

## Going universal — On Karnataka's universal health coverage

Karnataka's move to amend the law governing private medical establishments is a logical step in its plan to provide universal health coverage in the State. There can be a debate on how individual aspects of medical services are best regulated, but laying down standards, containing treatment costs, mandating transparency and creating a binding charter that empowers patients are all basic components of healthcare reform. The State government has wisely dropped the clause on imprisonment for medical negligence in the final draft of the amendment Bill, avoiding a possible delay in broadening the scope of the Karnataka Private Medical Establishments Act, 2007. There is a need, of course, to ensure parity in services offered by government and private institutions, and end the neglect of public facilities especially in rural areas. The transition to universal health access, provided free at the point of delivery, must be a national priority as it is the key Sustainable Development Goal relating to health to be achieved by 2030. The UPA government dropped the ball midway, although it had a report from an expert group of the Planning Commission in 2011 proposing a road map for universal coverage. Karnataka is pursuing needed reform in some of the areas covered by the expert panel, notably on containing the cost curve in establishments that operate for profit and where patients with state-supported insurance get treated.

The task before Karnataka now is to come up with an essential health package consisting of treatments available to all and to devise ways to charge users based on the ability to pay. Capping costs for those who use such facilities is important, given that out-of-pocket expenditure on health in India is extremely high. Regulation of prices for some drugs may have had a moderating effect, but much work remains to be done to streamline processes to achieve centralised procurement and free distribution of essential medicines to all. Karnataka's decision to set up a regulator for government hospitals is a response to the criticism that nothing is being done to raise standards in these institutions and bring in accountability. Ideally, all health institutions participating in a universal access programme should be governed by common regulations, for which national, State and district-level authorities are the answer. Such a comprehensive approach can eliminate fragmentation of functions. Also, the public health approach at the primary level should not be lost sight of, while focussing on reform of hospital-based care. National schemes aimed at reducing the burden of infectious and non-communicable diseases, and improving the health of women and children, should continue to receive top priority.

Revving up infrastructure spending is necessary, but not sufficient

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