations. With the help of appropriate technology, health workers in remote areas can have timely access to health care information. Using readily available cell phones, health service call centers (similar to the American "911") can provide cost-effective medical advice to the needy irrespective of where they are. Web-

**Box 4.2: Meeting a Key Gap through  
Public-Private Partnership:  
The Bangladesh Urban Primary Health Care Project**

A good example of how a government can address health transformation within various operational constraints and opportunities is the Bangladesh Urban Primary Health Care Project (UPHCP). The UPHCP is pioneering in many ways.

As in most of the countries in the region, urbanization has been very pronounced in Bangladesh. Prior to 1998, Bangladesh had very limited urban primary health care (PHC) facilities. In 1998, when the Government of Bangladesh decided to strengthen urban PHC facilities with Asian Development Bank (ADB) support, it had two options:

- to expand the public facilities, and/or
- to create new models of service delivery.

The Government took a bold step and opted for a public-private partnership model for the UPHCP, which has been shown to be effective (ADB 2002a).

The UPHCP provides PHC services to urban Bangladesh, and has led to a major departure from the usual model of social service delivery in South Asia—government-financed and government-provided. The UPHCP supports contracting-out of urban PHC services to nongovernment organizations—government-financed but private-sector-provided—in geographically defined partnership areas covering 200,000–300,000 people. The UPHCP is supervised by the health departments of the municipalities under the overall stewardship of the elected mayor, ensuring public monitoring and accountability of the public-private partnership model. The first UPHCP was approved by ADB in 1997 and was successfully completed in June 2005. Due to its success, the Government of Bangladesh requested a second phase of the project to accelerate progress toward the health-related Millennium Development Goals. ADB approved the second UPHCP in May 2005, with cofinancing support from the United Kingdom, Sweden, and the United Nations Population Fund. The design of the second UPHCP builds on the strong and tested features of the first, and attempts to strengthen the focus on pro-poor targeting (at least 30% of all the services under the second UPHCP have to be accessed by pre-identified poor households).

Source: [www.adb.org/Health/contracting-BAN.asp](http://www.adb.org/Health/contracting-BAN.asp)

based applications can be used for reporting disease outbreaks even from remote areas. Global positioning systems can be used to locate people who need emergency care, and track evolving disease patterns. ICT can be used to increase the citizenry's awareness of social sector issues.

**Health insurance and other risk pooling.** High health care costs and reliance on out-of-pocket payments expose households to financially catastrophic health spending. With the epidemiological transition taking deeper roots, the need for risk pooling and health insurance is becoming urgent. "Sickness funds" are needed, especially for the poor. Such funds can be managed by local governments or autonomous bodies that can negotiate with local providers for rates and services.

**Skills planning, training, and deployment.** When health service professionals with a particular skill (e.g., radiology or anesthesiology) are in short supply, the ability of health systems to deliver effectively is hampered. Projecting demand and supply for health services from the public and private sectors, from outsourcing, and from the aging developing world is a complicated task. Nonetheless, governments must devote attention and resources to training and certifying health service personnel. Special policy interventions will be necessary to ensure that a minimum standard of trained personnel is deployed in rural health systems.

**Dealing with the impending noncommunicable disease epidemic.** Early onset of noncommunicable diseases combined with lack of health insurance will seriously affect labor productivity and the financial well-being of many households (Nishtar 2002). Through intersectoral collaboration (education, food regulation, and media), the public and private sectors can delay the early onset of noncommunicable diseases and the associated catastrophic health expenditures. Primary health care systems have to meet the special needs of noncommunicable disease sufferers. This will require updating of in-service and pre-service training (Epping-Jordan et al. 2005, Strong et al. 2005).

