

Get cracking: on implementing 'Modicare'

The NDA government lost precious time in its first three years in [initiating a health scheme](#) that serves the twin purposes of achieving universal coverage and saving people from high health care costs. It announced two years ago in the Budget a health protection scheme offering a cover of 1 lakh per family, but ultimately that did not extend beyond 30,000. Fresh hopes have been raised with the announcement of [Ayushman Bharat in Budget 2018](#). The plan has the components of opening health centres for diagnostics, care and distribution of essential drugs as envisaged in the National Health Policy, and a National Health Protection Scheme (NHPS) to provide a cover of up to 5 lakh each for 10 crore poor and vulnerable families for hospitalisation. These are challenging goals, given the fragmented nature of India's health system. Some States already purchase health cover for the poor, but do not regulate private secondary and tertiary care services or treatment costs. The task before the Centre, which has provided 3,200 crore for the programme areas, is to now draw up an implementation roadmap.

What is 'Modicare' and how will it affect you?

Developing countries that launched universal health coverage schemes over a decade ago, such as Mexico, had to address some key challenges. These included transfer of resources to provinces, recruitment of health personnel, and purchase and distribution of medicines to the chosen units. All these apply to India. Moreover, the steady growth of a for-profit tertiary care sector poses the additional challenge of arriving at a basic care package for those who are covered by the NHPS, at appropriate costs. A national health system will also have to subsume all existing state-funded insurance schemes. This will give beneficiaries access not just within a particular State but across the country to empanelled hospitals. In the case of the local health centres that are planned under the Ayushman Bharat programme, there is tremendous potential to play a preventive role by reducing the incidence and impact of non-communicable diseases such as diabetes and hypertension. Such centres can dispense free essential medication prescribed by all registered doctors and procured through a centralised agency. But the efficiency of a large-scale health system depends on strict regulation. The early experience with state-funded insurance for the poor shows that some private hospitals may resort to unnecessary tests and treatments to inflate claims. Determination of treatment costs by the government is therefore important. This will also aid those with private health insurance, since it eliminates information asymmetry and provides a comparison point. The Centre must share details of the next steps.

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