Rethinking the
UNIVERSAL HEALTH
LANDSCAPE

FOREWORD

The right to health is a fundamental and universal human entitlement, and is anchored on the principle that every individual is entitled to experience the highest attainable standard of physical and mental well-being. Recognized globally, this right is enshrined in numerous international agreements, including the United Nation's Universal Declaration of Human Rights, the Sustainable Development Goals on Good Health and Well-being and the International Covenant on Economic, Social and Cultural Rights. It encompasses not only the absence of illness or disease but also factors such as access to healthcare services, clean water, sanitation and a safe environment.

The resulting whitepaper is a testament of the roundtable discussion held under the banner of the Times Group's Global Sustainability Alliance (GSA)'s Council for Good Health and Wellbeing during the eighth edition of the Times Group's ET Now Global Business Summit 2024.

This compendium tries to reflect, as best it can, the essence of the discussions, presenting insights and recommendations from the pivotal discussion. It underscores the role of leaders in formulating policies and strategies for future health contexts, while also questioning how existing systems can be enhanced for universal healthcare. The central theme explores avenues to improve disease prevention, fortify health security measures at various governance levels, and strengthen the national health system through a multi-sectoral, multi-stakeholder approach. Moreover, the group seeks to provide solutions for preventing, detecting, and combating health security emergencies.

Broadly speaking one of the primary concerns highlighted is the inadequate physical access to and affordability of healthcare providers, and essential medical resources such as medicines, vaccines, and diagnostic facilities.

Government underfunding, combined with weak procurement and logistics systems, has hindered access to these necessities in government health facilities, except in a few well-funded states. This chronic underfunding has led to a significant increase in medical treatment costs for households. The paper acknowledges some progress, particularly through interventions like the National Rural Health Mission/National Health Mission (NRHM/NHM).

While medical education has expanded, concerns persist about the quality and distribution of healthcare personnel, predominantly concentrated in urban areas. The white paper emphasizes the need for a comprehensive roadmap addressing human resources, funding, infrastructure, and skill gaps, thus ensuring that staffing and funding policies align with the evolving needs of the health system.

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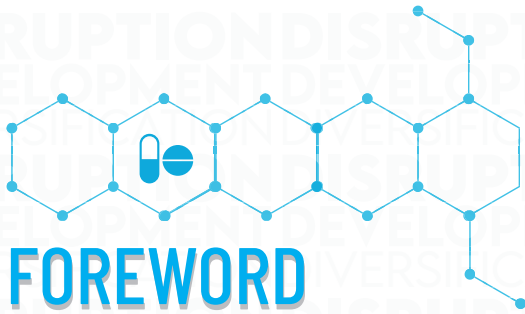
FOREWORD

The core of the discussions revolved around ensuring access to vaccines, therapeutics, and diagnostics. Efficient procurement and supply mechanisms were deemed essential for the success of any healthcare system. Initiatives like NRHM/NHM and health insurance programs like Pradhan Mantri Jan Aarogya Yojana (PM-JAY) aim to address these challenges, The paper outlines key which emphasize the need for standardized efforts in healthcare regulation, including transparency and stakeholder accountability.

In conclusion this whitepaper seeks to encourage debate and discussions over the challenges, opportunities, and possibilities to provide solutions, equipping us to better prevent, detect, and combat health security emergencies as we navigate the path to Universal Health Care. It concludes by highlighting the importance of fortifying health security measures at various governance levels and strengthening the national health system through a multi-sectoral, multi-stakeholder approach.

This is not a consensus document, nor does it seek to provide a single, conclusive vision of the nation's healthcare system. On the contrary, the Compendium seek to give voice to the many different points of view.

Queenie Nair
Editor - Sustainability
ET Edge Insights

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India stands at crucial crossroads of fiscal responsibility and the urgent need for high-quality healthcare. Primary concern revolves around the physical access to and affordability of medicines, vaccines, and diagnostic facilities. The National Health Policy (NHP) 2017 outlines a framework for achieving Universal Healthcare (UHC), focusing on prevention, promotion, and affordable primary care. However, challenges in data quality, accountability, and weak governance persist. Existing Healthcare structure in India involves independent Government efforts by way of setting up Aayushman Aarogya Mandirs, measures to prevent Non communicable Diseases, improving system of UHC by setting up Ayushman Bharat Health & Wellness Centres and Sub Health Centres to furnish Comprehensive Health Care and make affordable generic medicines available via Jan Aushadhi Kendras,

Critical areas relating to healthcare are Rising Threat of Non-Communicable Diseases (NCDs), Improving Systems for Universal Health Care, Enhancing Capacity in Healthcare, Collaboration and Stakeholder Engagement, Funding & Budget Allocation, Healthcare Barriers/Challenges in Preventive Services. Recommendations and Solutions include increasing Government budgetary allocation, involvement of all stakeholders like citizens, local bodies, pharmaceutical and other companies for preventive health efforts, adopting community-centric approaches to increase community participation, setting up inclusive hospital committees to encourage public ownership in health care decisions, raising awareness of social determinants like air pollution and environmental change impacting health, positive incentivisation of Health care professionals(HCPs) to serve under-served areas, have global learning on HCPs incentivisation, address challenges in making telemedicine available 24X7, focussing CSR activities on specific health goals, deploying additional manpower for tobacco use clusters, greater stakeholders collaboration using vernacular media to disseminate health information and leveraging technologies for efficient outreach.

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PUBLIC HEALTH LANDSCAPE

In the ever-evolving landscape of global healthcare expenditure, examining GDP and expenditure ratios unveils that healthcare spending in the country currently lingers at around 5%, a notable disparity compared to the approximately 10% earmarked by many developed nations. In contrast, ASEAN and BRICS nations consistently allocate a more substantial share, ranging between 7% and 12%. On healthcare budgetary allocations India ranks as the lowest among the BRICS nations.

While there has been a recent positive development, with total government expenditures rising from 3.4% to 5.8%, a significant out-of-pocket burden persists among the population. This underscores the enduring financial strain on individuals, prompting crucial inquiries into the distribution, efficiency, and involvement within the healthcare system.

Primary concern revolves around the physical access to and affordability of medicines, vaccines, and diagnostic facilities. Government underfunding, and weak procurement, and logistics systems, has resulted in poor access to essential medical resources in government health facilities. Notably, a few Indian states have successfully funded and established efficient mechanisms for procuring and supplying of medicines and diagnostics. In the private sector, while physical access to drugs is more accessible, the "ability-to-pay" may still hinder access. Despite being the "pharmacy of the global south," India's branded generics market remains elusive or unaffordable to a majority of the population. Additionally, inadequate regulatory oversight has limited policymakers' control over inappropriate prescription and the misuse of medicine.

