Intent to strengthen public sector healthcare is evident

Posted online: Monday, Dec 31, 2012 at 0000 hrs

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Will 2012 be regarded as a turning point in India's movement for Universal Health Coverage (UHC)? Will 2013 become the launch pad for several new initiatives that will make a major difference to the health of the Indian people? While these questions evoke varied responses ranging from optimism to scepticism, what is the reality check?

The health chapter of the 12th Five Year Plan is a guide to emerging government policy. The transition of the National Rural Health Mission to National Health Mission, with addition of an urban component, is a prominent feature. Increase in public expenditure on health, from 1% of the nation’s GDP to 1.87% during this plan period, is welcome even if it falls short of the 2.5% recommended by the Approach Paper to the plan. Higher allocations to water, sanitation and nutrition programmes will also translate into improved health.

The report of the High Level Expert Group (HLEG), established by the Planning Commission, triggered a debate on the modalities of implementing UHC. Stating that a core principle of the National Health Mission would be UHC, the health chapter affirms the goal of providing cashless services to all citizens, from primary to tertiary care. Elsewhere, it states that primary care services will be provided free of cost by the government.

Is the intent is to commence the march to UHC with primary care and complete the journey to higher levels of care over the next two plan periods? The mechanisms by which the government would support service provision in secondary and tertiary care (mainly government provided or purchased; tax-funded or insurance based) are not clear. Even as the Plan proposes piloting of UHC models from 2013, in select districts across the country, a working group of the National Advisory Council (NAC) is examining how best the existing government funded health insurance schemes can be integrated into UHC.

With expenditure on medicines contributing to 70% of the very high out of pocket health expenditure in India, the government has announced that all drugs in the Essential Medicines list will be supplied free at all public health care facilities. While Tamil Nadu and Rajasthan already have working models for such a programme, the nationwide implementation of this scheme is expected to commence in early 2013. Drug price control, subject of a recent governmental policy pronouncement, is still under judicial scrutiny.

The intent to strengthen public sector health care services, an article of faith that the health ministry has vigorously defended during the debates on the draft Plan, is evident through initiatives to strengthen primary health care infrastructure and district hospitals, establish new AIIMS like institutions and improve hospitals linked to government medical colleges. Public-private partnerships are also sought to expand and strengthen service provision. The private sector has shown appetite and enterprise for providing higher level care in urban areas but has also to develop lower cost-models to fit into the equity-efficiency-affordability framework of UHC.

The Achilles heel of health services, an inadequate and under skilled health work force, needs urgent attention as we move into 2013. Many new medical and nursing colleges have been proposed, with preferential location in states which have lower concentration than the well served southern states. A programme for developing a new cadre of community health officers will come to
life with the anticipated launch of the BSc (Community Health) course, to be anchored at district hospitals in states where rural doctors are scarce. The blueprint for establishing a National Institute and eight regional institutes for training several categories of allied health professionals (paramedics, technicians, counsellors etc.) is ready. Training in public health and health management will acquire greater importance, with the 12th Plan recommending new cadres in these areas to improve health system performance.

The year 2013 will also witness the advent of new and affordable technologies for primary health care and testing of innovative models of healthcare delivery involving m-health, telemedicine and task shifting to non-physician health care providers. With vision and will, India can live up to the promise of becoming the innovation crucible for designing and validating cost-effective models of health care that are readily scalable across India and potentially portable to other countries. Our value to the world has to be more than the offer of medical tourism.

Even as there is hope for new beginnings, 2013 will also bring several questions. Will the weak healthcare infrastructure and deficient health work force become amenable to rapid scale up? Will the state governments, under different political dispensations, prioritise health and align with the goals of UHC? What will be the path of Rashtriya Swasthya Bima Yojana and state government sponsored health funded insurance programmes? Will the multi-layered private sector expand access to health services while containing costs? Will regulatory mechanisms be strengthened to ensure quality, safety, affordability and accountability of both public and private health services? A lot to watch for in the New Year!