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Bailing out of the system

For a government dragging its feet on the question of providing universal health cover for all, the Centre has shown great alacrity in deciding that members of the All India Services and their families will be eligible for medical treatment abroad at the taxpayer's expense. It obviously matters little that even in 1946, the report of the Health Survey and Development Committee headed by Sir Joseph Bhore, on which the national health system was to be built, recommended that "public funds should, as far as they are available, be devoted to the development of the health service." The Planning Commission's High Level Expert Group on Universal Health Coverage advocated a similar vision for the ongoing Twelfth Plan and beyond. In the revised guidelines issued by the Department of Personnel and Training, there is, seemingly, a caveat on treatment abroad: that only those cases where facilities are not available in India are to be considered. The intent, however, is not to sanction the exceptional case, but to generally facilitate such treatment for the higher echelons of the bureaucracy. Conveniently, the foreign exchange necessary will be recommended by designated domestic hospitals, in addition to State authorities, which are under bureaucratic control anyway. Such measures can only deal a severe blow to the national health care system when it is in dire need of quantitative expansion, qualitative upgradation and strong regulation.

The ailments for which members of the IAS, IPS or their families are now eligible for treatment abroad are those for which treatments need to be widely available in a country with over 1.2 billion people, but are not. Complex or high risk cardiovascular surgery, bone marrow transplants, treatment for leukemia, neoplastic conditions, microvascular and neurosurgery (and others left unspecified) should be available in the public health system, ideally at the district level. That prospect is now distant, since the people who wield power in everyday decision-making have no incentive to do this: they can get treated abroad, and pass on the cost to the exchequer. It must be pointed out here that to provide even a basic package of free health care to Indians, after co-opting a regulated private sector for the purpose, India needs to double the number of doctors and nurses by 2025. The HLEG assessment shows that the country falls well short of the modest WHO norm of 23 health workers per 10,000 people, with only 19 workers available. It recommends a scaling up of facilities in a decade to provide access to treatment and medicines and cut the dismal levels of out-of-pocket spending. Rather than take up this challenge, it is unfortunate that the Centre has agreed to foot the bill for reverse medical tourism for a select few.

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