Ensuring Equity and Inclusivity in Health Care: Equity and inclusivity are fundamental principles in the journey towards UHC, ensuring that every individual, regardless of socioeconomic status, gender, ethnicity, or geographic location, has access to quality healthcare services. It is imperative to implement culturally competent care, expanding services to marginalised communities, and adopting policies that protect against financial hardship due to health expenses.

Insufficient Medical Infrastructure: India faces a scarcity of hospitals, especially in rural regions, with many existing healthcare facilities lacking essential equipment and diagnostics resources. As per the National Health Profile, the country has a mere 0.9 beds per 1000 population, and merely 30% of these are available in rural areas.

The National Health Policy (NHP) 2017 outlines a framework for achieving UHC, focusing on prevention, promotion, and affordable primary care. However, challenges in data quality, accountability, and weak governance persist. Efforts to integrate health insurance schemes, like PM-JAY, face resistance, necessitating ongoing commitment to overcome hurdles.

Regulatory improvements for healthcare providers and pharmaceuticals are imperative, with calls for enhanced oversight and standardisation. The formation of the National Medical Commission (NMC) and the National Commission for Allied Healthcare Professionals aims to revamp medical education and allied health professions, addressing resource gaps and governance issues.
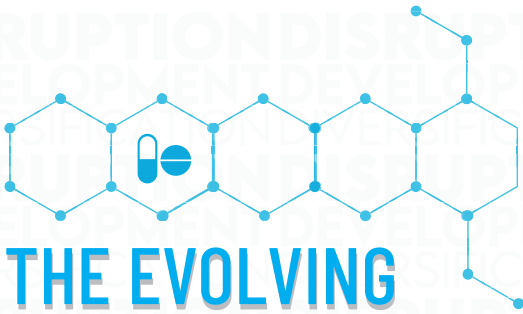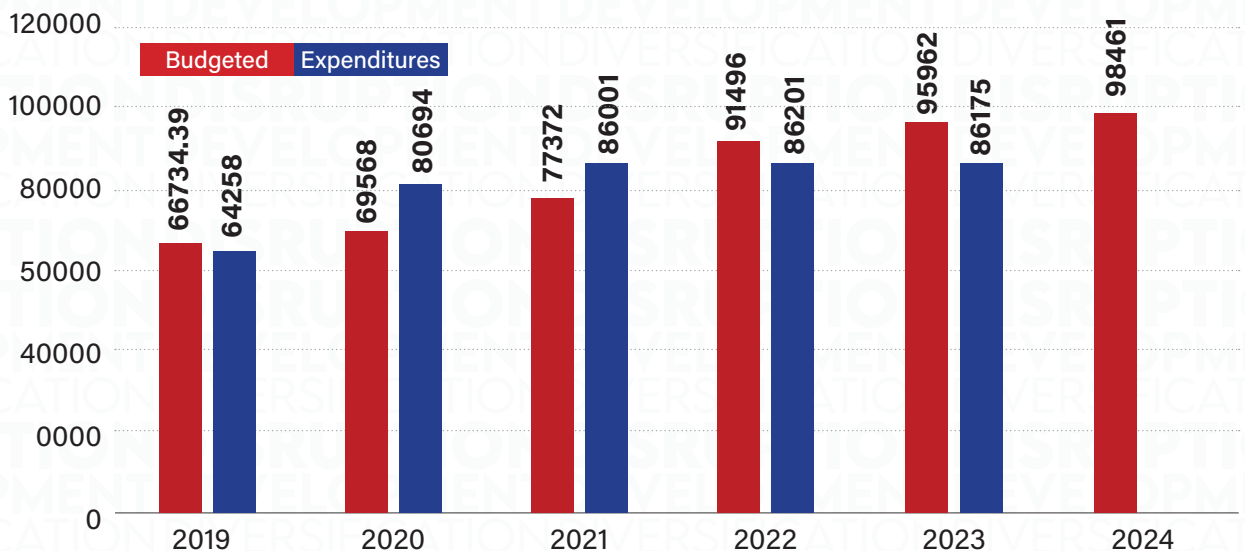
THE EVOLVING HEALTHCARE STRUCTURE

I f we broadly take an overview of the evolving healthcare structure, the emphasis is on the shift towards Ayushman Arogya Mandirs and the integration of mid-level service providers. The inclusion of BSc nursing professionals represents a noteworthy progression in preventive and promotive efforts, underscoring the ongoing enhancements in healthcare delivery.

The varied performance concerning communicable diseases indicates that while polio has been eradicated, and the HIV/AIDS epidemic has been contained, there persists a significant disease burden from tuberculosis. The escalating numbers of multidrug-resistant variants pose a consistent threat to urban health planners. Simultaneously, noncommunicable diseases (NCDs) are increasingly emerging as a challenge, constituting over half of the disease burden.

Overall Union Health Budget trends 2019 - 2024

(Number in Rs crores)

Year	Budgeted	Expenditures
2019	66734.39	64258
2020	69568	80694
2021	77372	86001
2022	91496	86201
2023	95962	86175
2024	98461	

India ranks among the highest globally in terms of Out-of-Pocket Expenditure (OOPE), with a staggering 63%. This indicates that a significant portion of healthcare expenses in India is borne directly by individuals, causing financial strain on households.

The fifteenth finance commission has recommended intensifying the focus on primary healthcare by increasing budgetry allocation to 70,000 crs at the primary level between 2021 and 2026
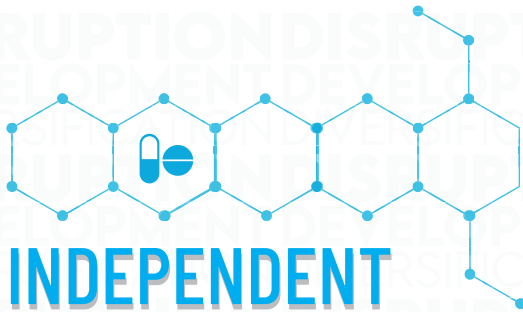
INDEPENDENT GOVERNMENT EFFORTS

Over the past 50 years India's population has been rising rapidly, and it is currently the most populous country overtaking China. Predictably alongside persistent concerns regarding infectious diseases and reproductive health outcomes, there has been a growing burden of non-communicable diseases, reflecting the evolving dynamics of the population. Notably, there have been strides in reducing the infant mortality rate (IMR), dropping from approximately 32 in 2020 to around 27 in 2023. The maternal mortality ratio (MMR) has similarly declined, although progress remains uneven across economically weaker states with persistently higher rates.

