



UNIVERSAL HEALTH COVERAGE - POLITY

NEWS: *The excerpt from “Mission Possible” by Swami Subramanian and Aparajithan Srivathsan presents a visionary roadmap for achieving UHC in India, emphasizing the importance of technology, team-based care, and a strong public health system.*

WHAT'S IN THE NEWS?

About Universal Health Coverage (UHC)

- It is a global health objective aimed at ensuring that everyone can access essential health services without facing financial hardship. It encompasses the full range of health services, from **health promotion and prevention** to **treatment, rehabilitation, and palliative care**, and is a critical component of **Sustainable Development Goal 3 (SDG-3)**.

Key Components of UHC

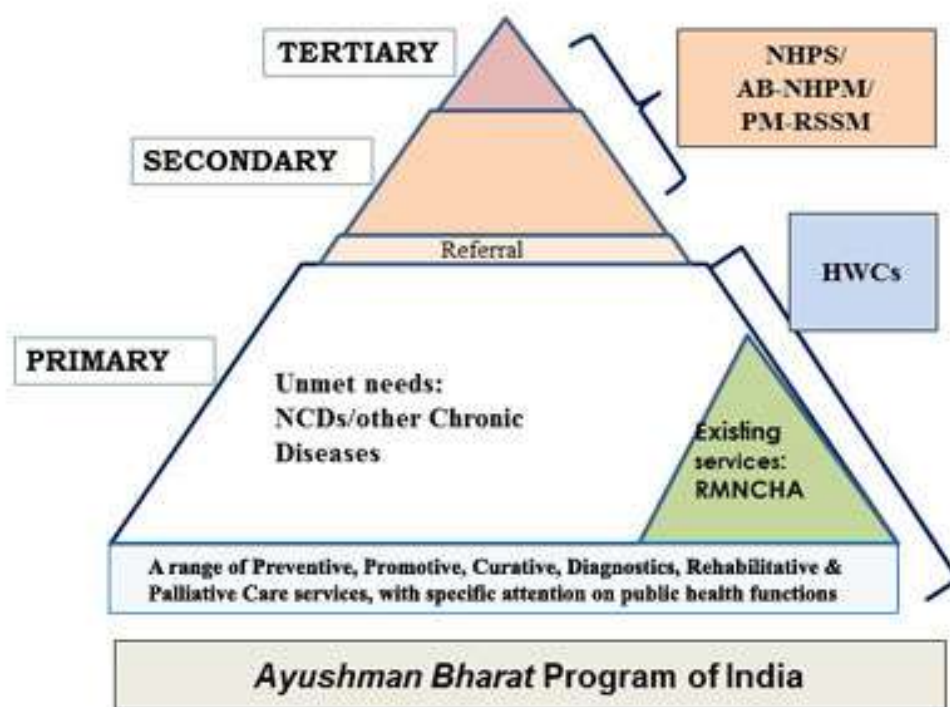
- **Availability:** Adequate health services in sufficient quantity.
- **Accessibility:** Equal access regardless of location or socio-economic status.
- **Affordability:** Health services without financial strain.
- **Quality:** High-quality services meeting population needs.

Challenges in India's Healthcare Sector

- **Population Growth:** India's population grew from 760 million in 1985 to 1.3 billion in 2015, outpacing healthcare infrastructure.
- **Public Healthcare Constraints:** Government hospitals are underfunded and understaffed, pushing patients to private facilities.
- **Skewed Distribution of Healthcare Professionals:**
 - Concentrated in urban areas due to higher-paying consumers.
 - Rural areas remain underserved.
- **Financial Distress:**
 - High out-of-pocket expenses due to a lack of insurance (76% of Indians lack health insurance).
 - Healthcare-induced financial distress affects 7% of the population, with farmer suicides being a notable consequence.
- **Low Public Health Spending:** India's government contributes only 32% to health insurance, compared to 83.5% in the UK.
- **Rural-Urban Disparity:**



- Shortages in rural healthcare infrastructure, with PHCs lacking over 3,000 doctors.



Challenges in Implementing UHC

- **Defining Universal Services:**
 - Identifying the initial set of universally provided services.
 - Determining acceptable levels of financial protection.
- **Resource Mobilization:**
 - Universality demands significant economic investment.
 - Prioritizing certain services for vulnerable populations undermines universality.
- **Insurance Model Issues:**
 - Public funding is critical for health services.
 - A contributory insurance model won't work effectively due to over 90% of India's workforce being in the informal sector.

Proposed Solutions for Strengthening Healthcare

- **Increase Public Health Financing:**
- **Focus on Primary Healthcare:**
 - Recognize it as the foundation of a sustainable healthcare system.



- Prevent unnecessary hospitalizations through effective early care.

Healthcare pyramid



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- **Strengthen Emergency Services:**
 - Provide free and lifesaving care on location and during transport.
- **Expand Service Coverage:**
 - Include essential surgeries and treatments, with advanced care services added as resources grow.
- **Build Healthcare Workforce:**
 - Develop multi-layered, multi-skilled teams of doctors, nurses, pharmacists, and allied health professionals.
 - Reform health professional education, introduce cadre planning, and incentivize rural postings.
- **Improve Healthcare Infrastructure:**
 - Prioritize district hospitals and primary care facilities.
 - Ensure free essential drugs and diagnostics at public healthcare centers.

Key Recommendations

- **Leveraging Modern Technology:** Technology acts as the “glue” binding a network of healthcare workers, from community health workers to specialists in tertiary hospitals.
 - Integrated health teams using tools like mobile phones and electronic medical records can enhance efficiency and accessibility.
- **Strengthening the Public Health System:** The **Bhore Committee report (1946)** laid the foundation for India’s public health system with its three-tier model integrating preventive and curative care.



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- Improving public health as the primary provider of promotive, preventive, and curative services, reducing health expenditure while ensuring quality.
- Integration of private healthcare with the national system can improve access and outcomes.
- **Creating an Integrated Health System:** The Public Health Foundation of India recommends:
 - Universal Health Insurance to protect against financial hardship.
 - Establishing autonomous organizations for evidence-based healthcare practices.
 - Training appropriately skilled healthcare workers.
 - Decentralizing and coordinating health governance.
 - Legislating health entitlement for all Indians.
- **Community Health Worker Teams:** Community health workers can perform 75% of a doctor's duties, enabling local access to healthcare.
 - Each worker would serve a population of 40,000, supported by a 75-bed district hospital for tertiary care.
 - Training MBBS and MSc biotech students in community medicine for three months would prepare them for grassroots healthcare.
- **Indian Medical Service (IMS):** Proposal for creating an Indian Medical Service (IMS) similar to the IAS, with advanced certification (MD) holders managing state-level healthcare.
 - This would improve governance and ensure professional management of public health systems.
- **Role of Private and Specialty Care:**
 - Private medical centers and foundations should coexist with public healthcare to expand quality care.
 - Examples from South India's ophthalmology institutions demonstrate the success of a pyramidal four-tier model, where local eyecare workers connect with world-class research centers using advanced technologies for diagnosis and treatment.
- **Road to UHC:** Aadhaar-like identification systems for healthcare delivery.
 - World-class medical facilities in each state (e.g., AIIMS, Delhi; NIMS, Hyderabad).

Source: <https://www.thehindu.com/sci-tech/how-to-achieve-universal-health-coverage-across-india/article69136611.ece>

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