

UNIVERSAL HEALTH COVERAGE:



The World Health Organization (WHO) was established in 1948 with the promise of realising ‘Health for all’. Almost seven decades later, both WHO and India are still striving towards achieving the vision of universal health coverage. **Universal health coverage is fundamental to achieving the health objective under the Sustainable Development Goals (SDGs)**. Yet, about 400-million people – one out of every 17 of the world’s citizens – lack access to essential health services. With a population of 1.2 billion, India has a remarkable opportunity to take on a leadership role in addressing this major gap and providing assured health services to all its citizens.

- The extremely high **private out-of-pocket expenditure on health** – **close to 70 per cent** – has also emerged as a major cause of impoverishment: it drives close to 50 million people into debt and poverty every year.
- There is also very low **health insurance** coverage in the country. About 300 million people or **25%** of India’s population is covered with some form of health insurance, according to the **World Bank**. The Insurance Regulatory and Development Authority of India **IRDA**, meanwhile, claims that only **17%** of the population has some form of insurance coverage—and according to the latest National Sample Survey Organisation Survey **NSSO** on Health and Morbidity (2014), only **13%** of the population is covered by government-funded insurance schemes.
- Considering this, the Indian government’s newly-approved **National Health Policy 2017** is a laudable step in this direction. The policy seeks to promote **universal access** to good quality healthcare services while ensuring that no one faces **financial hardship**, and to ensure that public hospitals provide universal access to a **wide array of free drugs and diagnostics**. This policy can help realise the vision of achieving universal health coverage and ‘health for all’ in India.

If carefully implemented, the policy’s proposed steps such as a **health card for every family**, which will enable access to primary care facilities and a defined package of services nationwide, will certainly help improve health outcomes in India. The recommended **grading of clinical establishments** and active promotion and adoption of **standard treatment guidelines** can also help improve the quality of healthcare delivery in India.

Cabinet approves National Health Policy

(March 17 2017)

After much delay, the National Health Policy 2017, on the lines of Obamacare, was approved by the Cabinet on Wednesday, assuring affordable health services to all. The last health policy was issued 15 years ago in 2002.

The decision on the policy that had been in cold storage for about two years, was deferred twice in the past two months by the Cabinet.

The policy addresses issues concerning universal healthcare coverage, reducing maternal and infant mortality rate as well as making drugs and diagnostics available free, at least in the public healthcare system of the country.

It also suggests that the Centre must amend laws to align them with the current healthcare scenario.

Highlights of National Health Policy 2017

***Increase in public health spend:** The draft policy proposes an increase in public health expenditure from the current 1% of GDP to 2.5%. Further, the Policy advocates allocating major proportion (two-thirds or more) of resources to primary care followed by secondary and tertiary care. General taxation will remain the predominant means for financing care.

***National Health Rights Act:** Akin to the right to education, the policy aims to assure health services to all.

***Public Private Partnerships:** The thrust is on building public-private partnerships to deliver health services.

***Non communicable diseases:** With non-communicable diseases (NCDs) and associated deaths rising, there is a special focus on tackling them.

***Health Research:** The department of health research finds prominence in the policy as a boost for health research.

* It also envisages a three-dimensional integration of **AYUSH** systems encompassing cross referrals, co-location and integrative practices across systems of medicines. It also boasts of having an effective grievance redressal mechanism.



Yoga would be introduced much more widely in school and work places as part of promotion of good health.

Under a '**giving back to society**' initiative, the new Health Policy supports **voluntary service** in **rural** and **underserved areas** on **pro-bono basis** by **recognized healthcare professionals**.

It also advocates extensive deployment of digital tools for improving the efficiency and outcome of the healthcare system and proposes establishment of **National Digital Health Authority (NDHA)** to **regulate, develop and deploy digital health** across the continuum of care.