Emphasizing the need for independent thinking in government health initiatives, there is a call to move beyond excessive reliance on international health indices. While acknowledging the critical role of accurate data, discrepancies between Infant Mortality Rate (IMR) data and results from the National Family Health Survey 5 (NFHS 5) underscore the necessity for a nuanced approach. The 2017 National Health Policy is recognized as a guiding document, advocating substantial government investments in family healthcare. The Ayushman Arogya Mandir is identified as a pivotal element requiring efficient utilization.

The Ayushman Arogya Mandir's significance lies in its role in the evolving healthcare structure. Initially established as 1,50,000 Health and Wellness Centres (AB-HWCs), these centres, now rebranded as Ayushman Arogya Mandir, aim to bring healthcare closer to communities. By upgrading Sub Health Centers (SHCs) and rural and urban Primary Health Centres (PHCs), they seek to provide Comprehensive Primary Health Care (CPHC). This involves expanding and strengthening services related to Reproductive & Child Health (RCH) and Communicable Diseases, including those for Non-Communicable Diseases like Hypertension, Diabetes, and common cancers such as Oral, Breast, and Cervix. Several States/Union Territories have initiated phased rollouts of these additional packages.

Prevention and control of Non-Communicable Diseases (NCDs) along with promoting awareness of healthy lifestyles, are being pursued in a mission-oriented manner across all levels of healthcare delivery in collaboration with both the public and private sectors. Beyond the management of illness, Health & Wellness Centers are focusing on ensuring the wellness and wellbeing of the community, fostering collaborations with other Union Ministries and Departments such as the Ministry of Youth Affairs and Sports and the Ministry of Ayush. Initiatives such as the Fit India Movement and yoga-related activities, led by these ministries, exemplify the integrated approach adopted.

Additionally, efforts to increase public awareness about NCDs and promote a healthy lifestyle encompass the observation of International & National Health Days, utilizing print, electronic, and social media for sustained community awareness. These collective initiatives underscore a holistic approach to healthcare, addressing not only the treatment of diseases but also the promotion of overall community well-being and prevention strategies.

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**National Programme for Prevention and Control of Non-Communicable Diseases 2023-2030 (NP-NCD):** Noncommunicable diseases (NCDs) are responsible for approximately 64% of all deaths, impacting both individuals' well-being and households' financial stability due to heightened out-of-pocket expenses for treatment and care. The economic cost linked to NCDs (excluding mental health) in India is estimated to reach US $3.55 trillion by 2030.

To address this, India's Ministry of Health and Family Welfare (MoHFW) introduced the National Programme for Prevention and Control of Cancers, Diabetes, Cardiovascular Diseases, and Stroke (NPCDCS) in 2010. In May 2023, the Ministry updated it to the National Programme for Prevention and Control of Non-Communicable Diseases 2023-2030 (NP-NCD), broadening its scope to address a more extensive range of NCDs, including chronic kidney disease (CKD) and non-alcoholic fatty liver disease (NAFLD).

Healthy India Alliance (HIA): The incorporation of meaningful involvement of individuals with lived experience aligns with the Healthy India Alliance (HIA) priority to secure key stakeholder support, emphasizing the recognition of lived experience champions as experts and partners in the national and sub-national NCD response in India.

ARTMitra: The emergence of the COVID-19 pandemic and subsequent lockdowns posed significant difficulties for individuals living with HIV (PLHIV) in accessing services. When India imposed a nationwide lockdown in March 2020 to curb the spread of COVID-19, there was a potential risk of disruption in delivering antiretroviral treatment (ART) to PLHIV. The implementation of ARTMitra, a technology platform, averted a potential crisis by ensuring the uninterrupted provision of HIV treatment during the pandemic. The U.S. Centers for Disease Control and Prevention (CDC), as part of the United States President's Emergency Plan for AIDS Relief (PEPFAR), collaborated with the Mumbai District AIDS Control Society (MDACS) and the National AIDS Control Organization (NACO) to safeguard the health of PLHIV through the development and deployment of ARTMitra—an interactive voice response system.
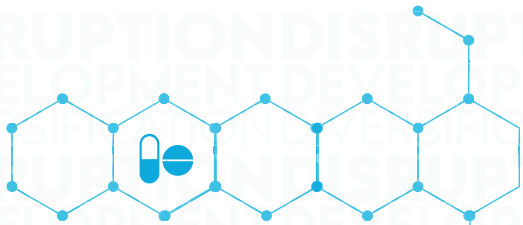
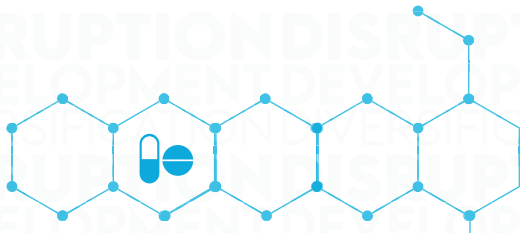# RISING THREAT OF NON-COMMUNICABLE DISEASES (NCDs)

In tandem with India's progress, there is an escalating concern surrounding the threat posed by Non-Communicable Diseases (NCDs). Cardiovascular diseases, cancer, chronic respiratory diseases, diabetes, and mental health issues are commanding immediate attention. The surge in NCDs, constituting a state subject, particularly in the domains of cardiovascular diseases (CVDs), cancers, chronic respiratory diseases (CRDs), and diabetes, necessitates innovative healthcare approaches.

Recent national estimates for diabetes and other NCDs reveal a stark reality, indicating that an additional 31 million individuals in India developed diabetes within a span of four years (2019-2021). A study conducted in 2021 identified that India is home to 101 million people with diabetes and 136 million individuals with prediabetes.

Amidst the escalating burden of NCDs, infectious diseases remain a focal point for health policymakers. Notably, India holds the highest incidence of tuberculosis (TB) globally, contributing to 27% of new cases reported worldwide in 2022. The concurrent management of both NCDs and infectious diseases underscores the complexities faced by the healthcare system in addressing dual health challenges.

Among other NCDs are hypertension, Alzheimer's, and osteoporosis. Combined, these major NCDs contribute to 66% of all deaths in the region, with over half of these deaths occurring prematurely, before the age of 70. The link between these premature deaths and unhealthy behaviours or risk factors, such as tobacco use and substance abuse, underscores the importance of addressing lifestyle-related issues in healthcare strategies.

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The Ayushman Arogya Mandir assumes critical importance, underscoring its pivotal role in the evolving healthcare framework. Originally conceptualized as 150,000 Health and Wellness Centres (AB-HWCs), these establishments, rebranded as Ayushman Arogya Mandir, are designed to bring healthcare close to communities. Through the upgrading of Sub Health Centers (SHCs) and both rural and urban Primary Health Centres (PHCs), their objective is to furnish Comprehensive Primary Health Care (CPHC). This initiative entails the augmentation and fortifying of services related to Reproductive & Child Health (RCH) and Communicable Diseases. Furthermore, it addresses Non-Communicable Diseases such as Hypertension, Diabetes, and prevalent cancers including Oral, Breast, and Cervix.

