

Budget 2018: India is inching towards universal health coverage

Ayushman Bharat is the attractive title under which two promises of National Health Policy of 2017 have been coupled to create a new initiative in the Union budget of 2018. National Health Policy had prioritized primary healthcare as the principal component of health system strengthening and proposed that 70% of the health expenditure would be directed there. It also stated that strategic purchasing pathway would be used to procure and pay for secondary and tertiary care services from public and private healthcare providers. These two proposals have now been branded together in this year's budget, to provide the thrust engine for the nation's journey towards universal health coverage.

The budget allocates Rs1,200 crore for converting 150,000 sub-centres into active delivery points for comprehensive primary health services which encompass community-based health promotion, disease prevention, basic diagnostic and treatment services for common clinical conditions including non-communicable diseases and mental illness. While this is very welcome, the major challenge will lie in deploying the required number of skilled health personnel in these centres. Unless the allocation for the National Health Mission is substantially ramped up, non-availability of front-line health workers, mid-level care providers and allied health professionals will remain a barrier for revitalizing primary health services.

The biggest blossom in the finance minister's bouquet to the health sector is the scale up of financial protection for hospitalized secondary and tertiary care under the National Health Protection Scheme. Though this scheme was announced in the budget of 2016, the coverage remained at the level of Rs30,000 per annum per family which was provided under the Rashtriya Swasthya Bima Yojana (RSBY) which was redesigned as National Health Policy. Now the scheme is geared up to provide a coverage of Rs5 lakh per family to 100 million families. However, the allocation for this scheme is only Rs2,000 crore.

Unless the parallel schemes funded by state governments are merged in to a "single payer" mechanism under NHPS, the resources available will not match the ambition. Strategic purchasing will also demand increased capacity for defining the package of services, setting standard management guidelines, negotiating costs and monitoring quality. Otherwise unnecessary induced care will compete with appropriate needed care in hospital settings.

Another welcome initiative is the upgradation of 24 district hospitals for hosting new medical colleges in states which presently have very few. This will improve the capacity for delivering advanced care closer to home, without depending on far away corporate hospitals, while scaling up the production of doctors. The provision of financial support for patients with tuberculosis to access better nutrition is a necessary adjunct to their medical treatment and will help revive their depressed immunity.

Beyond the health sector, the Swachh Bharat Abhiyan will continue to build more toilets. The initiatives to control air pollution, identified as the second most important contributor to disease in India, include financial support for Delhi's neighbouring states for in-situ disposal of crop waste (instead of burning) and expansion of the Ujjwala scheme to provide more poor women with cooking gas connections.

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