**Table 4.2: Actions Proposed for Managing the Education Sector through Transition**

Areas of Focus	Actions
Provide Good Quality Primary Education	<ul style="list-style-type: none"> <li>• Improve the quality and relevance of curricula, textbooks, and learning materials.</li> <li>• Ensure timely provision of basic facilities, teachers, and learning materials to all communities, including disadvantaged and distant communities.</li> <li>• Improve pedagogy and teacher training and management.</li> <li>• Improve the quality and standards of primary education teaching through specific higher education programs.</li> <li>• Emphasize communication, analytical, and learning skills in primary education.</li> <li>• Develop standardized tests to assess the reading, writing, mathematics, and reasoning skills at the national and regional levels.</li> <li>• Inculcate understanding and tolerance of other cultures and promote healthy lifestyles.</li> <li>• Improve the governance and management of primary and secondary education through effective decentralization, strengthening of capacity, and enhancement of accountability.</li> </ul>
Expand Good Quality Secondary Education	<ul style="list-style-type: none"> <li>• Modernize curricula and teaching methodologies, including introducing information and communication technology (ICT) education and using ICT and skills and competencies required by the labor market.</li> <li>• Improve the quality and standards of secondary education teaching through specific higher education programs.</li> <li>• Ensure equitable access to foreign language learning and ICT.</li> <li>• Provide subject options, including practical subjects, for introduction to the labor market.</li> <li>• Strengthen career guidance and provide linkage to the world of work in learning activities.</li> <li>• Improve the relevance of assessment systems to the changing needs of societies and economies.</li> <li>• Inculcate good citizenship, gender sensitivity, understanding and tolerance of other cultures, and healthy lifestyles.</li> <li>• Provide targeted subsidies, where appropriate, to girls and disadvantaged groups.</li> </ul>

Table 4.2, continued

Areas of Focus	Actions
Provide Good Quality Postsecondary and Higher Education, and Technical and Vocational Education and Training	<ul style="list-style-type: none"> <li>• Address domestic and international labor market opportunities, e.g., business process outsourcing, ICT, and other service and manufacturing industries, by expanding the provision of education and training in these areas.</li> <li>• Ensure that national education and training standards are accepted internationally, including assessments.</li> <li>• Ensure that postsecondary and higher education and TVET are in line with market demands.</li> <li>• Establish more linkages with employers, industries, and employment agencies.</li> <li>• Establish quality assurance of local university programs, e.g., accreditation.</li> <li>• Develop recognition and quality assurance of franchised foreign university programs.</li> <li>• Develop recognition of certificates, diplomas, and degrees earned abroad.</li> <li>• Form links with foreign institutions of higher learning and research.</li> <li>• Improve coordination within the education system and between education and training systems; and facilitate the mobility of students between the education and training systems, e.g., qualification frameworks and credit awards.</li> <li>• Strengthen teaching and research capacity in science and technology.</li> <li>• Expand places in higher education by involving the nongovernment and private sectors, using alternative delivery modes, and addressing cost recovery.</li> <li>• Encourage women to continue schooling and/or training.</li> <li>• Improve equitable access to higher education by providing targeted subsidies/financing to the poor.</li> </ul>
Prepare for Lifelong Learning	<ul style="list-style-type: none"> <li>• Expand opportunities for skills upgrading and/or retraining.</li> <li>• Expand adult and continuing education opportunities, particularly for acquisition of new knowledge, skills, and qualifications.</li> <li>• Expand training and education opportunities for pre-secondary school leavers.</li> <li>• Improve information and referral networks for learning, training, and work opportunities.</li> </ul>
Role of the Private Sector	<ul style="list-style-type: none"> <li>• Government should facilitate the involvement of the private and nongovernment sectors and civil society in the provision, management, quality assurance, and financing of education and training.</li> <li>• Open the provision of education and training to private providers.</li> <li>• Government and the private sector should set and monitor international quality standards.</li> <li>• Ensure that the quality of education training meets national, if not international, standards.</li> <li>• Open the management of government-owned education and training institutions to the private sector.</li> <li>• Involve employers and related stakeholders in identifying needed training programs to develop skill standards and provide practical training, etc.</li> </ul>
Integrate ICT	<ul style="list-style-type: none"> <li>• Use ICT to enhance (1) teaching and learning experiences, (2) pre- and in-service teacher training, (3) flexible delivery modes, and (4) technical support to teachers and academic supervisors.</li> <li>• Improve budget allocation to ICT for regular hardware and software upgrades.</li> <li>• Minimize any emerging digital divide.</li> <li>• Allocate budget for retraining in hardware and software upgrades.</li> <li>• Review and update the skills mix of teachers and school administrators vis-à-vis advances in ICT.</li> <li>• Review and update the staffing mix of schools to support students and teachers in new learning technologies.</li> <li>• Use ICT, including management information systems, to improve school management and the administration of the education system and improve the transparency of decisions.</li> </ul>

