Toward Universal Health Coverage

In honor of
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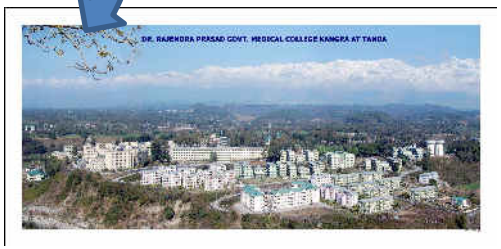
Fortis Mohali



- **Bill (85 000) + personal expenses (8 000)**
  - **– Rs 93 000**
    - **Wiped out the entire year's salary**
    - **Returned home and sold land; still in debt**
    - **Still to care for rehabilitation of the baby**

India: Universal health poverty

- Unaffordable healthcare
  - Hardly anyone can afford optimum health for its families
  - We hide ill health; delay care seeking
  - Land up with complications

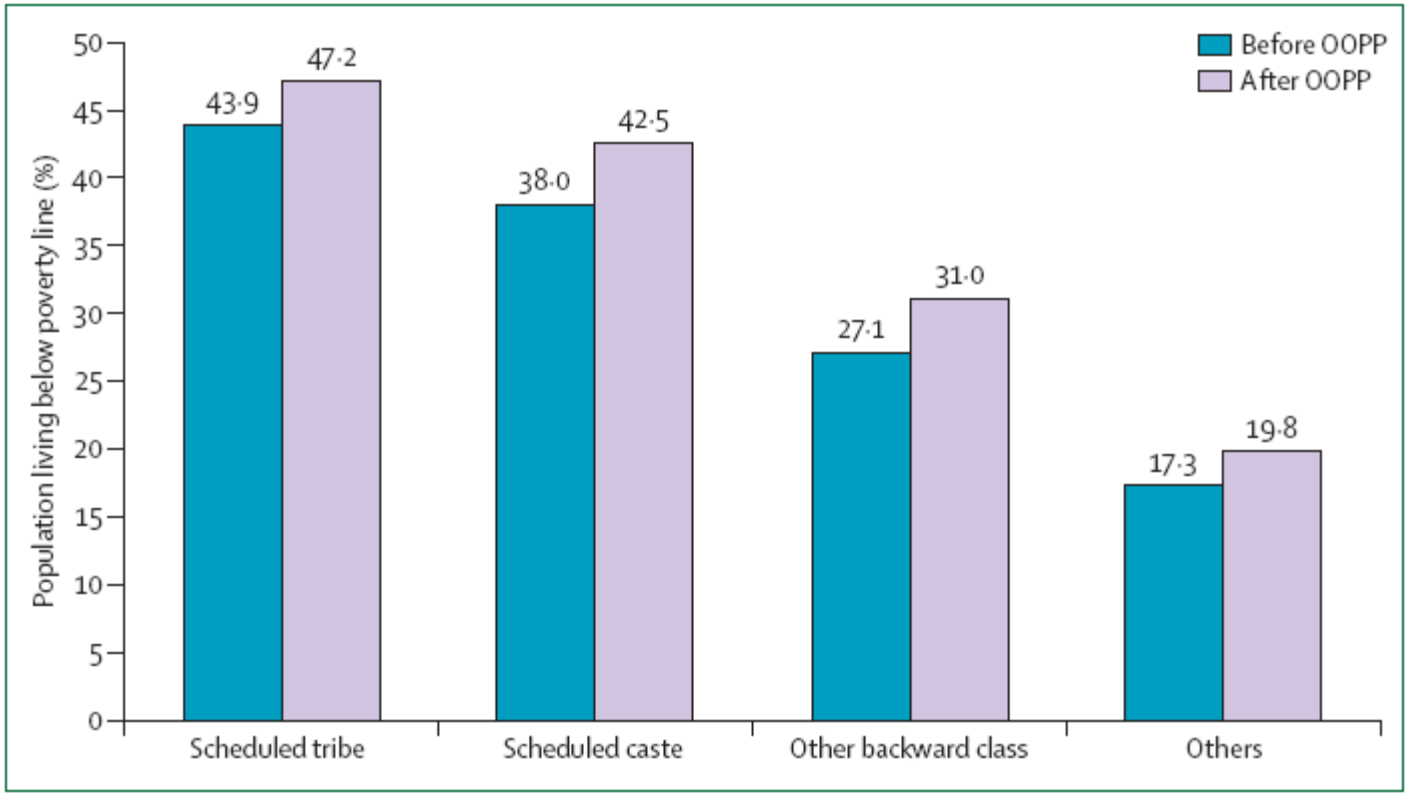
- Weak health system
  - Emaciated health system
  - Poor access
  - Poor quality
  - Does not care

Unaffordable healthcare

- 28% of rural residents and 20% of urban residents had no funds for health care
- Over 40% of hospitalised persons had to borrow money or sell assets to pay for their care
- Over 35% of hospitalised persons fell below the poverty line because of hospital expenses

NSSO (2006)

Out of pocket expenses on healthcare push ~6 crore people into poverty each year



Courtesy: Dr A K Shiva Kumar

Spending on health in India is among the lowest

	Total Health Expenditure USD	Government's contribution (%)
India	**62 (PPP$ 250)**	**31%**
Thailand	**214**	**77%**
Sri Lanka	**93**	**42%**
Brazil	**1120**	**46%**
China	**274**	**56%**
UK	**3659**	**83%**
Norway	**9908**	**85%**
Japan	**4656**	**82%**
USA	**8467**	**48%**

