Will India Embrace UHC?

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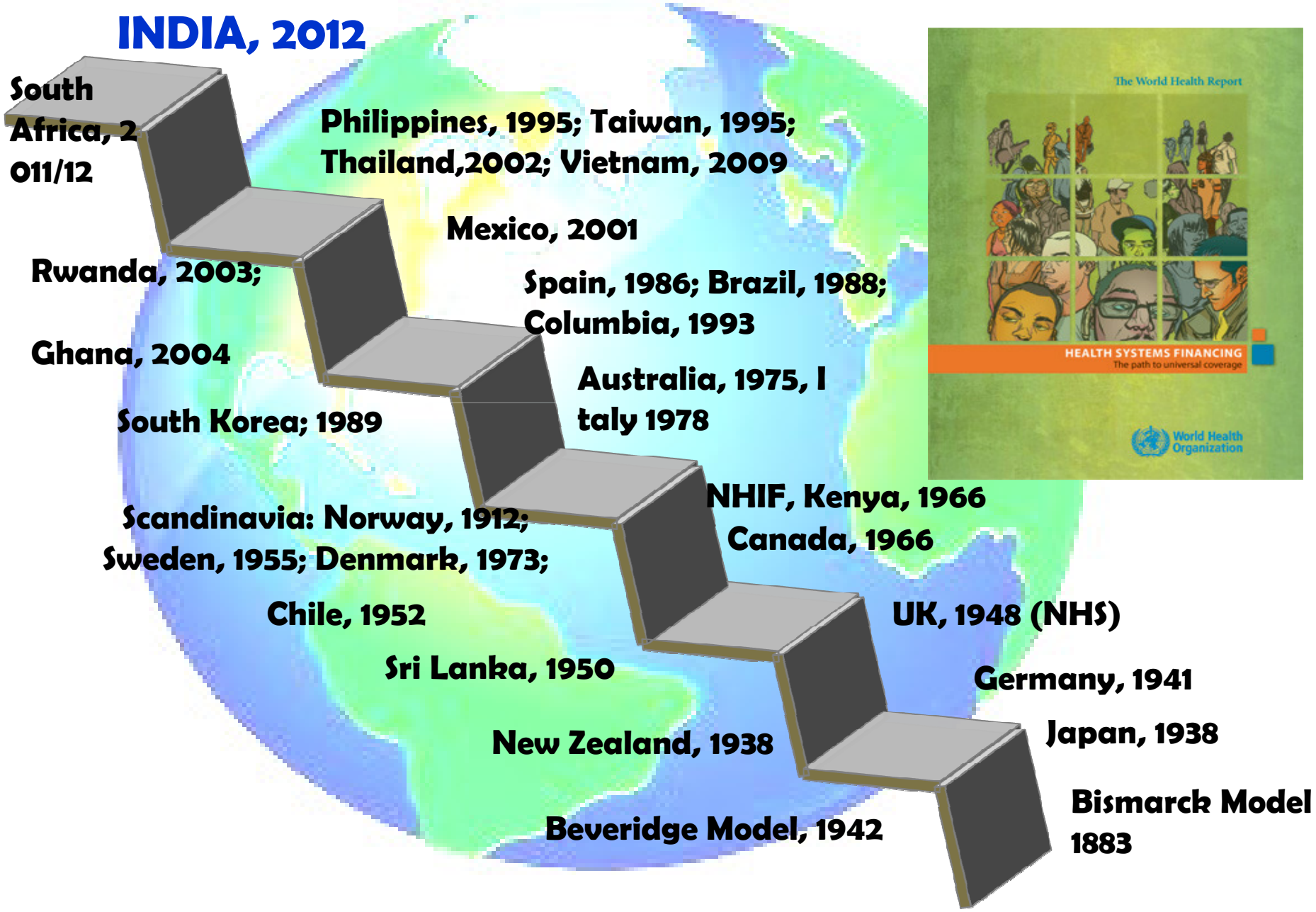
The Global Path to Universal Health Coverage



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**

	2011 (in Millions)	2030 (in Millions)
Diabetes	61	101
Hypertension	130	240
Tobacco Deaths	1+	2+
PPYLL Due to CVD Deaths (35-64 Yrs)*	9.2 (2000)	17.9

*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)

