



**Making Ayushman Bharat work
Delivering Quality Healthcare
to the last mile**

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Healthcare in India is often described as two dimensions: accessibility, the physical reach of healthcare facility and services; and the affordability of these services by the patient. As India paves its path to providing universal healthcare access to all, it encounters many challenges that need to be efficiently addressed. These include, but are not limited to: high disease burden prevalence and emerging diseases, such as lifestyle related illnesses; an ageing population that requires specialized geriatric care; non-availability of adequate skilled human healthcare resource; unregulated and fragmented healthcare delivery system; issues of gender equality for healthcare access; high out-of-pocket expenses; infrastructure gaps exacerbated by underutilization of existing resources and finally and most important of all inadequate government finances targeted at health.

Investment in healthcare sector has the power to create a virtuous cycle of productivity, employment and consumption, resulting in overall economic growth. And as stakeholders, we are optimistic about this exciting opportunity to transform India's healthcare system. India's progress towards proving universal health coverage also requires sustained efforts to speed up development of systems allowing better access to quality medicines, vaccines and new and appropriate technologies; strengthening of human resources for health both in quantitative terms as well as performance. Additionally, there is also a need to incorporate institutional and

management reforms for ensuring accountability, transparency and responsiveness of the health system.

Clean water, toilets and basic hygiene practices like handwashing with soap are critical to eradicating diseases associated with extreme poverty. The lack of access to safe toilets has serious consequences. It spreads fecal matter, causing sickness. More than 140,000 children under the age of five die every year from diarrhea caused by unsafe water and poor sanitation in India. To meet the global goals for universal access to clean water and sanitation i.e. Goal 6 of the UN Sustainable Development Goals, India needed political will and programme financing. The Government of India launched the five-year Swachh Bharat (Clean India) Mission to end open defecation. It provides a wonderful opportunity for the private sector to partner with the government. The two partners can identify scalable water sanitation and hygiene (WASH) solutions that the Government of India and the private sector can implement across the country.

India's major indicators in healthcare are trending in an encouraging direction. There has been a steady decline in deaths due to malaria, maternal and under-five mortality, and child stunting. Diphtheria-Tetanus-Pertussis immunization has expanded and Indians have somewhat better access to clean water and to sanitation services. With the announcement of the Government's Ayushman Bharat - National

Health Protection Mission (NHPM), healthcare delivery in India is now uniquely poised to undergo a phenomenal change.

While the Rashtriya Swasthya Bima Yojana (RSBY) aimed to improve access of below-poverty-line (BPL) families to quality medical care, it was plagued by low awareness among the beneficiaries about the entitlements and on how and when to use the RSBY card. NHPM is different from RSBY in one fundamental way: RSBY was based on enrolment, whereas NHPM is an entitlement-based scheme, i.e. all the identified population sub-groups under NHPM will automatically get covered once the scheme becomes operational.

Ayushman Bharat has the potential to become the most far-reaching social programme initiated by the government. It provides financially vulnerable families with the insurance coverage to avoid incurring catastrophic healthcare expenditure when faced with illnesses that require hospitalization.

Besides the National Health Protection Mission (NHPM) focusing on insurance aimed at covering 100 million households for secondary and tertiary care, it also includes a component that proposes to strengthen primary healthcare by establishing 1,50,000 Wellness Centres. To make this programme a success, equal weightage ought to be given to both these components in their respective design and implementation.

From prior experiences, the experts involved in shaping the programme need to keep the following aspects of health systems in mind:

1. Generating sufficient revenues to finance

Ayushman Bharat: Developing an effective revenue collection mechanism to increase the level of public funding for health will be one of the biggest challenges in the transition to AB - NHPS in India. There should be an increase in spending for public procurement of medicines from 0.1% to 0.5% of Gross Domestic Product (GDP). General taxation plus deductions for healthcare from salaried individuals and tax-payers as the principal source of healthcare financing should be used, and no fees of any kind be levied for the provision of healthcare services under the programme. There should be flexibility in central financing to help meet diverse health requirements of states and at least 70% of all healthcare spending should go to primary healthcare. All Government funded Insurance Schemes should be integrated with the AB - NHPS programme. The Government should also aim for an increase public expenditure on health from the current level of 1.2% GDP to at least 3% of GDP by 2022.

