70% Indians don't have health insurance

TIMES NEWS NETWORK

New Delhi: Seventy per cent of India's population have no health insurance and the country is short by two million beds compared with the global benchmark. This has been revealed in a whitepaper released by a leading health sector body on Tuesday.

The report 'Aarogya Bharat 2015', released by NATHEALTH, calls for increase in public spending on healthcare from 2.5% to 3% of GDP and apportion a greater share of public spending to prevention, including mass screenings and primary care coverage by 2025.

NATHEALTH has been created to improve access and quality of healthcare and has leading Healthcare, Medical Technology, Diagnostic service providers and Health Insurance Companies as stakeholders.

"Increased investment in healthcare would create a 'win-win' scenario by increasing the number of years that Indians can be productive and healthy, thereby fueling a continuous cycle of economic growth. Fewer sick days translates to increased productivity, higher employment and an estimated 15 million to 20 million additional jobs in the country by 2025," said Karan Singh, head of Bain's healthcare practice in Asia-Pacific and co-author of the report.

The body also introduced a unique initiative of an 'Ethics Pledge', a declaration by the industry leaders across diverse healthcare segments in partnership with Indian Medical Association (IMA), to build a robust and transparent platform to promote ethical practices in the healthcare ecosystem.

"India can adopt universal access to essential healthcare driven by private sector-led provision with the government playing the role of primary payer and provider in remote and underserved areas," said Anjan Bose, secretary general of NATHEALTH.
Study sees 70% Indians without health insurance

New Delhi, Jan 20: About 70% Indian have no health insurance and the country is short by 2 million beds compared with the global benchmark, according to a whitepaper released by a leading health sector body.

The report Aarogya Bharat 2015, released by NATHEALTH on Tuesday, said that India requires $3 trillion in cumulative funding and has the potential to generate 15 to 20 million jobs by 2025.

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PTI
Moving towards a healthier India

EXPERT VIEW
KARAN SINGH & DEBASISH TALUKDAR

With expectations running high about the Narendra Modi government’s first full-year budget, the stage is set for the centre to signal its seriousness about transforming India’s underperforming healthcare system and committing investments for a long-term payoff for all Indians.

By ramping up investments in healthcare, the government will have the perfect opportunity to start a virtuous cycle of health. It will improve productivity, enable greater consumption and boost economic growth, as well as help the Make in India campaign become a reality. Healthcare reforms can protect Indians from out-of-pocket expenditure burden, create 15 million additional health services jobs by 2025 and allow the country to emerge as a global hub for innovative, low-cost health products and services.

As we have seen, a business-as-usual approach to health won’t work and can hurt India’s future growth, development and competitiveness. According to one estimate, the burden of non-communicable diseases (NCDs) alone will cost India $6.2 trillion by 2030.

Not a picture of health

Despite successes, including the eradication of smallpox and polio and a significant reduction in HIV infections, the current healthcare system is unsustainable, with healthcare both under-served and under-consumed.

India carries a dual burden of communicable diseases (an estimated 315 million Indians suffer from tropical diseases) and an NCD epidemic (its contribution to mortality will increase from 53% in 2008 to 73% by 2030).

The World Health Organization estimates that by 2030, India will contribute to a quarter of global productivity loss from NCDs such as diabetes, cardiovascular disease and cancer. Further, the prevailing culture of treating a disease after its onset (as opposed to prevention), the high drop-out rates across the patient corridor and urbanization trends will worsen the impact.

Public health in India is also clearly inadequate. Although Swachh Bharat Abhiyan is a much-needed initiative that will have a beneficial health impact, India cannot accept diphtheria-tetanus-pertussis (DTP3) immunization rates of 72%, infant mortality rates of 44 per 1,000 live births and 42% of children under five suffering from malnutrition. At 1.3% of gross domestic product (GDP), government spending on health is among the lowest in the world.

