Will India Embrace UHC?

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The Global Path to Universal Health Coverage

- India, 2012
- South Africa, 2011/12
- Rwanda, 2003;
- Ghana, 2004
- South Korea; 1989
- Scandinavia: Norway, 1912; Sweden, 1955; Denmark, 1973;
- Chile, 1952
- Sri Lanka, 1950
- New Zealand, 1938
- Beveridge Model, 1942
- UK, 1948 (NHS)
- Germany, 1941
- Japan, 1938
- Bismarck Model, 1883
- Chile, 1952
- Mexico, 2001
- Spain, 1986; Brazil, 1988; Columbia, 1993
- Australia, 1975; Italy 1978
- NHIF, Kenya, 1966
- Canada, 1966
- South Korea; 1989
- Italy 1978
- Germany, 1941
- Japan, 1938
- Bismarck Model, 1883
India’s Current Health Scenario

- Largest number of underweight children (42% under 5 yrs);
- Current infant mortality rate of 47 per 1000 live births;
- Maternal mortality ratio presently 212 per 100 000 live births;
- Challenge to meet national goals of 25 per 1000 (IMR) or 100 per 100 000 (MMR) by 2017
- Rising burden of Non-Communicable Diseases

<table>
<thead>
<tr>
<th></th>
<th>2011 (in Millions)</th>
<th>2030 (in Millions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes</td>
<td>61</td>
<td>101</td>
</tr>
<tr>
<td>Hypertension</td>
<td>130</td>
<td>240</td>
</tr>
<tr>
<td>Tobacco Deaths</td>
<td>1+</td>
<td>2+</td>
</tr>
<tr>
<td>PPYLL Due to CVD Deaths (35-64 Yrs)*</td>
<td>9.2 (2000)</td>
<td>17.9</td>
</tr>
</tbody>
</table>

*Potentially Productive Years of Life Lost Due To Cardiovascular Deaths Occurring in The Age Group of 35-64 Years
WHY IS HEALTH SYSTEM REFORM NEEDED?

- 18% of all episodes in rural areas and 10% in urban areas received no health care at all
- 12% of people living in rural areas and 1% in urban areas had no access to a health facility
- 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
- Over 2.2% of the population may be impoverished because of hospital expenses
- The majority of the citizens who did not access the health system were from the lowest income quintiles

NSSO (2006)
Low levels of **public expenditure on health**

<table>
<thead>
<tr>
<th></th>
<th>Public expenditure on health as % of GDP</th>
<th>Per capita public expenditure on health (PPP$)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>2009</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sri Lanka</td>
<td>1.8</td>
<td>87</td>
</tr>
<tr>
<td>India</td>
<td>1.2</td>
<td>43</td>
</tr>
<tr>
<td>Thailand</td>
<td>3.3</td>
<td>261</td>
</tr>
<tr>
<td>China</td>
<td>2.3</td>
<td>155</td>
</tr>
</tbody>
</table>

Source: WHO database, 2009
Breakdown of private out-of-pocket expenditures (%)

- Outpatient: 76%
- Inpatient: 24%

Medicines and other expenses

- Medicines: 72%
- Others: 28%
Population Covered Under Health Insurance
(in Millions)

<table>
<thead>
<tr>
<th>Scheme</th>
<th>Coverage in 2009-10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Central Government</td>
<td></td>
</tr>
<tr>
<td>Employees State Insurance Scheme</td>
<td>56</td>
</tr>
<tr>
<td>Central Government Health Scheme</td>
<td>3</td>
</tr>
<tr>
<td>Rashtriya Swasthya Bima Yojana*</td>
<td>70</td>
</tr>
<tr>
<td>State Government</td>
<td></td>
</tr>
<tr>
<td>AP (Aarogyasri)</td>
<td>70</td>
</tr>
<tr>
<td>TN (Kalaingnar)</td>
<td>40</td>
</tr>
<tr>
<td>KA (Arogyashri)</td>
<td>1.4</td>
</tr>
<tr>
<td>KA (Yeshasvini)</td>
<td>3</td>
</tr>
<tr>
<td><strong>Total Government-sponsored</strong></td>
<td><strong>243</strong></td>
</tr>
<tr>
<td>Commercial Insurers</td>
<td>55</td>
</tr>
<tr>
<td><strong>Total (includes others not listed above)</strong></td>
<td><strong>300</strong></td>
</tr>
</tbody>
</table>

Note: * Since increased to 150 million persons
CURRENT SCHEMES FOR FINANCIAL PROTECTION MOSTLY DO NOT COVER

- OUT PATIENT CARE
- DRUGS
- LAB DIAGNOSTICS

Which collectively contribute to the larger fraction of OOP!
### TRENDS IN ACCESS TO MEDICINES IN INDIA – 1986-87 TO 2004

