‘Centre should increase spending on health’

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For the first time in the history of Gujarat, state chapters of Indian Association of Preventive and Social Medicine (IAPSM) and the Indian Public Health Association (IPHA) came together under a common umbrella to interact with each other towards achieving the same goal through a joint conference, ‘Universal Health Coverage (UHC) in India: Prospects and Challenges’.

Speaking on the occasion, director, Indian Institute of Public Health (IIPH), Gandhinagar, Dr Dileep Mavalankar, stressed on the principle of solidarity for all.

He said, “I learnt this from one of my trips to Germany nearly a decade ago, wherein almost all the speakers present at the conference harped on solidarity. And therefore today I understand and believe that every Indian citizen must have equal access and benefits of the UHC. The yardstick of what is available to the PM at high cost should also be available to the common man but at a lower cost.”

Stating a few reasons on the success of IIMA, Dr Mavalankar mentioned that the institute had very little hierarchy to follow and had more of collegial feeling. Every two years the HOD kept rotating and time discipline along with practice orientation and hard work were practices at IIMA.

“In addition, people try to find new grassroots innovations and attempts are always made to bridge gaps and build linkages. I feel the country at large must follow some of these”, Dr Mavalankar said.

In order to realise this goal of UHC for all, a High Level Expert Group (HLEG) report was submitted to the planning commission to be considered in the 12th five year plan. While Public Health Foundation of India (PHFI) was the secretariat, Dr KS Reddy, president of PHFI chaired this committee.

“The prime minister has recently given the green signal for this paradigm shift in India’s healthcare system”, informed Dr Reddy, adding, “It is now vital for public health specialists, medicos, leading experts and representatives from the government and international organisations to implement their abundant knowledge in practice. While the government spends 1% towards health, the remaining 4% comes from private pockets for the same.”

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