To add to this grim scenario, India’s healthcare infrastructure is woefully lacking—we are currently short by around 2 million doctors and 4 million nurses, and would need another 2 million new beds by 2025 just to get to reasonable benchmarks. Furthermore, about 70% of the supply of healthcare services is concentrated in urban India, which accounts for only 30% of the population. With only a quarter of Indians covered by health insurance, many are left bearing their own healthcare expenses. Studies show that about 3% of Indians fall into poverty annually due to health-related expenses.

Blueprint for a cleaner bill of health

The nascent state of healthcare in India provides it the opportunity to better define an India-centric health system that takes into account our constraints, caters to our needs and is sustainable and future-ready. We need to define a clear path that holistically addresses the issues of healthcare access, affordability and quality.

Based on its extensive Indian and global experience in health care, Bain and Co., along with NATHEALTH, has charted a vision for healthcare in India in its report Aarogyta Bharat—India Health Care Roadmap for 2025. The report calls for equitable access to healthcare alongside minimum quality standards for citizens by 2025. It recommends a sustainable healthcare ecosystem based on a wellness-oriented culture, focusing on prevention, early diagnosis and intervention.

Access: India should aspire to provide universal access to essential healthcare. Every citizen should be covered for services identified to have maximum impact. This includes pregnancy-related care, child health, and certain high-impact communicable and non-communicable diseases, as well as preventive and primary care. The private sector should take the lead in urban areas, with the government focusing on a payer and regulator role. The roadmap for 2025 sees public insurance providing essential care to 60% of the population, while out-of-pocket spending comprises less than 30% of total healthcare costs (compared with 58% today).

Cost: A defined basket of essential services should be insulated against the risk of healthcare cost inflation, ensuring affordability. The country needs to reshape the paradigm of care, create a culture of health and wellness and reduce the burden of disease. Early disease intervention is a great way to start—it has been shown to improve outcomes by two to ten times and reduce costs by 40% to 80% in ailments such as cervical cancer, HIV, chronic kidney disease and chronic artery disease. Taking cues from models like Singapore, India needs all stakeholders to come together to drive change by encouraging healthy living practices and by shifting the payment model from a fee-for-service to a capitation model.

Quality: The government, working with all stakeholders, should define, institutionalize and assure minimum quality standards, ensuring data capture at points of care, achieving greater accreditation of facilities and moving towards protocol-based care. India needs to use technology to track clinical outcome metrics, share information and reward providers for delivering cost-effective, desired clinical outcomes.

Realizing this vision for healthcare in India will require a huge financial commitment—to the tune of $3 trillion in spending, including $600 billion in capital expenditure by 2025. Achieving real change in healthcare will entail the government creating a clear roadmap with incentives and accountabilities spread across providers, payers and product suppliers, allied industries like consumer goods, education and technology, and community organizations.

Come 28 February, Indians will look for indicators that the government is serious about significantly increasing spending on healthcare and focusing on public health, as well as ensuring universal access and coverage.

Karan Singh is a partner with Bain and Co, and leads the firm’s Asia-Pacific healthcare practice from New Delhi. Debasish Talukdar is a manager in Bain’s India healthcare practice and is based in New Delhi.
Anaemic allocation leaves healthcare gasping for more

Smriti Kak Ramachandran

NEW DELHI: Union Finance Minister Arun Jaitley's announcement of new AIIMS-like institutions, tax sops for those who buy health insurance, and Rs. 33,150 crore allocation has given the health sector little to cheer.

Though the draft of the government's new national health policy wants public health expenditure to increase to 2.5 per cent of the GDP, the allocation seems insufficient to meet the government's ambitious universal health assurance mission that includes free diagnostics and drugs up to a certain quantum, besides improved services.

The medical community feels that opening of new All India Institutes of Medical Sciences in Jammu and Kashmir, Punjab, Tamil Nadu, Himachal Pradesh and Assam in itself holds little meaning, till the government provides quality doctors. "If we go on a spree [of setting up new AIIMS], we are diluting the quality of the brand. A building with machines and no talent will not fill the gaps in health care. The key is to improve on the existing infrastructure," an official of the Health Ministry said, not wishing to be named.

