

# UNIVERSAL HEALTH COVERAGE FOR PROSPERITY AND A BETTER WORLD

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It is said that “being fit is not a destination, but is a way of life”. Earlier, fitness was associated only with individuals, but now in a rather fascinating turn of events, fitness is being embraced by companies and nations too. Moreover, recognising the integral value of fitness, they are also preparing to be 'future fit'.

**Nonetheless, for enduring-fitness and to be at the top of the game, a company would have to think beyond compliances, adherence to standards and rules and so on.** It would have to also think creatively about ways to engage and nurture communities that it operates in, to drive its own business longevity and sustainability. Additionally, companies would also need to introspect, be clear about their societal purpose and also be conscious of their social responsibilities. This is very important as millennials in particular are very mindful of the choices they make, be it products or services and they do not tolerate inequality, discrimination, damage to the planet and can be very vocal if they observe any of it.

So quite clearly, business as usual is not going to fly, it is a new world and it requires a new brand of leadership. A critical element in this new direction though would have to be a cautious review of the board to assess its capability to provide strategic direction for the way ahead.

The competitive advantage of businesses would now have to include aspects that make the company and the community flourish. Beyond businesses, these rules now apply to nations as well. So the question that comes to the fore is what can a nation do to move the needle from surviving to thriving for all its citizens?

This is a big ask and indisputably, the provision of Universal Health Coverage (UHC) could be the magic bullet. By prioritizing UHC, a country can ensure that its citizens have access to essential health services without suffering financial hardship — paramount to productive

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communities.

A matter of great concern in India has been that an overwhelming 70% of healthcare expenses are met by out of pocket expenditure by the individual, due to which about 7% population is pushed below the poverty threshold every year. For nearly 600 million rural and urban poor in the country, high quality, affordable healthcare has been beyond their reach. Despite being amongst the foremost economies in the world, India is near the bottom of the U.N. Human Development Index and healthcare inequities contribute greatly to India's low standing.

A moving illustration of the situation was captured in a World Economic Forum report which brought to light the story of Eshwar, a daily wage labourer in southern India. His heart valve replacement required an expenditure of US\$ 2,000, a fraction as compared to the western world. Yet if he had to pay for it in the absence of a

State insurance scheme, he would have been pushed into a lifetime of indebtedness or his family may have just lost their sole breadwinner. This is just one narrative; millions in India have been pushed below the poverty line due to catastrophic medical expenses in the absence of UHC.

So it was a new dawn on the day of the Union Budget 2018, when the Government of India launched 'Ayushman Bharat'. A transformative programme, it rests on the twin pillars of health and wellness centres and the National Health Protection Mission for 100 million families with 500 million beneficiaries who would be provided an insurance cover of Rs. 500,000 per year. Ayushman Bharat is an entitlement-based scheme that targets India's poor as identified by latest Socio-Economic Caste Census (SECC) data. It is being hailed as the largest government-funded health protection scheme in the world and in time, it may just champion India's journey from poverty to prosperity for all!

Additionally, India has also been making investments into other determinants of health including provision of clean drinking water and sanitation. As Prime Minister Narendra Modi recently announced, the sanitation coverage in the country increased from 38 per cent to nearly 80 per cent and that the 'Swachh Bharat Mission' is playing a central role in creating a healthy India. In response to his announcement, the UNICEF Executive Director Henrietta Fore praised India for investing the political time and efforts in issues like health and sanitation and added that investing a dollar in sanitation solutions translates into four dollars in terms of health cost prevention, the (reduction in) number of doctor visits and in the medicines that you don't have to buy.

### **Health is our real wealth, it is certainly not just an adage and honestly, it can never be overemphasized.**

India's economic pace has been heartening and the nation may even muscle past UK in the near term. Such economic successes are encouraging and bode well for the future, yet, aspects like the growing prevalence of non-communicable diseases (NCDs) in India do cast a dark cloud. Heart disease, diabetes, respiratory diseases, mental illnesses and cancers are becoming commonplace and this is a great concern. At one end, these diseases debilitate an individual's wellbeing, impact their productivity, cause anxiety for the family and they are also a huge drain on the economy. In a WHO report, it was estimated that NCDs account for 60 percent of all deaths in India and sadly almost 70 percent of them are preventable.

Margaret Chen, in her address to the World Health Assembly in 2012 stated that universal health coverage is the single most powerful concept that public health has to offer. A few years later, in 2015, United Nations recognized UHC as critical to reducing poverty, and all the UN member countries agreed to achieve this

laudable goal by 2030. As one of the targets under Sustainable Development Goal 3 (*Ensure healthy lives and promote well-being for all at all ages*), it includes financial risk protection, access to quality essential health-care services and access to essential medicines and vaccines.