Ayushman Bharat, the Union government's flagship health insurance scheme, marked its fifth anniversary in September 2023. In pursuit of its objective of ensuring health for all, the scheme necessitates an expansion of its hospital network and an enlargement of its coverage.

Generic Medicines: Although generic medicines have been made available at Jan Aushadhi Kendras across the country, the proposal mandating doctors to prescribe generic drugs was eventually abandoned. Additionally, the generic drug sector may encounter challenges posed by potential amendments to patent laws, introducing greater complexities in the production of generic versions of essential drugs used in the treatment of diseases such as TB and cancer.

Integration of tobacco control policies: A vital approach to tobacco control involves integrating robust policies, such as providing subsidized Nicotine Replacement Therapies (NRTs), targeting oral tobacco users at Primary Health Centers (PHC) and Sub Health Centers (SC). By incorporating tobacco control into the existing healthcare framework, it becomes an integral part of essential services. This includes adding tobacco control to the 12 services outlined in the Indian Public Health Standards (IPHS) guidelines, ensuring systematic integration into core healthcare services. Additionally, recognizing the importance of NRTs, the proposal suggests including them in the stock list of "Essential Medicines," emphasizing their role in addressing tobacco addiction and enhancing accessibility. This streamlined approach aims to prioritize and strengthen tobacco control measures within the broader healthcare system, contributing to the ongoing battle against NCDs.

A Blueprint for the Future of Preventive Care and Public Health

Ayushman Arogya Mandirs: The progression towards Ayushman Arogya Mandirs and the integration of mid-level service providers present an opportunity to emphasise further and expand community-based healthcare models.

- There is a pivotal need for more contemporary training and development program for mid-level service providers, focusing on community engagement, preventive care, and the management of NCDs, could be pivotal.

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OF UNIVERSAL HEALTHCARE

- To address the varied infectious diseases and the challenge of NCDs, a dual strategy that enhances disease surveillance systems and promotes public health education campaigns is crucial. These campaigns should aim to increase awareness of disease prevention, healthy lifestyles, and the importance of regular health screenings.

The dual challenges of accessibility and affordability: Addressing the intertwined issues of accessibility and affordability requires a multifaceted strategy.

- Necessity for inventive solutions to enhance the distribution networks of crucial medicines and diagnostics, utilizing technology and logistics.
- An urgent need to explore avenues for decreasing the expenses of branded generics, including promoting the use of non-branded generics and reinforcing regulatory frameworks to ensure quality and control prices.
- A detailed policy recommendation on enhancing regulatory oversight to prevent inappropriate prescription practices and medicine misuse can underline the importance of governance in healthcare quality improvement.

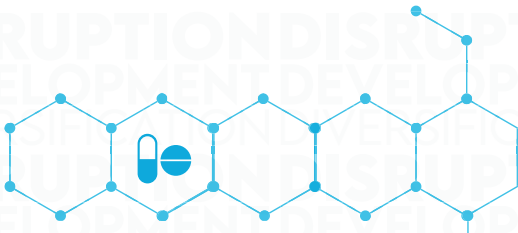### Enhancing Capacity in Healthcare - Actionable Strategies

Essential Facilities: Persistent challenges in healthcare, such as the unavailability of essential testing facilities leading to patients being referred elsewhere for tests and MRI scans, underscore the urgent need for effective solutions.
- Strategic investments in decentralised diagnostic services are imperative to tackle the unavailability of essential testing facilities.
- Establish mobile diagnostic units and point-of-care testing facilities in underserved areas can significantly reduce the need for referrals, improving patient convenience and accelerating diagnosis. Partnering with private sector entities through public-private partnerships (PPPs) can enhance diagnostic service availability and efficiency.
- Incentivizing research and development in portable and affordable diagnostic technologies can revolutionise access to essential tests.
- Screening challenges pose obstacles to effectively preventing non-communicable diseases (NCDs) and cancer. The emphasis is on understanding and addressing the challenges encountered in screening for NCDs and implementing preventive measures for cancer.

Quality Checks in Public Hospitals: Less than 1% of India's public hospitals undergo quality checks outlined by the National Accreditation Board for Hospitals and Healthcare Providers. This accreditation and certification process reveals a critical area that requires attention and improvement.
- Increasing the percentage of public hospitals undergoing quality checks is crucial for improving healthcare standards.

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- Implementing a phased approach to accreditation, starting with basic standards and gradually moving to more comprehensive criteria, can make the process more manageable for public hospitals. Additionally, providing technical and financial support to public hospitals to meet these standards can facilitate wider compliance.
- Encouraging a culture of continuous quality improvement through regular training and development programs for hospital staff can also ensure that quality checks lead to tangible improvements in patient care.

Healthcare Workforce

As per the latest data extracted from the Rural Health Statistics for the year 2021-22, provided by the Ministry of Health and Family Welfare (MoHFW), the current status of MBBS doctors in rural and urban areas reveals a concerning shortfall. In rural Primary Health Centers (PHCs), there are currently 30,640 doctors, with a shortfall of 9,451. Similarly, in rural Community Health Centers (CHCs), there are 17,348 doctors, leaving a shortfall of 5,159. Moving to urban areas, PHCs have 7,315 doctors, but there is still a shortfall of 1,680, while CHCs have 1,568 doctors with a shortfall of 520. Combining these figures, the total current shortfall nationwide amounts to 16,810 MBBS doctors.
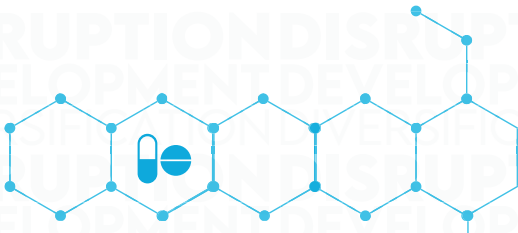
Actionable Strategies

Innovations and Positive Incentivization Strategies: Recognizing the positive impact of innovations, such as incentivizing healthcare professionals to serve in underdeveloped areas, is crucial. The suggestion is to acknowledge and expand successful initiatives, citing examples like the 7th Pay Commission and research grants that contribute to retaining healthcare professionals.

Advocacy for Innovations and Positive Incentivization: Emphasizing the positive impact of innovations, such as incentivizing healthcare professionals to work in underdeveloped areas, and recommending the recognition and expansion of successful initiatives.

