

# LESSONS FROM THE PHILIPPINES

Relevant for: Health, Education & Human Resources | Topic: Health & Sanitation and related issues

A revolutionary journey in India's health-care system has just begun with the launch of Ayushman Bharat. The world's largest public health-care scheme promises to cover 100 million poor and vulnerable families. But will it have a transformative impact in a country where this is delivered mostly by the private sector? Medical care is not just a matter of accessibility and affordability but also quality as India prepares to fight the emerging problem of chronic non-communicable diseases.

As someone who was involved in the implementation of the Universal Health Coverage (UHC) in my own country, the Philippines, with a population of 110 million people, I'd like to share a perspective on some of the challenges that I think the government of India should seriously consider.

The first is the implementation of robust financial reforms in health care. How does the government spend more on the health of its people?

In the Philippines, we were able to quintuple government spending on health by financing it through sin taxes for tobacco and alcohol. After additional taxes on tobacco and alcohol, the government increased health-care expenditure from 1.8% to 4.8% of government spending. These excise taxes added to tobacco and alcohol were "attributed" to health by legislation. The Sin Tax law attributed 85% of the additional excise tax revenues to the health-care system and the remaining 15% was attributed to tobacco farmers, who would be affected by the higher tobacco prices.

This is a unique approach and the first in the world wherein the law attributed funds to public health, specifically towards UHC. The apportioning to health-care financing led to larger health expenditure, which then led to a modernisation of thousands of public hospitals in the Philippines.

For India, a better health-care spend will not only make it accessible to all but also enable the government to procure advanced medical technology from around the world to enter the Indian market.

As India grows economically and socially, the shift in the disease burden is becoming more pronounced. Today, non-communicable diseases are posing a challenge to health-care services in the country. The government must recognise the gaps in the health system and bridge them to make modern and equitable services accessible to the poor. There is a need for primary health centres in all parts of the country to adapt to the changing disease profile. For instance, in the past, primary care meant prevention through better sanitation and hygiene as the burden of illness. The methodology required immunisation, oral rehydration and hand washing. But because the disease burden has shifted, primary care has changed too. Today, primary care involves weight management, blood pressure monitoring, blood sugar monitoring, ECG, blood chemistry, and others. To tackle this demand, India needs modern technology, personal monitoring devices, telemedicine, data analytics and extensive use of IT. There is an evident need to provide these centres with modern laboratory equipment for blood tests. Ultrasound, radiology, ECG, endoscopy, laparoscopy, maybe even CT scanners, are needed. Thus, there is a need to bring the latest innovative technology to India to address these issues.

The next challenge in implementing UHC in India is providing quality health care with a focus on

patient safety. The government needs to invest to meet the costs that are involved in bringing the most innovative and effective medical technologies to India. They may seem expensive as an investment, but in the long run will be cost effective.

Global technological advancements coming to India also require trained medical personnel such as radiology technicians, sonologists, physical therapists, medical technologists, clinical nurses, health-informatics specialists and many more to address the modern management of these lifestyle diseases. Although we see financing, organisation, data analytics and health human resource development as vital pillars of the UHC implementation in India, the most important reasons for embarking on UHC is to provide financial risk protection and remove health inequity. These are gaps that medical innovations can fill. India should open its doors to global medical advancements and encourage investment in the health sector. The world is now watching India's Ayushman Bharat.

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The Royal Swedish Academy of Sciences awarded the Nobel Prize in Chemistry 2018 with one half to Frances H. Arnold and the other half jointly to

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