<table>
<thead>
<tr>
<th>Period</th>
<th>Free Medicines (%)</th>
<th>Partly Free (%)</th>
<th>On Payment (%)</th>
<th>Not Received (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>In patient</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1986-87</td>
<td>31.20</td>
<td>15.00</td>
<td>40.95</td>
<td>12.85</td>
</tr>
<tr>
<td>1995-96</td>
<td>12.29</td>
<td>13.15</td>
<td>67.75</td>
<td>6.80</td>
</tr>
<tr>
<td>2004</td>
<td>8.99</td>
<td>16.38</td>
<td>71.79</td>
<td>2.84</td>
</tr>
<tr>
<td><strong>Out patient</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1986-87</td>
<td>17.98</td>
<td>4.36</td>
<td>65.55</td>
<td>12.11</td>
</tr>
<tr>
<td>1995-96</td>
<td>7.21</td>
<td>2.71</td>
<td>79.32</td>
<td>10.76</td>
</tr>
<tr>
<td>2004</td>
<td>5.34</td>
<td>3.38</td>
<td>65.27</td>
<td>26.01</td>
</tr>
</tbody>
</table>

Source: Health data extracted from National Sample Survey Rounds 60, 52, and 42
NATIONAL RURAL HEALTH MISSION
2007-2012

• Main focus on Maternal & Child Health
• Accredited Social Health Activists (ASHAs)
• Conditional cash transfers (institutional deliveries)
• Infrastructure strengthening (Primary Health Centers)
• Increased fund flow to States (flexible funding mechanisms)
• Decentralized planning
• Proposed platform for operational integration of multiple national health programs

Rise in institutional deliveries; strengthening of PHCs; Governance Challenges
High Level Expert Group Report on Universal Health Coverage for India

Instituted by the Planning Commission of India

CONSTITUTED
IN
OCTOBER 2010

REPORT
IN
NOVEMBER 2011
Developing UHC recommendations

A NATIONAL MANDATE

Oct 2010: the Planning Commission of India constituted an Expert Group on Universal Health Coverage (UHC) to review the experience of India’s health sector and suggest a national reform strategy.

TERMS OF REFERENCE

1. Optimizing human resources for health
2. Defining norms of access to health services
3. Planning management reforms in health delivery
4. Community participation for health
5. Enhancing access to essential drugs and vaccines
6. Health financing and financial protection
7. Social determinants of health

The Expert Group recognized the need for accompanying action on social determinants of health.
Our Definition of UHC

“Ensuring equitable access for all Indian citizens resident in any part of the country, regardless of income level, social status, gender, caste or religion, to affordable, accountable and appropriate, assured quality health services (promotive, preventive, curative and rehabilitative) as well as public health services addressing wider determinants of health delivered to individuals and populations, with the government being the guarantor and enabler, although not necessarily the only provider, of health and related services.”
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

**INTEGRATED HEALTH CARE DELIVERY**
- People provided services by:
  - Public sector facilities and
  - Contracted-in private providers
Recommendation

Government (Central government and states combined) should increase public expenditures on health from the current level of 1.2% of GDP to at least 2.5% by the end of 12th plan (2012-17) and to at least 3% of GDP by 2022.
**Recommendation**

- Use general taxation as the principal source of health care financing complemented by additional mandatory deductions from salaried individuals and tax payers either
  - as a proportion of taxable income
  - or
  - as a proportion of salary

- Eliminate user fees for essential health services

- Avoid insurance schemes, as they fragment health care, do not provide full coverage of needed services and fail to cover the whole population
Recommendation

Expenditures on primary health care, should account for at least 70% of all health care expenditures

and cover

• general health information and promotion
• curative services at the primary level
• screening for risk factors at the population level
Recommendation

Ensure availability of free essential medicines by increasing public spending on drug procurement

increase in the public procurement of medicines from around 0.1% to around 0.5% of GDP

Streamline and Centralise procurement like in Tamil Nadu
UHC in India: Political Process

HLEG Report (November 2011)
Steering Committee Report (Planning Commission)
Draft Chapter of 12th Plan (Planning Commission)
Health Ministry Comments
Several Revisions Of the Draft Chapter
Plan Document
National Development Council (November 2012)

Critique By Civil Society And Media
Issues Debated

• Role of Public and Private Sectors

• Meaning and Models of Managed/Integrated Care

• Financing and Impact of Government Funded Insurance Schemes

• Role of Central and State Governments

• Extent of Integration of Health Programmes (NRHM + NUHM = ? NHM)

• Regulatory Agencies: Structure; Function; Effectiveness; Revamp/New
HEALTH IN 12th PLAN DOCUMENT

- Financial allocation for core health increased:
  \[ 1.05\% \rightarrow 1.58\% \rightarrow 1.85\% \] of GDP
  (3-fold increase in Rupee terms)

- Increased allocations for Nutrition, Water & Sanitation

- Expansion of RSBY with review of existing insurance schemes

- Free supply of essential drugs (generics) in public facilities

- Wide range of preventive and public health interventions funded and provided by the Government

- Creation of Public Health and Health Management Cadres

- Pilots and incremental coverage for UHC