Global Learning on Incentivization: Drawing inspiration from the US health system, the suggestion is to revisit incentivization strategies and learn from successful global practices. Deploying Additional Manpower for Oral Tobacco Use Clusters: Proposing the deployment of additional workforce, such as nurse educators or ASHA workers, in clusters with high oral tobacco use as an essential requirement. This approach can be expanded based on local needs.

- Recommendation is to train Nurses as physician assistants especially at PHC levels in the areas with atleast 1 Mbbs doctor. This will help to free up doctors for the areas without even 1 doctor.
- Shortage of doctors especially in rural areas is likely to be a perennial issue and the practice of nurses as physician assistants need not be a temporary solution in areas of need at primary levels.

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Strengthening the public health infrastructure

Analyzing the infrastructure aspect, it is evident that the PHC shortfall, considering both rural and urban areas, stands at 13,564 doctors, while the CHC shortfall in rural areas alone is 2,852 doctors. According to existing guidelines, each PHC requires 1-2 MBBS doctors, and each CHC needs 2-4 MBBS doctors.
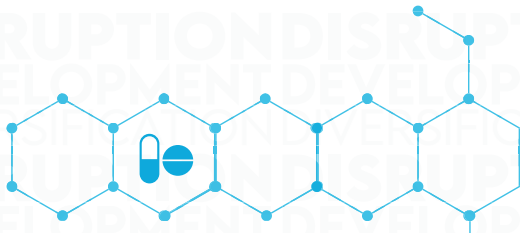
If the infrastructural deficiencies are addressed and the necessary number of PHCs and CHCs are constructed, the projected extra requirement for doctors would be 23,090. Consequently, the total anticipated requirement, taking into account the current shortfall and the projected needs, is a staggering 39,900 MBBS doctors. This underscores the pressing need for strategic planning and immediate interventions to bridge the healthcare gap and ensure adequate medical personnel in both rural and urban healthcare facilities.

Strengthening the public health infrastructure is fundamental to improving access and efficiency within the healthcare system. Hence the critical requirement for increased investments in healthcare facilities, particularly in rural and underserved areas, to ensure equitable access to services.

Healthcare Allocation in India

Increase in budgetary allocation setting a target of at least 2.5% of GDP (WHO recommendation)	Health care allocation at 88,956 crore lower than defense at 5.94 lakh crore	Lacking in support from the meager healthcare allocation	The budget's imbalance between defense and health priorities are a concern
Explore innovative financing mechanisms, such as public–private partnerships (PPP), to boost investments in the healthcare sector	Health ranks the lowest among the top 10 ministries, falling below communications and home affairs	Inadequate funding for addressing anemia, geriatric care, malnutrition, and rising obesity	A more balanced approach to prioritize public health in alignment with ongoing development and economic growth
Shortcomings in India's public healthcare - 5.31 lakh deaths	Per capita healthcare spending remains inadequate, translating to a mere 615 rupees per citizen	Critical need for collaboration between the government and private entities	
Expectations for increased health budget not met in the latest Union Budget	Despite a 2.7% increase in budget allocation, it fails to combat rising inflation (6-6.5%)	The benefits of PPP, including increased access, improved quality, reduced costs, and enhanced innovation and research in healthcare	Calls for the government to play a proactive role in promoting and facilitating PPP in healthcare

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Education Initiatives: While the government has augmented medical seats to enhance healthcare provisioning, particularly in rural areas and aspirational districts, the challenge remains in the inadequate hiring of faculty for medical colleges. Mere seat additions without a corresponding increase in qualified teaching staff do not address the essential ratio of doctors to patients.

- To address the challenge of inadequate faculty in medical colleges, innovative approaches such as digital classrooms and online teaching resources can be utilised to supplement traditional teaching methods.
- Creating a national pool of visiting and adjunct faculty from retired professionals and experts from various fields can help bridge the gap.
- Incentivising teaching careers in medicine through competitive salaries, research opportunities, and career advancement paths can attract more qualified professionals to academia.
- Strengthening mentorship and residency programs can also enhance practical training and prepare students better for patient care.
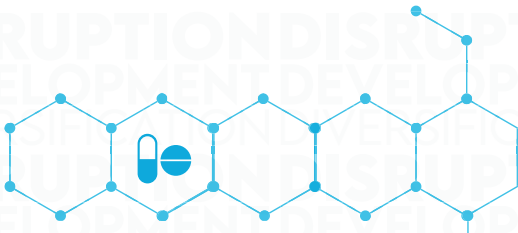
Technology-Driven Perspective on Capacity Building: Expanding the technology-driven approach to capacity building requires a multifaceted strategy. Acknowledging the government's top-down initiatives in capacity building, the group advocates for a technology-driven approach. Proposing leveraging of technology to efficiently reach people, emphasizing that not all aspects of healthcare necessitate a physical presence.

- Developing a robust digital health infrastructure that supports telemedicine, AI-driven diagnostics, and mobile health applications can extend the reach of healthcare services.
- Encouraging innovation through healthcare technology incubators and accelerators can stimulate the development of new solutions.
- Establishing standards and interoperability frameworks for digital health solutions can ensure seamless integration and utilisation across different levels of healthcare.
- Digital literacy programs for healthcare providers and patients can maximise the adoption and effectiveness of technology-driven healthcare services.

E-Sanjeevani for Teleconsultation: Through initiatives like e-Sanjeevani, teleconsultation services for Non-Communicable Diseases (NCDs) are made available to citizens, utilizing the potential of Information Technology to overcome barriers related to geography, accessibility, cost, and distance.

- To further enhance the impact of e-Sanjeevani and digital health technologies, scaling up infrastructure to support a higher volume of teleconsultations can ensure that more patients benefit from these services.

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- Developing AI-based triage systems can improve the efficiency of teleconsultations by prioritising urgent cases. Integrating teleconsultation services with local health workers and primary care providers can create a more cohesive healthcare delivery model.
- Promoting community awareness about these digital services can increase their usage and acceptance. Additionally, ensuring the cybersecurity of digital health platforms is essential to protect patient data and maintain trust in these technologies.

