

Advancing Partnerships for Universal Health Care in India



Prof Dr A Marthanda Pillai
National President
Indian Medical Association

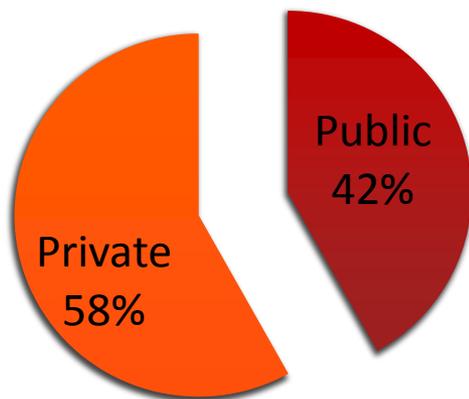
Private sector is the major provider

- Health services are mostly provided in the private sector except a few like for e.g. ante-natal care and immunization
- Private doctors are the most important single source of treatment for OP care– more than 50% both in rural and urban areas (NSS, 2014)
- 72 per cent ailment in the rural areas and 79 per cent ailment in the urban areas were treated in the private sector consisting of private doctors, nursing homes, private hospitals, charitable institutions (NSS, 2014)

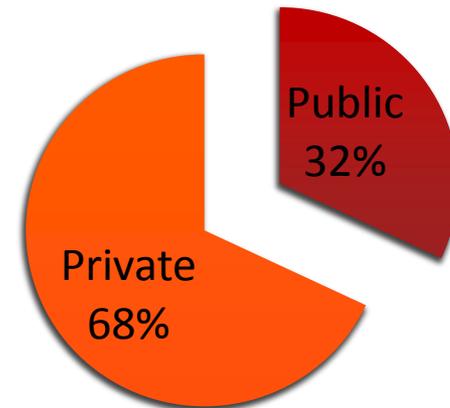


Hospitalization care- mostly in private

Hospitalisation break-up- RURAL



Hospitalisation break-up-URBAN



NSS Data, 2014



Dependency on private is increasing, especially in urban areas

type of hospital	percentage of hospitalised cases in					
	rural			urban		
	1995-96	2004	2014	1995-96	2004	2014
(1)	(2)	(3)	(4)	(5)	(6)	(7)
public	43.8	41.7	41.9	43.1	38.2	32.0
private	56.2	58.3	58.1	56.9	61.8	68.0
all	100	100	100	100	100	100

NSS, 2014



Poor depends more on private, especially urban poor

quintile class of UMPCE	percentage of hospitalised cases in					
	rural			urban		
	public hospital	private hospital	all	public hospital	private hospital	all
(1)	(2)	(3)	(4)	(5)	(6)	(7)
1	57.5	42.5	100	48.0	52.0	100
2	52.9	47.1	100	43.5	56.5	100
3	47.1	52.9	100	32.7	67.3	100
4	42.8	57.2	100	28.3	71.7	100
5	28.9	71.1	100	18.7	81.3	100
all	41.9	58.1	100	32.0	68.0	100

Increase public spending

Raise health expenditure: IMA

Special Correspondent

THIRUVANANTHAPURAM: The Indian Medical Association (IMA) has urged the State health administrators to increase health spending by the government in order to improve the public health system.

In a statement here recently, IMA president A. Marthanda Pillai expressed his appreciation for the statement by Director General of Health Services Jagdish Prasad that rather than an actual shortage of doctors, it was the lack of adequate facilities to work and stay comfortably that kept doctors away from rural areas.

The IMA has taken exception to the reports that the newly constituted Niti Ayog has advised the government for greater dependence on in-

surance-based models, with the private sector playing a central role, instead of increased public health spending. Dr. Pillai said that this was a very retrospective step, as even an increase to 2.5 per cent of GDP spending by the government was not adequate (from the current 1.2 per cent) as clearly mentioned in the draft national health policy of the government itself.

The IMA was, however, opposed to the suggestion that AYUSH practitioners be utilised in public health. He said the IMA had strongly opposed this move in the national consultative meeting convened by the Health Ministry last week in New Delhi.

The IMA had urged the government to identify difficult-to-serve areas in Health Service (primary health cen-

tres where doctors are not available for more than 3 years) and develop a package to attract doctors to these areas, including better pay, accommodation and transportation facilities, weightage for postgraduate admission for those serving in difficult rural areas and admission to children in central schools. The IMA had suggested that the government utilise the service of private practitioners in the locality to manage health-care in PHCs on a retainership /contract basis in the pattern of Mohalla Clinics, which have become popular in Delhi.