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A well-established fact is that countries investing in UHC are in turn making a sound investment in their human capital and broader development goals. Nepal introduced free universal health care in 2008 and it is now on track to achieve its health-related MDGs. In the same year, the Afghan government using

considerable donor funding, removed user fees in public health facilities and ever since healthcare utilization has more than doubled. Thailand too recently celebrated ten years of its universal coverage scheme which dramatically reduced impoverishment caused by out-of-pocket payments. El Salvador announced an ambitious plan to expand health coverage and strengthening of primary health care in remote and poor rural areas. Likewise other countries moving forward in Africa include Liberia, Gabon, Ghana, Sierra Leone and Rwanda.

Nevertheless, progress has to be accelerated, especially in regions with high disease burden. In addition, we need to look beyond the conventional lens of the medical world to understand what it takes to create a healthy population as it is a domain that is influenced by a wide range of social, economic, environmental factors as well as individual behaviour. Dr. Prathap C Reddy, Founder Chairman of the Apollo Hospitals Group envisioned a model of 'Total Health', a population health paradigm which would provide 'holistic healthcare' for the entire community. It is about the "total well-being" of an individual including their physical, mental, social, ecological and spiritual health and more importantly it is purpose –designed to cater to the health care needs and aspirations of the community through their journey from "womb to tomb".

A program pilot of Total Health was launched in 2013 in Dr. Reddy's birth district in Andhra Pradesh, a State in southern India. Over 70,000 people living in 195 villages were covered and the pilot was initiated after a baseline household door to door survey based on WHO's 'STEP' approach. In the last five years, since it was introduced, a wide range of services covering 5 core areas took shape under its aegis: (a) Access to Healthcare, (b) Food and nutrition, (c) Water and Sanitation infrastructure development, (d) Education, employment and skills development and (e) Physical activity. The impact has been encouraging and several international bodies are now exploring mechanisms for

scalability of Total Health and to also replicate it in other geographies.

India has certainly made exceptional improvements in several public health parameters including infant mortality, maternal mortality, eradication of polio and a pronounced increase in life expectancy. It has also stepped up its pace towards Universal Health Coverage. Earlier in the year, addressing the plenary meeting of the 71st World Health Assembly, Union Health Minister, J P Nadda elaborated on India's fast-track initiatives aimed at achieving the tenets of UHC which included strengthening health systems, improving access to free medicines & diagnostics and reducing catastrophic healthcare spending.

In an interesting UHC pilot project in 3 rural blocks of Tamil Nadu (a southern State of India), it was inferred that UHC did impact and enhance access to primary care at the sub-centre level. When primary care was provided at the health sub-centre level, people did not go to private hospitals. It also showed that it reduced expenses, especially in outpatient care. The government's burden also reduced significantly under the UHC model. For every outpatient care provided at PHC/CHC/GH, the government on an average spent about Rs. 300. Now according to the report published by IIT Madras, the same OP care provided at health sub-centre cost below Rs. 100 per outpatient visit.

In addition, behavioural changes are just as vital for the success of UHC. Focused efforts to introduce health awareness, provision of door-to-door services especially for women and child care, influencing the influencer, technological interventions to make the care continuum accessible and even incentivisation to reward behavioural modifications are paramount to make the UHC model successful.

Another significant change that would add to making UHC successful would be a sharp focus on preventive healthcare, possibly equal to that of curative care. Health screening has to be

mandatory to usher a palpable change in disease trends, especially for cancers as most can be treated and even cured if detected at an early stage.

'Health for All' is key to sustainable development and many economists have even called universal health coverage as one of the best investments that a country can make. Therefore it bodes well for the future that UHC is garnering growing support throughout the world, a reflection of social progress and recognition that population health is both an indicator of and an instrument for national development.

A heartening development in India is also that Indian companies have been contributing to health, very generously. A few weeks ago, the Confederation of Indian Industry reported that based on their Annual CSR Tracker which analyses the annual reports of 1,522 companies who trade on the Bombay Stock Exchange, it was determined that ₹89 billion worth of funds were disbursed for the purposes of CSR in 2017. It was noted that education and healthcare accounted for a bulk of the spending, with over 25.2% of funds allocated to health and sanitation projects. This is encouraging as it is often said that when something succeeds in India, the chances for it to succeed anywhere in the world are very high. Therefore, if India's regulatory changes and efforts towards UHC make healthcare equitable and inclusive, we may just find the magical recipe for a better world.

It was more than three decades ago that the social theorist Michel Foucault said that the principle aim of political rule was to "improve the condition of the population, to increase its wealth, its longevity, and its health." So if all goes well, very soon most of the world's population will be able to access health care without fear and a fascinating milestone in human history would be established

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