A VISION FOR HEALTHY INDIA

Swasth Bharat, Pragatishil Bharat

HUNDRED DAYS VISION
ON INDIAN HEALTHCARE

FOREWORD

The Indian economy has been growing at a staggering pace in the past five years. Many typical consequences of a fast-developing economy can be seen: A drop in fertility and increased life expectancy and per capita income. However, health outcomes remain conspicuously poor and unevenly distributed, in large part due to an underdeveloped healthcare industry. This has led to multiple problems:

- Massive loss of economic output from low productivity due to non-communicable and communicable-diseases. The impact of inadequate sanitation on loss of GDP is close to USD 39 billion due to ill-health. Further the impact of USD 6.1 trillion has been calculated due to NCDs on GDP of the nation.
- A lopsided healthcare provider industry, with underinvestment in preventive medicine and primary care. This has led to an expensive, hospital-led healthcare system.
- Highly uneven distribution of health outcomes across geography and income bands, exacerbated because the country is an archipelago.
- An underdeveloped payer market, resulting in misaligned incentives for the healthcare industry.
- An acute skills shortage in key healthcare professions.

We believe this creates both an unanswerable case for public investment and reform and a compelling market opportunity for private-sector participants with the right focus and imagination. A traditional healthcare solution, with expanded infrastructure and provision along western lines, is unsuitable for India. Such a system would be too expensive, take too long to develop, and be impractical for the country.

Healthcare of late has come in to greater focus by the government. NDA-1 right in the beginning announced 'National Health Policy in the year 2017'and year later government launched world's largest healthcare scheme under the name AYUSHMAN BHARAT (AB) Programme, synonymous with Universal Health Coverage (UHC), The two components of the AB scheme i.e. 1.5 lakh Health & Wellness Centers and Prime Minister Jan Ayog Yojana (PMJAY), providing insurance cover up to 5-lakh per family under designated underprivileged sections of society. These schemes are by all standards very ambitious/ path breaking and once get implemented will usher; **New India: Healthy India.**

Association of Healthcare Providers of India (AHPI), representing vast majority of healthcare providers, through 15-regional chapters is fully committed to support government's healthcare initiatives in line with its motto; '**Educating & Advocating for Well Being of Common Man**'.

KEY DESIGN PRINCIPLES FOR STRENTHENING OF INDIAN HEALTHCARE

Meeting people's health needs through comprehensive promotive, protective, preventive, curative, rehabilitative, and palliative care throughout the life course, strategically prioritizing key health care services aimed at individuals and families through primary care and the population through public health functions as the central elements of integrated health services. If healthcare services are not available when and where needed, any effort towards UHC will be incomplete.

We believe India needs something different. The need to explore and adopt best international practices and the possibilities of relevant and cost effective digital innovation could serve as inspiration to design something uniquely suited to the health needs of the population. To design a sustainable system, we believe India should focus on the following points.

1. **HEALTH, NOT HEALTHCARE** The health of the population should be maintained through preventive care instead of episodic and acute care. Improved health levels and innovative ways for people to stay healthy should be the mainstream.
2. **HEALTH IS NATIONAL AGENDA & INTEGRATED IN ALL POLICIES:** Given their universal and multi-sectoral nature, each SDG has a relationship to health and wellbeing, and so there is an urgent need to elevate health to a higher level of priority and importance in many national contexts.
3. **THE MOST VULNERABLE ARE PRIORITIZED:** All the dimensions of marginality (availability, accessibility and affordability) should be taken into consideration while working on Ayushman Bharat 2.0.
4. **CITIZENS AND COMMUNITIES ARE ENGAGED IN A WHOLE-OF-SOCIETY APPROACH:** We believe that engaging communities in decision-making, planning, and implementing programs and policies that are about their own health and well-being can lead to sustainable change
5. **IMPROVING HEALTHCARE INFRASTRUCTURE TO IMPROVE ACCESS AND AVAILABILITY:** For achieving 'Health for All' the first and foremost step has to be to ensure that we have necessary infrastructure in terms of healthcare establishments.
6. **DIGITAL HEALTH & INNOVATION TO WIDEN ACCESS** Digital technology can help healthcare providers overcome their current accessibility issues. Services will be delivered more widely and reach remote rural regions.

Systematically addressing the broader determinants of health (including social, economic and environmental factors, as well as individual characteristics and behaviour) through evidence-informed policies and actions across all sectors. We envision a healthcare design that empowers individuals, families, and communities to optimize their health, as advocates for policies that promote and protect health and well-being, as co-developers of health and social services, and as self-carers and caregivers.