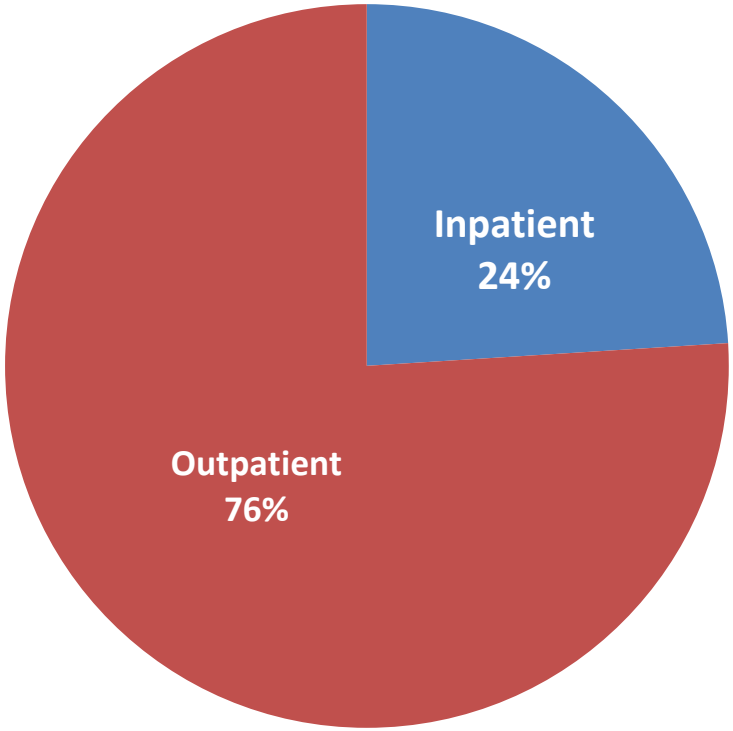
Low levels of public expenditure on health

2009	Public expenditure on health as % of GDP	Per capita public expenditure on health (PPP$)
Sri Lanka	1.8	87
India	1.2	43
Thailand	3.3	261
China	2.3	155

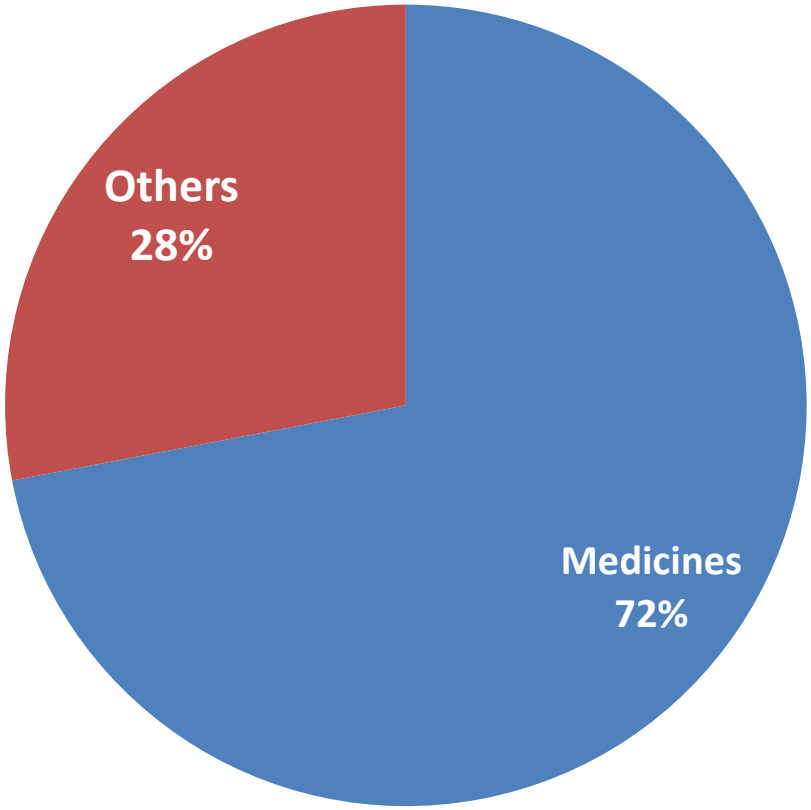
Source: WHO database, 2009

High costs of out-patient and medicine costs

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



Medicines and other expenses



Population Covered Under Health Insurance
(in Millions)

