Bringing state back in public health
By Dinesh C. Sharma, Mail Today, Updated: 08/12/2011

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New Delhi: After several decades we are beginning to hear something positive about our public health system. For the first time in independent India, we have a blueprint to provide universal healthcare for all citizens as elaborated in the report of the High Level Expert Group (HLEG) led by Dr K Srinath Reddy.

The last time such a plan was proposed was in 1943 when the British set up a panel to develop a robust public health system for India under the chairmanship of Sir Joseph Bhore. In this sense, the work of Dr Reddy's panel is truly remarkable and historical.

All these years, there has been systematic downgrading of the state's role in the health sector and conscious promotion of private sector involvement. This has resulted in a skewed health system where citizens have to buy healthcare out of their pockets, while public spending on health is going down.

Healthcare costs are so steep that they alone send millions of people below poverty line every year. HLEG wants to reverse this. It wants public spending to go up and 'out of pocket' spending to go down. The vision it has set is indeed grand - free universal health coverage (UHC) for all citizens in a decade's time.

This would mean a package of essential primary, secondary and tertiary health care services to be guaranteed by the government.

Clearly the idea is to move beyond insurance (that offers incomplete coverage and restricted services) and provide 'assurance' of total health care. Universal healthcare would thus be not just an aspirational goal, but an entitled provision.

An important aspect of the plan is its universality and inclusiveness not just to include poor and the marginalised but to include non-poor as well. This will ensure the creation of a sustainable system in whose success everybody has a stake. Otherwise UHC will end up being 'yet another scheme for the poor'. The logic is to protect both the poor and non-poor from the risk of impoverishment due to unaffordable health care expenditures.

Increased public spending on health is the necessary first step. Experience from elsewhere has shown that this results in improved health outcomes. On the other hand, mere availability of services in the private sector has not improved people's health, as Dr Nata Menabde, representative of WHO to India, pointed out at a meeting last week.

IN THE last five years, according to her, the private sector in health in India has grown six folds, while the public sector has grown 2.6 times. But private providers are not there where their services are needed the most.

Converting the UHC plan into reality would need both financial and political will. In addition, I foresee resistance from private sector healthcare and medical tourism lobbies. It is not as if the infrastructure set up by private sector would remain unutilised when UHC is implemented.

One of the options under consideration is that state and central governments would contract-in private service providers wherever and whenever needed. The task of delivering care would still be with the state. People would be free to opt out of UHC, pay out of pocket or directly purchase private insurance.

The question is: will private sector be ready to play second fiddle to the public system, after all
these years of state patronage.

They are still harping on 'public private partnership', in which the government pays all the money but remains a passive partner. This is a real danger.

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