Role of Digital Health Technologies: Highlighting the pivotal role of technology in improving the last-mile delivery of healthcare services, digital health technologies have significantly enhanced the management and prevention of NCDs. The National NCD portal, for instance, facilitates the prevention, control, screening, and management of common NCDs. It captures primary-level information at public health facilities, enabling reporting, monitoring of individual-wise screening, and compliance with NCD treatments. Additionally, it features a Single Longitudinal Health Record for every individual in the cloud, identified by a Unique Health ID (ABHA ID: Ayushman Bharat Health Account ID), ensuring data availability and continuum of care with linkages between healthcare facilities.
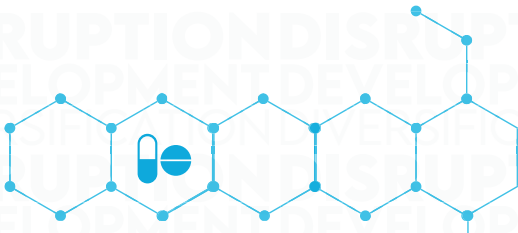
Moreover, integrating digital health solutions for better disease surveillance, patient record management, and telemedicine can highlight innovative strategies to overcome geographical and logistical barriers. Besides emphasising the role of community health workers and primary care in the public health ecosystem can underscore the importance of a grassroots approach to healthcare delivery.

Collaboration and Stakeholder Engagement - Reimagining the Landscape

Involving Citizens in Preventive Health: Recognizing the demographic dividend and potential challenges posed by early-onset diseases, there is an emphasis on citizens actively participating in preventive health measures. The belief in the pivotal role of community involvement in determining overall health outcomes is highlighted. The suggestion is to launch robust campaigns to encourage personal investment in health, underlining that citizen involvement will be pivotal in shaping community health collectively.

- Expanding on the concept of citizen involvement in preventive health, it is proposed to develop community-based health programs that leverage local institutions, such as schools, community centres, and religious organisations, to spread awareness and foster a culture of health. These programs can include health screenings, educational workshops, and fitness activities that encourage community participation.
- Creating digital platforms that provide personalised health recommendations and track health metrics can empower individuals to take charge of their health. Engaging local influencers and community leaders to champion these initiatives can significantly enhance their reach and impact.

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Importance of Public Involvement: Emphasizing the significance of public involvement, it is asserted that interventions and campaigns will not succeed without a sense of ownership and stake in healthcare decisions. The challenge lies in effectively engaging the general population, unlike in more structured environments such as schools or prisons. Strategies are called for to reach and encourage the broader population to actively participate in health-related initiatives.

- To overcome the challenge of engaging the general population in health initiatives, implementing gamification strategies can make participation more appealing.
- Health challenges, rewards for healthy behaviours, and competitive events can motivate individuals and communities to engage more actively in preventive measures.
- Leveraging of social media and digital marketing to create viral health campaigns can raise awareness and encourage participation on a large scale.
- Partnerships with private sector companies can also amplify the reach and resources available for public health campaigns.

Direct Involvement of Citizens: Identifying the missing link in policies dominated by experts, industry, and doctors, there is an emphasis on involving patient groups directly in decision-making processes.
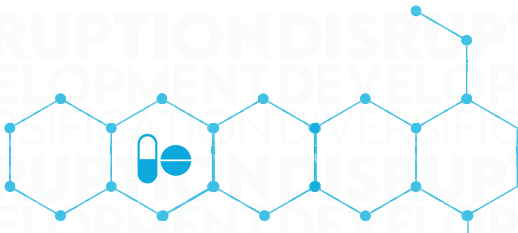
- Establishment of patient advisory councils can facilitate the direct involvement of citizens, particularly patient groups, in the healthcare decision-making process. These councils can provide feedback on healthcare policies, programs, and services from the patient's perspective, ensuring that the healthcare system is responsive to the needs of those it serves. Additionally, organising public forums and town hall meetings where citizens can voice their concerns and suggestions directly to health policymakers can foster a more inclusive and responsive healthcare system.

Prescription for Stakeholder Management and Prevention: The need for increased awareness through various channels, including digital media, is emphasized. Utilizing the health transaction model, surveys are recommended to assess disease awareness, diagnosis, and treatment adherence. Stakeholder involvement, encompassing the government, pharmaceutical companies, and local bodies, is crucial for an integrated preventive health effort.

- Developing a national health communication strategy that coordinates messages across various channels and stakeholders is crucial to enhancing stakeholder management and prevention efforts. This strategy should include targeted messages for different population segments, utilising data analytics to tailor messages for maximum impact.
- Establishing partnerships with technology companies to develop innovative solutions for health education and disease prevention can also play a significant role. Moreover, creating a feedback loop where stakeholders can share insights and learn from each other's experiences can continuously improve prevention efforts."
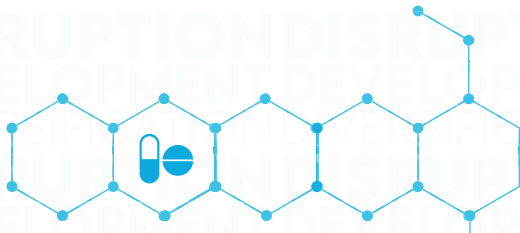
BLUEPRINT FOR THE FUTURE OF UNIVERSAL HEALTHCARE

Structured Efforts and Measurement: Stressing the necessity for structured efforts and measurement to identify gaps in preventive health initiatives, collaboration among stakeholders is advocated to address specific challenges. A comprehensive approach tackling common diseases is recommended, with an emphasis on coordinated efforts among diverse stakeholders.

- Developing a unified health data analytics platform can be instrumental in emphasising the need for structured efforts and measurement. This platform can track the effectiveness of health initiatives, identify areas for improvement, and facilitate the sharing of best practices among stakeholders. Setting clear, measurable goals for health outcomes and regularly reporting on these metrics can ensure accountability and motivate all parties to contribute to the collective health objectives.
- Encouraging innovation through health challenges and awards for outstanding contributions to preventive health can also stimulate stakeholder engagement and effort.

FUNDING & BUDGET ALLOCATION

Highlight on Right to Health and Budget Allocation: Emphasizing the importance of creating awareness about the right to health, the discussion shares a statistic on the budget allocation disparity between defence and health.

Union Budget Allocation: In financial year 2022, the government of India allocated approximately 860 billion Indian rupees to the Ministry of Health and Family Welfare in the Union Budget.

In financial year 2024, the government of India allocated approximately 861 billion Indian rupees to the Department of Health and Family Welfare in the Union Budget. Following that, National Health Mission was allocated a budget of over 290 billion Indian rupees for financial year 2024.

Initiatives and Challenges in Indian Healthcare: Initiatives like the National Programme for Prevention and Control of Non-Communicable Diseases (NP-NCD) and Ayushman Bharat underscore the commitment to achieving Universal Health Coverage and addressing health challenges.
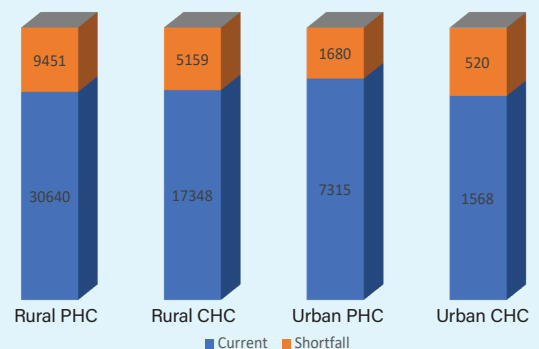
Noteworthy Outcomes in the Union Budget 2023-2024: The Outcome Budget document highlights the inclusion of hypertension and diabetes treatment as output indicators for the first time. This reflects the government's commitment to scaling up coverage services for these health challenges.