Mr. Jaitley's push to health insurance has also received a mixed response. India has a sizeable population without insurance, and this means high out-of-pocket expenses.

The Minister himself admitted: "A large proportion of India's population is without insurance of any kind — health, accidental or life."

The move is seen as an attempt to encourage private insurance.

"By encouraging insurance, we are accelerating the process of pushing the middle class towards private health care. This will also lead to a dual structure, in which there will be tax breaks for those who can afford insurance and poorly resourced public provisions for those who can't pay," said Amit Sengupta of the Jan Swasthya Abhiyan, an NGO.

The plan to run a scheme for giving physical aids and assisted living devices to senior citizens, living below the poverty line, has met with public approval, though there are wide gaps in geriatric care in the country, even as the population of senior citizens is now approximately 10.5 crore, including over one crore aged above 80.

"Senior citizens are always an ignored part of the budget, but this one seems to have addressed it partially through the reduction of health insurance premium. But what about senior citizens who do not have health insurance cover? Also while we talk of aids and assisted living schemes, we should have provisions for making them affordable. For instance, a pack of 10 adult diapers costs Rs. 540, which means close to Rs. 3,000 just for diapers," said Bhuvan Giddu, CEO of Footprint Global Communications, whose 79-year-old mother is bed-ridden and needs assistance for every activity.

The decision not to increase import duty on medical devices and to bring down service tax on ambulance has also been welcomed.

Sushobhan Dasgupta, president of NATHEALTH, a healthcare federation, said: "It is encouraging that the government has not increased the import duty... 100 percent automatic FDI route will continue, and this is a very positive signal for investment in the medical device industry. Making the 'Buy India' policy mandatory without ensuring the preparedness of the industry for local innovation and manufacturing could have been a serious issue for the health care sector and patients. We are happy that this has not happened."

Ambulance services have been exempted from tax, and basic custom duty, and artificial hearts have been taken off countervailing duty, a move that will help patients.

Union Minister for Health and Family Welfare J.P. Nadda, however, said the budget would lead to all-round social and economic development, inclusive and outcome-oriented. "I welcome the move towards the Universal Social Security System backed by accident insurance and the Bima Yojana," he said.
Invest up to ₹25K in health insurance

Finance minister Arun Jaitley on Saturday hiked tax deduction limit on health insurance from ₹15,000 to ₹25,000 to bring more people from middle-class under the ambit of the social security ambit.

For senior citizens the limit will stand increased to ₹30,000 from the existing ₹20,000.

With the decline of public health infrastructure, people are now more dependent on expensive private hospitals. Health insurance will help people not dip into their precious savings during sudden health problems.

“This will certainly bring more people under the health insurance cover and address the healthcare affordability challenges more effectively,” said NATHEALTH secretary-genera Anjan Bose.

For very senior citizens of 80 years or more, who are not covered by health insurance, government said deduction of ₹30,000 will be given for treatment expenses. Deductions under expenditure towards specified diseases of serious nature is proposed to be enhanced by ₹20,000 to ₹80,000 for very senior citizens, Mr Jaitley said.

“With regard to general insurance sector, the government has clearly acknowledged critical role that this industry can play in the nation’s inclusive growth agenda by introducing schemes in the area of personal accident insurance and enhancing exemption limit on health insurance,” said ICICI Lombard General Insurance MD & CEO Bhargav Dasgupta.
Experts hail raise in health risk cover deduction

BENGALURU: Healthcare industry experts have welcomed the Budget announcement of increasing the limit of deduction of health insurance premium from Rs 15,000 to Rs 25,000.

The finance minister had also announced direct intervention via more public healthcare infrastructure.

Manipal Health Enterprise CEO & MD Ajay Balbhi said: “We welcome the government’s move of increasing health insurance cover, this will enable people to seek out for quality healthcare which is a huge concern in our country.”

