

INVITED EDITORIAL

Universal Health coverage – a reality or mirage

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Abstract	Introduction	Methodology	Results	Conclusion	References	Citation	Tables / Figures
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Providing quality health services to everyone and everywhere is the dream of many countries and India is one of them. Universal health coverage means that everyone is able to access essential quality health services without facing financial hardship. (1) On the other hand it does not mean that every health service will be provided free of cost to everyone everywhere. With the advancement in medical science the cost of treatment is increasing day by day and it is pushing people specially the marginalized one into poverty. It is has been said that poverty breeds diseases and diseases breeds poverty. If one has to provide minimum plethora of essential quality health services to all in India then one has to make efforts to decrease out of pocket expenditure on health. As per WHO tracking universal health coverage global monitoring report 2017, (2) 17.3 % Indians spend more than 10% of their annual income for treatment and 3.9 % spend more than 25% of their annual income on treatment. In fact when we look at the data provided by National Sample Survey round 71 (3) it is apparent that expenditure on free medicines for In patients has reduced from 31% to 8.99% and for out-patients from 17.98% to 5.34 % in two decades that's from 1986 to 2004. While the government spending on health as percentage of GDP is almost stationary. It clearly indicates that either the cost of treatment is increasing or the number of patients have increased tremendously

due to increase in population. This issue of increasing population needs to be addressed at war footing otherwise despite increasing the government spending on health it will not be able to reduce out of pocket expenditure.

Right now on Paper every individual can have access to health services from the most peripheral part to most central part that is village to capital cities of India from Sub-centres, Primary health centres, Community health centres, District hospital and Government/private medical colleges and these services on paper are provided either free or at minimal user charges but the reality is quite different as discussed above. Government itself has admitted in national health policy that it is able to cater to only 20 % of the population and so remaining 80 % of the population is dependent upon private sectors in the form of private clinics, nursing homes and corporate hospitals. Besides that the menace of quacks is still prevalent in our country. If we are talking of primary health care model than certain changes are required to be made in the definition of primary health care as we are still struck up with availability, accessibility and affordability and on other hand we are talking about quality essential care to be made available to everyone everywhere then it becomes pertinent to add accountability and quality in the definition as well as in the job profile of all levels of workers. Of

course supportive supervision and motivation are essential to achieve the desired goal.

World Health Organization Director General has clearly stated that no one should die because of financial hardship and no one has to choose between buying medicine and buying food. Provision of essential quality healthcare helps in prevention of epidemics as well as reduces risk of hunger and poverty. It helps in the creation of jobs, enhance economic growth and brings in gender equality. Over one billion more people have to be brought under the ambit of essential quality health services and financial protection if we are to meet the target 3.8 on achieving universal health coverage by 2030. For this each and every health service need not to be brought under the ambit of UHC. There four broad categories of services which constitute UHC and these are reproductive maternal and new-born child health, infectious diseases, non-communicable diseases and last but not the least service capacity and access. (1) India constitute one sixth of world's population and is a very heterogeneous country and one single model will not be sufficient to provide UHC all over the country but I will be focusing more on service capacity and its enhancement to achieve UHC. Coming to secondary and tertiary health care I will put through two example here. If we look at the distribution and production and availability of doctors in India then we find that there is acute shortage of specialist doctors in the government health system and as per rural health statistics 2017 (4) there are only 4192 specialist doctors as against the requirement of 22040. As far as distribution is concerned 73.9% doctors are in urban area while only 26.1% doctors are there in rural area. In urban area also the density of the doctors is variable. There are certain cities in which the doctors especially the specialist one are sitting adjacent to each other and other areas are devoid of specialist doctors. As per World Health Organization in India there are seven doctors per ten thousand population against the norm of 10 doctors /10,000 population but all of these doctors are not providing healthcare to the people. (5) There are approximately four doctors per 10,000 population who are providing healthcare and if one calculate as per the total population of our country then there are approximately 5,20,000 doctors in our country who are providing health care against a demand of 13 lakh doctors. So there is the deficiency of approximately 7,80,000 doctors.,and if we take the growth rate of the country as 1.2% then

expected population in 2030 will be 150 crores and India will be needing 15 lakh doctors. At present the country is producing approximately 60,000 MBBS doctors (6) and out of which only 25,000 are perusing their speciality courses and hence only 25,000 doctors are providing healthcare to the people of this country in the medical colleges only while rest of them are not doing anything and are preparing for PG entrance. Even if you take a conservative estimate of 50% of the passing out doctors providing healthcare. Even then there will be a shortage of 6, 20,000 doctors by the year 2030 as per WHO norms. If you take another example of non-communicable diseases specially the coronary artery disease then as per National interventional council, 2015 approximately 4.7 lakhs angioplasties are conducted every year in our country and two lakhs Coronary Artery Bypass Grafts (CABG) are performed. While on the other hand we are producing only 334 DM cardiology and only 108 MCH cardiothoracic surgeons. (6) It is expected that the burden of coronary artery disease will further increase in our country and a 10 to 25% annual increase in the number of angioplasty and CABGs is expected. Very alarming situation and it needs to be tackled at priority basis.