Fiscal Challenges

A major challenge remains the lack of financial protection for individuals seeking healthcare services, with over 60% of healthcare expenditure being out-of-pocket.

The dual challenges of accessibility and affordability: Addressing the intertwined issues of accessibility and affordability requires a multifaceted strategy. Therefore, the necessity for inventive solutions to enhance the distribution networks of crucial medicines and diagnostics, utilizing technology and logistics. Moreover, it is essential to explore avenues for decreasing the expenses of branded generics, including promoting the use of non-branded generics and reinforcing regulatory frameworks to ensure quality and control prices. A detailed policy recommendation on enhancing regulatory oversight to prevent inappropriate prescription practices and medicine misuse can underline the importance of governance in healthcare quality improvement.

MBBS doctors: (data extracted from Rural health statistics 2021-22, MoHFW)
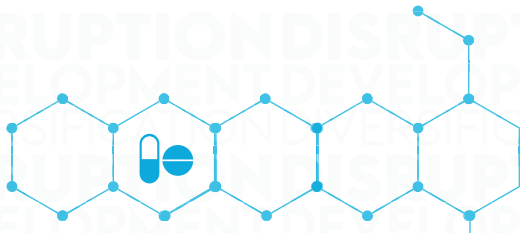
	Rural PHC	Rural CHC	Urban PHC	Urban CHC
Shortfall	9451	5159	1680	520
Current	30640	17348	7315	1568

■ Current ■ Shortfall

current shortfall: 16,810 doctors

Taking current infrastructure into account, the combined shortfall for PHCs (Rural + Urban) stands at 13,564, while for CHCs (Rural), it is 2,852. According to existing guidelines, each PHC requires 1-2 MBBS doctors, and each CHC needs 2-4 MBBS doctors.

If the infrastructure shortfall is addressed and the necessary number of PHCs/CHCs are constructed, an additional requirement of 23,090 doctors is projected.

Total requirement - 39,900 doctors.

ACTIONABLE PATHWAYS TO ELIMINATING HEALTHCARE BARRIERS

Social Determinants and Citizen Participation: Underscoring the challenge involves raising awareness about social determinants, such as air pollution and climate change
- Boost robust campaigns to encourage personal investment in preventive health, through the media

Advocating Case Analysis and Addressing Social Determinants: The recommendation is to analyze both successful and unsuccessful cases to discern the factors influencing outcomes. The focus is on addressing social determinants like air pollution and advocating for compliance with Indian public health standards. The goal is to gain a comprehensive understanding of cases and to push for holistic measures in addressing social determinants.

Integration of tobacco control policies, including subsidized Nicotine Replacement Therapies (NRTs) for oral tobacco users at Primary Health Centers (PHC) and Sub Health Centers (SC). Add tobacco control as an essential package to the existing 12 services under the Indian Public Health Standards (IPHS) guidelines, and include NRTs in the stock list of "Essential Medicines."
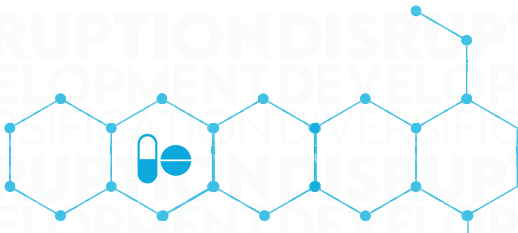
Based on data from the Global Adult Tobacco Survey (GATS 2), the prevalence of tobacco use in India is a significant public health concern, with 28.6% of the population reported as tobacco users. Delving into the patterns of usage, oral tobacco emerges as the predominant form, accounting for 21.4% of the total population, equivalent to over 200 million individuals. Bidis, a traditional form of smoking, are used by 7.7% of the population, totaling approximately 72 million users, while cigarettes constitute 4% of the total population, with around 28 million users.

Tobacco Control Recommendations

India can implement programs akin to the UK's Stop Smoking Services, which are designed to assist heavily addicted smokers. These programs employ counselors proficient in behavioral techniques for smoking cessation. Introducing similar initiatives in India holds promise for addressing smoking addiction effectively.

Establish and uphold a comprehensive database encompassing both listed and unlisted manufacturers and retailers of tobacco products. Implement blockchain technology to monitor and trace the trade of illicit cigarettes and gutka effectively.

Allocate additional resources to innovation funds dedicated to supporting research, data collection, and impact monitoring in the field of tobacco control. Prioritize investments in science-based solutions that drive effective tobacco control strategies.

Enhance the regulatory framework and consider introducing subsidies to support initiatives and policies aimed at reducing tobacco consumption.

The World Health Organization (WHO) identifies nicotine replacement therapy (NRT) as the most effective method for cessation. Therefore, it is crucial to raise awareness about NRT as a safer option. Furthermore, efforts should be intensified to ensure that NRT is both affordable and readily accessible to the general population.

Enhance funding for nationwide mass media campaigns, bolstered by targeted regional media efforts, focused on educating smokers, debunking tobacco-related myths, and fostering support for cessation. Drawing inspiration from the successful Pulse Polio campaign, such initiatives have the potential to contribute to a tobacco-free nation.

Critical need for collaboration between the government and private entities

Offer incentives to manufacturers to innovate and develop products that minimize exposure to tobacco toxins while maintaining consumer satisfaction. Provide subsidies to manufacturers of tobacco alternatives to facilitate the creation of affordable harm reduction options and to conduct research aimed at comprehensively…

Encourage collaboration among various stakeholders, including government entities, public health experts, regulators, consumers, and healthcare practitioners, to foster the development of innovative and impactful harm reduction methods and alternatives.

ACTIONABLE PATHWAYS TO ELIMINATING HEALTHCARE BARRIERS

In light of these statistics, the recommendation is to focus on addressing oral tobacco usage, particularly given its prevalence and the potential for effective cessation interventions. Oral nicotine replacement therapy (NRT), such as gums and lozenges, can be a particularly viable strategy for cessation among oral tobacco users due to the route of usage. However, it is important to note that for smokers, oral NRTs have not demonstrated significant effectiveness.