Promotes make in India for drugs and devices

Key targets:-

Among key targets, the policy intends to increase life expectancy at birth from **67.5 to 70 by 2025** and reduce **infant mortality rate to 28 by 2019**. It also aims to reduce **under five mortality to 23 by the year 2025**. Besides, it intends to achieve the **global 2020 HIV target**.

Public Health Management Cadre: The Policy proposes creation of Public Health Management Cadre in all states. States could decide to place these public health managers, with medical and non-medical qualifications, in cadre streams related to directorates of health.

Private sector involvement: The Policy proposes certain measures to encourage greater participation by the private sector. These include: (i) preferential treatment in collaborating with private hospitals for Central Government Health Scheme (CGHS)(covers the healthcare needs of central government employees and members of their families), and (ii) non-financial incentives like skill upgradation to the private sector hospitals/practitioners for providing public health services.

Preventive and Promotive Health



Health outcomes are determined not just by investments in the health sector but equally significantly by investments in **non-health sectors**.

By enhancing inter-sectoral coordination, adherence to Health in All Policies (HiAP) approach. Coordinated action on seven priority areas for improving the environment for health proposed:

- The Swachh Bharat Abhiyan



- Balanced, healthy diets and regular exercises.
- Addressing tobacco, alcohol and substance abuse

- Yatri Suraksha – preventing deaths due to rail and road traffic accidents
- Nirbhaya Nari –action against gender violence
- Reduced stress and improved safety in the work place
- Reducing indoor and outdoor air pollution

In addition, Swasth Nagrik Abhiyan –a social movement for health.

‘Health Impact Assessment’ of existing and emerging policies, of key non-health departments that directly or indirectly impact health would be taken up.

Two very significant and patient centric initiatives have recently received approval of the Parliament i.e. the Mental Healthcare Act 2017 and the HIV & AIDS Prevention and Control Act, 2017," Nadda mentioned in his blog.

Also since the Policy proposes a focus on prevention and treatment in addition to the earlier model of sick-care only services, we are moving along with sick care to wellness," he added

Achieve the global 2020 HIV target (also termed 90:90:90; 90 per cent of all people living with HIV know their HIV status, 90 per cent of all people diagnosed with HIV infection receive sustained antiretroviral therapy and 90 per cent of all people receiving antiretroviral therapy will have viral suppression

CRITICISM:

The indication that the policy would adopt an “**assurance-based approach**” itself abandons a radical change proposed in the **draft policy of 2015 — that of a National Health Rights Act** aimed at making health a right. It reiterates health spend targets set by the **High Level Expert Group (HLEG)** set up by the erstwhile **Planning Commission for the 12th Five Year Plan** (which ends on March 31, 2017).

Failing to make health a justifiable right in the way the Right to Education 2005 did for school education. It has also reversed the earlier proposal of using taxation, including a special health cess, to finance the increased budget.

The way ahead: We need to begin by answering this question: when the rate of economic growth in India is outpacing most other countries, why is India’s per capita expenditure on health so abysmally low in comparison with other **BRIC** countries?

Investing in health is a no-brainer. A healthy population is the engine behind sustainable economic growth; the alternative is a growing economic burden. According to the United Nations and World Health Organization, absent comprehensive action now, NCDs will cost India in the region of **\$6.2 trillion** in the 2012-2030 period. Thus, an increase in healthcare spending should be considered an investment, not a cost.

India desperately needs a holistic care system that is universally accessible, affordable and at the same time effectively reduces OoP expenditure. Increasing private investment in healthcare for broader and more comprehensive insurance is necessary. **Developing subscription-based primary healthcare clinics** and plans are also options. At the same time, it is important to come up with viable mechanisms that will exempt the poor from payments and provide them both health and financial protection.



Simple steps like strengthening tertiary tier healthcare; developing local health systems to be able to screen the maximum number of people; providing extensive diagnostics and free essential drugs; offering disease-specific insurance schemes; providing coverage even to those in unorganized sectors; using corporate social responsibility involvement to strengthen healthcare; and switching focus from patient care to preventive care, will all go a long way.