Figures to remember

Per capita, per annum	Actual	% GDP
Annual income	**Rs 100,000**	
Total spending on health	**Rs 4 000**	**4.0%**
Government spending	**Rs 1 000**	**1.0%**
***Out of pocket spending**	**Rs 3 000**	**3.0%**

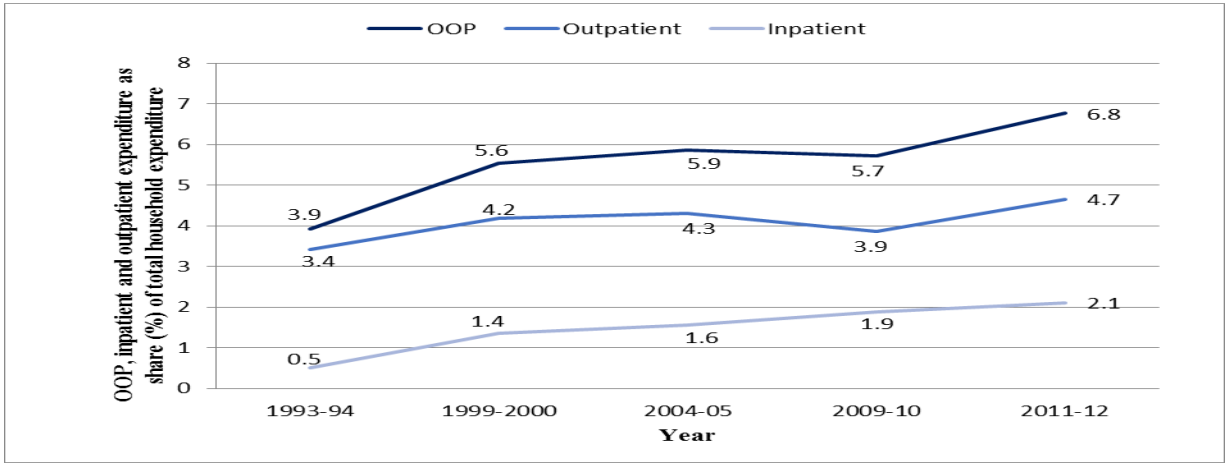
*5% of this from any Insurance

Out-of-Pocket Expenditures on health per episode of non-hospitalised and hospitalised care in India

	Outpatient Care		Inpatient care	
	Public	Private	Public	Private
2004-05 (61st Round)	147	226	3473	8804
2014 (71st Round) – 2004-05 prices)	246	308	8186	12771
2014 (71st Round) - Current Prices	509	639	16 956	26 455

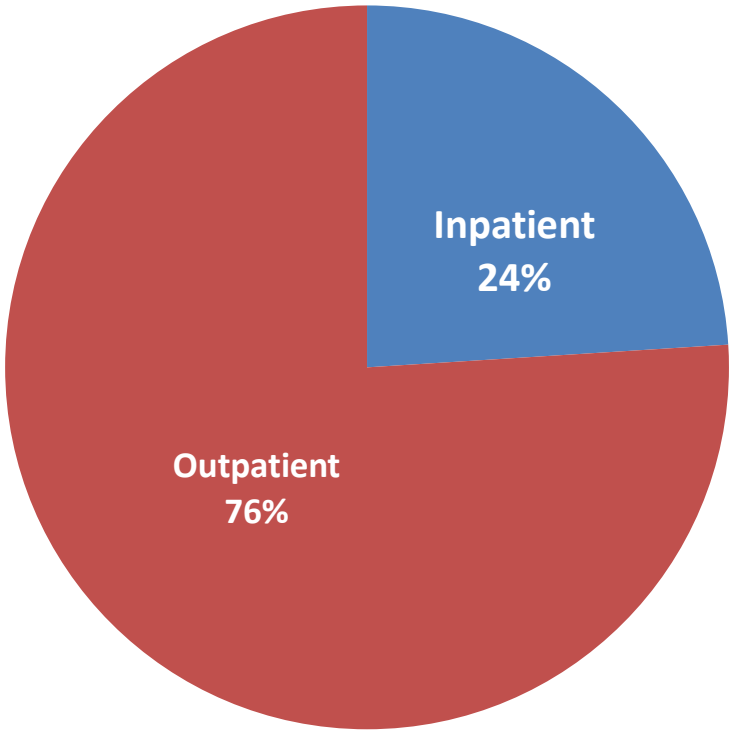
Results from the 71st Round

Notes: Author's calculations based on analysis of the unit data of the Social Consumption : Health, NSS 71st Round : Jan - June 2014 and Morbidity, Health Care and the Condition of the Aged; NSSO 60th Round