Given that a substantial proportion of oral tobacco users are in rural and urban poor areas, it is crucial to consider the accessibility and affordability of NRTs. Despite being on the National List of Essential Medicines, these therapies remain out of reach for many due to cost and availability concerns. To address this, making oral NRTs available at low cost or for free through Sub-Centers (SCs), Primary Health Centers (PHCs), or Community Health Centers (CHCs) can not only contribute to improving overall health but also potentially free up income for other essential expenditures. This strategic approach aims to enhance public health outcomes by targeting the specific needs and demographics of tobacco users in India.

Community-Centric Approaches: Designing health-related activities based on expert recommendations to increase community participation is advocated. The discussion addresses the limitations of depending on corporate social responsibility (CSR) funding and the challenges of aligning organizational and health goals.

nsights on Stakeholder Engagement and Technology: Address challenges in making telemedicine consultations available 24/7.
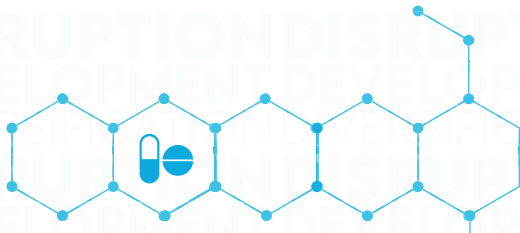
Community Engagement and Activities: The recommendation is to design health-related activities based on expert recommendations to enhance community participation. The discussion also touches upon the limitations of depending on CSR funding and the challenges of aligning organizational and health goals.

Caution on CSR Dependency and Government Responsibilities: A cautionary note is expressed about relying on CSR as the backbone of the healthcare system, emphasizing the government's responsibility. The discussion includes the idea of focusing CSR activities on specific health goals, like HPV immunization, to make a more significant impact.

Inclusive Hospital Committees: Recommending the expansion of hospital committees to include members of the local community, similar to practices seen in transplant and ethics committees, to enhance community involvement.

Feedback Loop and Collaboration: Advocating for closing the feedback loop by addressing shortcomings through encouragement, support, and additional training if necessary. Stressing collaborative efforts involving stakeholders such as the government, medical colleges, hospitals, and industries.

ACTIONABLE PATHWAYS TO ELIMINATING HEALTHCARE BARRIERS

Addressing Demographic Challenges: Highlight demographic challenges related to BMI and productivity and proposing measures like implementing Vitamin D and B12 supplementation programs and guidelines for mandatory fortification of common packaged food items.

Citizen Involvement and Advocacy: Underscoring the significance of citizen involvement and emphasizing the importance of public ownership in healthcare decisions. Advocating for a more direct form of citizen participation, aligning with practices prevalent in Western countries.

Stakeholder Collaboration: Recognizing the involvement of stakeholders, including the government, pharmaceutical companies, and local bodies, as crucial for an integrated and effective effort.

Utilizing Vernacular Media: Proposing strong campaigns to encourage personal investment in preventive health and acknowledging the importance of vernacular media as a powerful tool in disseminating health information.

Leveraging Technology: Suggesting the proposal to leverage technology for efficient outreach, emphasizing that not every solution needs a physical presence. Recommending collaborative efforts among stakeholders to address specific challenges and a comprehensive approach to tackle common diseases.

Incorporation of Digital Health Technologies: The integration of digital health technologies stands as a cornerstone in modernising healthcare delivery and achieving UHC. Exploring the transformative potential of telemedicine, electronic health records (EHRs), mobile health (mHealth) applications, and artificial intelligence (AI) in making healthcare more accessible, efficient, and patient-centered.

Addressing the Accessibility and Affordability Challenges: Addressing the dual challenges of accessibility and affordability necessitates a multi-faceted approach. This section should propose innovative solutions to improve the distribution networks for essential medicines and diagnostics, leveraging technology and logistics. Additionally, exploring options for reducing the cost of branded generics, such as encouraging the use of non-branded generics and strengthening regulatory frameworks to ensure quality and control prices, is vital.

Enhancing Public Health Infrastructure: Strengthening the public health infrastructure is fundamental to improving access and efficiency within the healthcare system. This section should advocate for increased investments in healthcare facilities, particularly in rural and underserved areas, to ensure equitable access to services. Discussing integrating digital health solutions for better disease surveillance, patient record management, and telemedicine can highlight innovative strategies to overcome geographical and logistical barriers. Moreover, emphasising the role of community health workers and primary care in the public health ecosystem can underscore the importance of a grassroots approach to healthcare delivery.
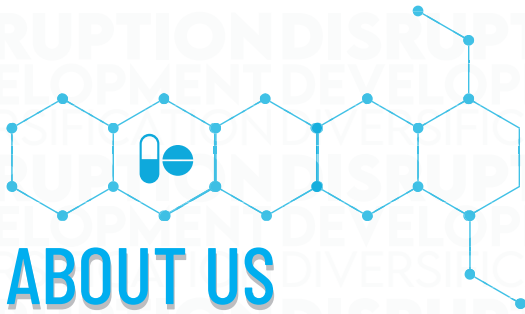
ABOUT US

ET Edge

ET Edge is part of a 177 year old legendary ecosystem dedicated to curating an optimal blend of business acumen and inspiration, uniting business leaders, entrepreneurs, government officials, and change-makers worldwide. The organization's goal is to catalyze change, pose pertinent questions, and disseminate cutting-edge business value information.

The Times Group Global Business Summit (GBS)

The Global Business Summit (GBS), a flagship initiative by The Times Group (India), holds a significant position in the annual calendar. This event brings together visionaries, heads of states, Nobel laureates, theorists, business leaders, and policymakers from across nations, united by a common mission of promoting sustainable economic growth. Widely anticipated in the realms of business and current affairs,GBS has been a unique convergence since its inception in 2015, establishing itself as Asia's premier meeting place, an unparalleled gathering, providing a platform not only for reflecting on the past and present but also for anticipating the challenges and opportunities in the ever-evolving global business landscape.

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An initiative of The Times Group's Global Sustainability Alliance and the policy advocacy arm of ET Edge, is a unique cross-disciplinary network that brings together decision-makers from governments, corporates, professionals, international organizations, academia, and the private sector.

A think-and-do- tank the Council acts as a catalyst for strategizing the study and evaluation of real-world issues to propagate meaningful change. The council's agenda encompasses a comprehensive approach through knowledge sharing, policy interventions and advocacy, and takes into account the challenges posed by widening economic and social disparities, rapid urbanization, climate change, environmental threats, and persistent health issues such as HIV, substance abuse, cancer, heart diseases, and infectious diseases, including non-communicable diseases. We work through multi-stakeholder partnerships and collaborations - To ensure healthy lives and promote well-being for all & at all ages.

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