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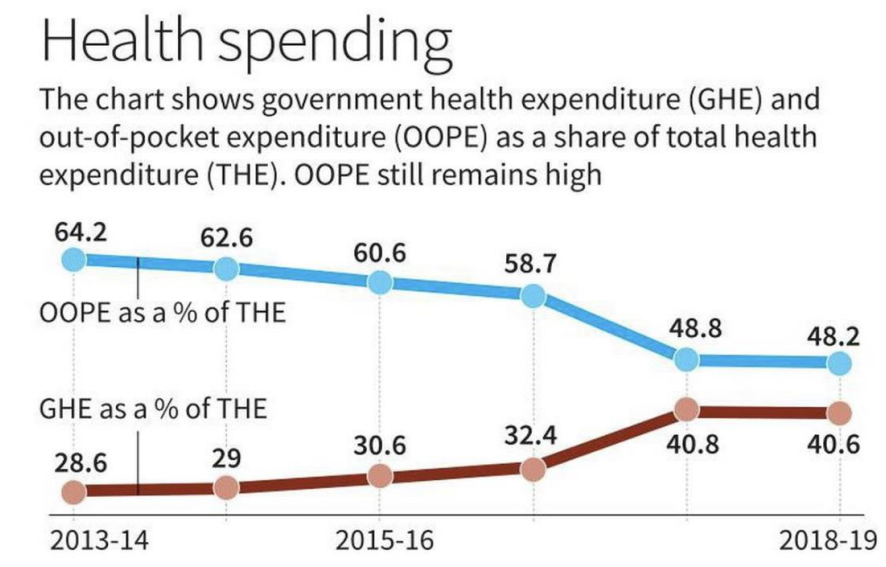
Reimagining India's Health System; Beyond Universal Health Coverage

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'The Lancet Citizen's Commission for Reimagining India's Health System' was formulated post COVID-19 pandemic hit the country and exposed the alarming need for Universal Health Coverage (UHC) in India. While it set a decade long target to lay out the path for achieving UHC, it has run into trouble with one of its members, who has left the commission over the concerns of privatisation of primary healthcare in India (ET Online, 2024). An expanding economy with rising economic infrastructure requires a balanced boost to its social infrastructure, which caters to human capital directly. Unfortunately, out-of-pocket healthcare expenditure in India was 49.82% in 2021 (World Bank, n.d.). Enhancing opportunities without regard to declining social growth may prove counterproductive to the economy.

How Have We Fared? Healthcare System in India

While government spending on health of more than 5% of GDP is required to achieve a conservative target of 90% coverage of maternal and child health services (London School of



Source: The Hindu

Hygiene & Tropical Medicine, 2017), Union Health Secretary Apurva Chandra recently pointed out that the expenditure has been increased to 1.8% of the GDP from 1.2% (Medical Buyer, 2024). This data point presents with itself a relief and a concern regarding the healthcare in the country. National Health Policy in 2017 had recommended that the government spend 2.5% of GDP on healthcare by 2025. We may be on our way to reach the minimal target, but we are far behind from the ‘ideal’ target. As national welfare programs are propagated, there remain concerns over declining spending on healthcare by the center. As per plans to touch 2.5% of GDP by 2025, central allocation for health from 2018-19 to 2023-24 fell short by 1.5 lakh crore, while the combined spending by states was 3.6 lakh crore more than planned (Nagarajan, 2024).

The Indian healthcare system is a mix of public and private sectors, akin to the South Asian system. The private sector is more commonly involved in providing primary health care services in urban areas and the public sector is involved in ensuring preventive care (Mangal & Agarwal, 2023). As per the World Health Organisation (WHO), about 930 million people worldwide are at risk of falling into poverty due to out-of-pocket health spending of 10 percent or more of their household budget. Since 2000s, the overall out-of-pocket health expenditure in India shows a downward trend but the absolute statistic remains, at a distressing 49.82% (World Bank, n.d.). For a middle-income population, this situation poses a double load - impoverishment and disease burden. Indian citizens are grappled with a number of communicable diseases, with rising incidents of non-communicable diseases. The percentage of deaths caused by NCBs has increased from 37.9% to 61.8% between 1990 and 2016 (Sharma, 2017). The rising costs of treatment combined with a declining national health expenditure has laid the foundations for further strain on the citizens’ pockets. The National Pharmaceutical Pricing Authority (NPPA), in February 2017, fixed a ceiling on the price of cardiac stents at INR 7,260 for bare metal stents (BMS), and INR 29,600 for drug-eluting stents (DES). Before that, the average retail price for a bare metal stent was INR 45,000, while drug-eluting stents were priced at around INR 1.2 lakh, generating profit margins that ranged from 270 per cent to 1,000 per cent (Bhat & John, 2017).

Developments towards Universal Health Coverage

Social and private health insurance is limited in South Asia, ranging from 0 percent of total health expenditure in Afghanistan to 7.7 percent in India (Zaidi et al., 2017). Governments have responded to this by financing health insurance schemes to provide free hospital coverage for the poor. The insurance schemes, at times, cannot cover expensive treatments. Other inadequacies in the insurance cover include non-reimbursement of transport costs and non-inclusivity of pharmaceuticals (Mangal & Agarwal, 2023). Exacerbating this situation is the news of a tussle between the private and public sectors, in ensuring equity for the people that keep them in power. One such situation is the feud between the Maharashtra Government and United India Insurance Company Ltd. (UIICL) over non-clearance of dues amidst the cancellation of the state's flagship health insurance scheme, the Mahatma Jyotiba Phule Jan Arogya Yojana (MJPJAY). The approach towards public health seems inherently flawed. Neither sector is delivering the desired result—boosting the health of the economy. Commercialising health without proper regulation in India may further dig into pockets without providing effective care.

Universal Health Coverage in India recently has taken a two-pronged approach via the Ayushman Bharat programme of the central government—health and wellness centers and Pradhan Mantri Jan Arogya Yojana (PMJAY). Long-term results of this policy are still awaited, but it is clear that a coherent strategy is needed to introduce community-based primary care with family medicine under Universal Health Coverage (Weel et al., 2016). Moreover, discounting and marketing health checks, medicines, and tests will do little benefit to patients who cannot often make informed choices as a result of the vulnerability that follows when they are sick (Mangal & Agarwal, 2023).

Kumar (2018) finds development and implementation of a multisectoral approach to achieve sustainable development goals is the need of the hour. From expenditure on sanitation, nutrition, mental health centers, clean water, pollution, and the other factors affecting NCBs, the government needs to take a proactive role in these provisions and regulation of the private entities, which may strengthen the system at the grassroot level. Private bodies like NGO's and others can ensure that the services reach each community timely. Furthermore, the government needs to enhance its budgetary allocation to the recommended '5% of GDP' and reorient the health sector by actively indulging in supplying primary health care services, which, it appears, has already begun in the form of AYUSH.

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