1. HEALTH, NOT HEALTHCARE

The focus should be shifted from cure to care and prevention, from quantity to quality and from fragmentation to Integration.

Promotive, Preventive and Primary Care are foundation blocks for building sound health system. Health & Wellness Centres under AYUSHMAN BHARAT, once implemented will be able to address these blocks. All these years, the focus has been on curative part of healthcare. Promoting and establishing of preventive and primary healthcare through 'Health & Wellness Centres' will in fact save huge expenditure on curative healthcare and reducing suffering to the mankind. This will bring back emphasis on primary care and referral mechanism, which has been missing all these years. We need to strengthen Community Health Centres, District Hospitals and Government Medical College hospitals. Aim should be to provide at least 50% healthcare through public hospitals.

PROPOSED INTERVENTIONS:

1) **'NATIONAL PRIMARY CARE NETWORK'- PUBLIC & PRIVATE PRIMARY CARE CLINICS/ GPS:** The network of public & private primary care clinics shall be operated by government/ body with standardised services and user charges viz. minimum or patient based for providing mandatory services, screenings, medicines, diagnostics and referral services to every citizen. E.g. NHS, UK and Israeli primary care model.

2) **NATIONAL HEALTH UID OF EVERY INDIVIDUAL:** Health UID linked with Aadhar number for electronic health record/ electronic medical records interoperability across public, private, payer and other allied providers.

3) **MANDATORY HEALTH SCREENING OF EVERY CITIZEN:** Mandating health screening/ health check up for NCDs and certain other diseases for promoting preventive care and better population health management. By providing Subsidised rates, IT exemptions and other measures to promote mandatory health check

2. HEALTH IS NATIONAL AGENDA & INTEGRATED IN ALL POLICIES – GDP DRIVER

Given universal nature of SDGs, there is a integral relationship to health and wellbeing, and hence an urgent need to elevate health to a higher level of priority and importance in many national contexts.

This requires investment and action at national, state and local level. Concrete action is needed to address the damaging effects of unsustainable production and consumption (SDG 12), to give consideration to offset economic policies that create unemployment and unsafe working conditions (SDG 8), and to address marketing, investment and trade when it compromises health (SDGs 16 and 17).

- **HEALTH IS NATIONAL AGENDA -** We should explore ways to **make health a national priority** and ensure the cooperation between different sectors of government through a range of mechanisms and institutions. This can be achieved by adopting new bills and legislation which include health-impact-assessment as part of the adoption of new policies, and which give the health department special rights when population health is at stake.
- **GDP DRIVER-** To begin with a preamble that acknowledge and recognise the economic case for investing in health, in order to avoid the ongoing challenge of premature mortality and to make significant progress towards achieving sound health for all citizens needs to be drafted and adopted. Health is a an integral entry-point to achieving the SDGs and economic growth.
- **HEALTH FOR ALL** - to ensure that all citizens have access to good health and wellbeing, since the economic case is insufficient alone if real progress is to be made towards achieving the health-related SDGs. The overall goal to leave no one behind is particularly important for health and related not only to SDG 1 on poverty, but to broader inequalities as indicated through SDG 11, and is closely linked to gender inequalities as indicated in SDG 5.
- **CONVERGENCE OF PROGRAMS/ MINISTRIES AND CROSS-MINISTRIES' POLICIES** to address upstream determinants of health such as education and early child development are needed. There is practically no health issue that does not need joint action with other sectors. For example, the rural and husbandry ministry must work jointly to address anti-microbial resistance (AMR); the role of the social ministries such as MoUD, is critical in avoiding major communicable disease outbreaks and onward transmission; and non-communicable diseases (NCDs) can only be addressed through action on food systems, city planning, and health literacy.

PROPOSED INTERVENTIONS:

1) **IMPLEMENTING MULTI-SECTORAL ACTION PLAN FOR THE PREVENTION AND CONTROL OF COMMUNICABLE & NON-COMMUNICABLE DISEASES:** The implementation of the Action Plan will ensure a holistic approach embracing policy, legal and structural components necessary to address complex social determinants of CDs & NCDs and their risk factors. Most importantly, the Action Plan will have heavy reliance on the partnership of non-health stakeholders and their efforts to integrate NCD prevention strategies within their plans.