**Table 4.3: Actions Proposed for Managing the Health Sector through Transition**

Areas of Focus	Actions
Focus on the Poor for Achieving the Millennium Development Goals (MDGs)	<ul style="list-style-type: none"> <li>• The differentials between the rich and the poor in most health indicators are very high. To accelerate progress toward the MDGs, the largest gains must come from poor households. Hence, public policies and programs should shift to targeted efforts to achieve progress among the poor.</li> <li>• Further gains in infant and maternal mortality will take place only if the health systems cater to women in their third trimester of pregnancy and to newborn infants. To increase neonatal health and provide services to high risk pregnancies requires a health workforce with increased skills.</li> <li>• Young migrants from poor families moving into urban areas need to be targeted to reduce high-risk sex behavior. Awareness about HIV/AIDS and sexually transmitted diseases among the poor needs to increase.</li> <li>• Better public food distribution systems should target the poor to reduce malnutrition and micronutrient deficiencies. Programs such as food for work and food for schooling should be targeted where malnutrition is most prevalent.</li> </ul>
Be Aware of the Transitional Forces and Fine Tune Public Policies Accordingly	<ul style="list-style-type: none"> <li>• Transitional forces are redefining the way social services should be provided. Ignoring these forces will entail missed opportunities and an increased risk of avoidable adverse impacts and higher future costs.</li> <li>• Pro-poor targeting, innovative public-private partnerships, regulation of the private sector, integration of information and communication technology (ICT), and prevention of noncommunicable diseases will need appropriate public policies and programs.</li> </ul>
Improve the Quality of Health Care by Focusing on Training for Health Personnel	<ul style="list-style-type: none"> <li>• With the growth of medical outsourcing and changing disease patterns in the region, the need for more efficient hospital care is increasing. Health workers and paramedics need better skills and knowledge. Planning for the health care workforce needs to (1) consider the potential increase in demand from South Asia due to the aging population in the developed world, and (2) anticipate the future demand and ensure adequate supply so that public health service delivery, especially in rural areas, does not suffer.</li> </ul>
Go for Bold Public-Private and Public-Public Partnerships	<ul style="list-style-type: none"> <li>• Governments need to redefine their role from “provision” to “steering.” This can be done if they take full advantage of devolution and forge new partnerships. Day-to-day service delivery issues should ideally be managed by the lower levels of government or the private sector, while the central government increasingly (1) provides the framework for policy and planning, (2) regulates, (3) sets standards, and (4) assures quality.</li> </ul>
Risk Pooling, Health Insurance, and Preventive Efforts	<ul style="list-style-type: none"> <li>• With the increasing burden of noncommunicable disease, catastrophic health care costs will escalate. Risk pooling and sickness funds for the poor can reduce impoverishment resulting from high health care costs.</li> <li>• Through effective promotion of healthy lifestyles and disease prevention, the risk factors responsible for the largest burden of noncommunicable diseases can be reduced and the productive age groups can be protected from premature onset of noncommunicable disease. This should be a top priority in the region, and should include public awareness campaigns, improvements in school curricula, and a ban on tobacco advertisements.</li> <li>• Health systems and the health workforce need to be geared up for the growing noncommunicable disease burden. Curricula of pre-service and in-service training of health workers should be reviewed to mainstream control of noncommunicable diseases.</li> </ul>
Use of ICT	<ul style="list-style-type: none"> <li>• ICT could redefine the way health services are provided in remote areas and reach the most disadvantaged. Some of the seemingly intractable problems of governance and institutional capacity can be addressed by creative use of ICT.</li> <li>• Measures such as service quality call centers can be used to empower citizens for regular health service provision. Service to pregnant women and children can be tracked using mobile telephones and geographic positioning systems, and central health service call centers linked to ambulance services. Web-based health information systems can provide the right information in a timely manner to health workers in remote areas. Application of ICT for improving public social service delivery should be a top priority, as should operational research to leverage technology and scale up applications for improving access and quality of health services.</li> <li>• Health workers should be trained in using ICT; ICT should be mainstreamed into the curricula for pre-service and in-service training of health workers at all levels.</li> </ul>