Scheme	Coverage in 2009-10
Central Government	
Employees State Insurance Scheme	56
Central Government Health Scheme	3
Rashtriya Swasthya Bima Yojana*	70
State Government	
AP (Aarogyasri)	70
TN (Kalaignar)	40
KA (Arogyashri)	1.4
KA (Yeshasvini)	3
Total Government -sponsored	**243**
Commercial Insurers	55
Total (includes others not listed above)	**300**

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

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

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

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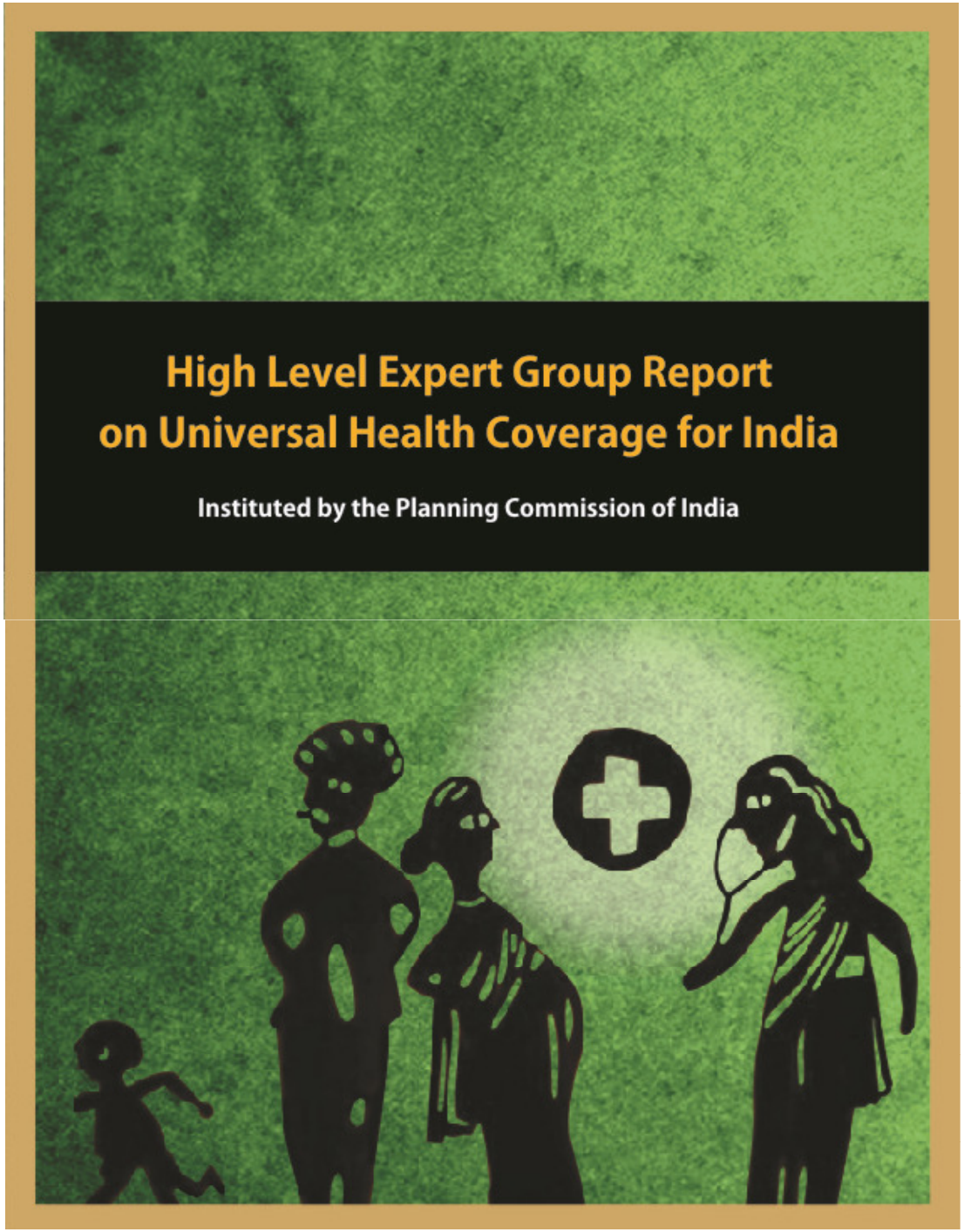
Rise in institutional deliveries; strengthening of PHCs; Governance Challenges

