

"Revisiting Healthcare Policy"

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The common objectives behind all types of life sciences research are to ensure the health of an individual. Be it the pharmaceuticals, medical technology, biotechnology, agriculture or any other field, the motto is to develop affordable quality product that benefits the people at community at large. Therefore, to ensure the best outcome from the public research, we need some well planned accurate policy decisions. Similarly the awareness and prevention programmes too have to be packaged in a way so that there is broader outreach. However, there is a big question mark over the ability to so do in a huge complex populous country like India. The implementation here is not just linked to the availability of funds or resources but the state-centre relationships and programme overlaps.

Where do we stand?

Experts agree that the access to healthcare facilities in India has somewhat not been upto the mark so far. This belief is fully backed by the reports like FICCI HEAL 2013 which mentions that India constitutes 17% of world population, 20% of global disease burden but spends only 1% of global healthcare expenditure. The out of pocket expenditure on healthcare is about 65% and only 10% of Indian population receives healthcare subsidies.

According to Mr Lov Verma, secretary of health, ministry of health and family welfare, "The 29.8% of population is below the poverty line, 43% don't have access to healthcare facilities and 49% have no drainage facility. The healthcare percentage to the overall GDP in Feb, 2014 stood at 3.7 % and there has been increase in the healthcare spending from 22% in 2005 to 21% in 2011."

The planning commission chairman, Dr Montek Singh Ahluwalia is of the opinion that curative healthcare is a responsibility. "Unless you cross the road, you don't feel the stones. As we evolve our health policy, we have to consider all the options. Next ten years have to be seen as delivery of curative healthcare services that will lead to visibility." Putting more onus of implementation on the states, he says, "Actual management of health is a state responsibility and they have to be more proactive. Health ministry received so many proposals from the states. If there are more imaginative ways of doing it, those

are welcome."

Touching the subject of distrust between the NGOs and medical practitioners," Dr Ahluwalia feels that the overall differences in pharma industry require to be resolved on priority. "These are not going to just disappear. Sensible approach required to these issues," he says.

The planning commission member, Ms Syeda Hamid has no qualms in accepting that India as a nation has failed to fulfil the health requirements. She feels it is not only the job of government but all the stakeholders. She says, "There are humanitarian values where for its sake, the doctors have left their jobs to serve in rural areas. But not all follow this example." However, on criticism of planning commission on the issue, she says that blaming it for the implementation is not right as we made a beginning somewhere.

The tussle between communicable and non communicable diseases is also an issue to be addressed. Prof. K Srinath Reddy, president, Public Health Foundation of India (PHFI) disagrees with the claims that NCDs are not being paid an attention. He cites the m-health projects in Andhra Pradesh, Haryana and Himachal Pradesh and mentions, "Recognizing the diversity in different states and their varied promotion, we cannot say NCDs have not been paid full attention." Former director general, Indian Council for Medical Research (ICMR) and eminent scientist, Dr N K Ganguly feels that there should have been no dissection between the NCDs and communicable diseases in first place."

Creating ecosystem

Healthcare being a part of society, experts also feel that there is a need to incorporate the health policies in employment and jobs. Besides that innovation and building on whatever has been achieved so far would help move further in right direction. There is a strong need to develop an enabling ecosystem for facilitating healthcare innovation with active participation from industry, academia and the government. The quantum of funding for R&D has to be increased manifold and the regulatory framework should facilitate indigenous development of medical technologies.

Dr Pratap Reddy, chairman, Apollo asks that if government can allow the hugely funded space programmes to Mars and moon, why can't the healthcare as it deals with the people directly? "We should wake up now and pay it the due attention," he said.

Stressing on the role of technology, Mr Anjan Bose, secretary general, Healthcare Federation of India (NATHEALTH) has evolved in many areas of medicine and emerged as one of the strongest pillars of modern healthcare. He says, "The next big technology revolution is going to come in the symbiotic marriage between IT and healthcare. This offers tremendous possibilities, considering the deliverables from all-pervasive mobile telephony, cloud computing, analytics and so many other areas where the already available technology can be used to make quality healthcare more accessible in an affordable manner. This will also help in addressing the skill gaps that exist in every segment in Indian healthcare today."

Multi-Stakeholder Action

Affordability is the main culprit as the reach ability to the large populations. From diagnostics to treatment, government is seeking the cooperation from the private sector.

Mr Karan Singh, partner, Bain and Company, says, "The root cause drivers for the implementation of important healthcare programmes are policy, awareness, access, portability and role of technology. All of these will ensure the healthcare delivery. But doing it alone is a recipe of disaster. Therefore, apart from looking at treatments, government must focus on getting the all the stakeholders together to create a multi-faceted solution."

On a positive note, Mr Lov Verma points towards the substantive increase in the healthcare expenditure over the period of time. "Government seeks to address the discrepancies in the facilities and is now turning more towards public private partnerships (PPPs). As an example during the last plan, there was just one cancer centre and now we have seventy one at the closing of plan."

Many believe that whatsoever may be the goals, without the activists pushing it hard, nothing moves on ground actually. As Ms Sayeda Hameed mentions, "Irrespective of the political party at the centre, the plan for 2017 has been defined. So the goals too are set and now the pressure mechanism has to work."

India's roadmap to an effective healthcare mechanism on ground will require three ingredients: partnerships, maximum utilization of resources and continuous feedback. Next one decade can prove crucial for the country to evolve itself to

compete at a global scale.

Need Action?

- â– Increased health spend.
- â– Regular screening and creation of personal health records.
- â– Develop affordable technologies.
- â– Improve medical education system.
- â– Bridge gap between public and private healthcare