UNIVERSAL HEALTH COVERAGE IN INDIA AND BEYOND: BUILDING
HEALTH SYSTEMS TO SAVE LIVES AND REDUCE INEQUITY

Commemorative Meeting on First UHC Day

12th December 2014
India Islamic Cultural Centre
New Delhi, India
The first ever Universal Health Coverage (UHC) day was celebrated on 12th December 2014 globally by more than 400 organisations from over 80 countries. The commemorative event was timed to the two-year anniversary of the United Nations' historic resolution on universal health coverage.

In India, World Health Organisation, Public Health Foundation of India, Rockefeller Foundation and Oxfam India collaborated to commemorate the UHC day. The celebrations included a panel discussion on “UHC in India: Opportunities and Challenges” and sharing of Oxfam India’s draft discussion paper, “Financing Healthcare for all in India: Towards a Common Goal”. Over 65 participants from various health, development, research and media organisations attended the event.

**Ms. Pallavi Gupta**, Programme Coordinator (Health), Oxfam India, welcomed the guests. She observed that coming together of different organisations to mark this day was indicative of the fact that collaborative effort is what is indeed needed if UHC is to become a reality.

**Dr. Priya Balasubramaniam**, Director UHC Initiative, Senior Public Health Scientist, PHFI, gave the opening remarks and spoke about the importance of the UHC day. She asserted that the primary cause of poor state of public health system in India was the low investment in the public health sector. India still spends just above 1% of GDP on health. She further added that it was pertinent to make UHC the key mandate for India’s health agenda. Dr. Balasubramaniam stated that people are forced to spend everything they have to save the life of a loved one. Hence, we need to build a system where people did not have to face financial ruin to access essential health care. She highlighted the role of the government in the process of health system strengthening and stressed that political will was central to making progress in ensuring health for all.

**Dr. Nata Menabde**, WHO representative to India, gave the key note address elaborating on the role of UHC in setting stage for health system reforms in India. In the context of the current public health scenario in India Dr. Menabde emphasised on the role of the government in provision of universal healthcare. She underlined that UHC is a progressive goal and its realisation depended on lasting commitment from the government and citizens. She clarified that public health system in India was plagued not only by financial constraints but by lack of commitment to quality. She said acceptance of poor quality of health services was detrimental to the healthcare system and encouraged active role of citizens in demanding good quality health services. Dr. Menabde also stated that National Health Assurance Mission (NHAM) seemed very promising.
Dr. Nata Menabde delivering the keynote address

The keynote address was followed by an interactive panel discussion with leading public health experts and advocates on strategies to strengthen India’s health system. The panelists were:

- Prof. Ranjit Roy Chaudhury, National Professor of Pharmacology, National Academy of Medical Sciences (NAMS)
- Ms. Nel Druce, Senior Health Adviser, DFID
- Dr. Amit Sengupta, Jan Swasthya Abhiyan
- Dr. Satish Kumar, Advisor (Public Health Planning), National Health Systems Resource Centre (NHSRC)
- Prof. Ramanan Laxminarayan, Vice President (Research & Policy), PHFI
- Ms. Unni Silkoset, Counselor – Health Royal Norwegian Embassy
- Dr. Vikram Rajan, Senior Health Specialist, World Bank
The panel discussion was moderated by Mr. Dinesh C Sharma, senior journalist and author. Mr. Sharma asked the panelists to respond to specific questions which included:

- From Alma-Ata, Millennium Development Goals (MDGs) to UHC – Are we changing the goal posts?
- Role of primary health and cost effectiveness, and affordable medicines in access to universal health care.
- Quality of care gaps and lapses in the Indian health system
- Importance of data and health management information systems in enhancing efficiency of health services

The discussion also focused on opportunities and challenges for universal health coverage in India in light of the National Health Assurance Mission expected to be rolled out in the country next year. The panelists deliberated on strategies to strengthen India’s health system to ensure every person, everywhere has access to affordable and quality health care.

Ms. Nel Druce sharing her views during the panel discussion. Panelists (L-R): Dr. Amit Sengupta, Prof. Ramanan Laxminarayan, Prof. Ranjit Roy Chaudhury, Ms. Nel Druce, Dr. Satish Kumar, Ms. Unni Silkoset, Dr. Vikram Rajan and Mr. Dinesh C Sharma (standing)
**Prof. Ranjit Roy Chaudhury** shared information about the NHAM, expected to be rolled out in 2015, as a step towards providing UHC. He informed that NHAM will bridge two important gaps in service delivery that lead to increase in out-of-pocket expenditure, medicines and diagnostics. Prof. Chaudhury also shared that the possible obstacles to NHAM could be lack of good quality generic medicines and lack of participation from physicians’ groups.