CONSTITUTED

IN

OCTOBER 2010



REPORT

IN

NOVEMBER 2011

Policy Process:
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*

The Expert Group recognized the need for accompanying action on **social determinants of health**

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**

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

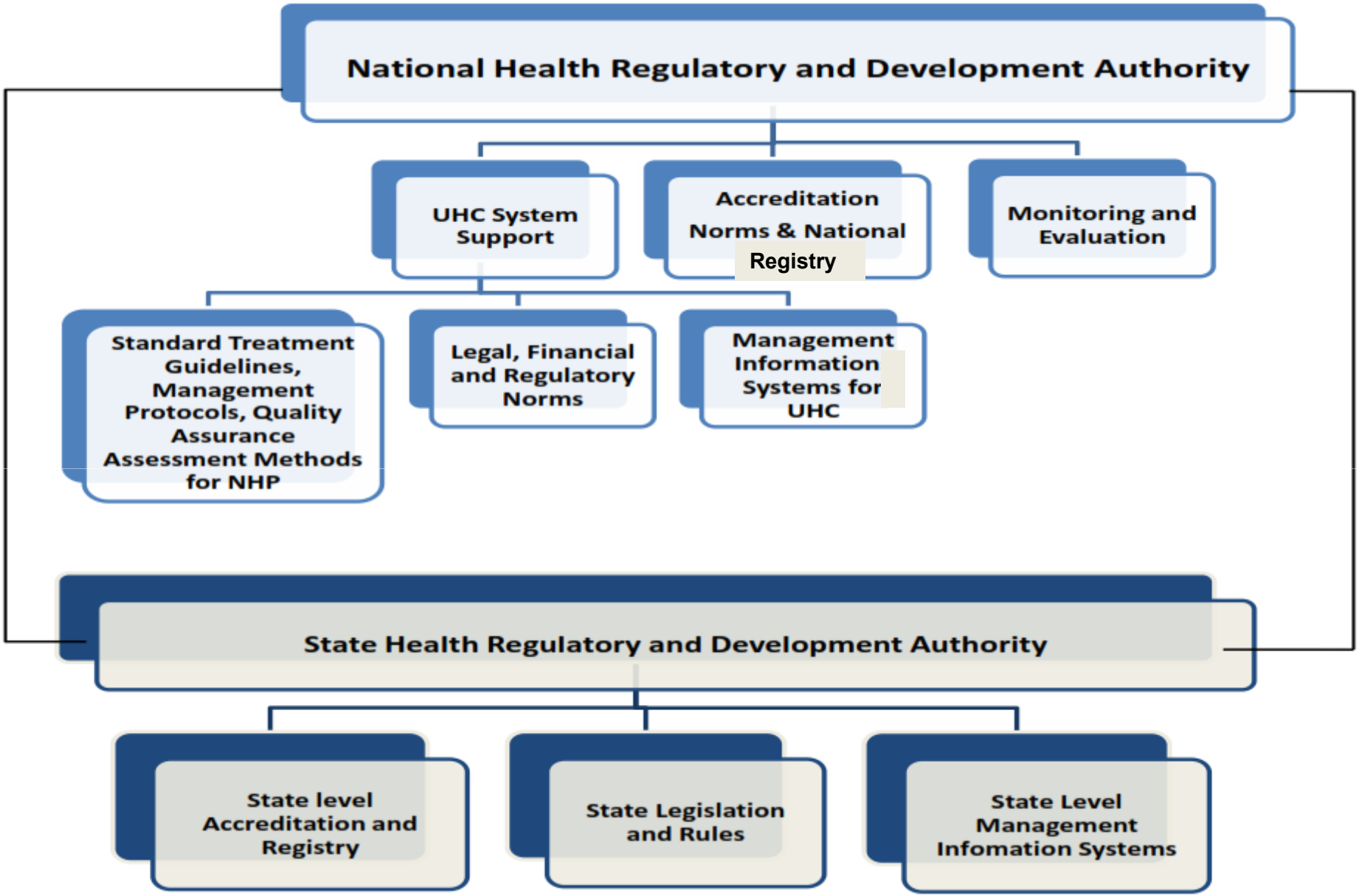
- **general health information and promotion**
- **curative services at the primary level**
- **screening for risk factors at the population level**

