Interview

‘Prioritise primary healthcare’

“The level of public expenditure on health in India has continued to be dismal for decades now. Given the limited resources, which aspect of healthcare should be given priority?” I do not accept the premise that we are compelled to continue our abysmally low level of public financing for health. In the 1990s, the Asian Tigers of Southeast Asia suffered an economic crisis but they continued to invest in health and education. It helped their recovery and return to high growth levels.

We need to prioritise primary healthcare in both rural and urban areas to promote health, prevent disease and treat disorders before they lead to complications. That will reduce the demand for costly secondary and tertiary care. We also need to strengthen district hospitals. We should provide essential drugs free of cost to reduce out of pocket expenditure which is pushing over 40 million Indians each year into poverty.

What are the steps we need to take to strengthen public health service delivery in India?

We need to expand our health workforce, with priority accorded to non-physician healthcare providers like nurses, allied health professionals, auxiliary nurse midwives and community health workers. We should position trained public health professionals and health management professionals in health services to improve programme design and delivery.

We also need a robust regulatory system to set standards, monitor quality and control costs across the health sector, from production of drugs to delivery of clinical care. A National Health Regulatory and Development Authority must be established to set normative standards, with counterparts in the states to steer the operational functions. Quality assurance methods should be introduced, from standard treatment guidelines to technical and social audits.

Is the absence of a Public Health Act, the prime detriment... or are there other concerns we must first engage with on a policy level?

A Public Health Act is needed to define service entitlements and create effective systems for responding to public health threats. However, much can be done even as we await this Act. We cannot delay strengthening our disease surveillance systems or let people die because they have no access to essential emergency health services or blood banks.

We need to replace ‘health insurance’ with ‘health assurance’. The existing health insurance programmes do not provide primary healthcare or outpatient care and are fragmenting the health system while escalating the expenditure on secondary and tertiary care. We need to quickly integrate them with primary care under the framework of the Universal Health Coverage.

We need political will to prioritise health both as an investment in national development and as the ethical obligation of a civilised society to its citizens. Then the vision of Universal Health Coverage will not seem utopian.

Are there any successful models that we should look at?

Every state should have social determinants like Kerala and a health system like Tamil Nadu. Tamil Nadu has the best performing health system, with effective delivery of primary and secondary healthcare through an efficient public sector and a designated public health cadre. It has also established a model system for pooled procurement and decentralised distribution of essential drugs. Kerala has excellent access to health services and exemplifies how action on social determinants like education and gender equity can keep the population healthy.

What is your prescription for a healthy India?

We need more action on safe drinking water, sanitation, nutrition and clean environment to promote good health. Policies in other sectors, from agriculture to urban development must become responsive to public health concerns.