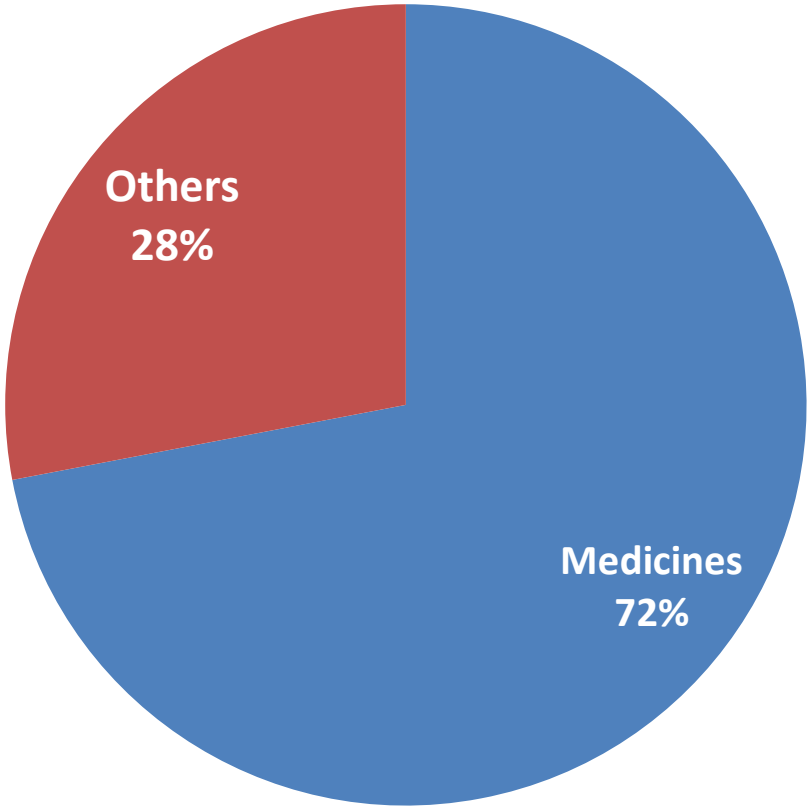


High costs of out-patient and medicine costs

Breakdown of private out-of-pocket expenditures (%)



Medicines and other expenses



Insurance does not cover outpatient expenses

Insurance Schemes

- Only a fraction of population currently covered
- Cover hospitalised 2^o / 3^o care
- High proportion of state health budget diverted for care in private hospitals
- Neglect of 1^o care and public facilities
- Dangers of induced demand and inappropriate care
- Nexus of companies and hospitals
- Delay and denial

Incredible! India

Weak health system

Bed:Population (per 1000)

- Global 3.7
- SSA 1.0
- Brazil 2.4
- Thailand 2.2
- Japan 12
- US 3.1
- UK 3.4

- India 1.0
  - 2/3 Govt
  - 80% Urban

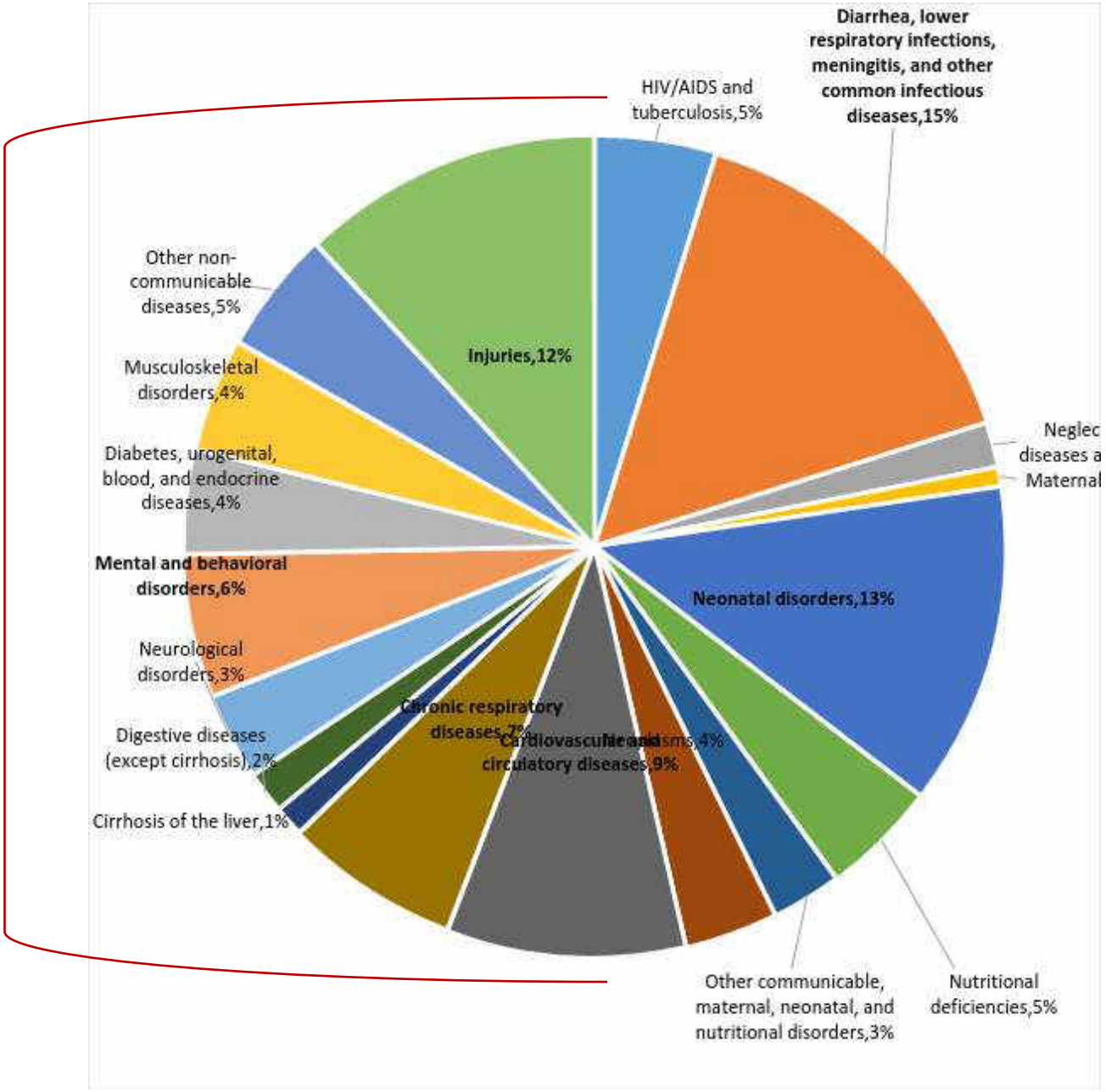
We need ~ 2.5 beds

There was one government hospital bed for 1,833 persons in 2015 – an improvement from 2,336 in 2005.

