



The basics are vital

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Making hospitalisation affordable will spell relief, but there is no alternative to strengthening primary health care

- In 2011, a high-level expert group on universal health coverage reckoned that nearly 70% of government health spending should go to primary health care.
- The National Health Policy (NHP) 2017 also advocated allocating resources of up to two-thirds or more to primary care as it enunciated the goal of achieving “the highest possible level of good health and well-being, through a preventive and promotive healthcare orientation”.
- However, if current trends and projections are anything to go by, this goal is likely to remain a pious hope.
- The current outlay is less than half the conservative estimate — not to mention that building health and wellness centers at the given rate (15,000 per year) can fulfil not even half the proposed target of 1.5 lakh health and wellness centres till 2022.

Picture of extremes

- The overall situation with the NHM, India’s flagship programme in primary health care, continues to be dismal.
- The NHM’s share in the health budget fell from 73% in 2006 to 50% in 2019 in the absence of uniform and substantial increases in health spending by States.
- The medium-term expenditure projection statement presented by the Ministry of Finance to Parliament in August 2018 projected a 17% increase in allocation for the NHM in 2019-20.
- On the other hand, the Centre looks fairly committed to increasing access to hospitalisation care, predominantly through private players.
- This reflects in the 167% increase in allocation this year for the Pradhan Mantri Jan Arogya Yojana (PMJAY) — the insurance programme which aims to cover 10 crore poor families for hospitalisation expenses of up to Rs.5 lakh per family per annum — and the government’s recent steps to

incentivise the private sector to open hospitals in Tier II and Tier III cities.

- The increase in the PMJAY budget is a welcome step — spending on this colossal insurance programme will need to rise considerably with every passing year so that its commitments can be met.

Staff shortage

- Today, the condition of our primary health infrastructure is lamentable: there is a shortage of PHCs (22%) and sub-health centres (20%), while only 7% sub-health centres and 12% primary health centres meet Indian Public Health Standards (IPHS) norms.
- Further, numerous primary-level facilities need complete building reconstruction, as they operate out of rented apartments and thatched accommodations, and lack basic facilities such as toilets, drinking water and electricity.
- Data by IndiaSpend show that there is a staggering shortage of medical and paramedical staff at all levels of care: 10,907 auxiliary nurse midwives and 3,673 doctors are needed at sub-health and primary health centres, while for community health centres the figure is 18,422 specialists.
- While making hospitalisation affordable brings readily noticeable relief, there is no alternative to strengthening primary health care in the pursuit of an effective and efficient health system.
- Apart from an adequate emphasis on primary health care, there is a need to depart from the current trend of erratic and insufficient increases in health spending and make substantial and sustained investments in public health over the next decade.
- Without this, the ninth dimension ('Healthy India') of "Vision 2030" will remain unfulfilled.