**Ms. Nel Druce** said that UHC and its vision had the potential for transformative impact in India. She shared that the consensus and collaboration on UHC by different organisations was heartening and hoped that this global movement would give space for inclusion of positive changes for women. She further added that a prerequisite to ensuring adequate healthcare services and improving quality of care was developing guidelines for ‘care pathways’ and streamlining essential procedures and eradicating unnecessary procedures.

**Prof. Ramanan Laxminarayan** said that health and health systems should not be seen in isolation. He explained that increase in overall social development and enhanced quality of life would lead to improvement in health status. He further added that gains in other sectors would help in creating an efficient public health system that works. He also said that financial problems of the public health system in India were related to lack of public funds and accountability of public health services.

**Ms. Unni Silkoset** highlighted that coverage, quality and setting accountability were central to the provision of UHC. She pointed to the poor working conditions and lack of sound human resource policy for public health workers at all levels. She reiterated that it was important to motivate health workers in order to establish a sound health system.

**Dr. Satish Kumar** expressed hope that UHC would create an environment where people were motivated to stay healthy. He further added that public health sector had a dominant role to play in ensuring UHC and it was crucial that UHC was not equated to provision of insurance and commercial coverage as that would lead to increase in healthcare costs that our country could ill-afford. He felt that NHAM was the best vehicle to carry forward the agenda of UHC. He also elaborated the progress made by various schemes under the National Rural Health Mission (NRHM) and the resultant reduction in out-of-pocket expenses. He stressed that the need of the hour was decentralised participatory planning and this could only be done by increased involvement of Panchayati Raj Institutions (PRIs) and community based quality assurance committees.
**Dr. Vikram Rajan** said that the onus of making UHC a reality and reduce inequities was on us (citizens and civil society). He added that World Bank welcomed collaborations between public and private players to strengthen the health system in India. He also said that despite large investments in developing focused reproductive health services for women under NRHM, they were not getting the health care they deserved. He agreed with other panelists and said that lack of accountability and quality of care, were serious concerns.

**Dr. Amit Sengupta** answered the question put up by Mr. Sharma and agreed that the goal posts for health were indeed being changed. He said that Alma-Ata declaration had called for setting a new economic order and that was still a dream. He highlighted the progress made under NRHM and asserted that this had shown that public health sector was capable of providing good quality healthcare despite facing severe human resource and budgetary constraints.

Dr. Sengupta agreed with Ms. Silkoset and further added that it was pertinent to improve the working conditions of public healthcare workers. He applauded the physicians and other health workers who worked in difficult conditions and continued to provide good services. He supported the demand for a higher public health budget and increased public financing of health programmes. He also said that it was important to bring back the language of ‘care’ and discard the usage of ‘insurance’.

The panel discussion was followed by a question and answer session where the panelists further elaborated on points raised by the audience.
Mr. Deepak Xavier, Lead Specialist – Essential Services, Oxfam India, presented the key arguments and recommendations of the draft discussion paper, “Financing Healthcare for all in India: Towards a Common Goal”. The prominent findings of the paper included:

- Government should be the primary provider of essential healthcare in India
- Insurance based model is not feasible in India and hence provision of UHC must not be based on expansion of health insurance
- There is an urgent need to enhance budgetary spending on healthcare
- Standard treatment protocols need to be set to ensure quality of care
- India’s tax revenue model is regressive which taxes the poor and rich similarly
- Tax evasion by MNCs in India exceeds $12.6bn

Mr. Xavier invited the participants to share their feedback on the draft, based on which the paper would be finalised.
Prof. K. Srinath Reddy, President, PHFI, delivered the valedictory remarks and shared his vision of taking UHC ahead in India. He seconded the panelists and endorsed Oxfam India’s discussion paper. He agreed with the recommendations of the paper and added that there was a need to have higher public financing in the health sector. He further pointed that emphasis on health insurance and Rashtriya Swasthya Bima Yojana (RSBY) without adequate investment in the NHM would lead to increase in induced demand and more spending on advanced care which did not bode well for the country.

Prof. K. Srinath Reddy delivering the valedictory remarks

Prof. Reddy urged the policy makers to look for successful models such as the Indian Railway Health Services and review the feasibility of their implementation and scaling up in the country. He also called for strengthening of state health missions as a step towards better planning and streamlining of health services.

The day came to an end with Mr. Xavier thanking the panelists, participants and organisers for collaborating and exhibiting commitment to working together towards making UHC a reality in India.