3. THE MOST VULNERABLE ARE PRIORITIZED - FINANCIAL AND HEALTH SECURITY TO MOST VULNERABLE

- **Universal health coverage (UHC)**, based as it is on principles of justice and equity, addresses both the social determinants and the social implications of health by acting on the broader socioeconomic inequities that leave people behind. Inter-state cooperation on improving the health of those left-behind, especially the worst-off, also has the potential to enhance the coverage to under-privileged.
- **EXPANSION OF AYUSHMAN BHARAT – PMJAY -** Government has launched ambitious scheme by way of PMJAY - AYUSHMAN BHARAT. It is bold step to take country achieving universal health coverage. The scheme is presently designed to cover 40 per cent of India's population. If we add some of the additional population, presently under medical cover like state schemes, CGHS/ ECHS/ ESIC and private insurance, we may be approaching 70 per cent of population getting health insurance. This is going to be huge number and milestone to put India in the League of Nations achieving universal health coverage. As 85 per cent tertiary care beds are with private sector and therefore operation of such government insurance schemes, will need to involve private sector in big way.
- **REVISIT AB-PMJAY STRUCTURE** - There is considerable reconsideration in rates of medical procedures under these schemes, as the Government need to undertake costing exercise of medical procedures in various settings like category of city and level of specialization. Also supply based empanelment consideration and criteria across states, reservation of packages, fraud management system, health analytics and integrated IT system remains areas of strengthening for AB-PMJAY.
- As for next step, Indian government should accept responsibility for citizens' health, promote accountability and ensure transparency of health systems. UHC cannot be efficient or fiscally sustainable without responsibility, accountability and transparency at various levels of health system governance.

PROPOSED INTERVENTIONS:

1) **MANDATORY HEALTH COVERAGE FOR ALL-** Every individual to have a mandatory health coverage through cross-subsidized model. Considering Health Security Model that aspires to deliver healthcare without having one to suffer any fiscal hardship. Every Aadhar Number to be linked to a mandatory Health Coverage Number (Govt. financed, Corporate, Self financed, etc.).

4. CITIZENS AND COMMUNITIES ARE ENGAGED IN A WHOLE-OF-SOCIETY APPROACH

- To achieve a "**whole of society**" approach, we urge to encourage citizen engagement in policy processes to help improve health and well-being, and to increase state effectiveness. There is very strong evidence to show that effective, all-encompassing citizen engagement supports positive social outcomes.
- Indian Government should put in place processes and mechanisms to facilitate citizen engagement in data collection, monitoring and feedback mechanisms, in order to increase public accountability, and to help make progress towards complex health challenges. There is growing evidence for the value of gathering user evidence of the problems community members experience regarding health care and services and increased availability of tested digital technology to implement these feedback mechanisms.
- We propose that Indian Government to work closely with stakeholders from community and "honest brokers", such as industry bodies, think tanks and policy research institutions, to not only bring evidence, data and analysis to bear on health policy issues, but also to convene spaces and platforms where different societal actors can engage in these debates in an informed, equitable and inclusive way.
- Patient safety: MOHFW has recently come out with Patient Safety Implementation Framework (2018-25), which should be promoted through government, associations and NGOs. These measures have big role in containing morbidity/ mortality, which presently we do not even monitor or measure.

PROPOSED INTERVENTIONS:

1) **NATIONAL PUBLIC-PRIVATE STAKEHOLDERS FORUM FOR HEALTH-** Working on HC agenda jointly to develop an inclusive (public-private) and comprehensive policies & programs.
2) **'SWASTH APPLICATION' FOR CITIZENS –** Developing and Promoting Citizen Centric Health Application with Schemes, Entitlement, HC facilities, Health Vault, health content, engagement, EMR, reports, ambulance, etc.