Undergraduate and post-graduate doctors should be asked to spend at least three to six months in rural areas to get an orientation of the health issues in rural areas, Dr. Pillai added.

- Gov't needs to increase public spending in health care
- Strengthening of public sector is essential in long run to ensure equity in health care
- Reduce the out of pocket expenses, thereby reduce poverty in the country
- The pre-conceived notion that private sector always is profit-driven and ignoring it in the overall structure of health delivery and allowing it to run parallel to the Government sector rather than promoting them to compliment is not correct



Gov't ignoring the Own Account Enterprises

- Gov't draft health policy itself gives undue importance to corporate sector forgetting the fact that majority of health care in the country is still delivered by small scale institutions, and health indices are moved by these small players
- Gov't policy should be to sustain and promote these Own Account Enterprises (OAE) so that affordability and accessibility is not affected.
- Gov't should consciously discourage the corporate culture in health care, which will definitely push up the cost of treatment and affects accessibility



Take small private clinics/hospitals into confidence

- In a place where the private sector provides care for 60-70 percent of the population, it is un-wise to sideline the private providers.
- Income tax, luxury tax and service tax in hospitals and VAT on drugs goes contrary to the government policy of making health a fundamental right.
 - Avoiding these taxes will reduce the cost of care eventually avoiding catastrophic health expenses.
- Government also should provide water electricity and basic amenities at reduced rates for hospitals and should not charge at commercial rates



Promote family doctor system

- Family doctor system should be promoted not just in papers but in practice
- Establish Family medicine dept in all med colleges
- MBBS graduates should be trained in Family Medicine for at least 6 months by posting in PHC & CHC.
- During internship 3 months rotation with a family physician/GP/clinic
- Increase MD residency positions in Family Medicine
- MBBS Doctors posted in rural areas should have a high remuneration and special packages.
- Primary Health Centres should be re-designated as Family Health Unit
- Academic institutionalisation of Family Medicine (District Hospital, Taluk Hospital, CHC, and PHC) through appropriate regulatory reforms



Aided Hospitals

- Government policy should influence and encourage private health care establishments by exempting them from the purview of income tax and providing subsidies to these institutions.
- Gov't can support aided hospitals
 - Government in turn can demand at least 15% free care in these institutions for poor patients.
- This aided hospital model like aided schools will be cost effective compared to heavy investments required in health insurance systems.
 - Failure of American model insurance - driven health care provisioning should be a lesson for our country
- National network for drug distribution covering private sector can reduce the cost of drugs (which accounts for ~ 70% of out of pocket expenses)



Retainership model for primary care

- Primary health centres should be made functional even after regular OP hours
- Apart from engaging not for profit organizations, the services of family doctors, private practitioners / nursing homes in the vicinity of these centers can be utilized on a retainership basis (insourcing).
- Building, infrastructure, para-medical staffs, medicine, and laboratory facilities in the PHC should be at the disposal of the private practitioner.
- He/She should be paid on a contract basis proportionate to the output.
- IMA can work as a facilitating body in this process.



Empanelment for secondary and tertiary care

- It is the efficiency of the system and quality of the care which attract even the poor towards the private sector for health needs
- Gov't can improve the access and affordability of secondary and tertiary care by increasingly involving private institutions, through encouragements and incentives, and by empanelling at rates fixed by gov't
- The policy of the Government should not be to duplicate the facilities in private sector but to effectively partner with the private sector.
- There are lot of un-utilized and under-utilized resources in private sector which can be bought through a process of empanelment at a mutually agreed rate affordable to the public and purchased by Government on behalf of them.



Free drugs and expansion of National programs

- The entire existing national programs together covers only about 15% of disease morbidity in India
 - The coverage has to be increased drastically at the earliest
 - Non communicable diseases should be addressed comprehensively which require private sector participation to a large extend
- Taking the model of PPM in RNTCP, and after rectifying identified issues, Government should initiate partnership in all national disease control programs with private sector- both in urban and rural areas.
- Even though it is claimed that all drugs and diagnostics are free under most national programs, the fact remains that many services under these programs are incurring substantial out-of-pocket expenses.
- Make drugs available free of cost through all hospitals- private and public, establish a strong drug distribution system



Way forward

- Universal health care cannot be implemented without engaging the private sector providers
- Gov't should take the role of a facilitator of service provision until a time comes, when it can provide all the services by itself
- Utilise resources in private sector (human resources, equipment, beds) effectively through one of the means: empanelment, retainership, aided hospital models
- IMA is always happy to be a facilitator for improved private participation in health care delivery