Recommendation

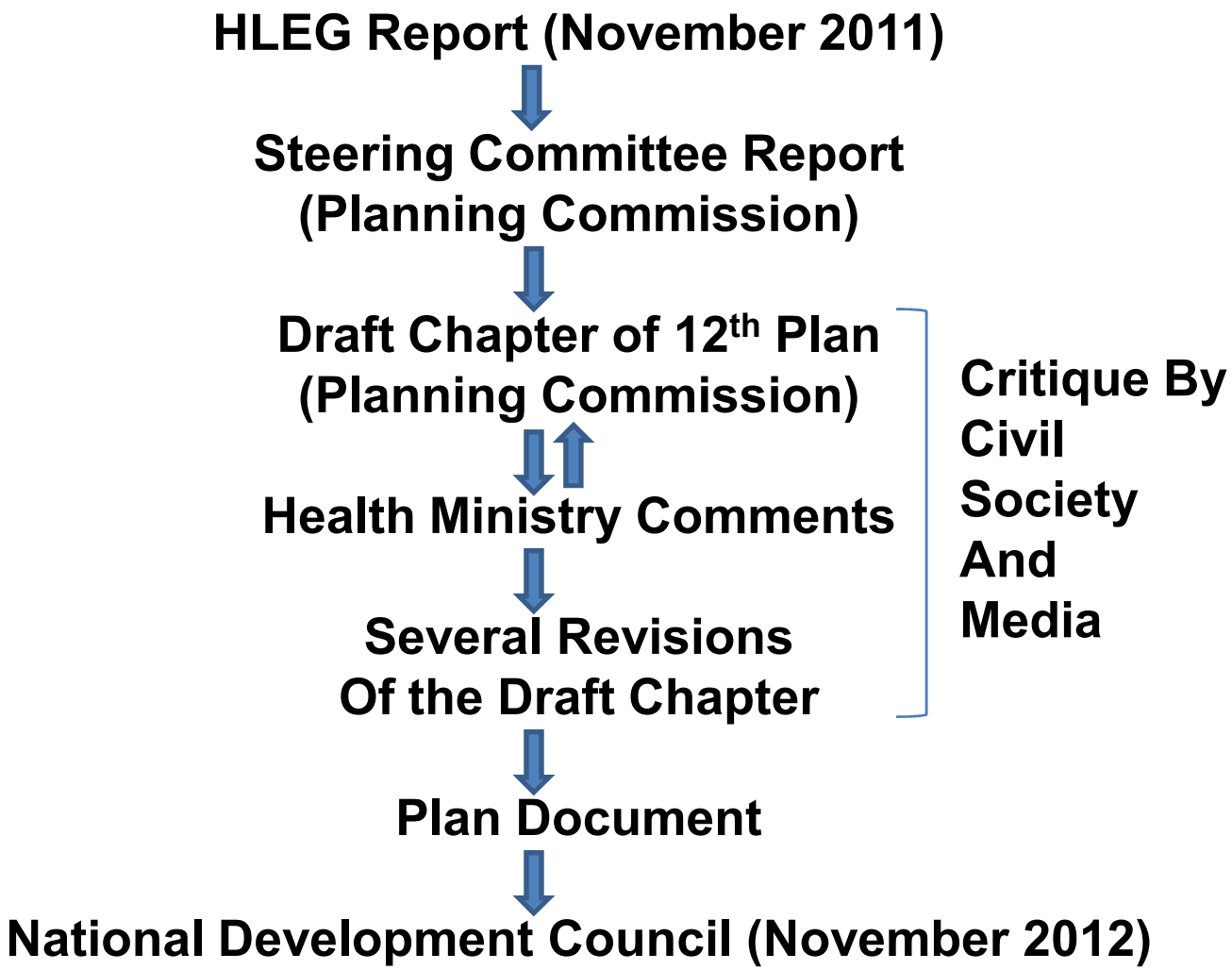
Ensure availability of free essential medicines by increasing public spending on drug procurement

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


National Health Regulatory and Development Authority
UHC System Support
Accreditation Norms & National Registry
Monitoring and Evaluation
Standard Treatment Guidelines, Management Protocols, Quality Assurance Assessment Methods for NHP
Legal, Financial and Regulatory Norms
Management Information Systems for UHC
State Health Regulatory and Development Authority
State level Accreditation and Registry
State Legislation and Rules
State Level Management Infomation Systems

UHC in India: Political Process



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% → 1.58% → 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**