Gaps in the availability of health professionals in India

Category	Availability (2011-12)*	Desired density	Need based on desired density	Percentage shortfall
Physicians	6,91,633	85	10,31,383	49·1

Gaps in the availability of health professionals in India
Source: Twelfth Five Year Plan (2012-17)
Key: AYUSH: Ayurveda, Yoga, Naturopathy Siddha, Unani, and Homoeopathy practitioners
GNM: General Nursing and Midwifery
ANM: Auxiliary Nurse Midwives
Notes:
*Availability here excludes the 25 per cent of Physicians, AYUSH, Pharmacists and Dentists and 40 per cent for Nurses and ANM enrolled for training to account for attrition.
**Desirable density is number of health personnel per 100,000 population as per Twelfth Five Year Plan.


HIV/AIDS and tuberculosis,5%
Diarrhea, lower respiratory infections, meningitis, and other common infectious diseases,15%
Other non-communicable diseases,5%
Injuries,12%
Musculoskeletal disorders,4%
Diabetes, urogenital, blood, and endocrine diseases,4%
Mental and behavioral disorders,6%
Neurological disorders,3%
Digestive diseases (except cirrhosis),2%
Cirrhosis of the liver,1%
Chronic respiratory diseases,7%
Cardiovascular and circulatory diseases,9%
Neoplasms,4%
Neonatal disorders,13%
Other communicable, maternal, neonatal, and nutritional disorders,3%
Nutritional deficiencies,5%

GBD 2012

Health care gap is a valley of death for the poor and middle classes

- Primary care only MNCH and communicable disease oriented
- Treatment of simple ailments is too far: viral fever
- Emergency, trauma care delayed, too far
- No focus on chronic disease (HT, DM), mental health, care of the aged, rehabilitative
- Treatment of serious illness (cancer, surgeries..) too far

Corruption, disrespectful, inefficient, poor quality

Private sector

- Expensive
- Unregulated
- Greed, fleecing
- Irrational therapeutic procedures
- Quackery and crookery
- Lack of accountability

Courtesy: Dr A K Shiva Kumar

We need to transform India's health system

- Because health spending makes poor and middle classes helpless
- Because both public and private sector do not meet expectations of the citizens

- **In 'good' countries**
  - In entire life a citizen may not even spend once for health
  - No one goes bankrupt / poor due to health
  - Great health outcomes

Why?

Because they have

Universal Health Coverage

Universal health coverage

All people receiving quality health services that meet their needs without exposing them to financial hardship in paying for them”

WHO

Transformation Goal

Universal health coverage

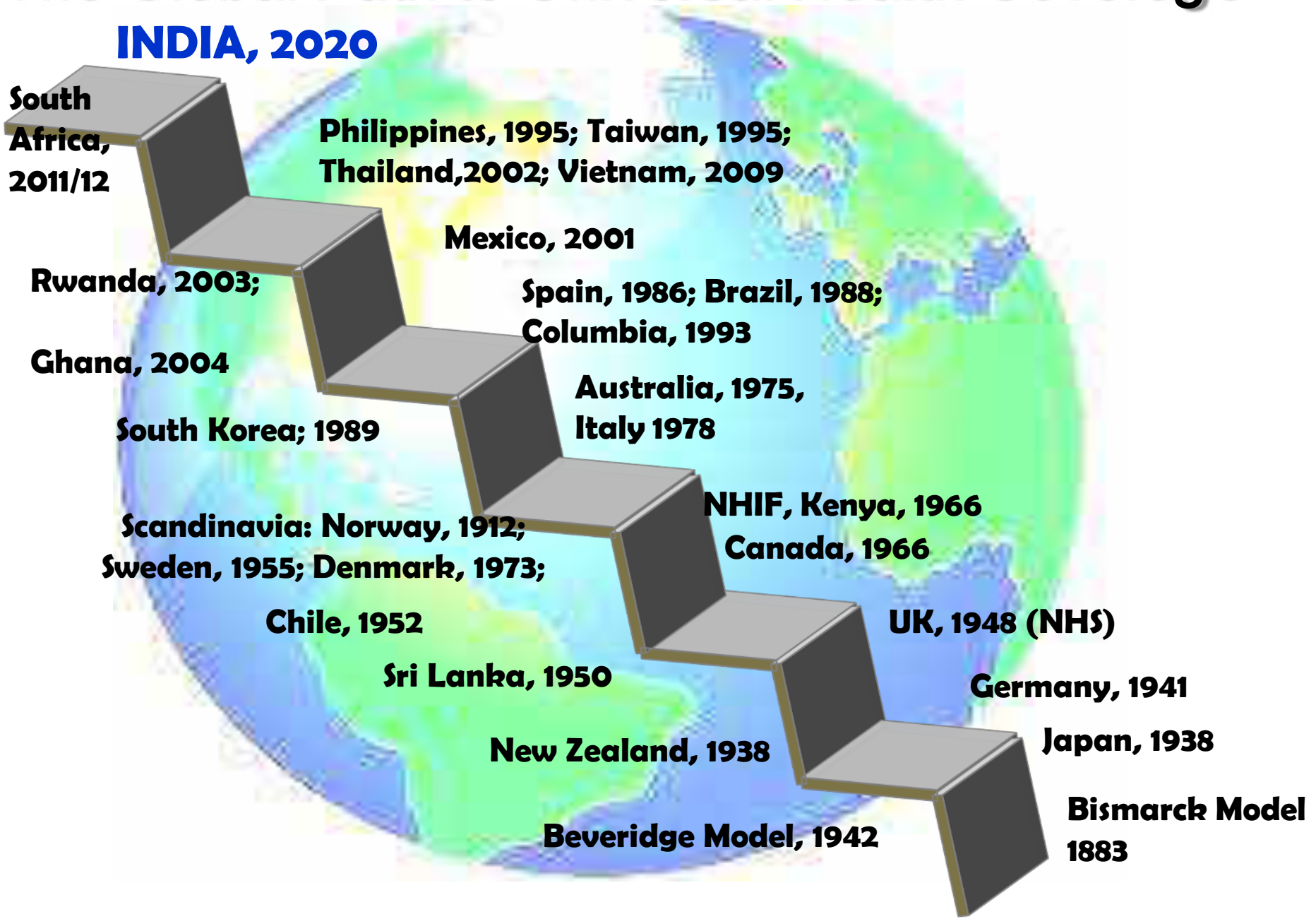
Ensuring equitable access for all Indian citizens*