5. IMPROVING HEALTHCARE INFRASTRUCTURE TO IMPROVE ACCESS AND AVAILABILITY

- India has currently about 1-bed per 1000-population, against suggested WHO norm of 3.5-beds per 1000 for developing nations. However, there is decreasing number of private hospitals and investment in setting up of healthcare facilities specially in Tier-II/ III. High cost of capital, long gestation period, concentration of HC facilities in Tier-I cities, absence of larger coverage and increasing cost of operations.
- **LACK OF INCENTIVISATION FOR SETTING UP OF HEALTHCARE FACILITIES –** Largely there are no incentive framework for healthcare players to set up demand-supply based facilities specially in Tier-II/ III geographies. No such incentive mechanism on capital cost, facility management services (electricity, water, etc.), taxation or minimum administrative user charges for operators to sustain operations in case of long gestation period.
- **CREATING 'NATIONAL FUND FOR HEALTHCARE'-** Similar to RBI recommended for setting up of fund for Start-up, sick MSMEs and other sectors. We need to augment it on war footing in public and private sector. Government of India had suggested to have 2000 to 3000-new hospitals to cope up with shortage of beds. There is gross geographical inequality as most tertiary care beds are confined within TIER-I/II cities, making healthcare inaccessible to large majority of population. There is dire need to set up a **Healthcare Fund to Reduce Cost of Capital and Viability Gap.**
- **MEDICAL AND PARAMEDICAL COLLEGES-** Permitting medical colleges to work multiple hospitals of 100 bed & above as a teaching hospitals within 15-25 km. MCH digital connected classroom with hospitals, Simulation and Advance Experience Centre based Labs/ OT for enhancing medical training. **Viability Gap Funding for private players to set up medical colleges** or operating district hospitals based medical colleges.
- **HC APPROVALS & LICENSES REFORM-** Healthcare establishment and operation require 60+ regulatory approvals/ licenses. Ambiguous and redundant regulations could be done away and Single Window/ Ease of setting up and operations of healthcare facilities with minimum approval and licenses could enable setting of more healthcare facilities.

PROPOSED INTERVENTIONS:

1) **NATIONAL HEALTH INFRASTRUCTURE DEVELOPMENT FUND –** Rs. 5,000 to 10,000 Crore fund to boost private health sector specially in Tier-II & III for private primary care & Ayushman Bharat Hospitals , regional super specialty hospitals and trauma care hospitals.
2) **HC PPP GUIDELINES-** Realistic models, sustainable, accountable and safeguarded.

6. DIGITAL HEALTH & INNOVATION TO WIDEN ACCESS

Digital Health has potential to change the way health systems are run and health care is delivered. As digital health improves, MoHFW believe that this will in turn strengthen health systems, enable universal health coverage, and improve health and well-being for all.

- **DIGITAL HEALTH STARTGEY –** In line with WHO Global Strategy on Digital Health 2020-2024, calls for advancements in digital health related to scale with a focus on equity, support for national and global health priorities, promotion of evidence and interoperability, dissemination of best practices and sharing of experiences, public health resilience, health and digital health workforce development, public engagement and trust in digital health, protective policies, and strategic collaborations. There is need for MOHFW to develop and set up such structure to promote digital health.
- **DIGITAL HEALTH (CITY & DISTRICT) MISSION** - The model digital health districts will be an attempt towards addressing the issues pertaining to accessibility of care, affordability, equability and universality with increasing ICT and advance integrated digital solution. The envisioned model digital health districts will be model of healthcare delivery in the country.
- **INCENTIVISE DIGITISATION –** Incentive Model to encourage digitization of healthcare services across public and private healthcare facilities. Special fund for Start-up/ Digital Health Players to boost digital health based services in India.

PROPOSED INTERVENTIONS:

1) **SET UP 'NATIONAL DIGITAL HEALTH AUTHORITY' & 'NATIONAL CENTRE FOR DIGITAL HEALTH' AT MOHFW –** In line with WHO Digital Health Strategy 2020-24.
2) **25 MODEL DIGITAL HEALTH CITIES & DISTRICTS –** Like Smart City Mission, creating POC of model digital health districts with digital integrated system and connectivity to bridge healthcare gaps.
3) **1000 VIRTUAL & REMOTE HEALTHCARE POC -** Special PPP and VGF Package for setting up of tele-consultation, telemedicine, e-ICU, AI/ ML based health screening, Health ATMs, etc. in 2 years.

ACKNOWLEDGMENTS

STRATEGIC DIRECTION: AHPI GOVERNING BODY
▪ Dr. Alexander Thomas
▪ Dr. Girdhar Gyani
▪ Dr R Rajasekaran
▪ Dr. Prem K Nair
▪ Dr. N Trivedi
▪ Dr. Devi Shetty
▪ Dr. Somaraju
▪ Dr. Bhabatosh Biswas

SPECIAL ACKNOWLEDGEMENT
We acknowledge the efforts put in by the following industry experts in preparing this point of view for AHPI:
▪ Nilaya Varma, Government & Healthcare Sector Expert
▪ Lalit Mistry, Healthcare Sector Expert and Consultant
▪ Dr. Manav Dagar, Healthcare Sector Expert and Consultant
▪ Sudhanshu Sharma, Healthcare Sector Expert and Consultant

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