In Brazil, doctors in rural areas get higher salary

ON THE RECORD
by Aditi Tandon

President of the Public Health Foundation of India and globally-acclaimed clinical cardiologist Prof. K. Srinath Reddy has been in the forefront of major policy changes in the health sector. In 2003, as key negotiator for India and Southeast Asia on the Framework Convention on Tobacco Control, he bagged the WHO Director General’s award for Global Leadership in Tobacco Control. In 2004, he became the first Indian to be elected as Foreign Associate Member of the Institute of Medicine, a US National Academy, and in 2005 he got the Queen Elizabeth Medal. Head of the panel of experts in charge of Prime Minister Manmohan Singh’s health, Prof Reddy spoke about health sector challenges and universal health coverage (UHC).

How do you view attainment of health targets in the 11th Plan?

Many important goals were set but could not be fully attained due to inability of the health system to raise performance level, paucity of funds and inability of states to absorb allocated funds in the best manner possible. Key targets of reducing infant mortality, maternal mortality, malnutrition and skewed sex ratio were not fully achieved. We made steady progress on reducing IMR but a major area where we didn’t make any dent was neonatal mortality. We must now consider longer mandatory hospital stays for mothers.

One year of mandatory rural posting for all interns before they get the licence to practice. Your take?

Health is a state subject in India. If the Centre wants to post medical undergraduates in villages, it should first consider creating an all India cadre. How else will it post a Karnataka student in a Punjab village? The Centre should also finance new medical colleges in the north and offer mandatory local recruitment for students there. It should then give them employment guarantee, conditional to a rural posting. Better incentives are a must too. In Brazil, doctors in rural areas get thrice the salary than their urban counterparts; in fact they get salaries higher than university professors. In Tamil Nadu, we have a public health cadre and doctors who serve in villages get faster promotions. These examples must be emulated.

Will universal health coverage become a reality any time soon?
The Planning Commission’s steering group has considered the report and agreed on some key proposals including free distribution of essential drugs. In India, 70 pc out of pocket expenditure is on drugs. There is also near unanimity on zero user fees for healthcare services offered as part of the National Health Package through which the goal of UHC will be achieved. So far, a decision has been taken to pilot the UHC framework in one district in each state in the first year of the 12th Five Year Plan and scale up gradually.

**What is the UHC framework?**

The idea is using tax-based financing to offer cashless National Health Package (NHP) for delivery of primary, secondary and major tertiary facilities to all by 2022. The delivery will happen through government facilities and contracted in private facilities when needed.

**Is there acceptance for your proposal of public financing of health through general taxation?**

The jury is still out. But international experience has shown that insurance is not the way to finance health services. Even in India, social insurance schemes won’t work as there is no organised sector. These well intentioned schemes offer incomplete solutions. General taxation as a public financing model will work best. Funds must also be raised by taxing products like tobacco.

**Are you expecting higher taxes on tobacco in the forthcoming Budget?**

Taxes on tobacco products need to be raised across the board. It is very unfortunate that bidis and oral tobacco products are still very lightly priced. We expect cigarettes to become expensive in the coming days but we can’t say the same about bidis.

**The Government appears to do little against tobacco...**

All my life I have advocated tobacco control. I protested very strongly when the Government earlier finalised soft pictorial warnings against tobacco. It’s time we started acting on this front and ensuring the end of tobacco as a major cash crop by the next 20 years. Alternate crops must be suggested to farmers. Or else we will keep seeing a duality of approach where the Health Minister will keep criticising the ills of tobacco and other ministries will keep supporting the sector, overtly or covertly.

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