to

- **Affordable, accountable, quality health services**
- **Government as guarantor and enabler, though not necessarily the only provider, of services**

*In any part of the country, regardless of income level, social status, gender, caste or religion

The Global Path to Universal Health Coverage



Our Vision

- **Universal Health Entitlement for** every citizen - to a **National Health Package** (NHP) of **essential** primary, secondary & tertiary health care services that will funded by the government.

Package to be defined periodically by an Expert Group; can have state specific variations

UNIVERSAL HEALTH COVERAGE BY 2022: THE VISION

ENTITLEMENT

- Universal health entitlement to every citizen

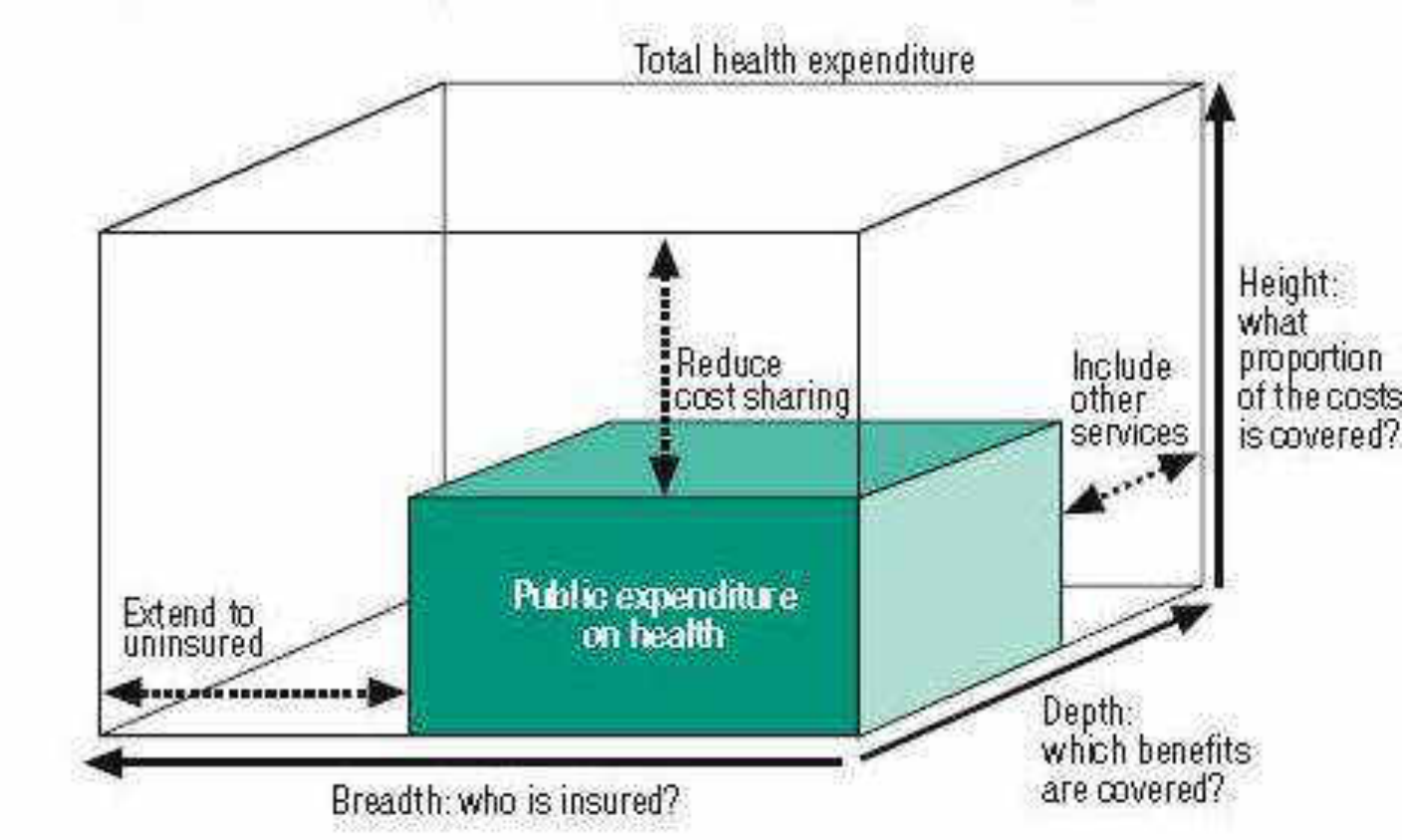
NATIONAL HEALTH PACKAGE

- Guaranteed access to an essential health package (including cashless in-patient and out-patient care free-of-cost))
  - Primary care
  - Secondary care
  - Tertiary care

