‘Cashless, universal healthcare should be the model’

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#Dr Srinath Reddy #India #Public health #Public healthcare #Universal health care #VeryCloseUp

Firstpost spoke to Dr. Srinath Reddy, Chairman of the High Level Expert Group and the President of Public Health Foundation of India on Universal Health Care (UHC) and the way forward. Here are some excerpts from the interview.

Q. Your thoughts on UHC and the HLEG-recommendations, given the widespread apprehensions of the Planning Commission not implementing them in full.

Cashless, universal healthcare should be the model we should move towards and the vision of the UHC should be included in the Plan document. UHC should be the comprehensive framework for the country’s public health planning and we have to take it forward sequentially.

Policy makers will respond to well-articulated public demands and hence there should be public debates on the issue. The states can in fact become the champions of UHC.
Dr Srinath Reddy believes there is no need to cut back on public health spending.

Firstpost

Q. One of the reasons cited for the Planning Commission going slow on UHC is financial constraints - the slowdown of the economy and squeeze on resources

An economic slowdown in fact demands more investment in the social sector. During the financial crisis of the 1990s, East Asian countries, who were badly affected, continued to invest in health and education. In fact, besides protecting people from economic shocks, it can also contribute to growth and employment. We should learn from their experience. Investing in health will also create a lot of jobs.

Q. There is a lot apprehension on privatisation of healthcare, in the guise of efficiency and capacity constraints, through public private partnerships (PPP)

To me, PPP is partnership for public purpose and not partnership for private profit. We have to first define public purpose and its pathways. Public sector should set the terms. It should lead to socialisation of the private sector.

Q. In the context of UHC, there is this tendency of outsourcing healthcare to insurance companies. States such as Tamil Nadu now have a system of insurance companies, paid for by the government, providing services.

What we proposed is health assurance than health insurance. According to our UHC plan, the State should be the main provider of healthcare, but could involve others such as the private sector and NGOs. We had proposed two options, one of which in fact rules out private insurance coverage. The insurance schemes are the ATMs for private hospitals.
We are living in a mixed health system. If we do not strengthen the public health systems, by default the private sector will expand its presence.

Q. Some strongly argue against tertiary healthcare under UHC because it might eat up all the money

Some elements of tertiary healthcare are required for even maintaining primary and secondary healthcare. For instance, it’s inconceivable that snake-bite victims cannot be given ventilator support if needed.

Q. There is this routine argument that the country’s health systems do not have the appropriate ‘absorption capacity’ for large amounts of money. In fact, it is pointed out that the health ministry could not fully spend the allocation for the last Plan period. Such situations favour the advocates for PPP and privatisation.

We have to rapidly strengthen capacity and put in the money - absorption capacity will improve. The UHC roadmap gives a lot of emphasis on strengthening primary health care and district level capacity. Financial protection (allocation of funds) alone is not enough; there should be adequate infrastructure, trained healthcare workforce, essential drugs, and community-involvement.

Q. There are many centrally funded vertical health schemes that seem to fragment the public health sector in India. Wouldn’t there be a conflict between them and the UHC?

They should be transitioned into the UHC. UHC should be the comprehensive framework. Otherwise, it will further fragment the scene.