The basic requirement for provision of universal healthcare in India is dependent upon three pillars number

1. Political will
2. Resources inclusive of money, Infrastructure, and manpower
3. Futuristic planning and effective implementation.

The political will is there and it is apparent from the national health policy document 2017 that the government is planning to enhance the expenditure on health and it will be 2.5 % of GDP (7) by the year 2025 while World Health Organization has recommended that it should be 5% of GDP (8). To mobilize resources the government has introduced Health Cess of 1% in Income Tax from this year and this money will be utilized for Ayushman Bharat or National Health Protection Scheme. In this scheme 10 crore poor and vulnerable families will be provided health insurance of Rs.5 lakh per family for secondary and tertiary hospitalization. The concept and policy is good on paper but how it is going to be implemented that future will decide but it has two threats. Coverage of 50 crore people with health

insurance can put a severe pressure on the health system for which more hospitals and doctors and paramedical workers will be required and system is already facing shortage of manpower. Second issue is that majority approximately 70 % expenditure on health is on out-patient services which will not be covered under this scheme. So, time-bound increase in GDP as well as creation of infrastructure and manpower will be required for effective implementation otherwise it will lead to chaos and anarchy in the health system both government and private. To decrease out of pocket expenditure government has already opened Jan Aushadhi Medical Stores under Bhartiya Jan aushadhi pariyojna. Till now 3348 stores have been opened to reduce the out of pocket expenditure. (9) Another weakness of this initiative is quality control. Ideally if all pharmaceutical companies' produces only generic drugs and no brand/trade names are allowed then it will make a tremendous difference in the improvement of the quality of generic drugs as well as result in the change in the prescription of doctors. Under make in India initiatives some incentives / subsidy is also planned for manufacturing of drugs which is welcome step towards universal health coverage. Then national pharmaceutical pricing authority (NPPA) has put a price cap on stents and drug eluding stents are capped at Rs 28000/- but there is no cap on procedure. (10) A good initiative by government is being nullified by increasing the cost of procedure and the end result is same as before. There is an urgent need of setting up of a regulatory authority which must look into the proper implementation of all government initiatives. As far as supply side of doctors and super-speciality services are concerned under Pradhan Mantri Swasthaya Surkasha Yojana (PMSSY) opening up and upgradation of medical colleges is going on. 6 new AIIMS have been opened and have functional medical and nursing colleges which is also a right step in this direction. (11) In this year budget it has been announced that there will be one more medical college for every three parliamentary constituency but these measures will take long time and the problem of shortage of faculty can't be solved by opening up new medical college or starting super-speciality in existing medical colleges. To overcome the problem of supply side following innovations/ initiatives must be taken for the provision of universal health coverage. Starting of

double shift in the existing medical colleges to enhance the number of doctors.

All MBBS seats to be directly converted into MD / MS to overcome the shortage of specialist. Here it is pertinent to write that the health care delivery in India is a copy of erstwhile Russian system and Medical Education is the copy of British system. So, we have been producing square pegs for round holes. MBBS degree has lost its relevance and country now needs three types of specialist that is MD in medical branches, MS in surgical branches and community medicine specialist for effective implementation of National Health Programs. Similarly, there is a greater need to increase the super-speciality courses and their numbers. All the corporate hospitals must be converted into medical colleges and administration of all these colleges must be under government control or under a regulatory body. Public private partnership must be enhanced so that more hospitals and medical colleges can be started to provide quality secondary and tertiary health care. Shortage of faculty can be addressed by the use of telemedicine and establishment of virtual medical university like MEDRC.

Another initiative which is probably in pipeline must be implemented as soon as possible is the merging of health and medical education in one department to understand the health needs of the country, and manpower should be created as per the need of the country which is absolutely lacking right now. The right hand does not know what the left hand is doing. Lastly the creation of health and wellness centres and the use of telemedicine probably will go a long way in the prevention of diseases which is the most neglected part of health care delivery system. Let us hope that these will be implemented and monitoring effectively to produce the desired result. Last but not the least is the control of population without which all initiatives and innovations are bound to fail if we are not able to control the biggest health problem of our country. So, till health services are provided to everyone everywhere, universal health coverage will remain a mirage.

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