2. Human Resource for Health:

Adequate numbers of trained healthcare providers and technical healthcare workers should be ensured by giving primacy to Primary Healthcare, increasing HRH density to

achieve World Health Organization norms of at least 23 health workers (Doctors, Nurses, Auxiliary Nurse Midwives)/10,000 population, as well as recruiting adequate number of dentists, pharmacists, physiotherapists, technicians, and other allied health professionals at appropriate levels of healthcare delivery, strengthening existing State Regional Institutes of Family Welfare State, establishing District Health Knowledge Institutes, Health Science Universities, and National Council for Human Resources in Health.

3. Management and institutional reforms:

Good referral systems, better transportation, improved management of human resources, robust supply chains and data, and upgraded facilities should be ensured. This could be done by introducing, All India and State Public Health Cadres, adopting better human resource practices, developing a national health information technology network, streamlining regular fund flow and ensuring accountability to patients and communities. To achieve the above reforms establishment of National Health Regulatory and Development Authority having a system support unit, a National Health and Medical Facilities Accreditation Unit and Health System Evaluation Unit have been recommended.

4. Developing fair and transparent government procurement practices: As India progresses towards accumulation greater levels of pooled resources managed by public health authorities, continued access to medicines may lead to greater level of government purchasing. Currently, little attention has been given to purchasing and contracting functions in India, to maximize the performance of insurers and network providers. As a result, purchasing and procurement of medicines is highly fragmented and the payer's capacity to evaluate the economic value of medicines and to effectively negotiate access conditions which are purchased is very limited, often forcing health insurance fund to turn to lower cost/lower value options.

No single entity in the healthcare sector can work in isolation. Information Technology (IT) is set to play a big role with IT applications being used for social-sector schemes on a large scale. Hospitals empaneled under the government insurance scheme are IT-enabled and connected to servers in districts. Beneficiaries can use a smart card that allows them to access health services in any empaneled hospital. Use of technologies like Artificial intelligence, Internet of Things, mobile technologies, telemedicine can bring about a health care system that is both responsive within pre-determined timelines and accessible for end-users. Health systems have the potential to capture long-

term, holistic data about patients, which can be invaluable in research. It should be made available (with appropriate governance and oversight) to researchers in companies and institutions to deal with current and future health challenges.

There is also a need for data security of electronic health records & hospital information systems. DISHA (Digital Information Security in Healthcare Act) is a step in this direction. The legislation proposes to set up a National Electronic Health Authority (NeHA) as an independent regulator to formulate rules, standards and processes for developing and managing electronic health records (EHR). GSK supports the government's Digital India initiative and inclusion of healthcare in IT enabled services. GSK India has partnered with industry associations to strengthen patient data safety and to create a robust health record framework. There is a Judicial Commission instituted to create a framework for the collection and use of citizen data. This will determine the extent to which patient data can be shared with healthcare stakeholders beyond hospitals and diagnostic centres. GSK has been advocating through industry associations to expand data sharing for disease research.

The private sector's involvement in making AB-NHPM a success can be brought about by efficient execution of the Public-Private-Partnership (PPP) model. PPPs in India can be categorized under several heads, namely: increasing access (mobile health units),

affordability (community health insurance), efficiency (functional autonomy to hospitals), financing (joint ventures), outreach (partnering with grassroots organization), risk transfer (contracting).

Through the 'Trust in Science' (TiS) initiative, GSK is partnering with the Indian Ministry of Science & Technology and associated academic research institutions. GSK has similar partnerships in areas including tropical and infectious diseases, metabolic and respiratory diseases (specifically asthma and COPD), oncology and immunoinflammation related diseases in Argentina, Brazil, Mexico, Uganda, Kenya and Tanzania. Under the TiS initiative GSK deploys a number of approaches for fostering this scientific and technological cooperation. We are in the process of instituting a Trust in Science model in India sponsored by GSK India in association with the Department of Biotechnology with the aim of creating a PhD program in Bioinformatics and Biostatistics.

Conclusion

It is known that rising incomes lead to better health. But the inverse relationship also holds true. Improvements in health constitute an important element of what has come to be known as "pro-poor" economic growth strategies that have the potential of enhancing economic growth, while simultaneously reducing economic inequality.

Efficient health systems improve quality of life, well-being of people and reduce burden of disease, all problems that have been defined to be current in India. Health in turn increases productivity and growth in the country. Welfare states are giving way to market economies requiring skills to negotiate and deal with market dynamics. India has just a couple of health economists, biostatisticians, epidemiologists or public health managers. Much has to be done to ensure true universal access to healthcare, medicines and affordability to such services. A sound combination of strategies, political will and public health vision are necessary to ensure such goals are met for the wellbeing of the Indian population.

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