CHOICE OF FACILITIES

- People free to choose between
  - Public sector facilities and
  - Contracted-in private providers

UHC :
the Cube and the sliver



Pillars of UHC

I. Increase expenditure on health

- Raise government spending on health from 1% GDP to 3% by 2020 and 5% by 2025
  - Rs 5000 per capita at the present rate; that is what CGHS gets

Care that we aspire for requires 7-8% of GDP

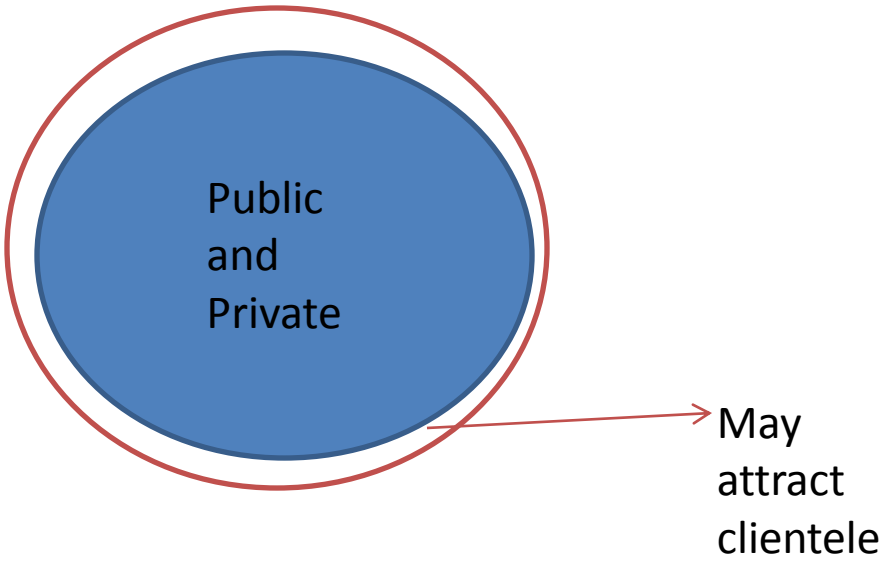
- Create a system of social health assurance run by a public trust; create risk pool

II. Massive expansion of comprehensive, quality services

- Primary care
- Facilities: Primary, secondary and tertiary
- Establish public health system
- Build capacity for education, research

III. Integrated National Health System (INHS)

- **Create an Integrated National Health System (INHS) by merging private and public health services and facilities into one**


Public
and
Private
May
attract
clientele

IV. Cashless services for poor and the rich without much OOP

- **All citizens, rich and poor get**
  - **Reduce out of pocket expenditure to <30% from 70%**
  - **Cashless services**

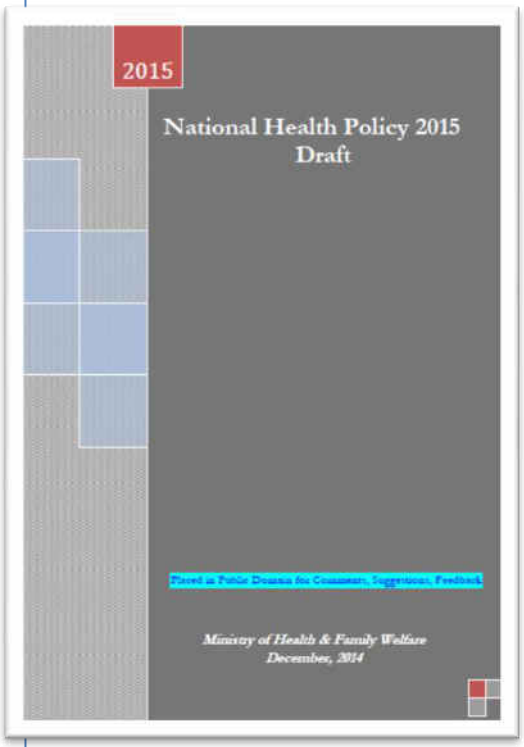
IV. Less government, more governance

- **Provide independent regulation/stewardship for change on behalf of the Government for:**
  - **Accreditation, standrads, quality assurance,**
  - **Spend 75% on primary and secondary care**
  - **Provisioning, contracting, disbursements**
  - **Participation by all stakeholders**
  - **Accountability, transparency**
  - **Reduce drug prices**

But a change is possible

Because it is a historic juncture

1. **Economic growth** – hence resources are available
2. India, a global player, faces **shame** on health and nutrition indicators
3. NDA's **commitment** to National Health Assurance and NHP
4. **International** environment: **SDGs**