To boost the burgeoning medical tourism, part of the healthcare industry, the government plans to give visas on arrival facility to 150 countries.

“Increase in visas on arrival facility to 150 countries will give a boost to medical tourism in the country,” said Apollo Hospitals Managing Director Sanjiv Reddy.

Industry body NAIHEALTH secretary-general Anjai Bose said: “We welcome government’s positive Budget announcements like more ALIMS and increase in tax exemption limits for health insurance premium.”

But the observers in the industry say that the allocation of Rs 3,515 crore towards the healthcare sector comes as a disappointment at the government has not kept up with its promise of increasing expenditure on public health.

No specific focus

Even though welcoming increase in deduction for health insurance premium and overall thrust on social security, De-loite in India senior director Chenn Sekhar said there was an absence of specific focus on the healthcare sector, which was disappointing.

“Specifically, the boost to medical manufacturing and education, expected under the ‘Make in India’ and ‘skill development’ focus, was missing,” he said.

DH News Service
J&J MD Sushobhan Dasgupta elected president of NATHEALTH

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NEW DELHI: India’s apex healthcare body, NATHEALTH, elected Johnson & Johnson Medical India managing Director (MD) Sushobhan Dasgupta president for one year. He took over from Fortis Healthcare executive vice-president Shivinder Mohan Singh.

Max India MD and Max Healthcare Institute head Rahul Khosla and Philips India vice-chairman A Krishna Kumar were elected as senior vice-president and vice-president of the body respectively.

Speaking on his priorities, Dasgupta said, “One of the major challenges facing India today is providing affordable healthcare to millions of unserved and underserved patients. We are committed to work towards reaching our goal of providing accessible and affordable healthcare for everyone”.

Dasgupta said activities and initiatives of the NATHEALTH will be in line with its six mission pillars as enabling the environment to fund long-term growth, help develop and optimise healthcare infrastructure, help shape policy and regulations, help bridge the skill and capacity gap, encourage innovation and support best practices and promote accreditation.

Other office bearers of the newly elected body are Suyash Borar CEO, Calcutta Medical Research Institute and Preetha Reddy, executive vice-chairperson, Apollo Hospitals Group who are elected as secretary and treasurer respectively.
नैटहैल्थ का श्वेत पत्र जारी

देश को एक स्वस्थ भारत बनाने के उद्देश्य से स्वास्थ्य क्षेत्र की उच्च संस्था नैटहैल्थ द्वारा नैटहैल्थ के दूसरे वार्षिक कार्यक्रम के अंतर्गत बेन एंड कंपनी के सहयोग से तैयार आरोग्य भारत 2025 श्वेत पत्र लॉन्च किया गया। इस अवसर पर नैटहैल्थ के प्रेजीडेंट शिवेंद्र मोहन सिंह ने कहा, “कि यह श्वेत पत्र नैटहैल्थ द्वारा बेन एंड कंपनी के साथ एक प्रयास है विचार शील नेतृत्व अभियान के लिए।
नई दिल्ली। नैतिकता ने जीव विज्ञान और स्वास्थ्य क्षेत्र में कार्य करने वाली दस संस्थाओं ने टास्क फोर्स हेल्थ केयर (टाइटलसिस) के साथ एक एमओ और हस्ताक्षर किया है। यह कार्य नोडरियाँ के बीच में मर्मता मानक रूप से बनाए रखने, विदेशी व्यापार एवं विकास निर्माण के ड्रा मित्री विज्ञान विज्ञानिकीय, कृषि मिडिया व रेसेंट विज्ञान की पूरी तरह से हुआ। इस अनुबंध का अनुमान यह अंतर्राष्ट्रीय का तर्क देने वाली दो साठों देशों के बीच जीव विज्ञान एवं स्वास्थ्य के क्षेत्र में दी संबंधित ओर उनके सबसे के बेहतर समझ के साथ सुनिश्चित किया है। यह एमओएस प्रभावी हो गया है और तीन वर्ष के लिए प्रभावशाली रहेगा।
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