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MILLENNIUM DEVELOPMENT GOALS
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SUSTAINABLE DEVELOPMENT GOALS
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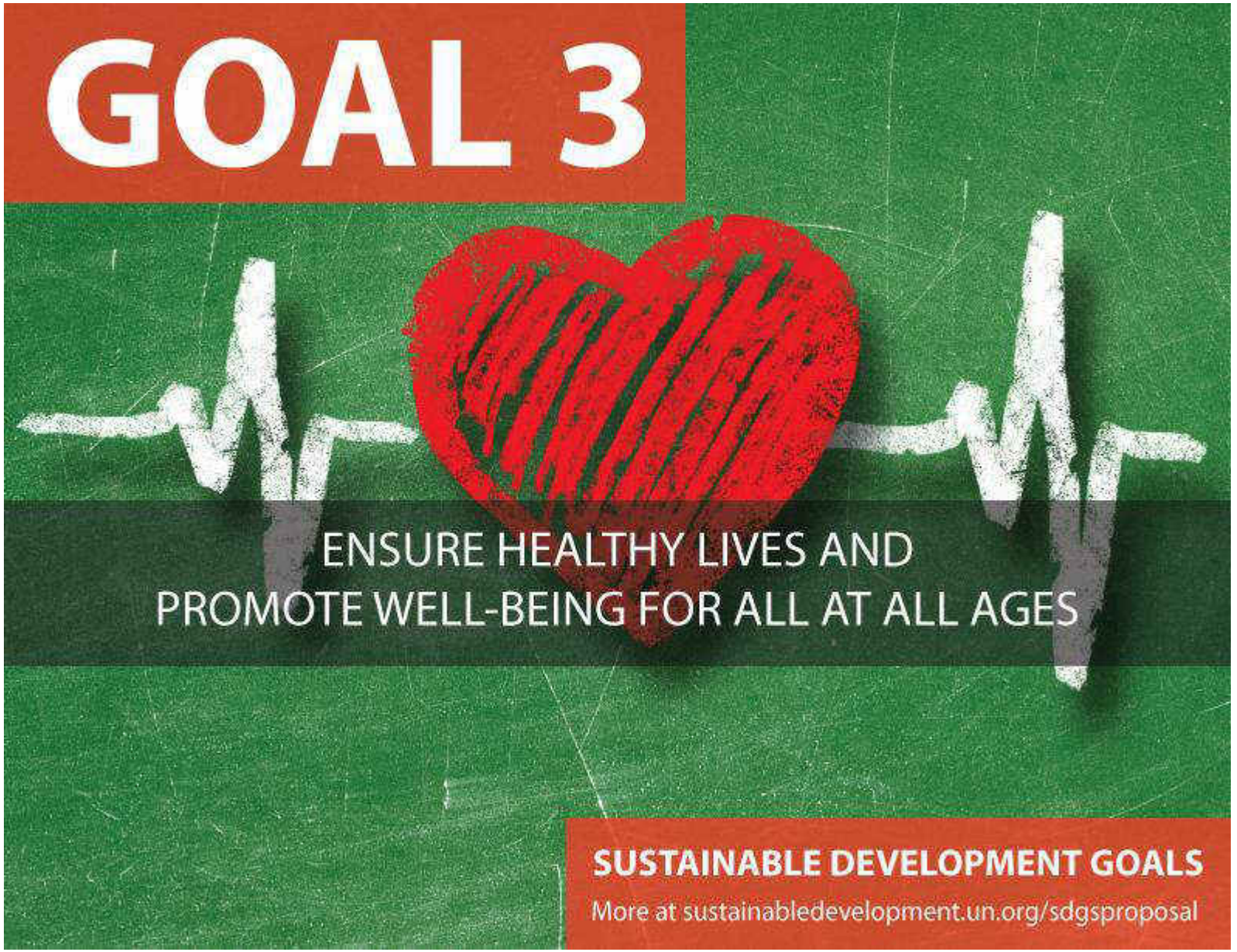
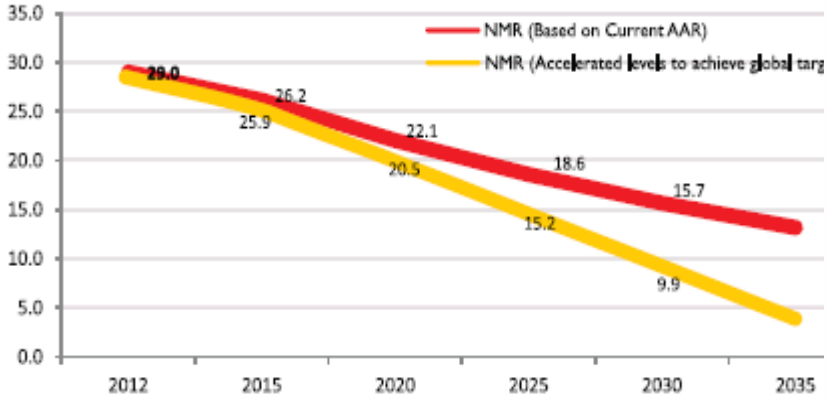
SUSTAINABLE DEVELOPMENT GOALS

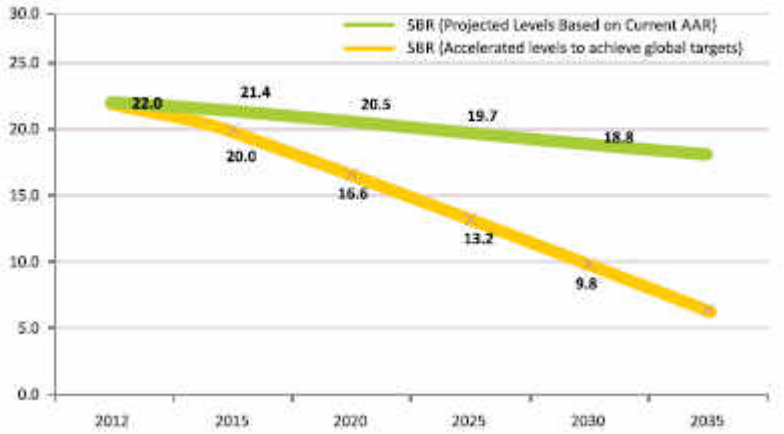

GOAL 3
ENSURE HEALTHY LIVES AND
PROMOTE WELL-BEING FOR ALL AT ALL AGES
SUSTAINABLE DEVELOPMENT GOALS
More at sustainabledevelopment.un.org/sdgsproposal

1. **By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births**
2. **By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births**
3. By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases
4. By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being
5. Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol
6. By 2020, halve the number of global deaths and injuries from road traffic accidents .
7. By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes
8. **Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all**
9. By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination
10. Strengthen the implementation of the World Health Organization Framework Convention on Tobacco Control in all countries, as appropriate
11. Support the research and development of vaccines and medicines for the communicable and noncommunicable diseases that primarily affect developing countries, provide access to affordable essential medicines and vaccines, in accordance with the Doha Declaration on the TRIPS Agreement and Public Health, which affirms the right of developing countries to use to the full the provisions in the Agreement on Trade Related Aspects of Intellectual Property Rights regarding flexibilities to protect public health, and, in particular, provide access to medicines for all
12. Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least developed countries and small island developing States
13. Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks

India's Commitment

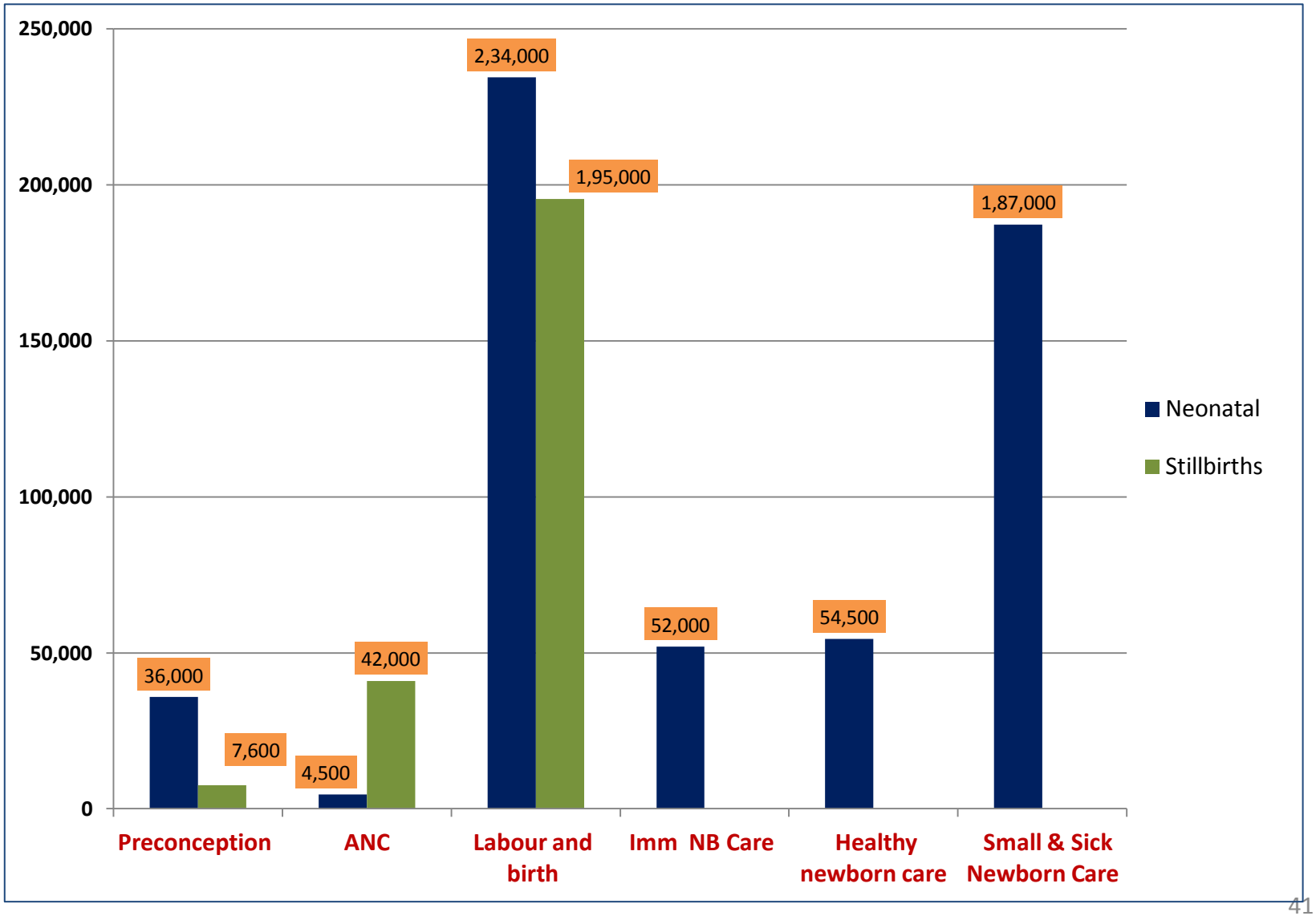
Single digit NMR and SBR by 2030





Not possible if we do not use the Universal Health Coverage paradigm nd principles: financial protection, entitlement

India: Lives saved with high coverage of interventions



India specific analyses based on EN Lancet Paper 3, 2014

What should we do?

- Speak up for UHC
- Speak for the poor
- Join the debate

- Develop standards of care
- Work to include neonatal health in insurance models

Govt ambulance

Govt ambulance
Swiped social health insurance card

- **Co-payment + personal expenses for 5 days**
  - **– Rs 4 000**
  - **– Returned home and did not sell land**

Quality care closest to home!

- **Co-payment Zero**
- **Personal expenses for 5 days**
  - **Rs 600**

  - **Returned home and had a puja and celebration**

Toward Universal Health Coverage

Time for *greatest advocacy ever in health – for Universal Health Coverage*

Time for aligning with the *paradigm of universal health coverage* for all citizens

Time for professionals to take lead

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This will make Prof Simin Irani very very happy!