

EDITORIAL

Healthcare Scenario: Health for All to Sustainable Development Goals**Rakesh Kakkar¹, Pradeep Aggarwal²**

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Abstract	Introduction	Methodology	Results	Conclusion	References	Citation	Tables / Figures
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Poor quality care in public sector hospitals coupled with the costs of care in the private sector have trapped India's poor in a vicious cycle of poverty, ill health and debt for many decades. There is a huge cross section of the population that continues to struggle to gain access to affordable good quality healthcare. Although the rich can access healthcare by paying large sums of money, the poor are under major threat of financial duress. In Primary health care level public share is more with affordable cost but with compromised quality while in tertiary level private share is more with quality but at high cost and is focused in urban areas. Government has started spending at tertiary care level (newer AIIMS) to broaden the care spectrum but without much improvement at primary health care level.

Accountable health care remains challenge for middle and low income countries. Accountability refers to "the principle that individuals, organizations and the community are responsible for their actions and may be required to explain them to others" (1). Low levels of public health financing, supply side gaps, an acute shortage of human resources and the rising cost of healthcare continue to severely affect access, affordability and quality of health services across the country. These issues

make difficult for the public sector to remain accountable. The government has been attempting to address two main challenges: to ensure that all citizens can access healthcare equitably and to ensure that healthcare is made available at an affordable cost and without compromising on quality. So three important pillars for effective HCDS are cost, Access and Quality.

Central government is setting up the challenging goal of taking economy to the level of \$5 trillion and the other is doubling the share of public health spending to 2.5 % of GDP by 2025. With spending of 2.5 % of GDP India's per person public health spending will be \$86 – representing a challenging task of 200 percent increase over the current level of \$30. Achieving the health spending goal is also critically dependent on states stepping up their health spending as they contribute nearly two third of India's total public health spending. (2)

A robust primary health care system is characterized by accountable, accessible, affordable, person-focused, comprehensive quality care, effectively delivered, on principles of equity and coordinated by an integrated, interdisciplinary team across the health sector continuum using efficient technology and anchored in the principles of continuity of care.

To ensure health security for every citizen, government should keep major focus on primary health care as most of population still lives in resource constrained rural settings with low affordability, availability, accessibility of quality health care services. To address rural health care issues, some of the appreciable efforts include National Health Policy 2016 and budgetary announcements of the year 2018 named as Ayushman Bharat have two components of strengthening healthcare in India: improving access and quality of primary healthcare through strengthening 1,50,000 sub-centers and primary health centers (PHCs) and transforming them to health and wellness centers (3) , and to address health care at secondary and tertiary level, the government has made it free for the poor and the vulnerable people under its Pradhan Mantri Jan Arogya Yojana (PMJAY). The government is planning to bring the non-poor under the ambit of PMJAY upon payment of some premium. (2)

Challenges to find a robust system can be addressed by finding sustainable, people oriented health care model, innovations in health care system.

To form a sustainable health care model focus should be directed to a system, where revenues can be generated through health sector. Revenue can be generated by strengthening health care industry in several areas. In pharmaceuticals, India is already a key global player, accounting for 50 percent of global demands for vaccines and 20 percent of global exports in generics. India is already a hotbed of medical innovations and is attracting significant foreign direct investments. Further, India is aspiring to become manufacturer cum exporter of medical devices, and exporter of health care personnel. (2)

The Beveridge Model used in UK, Scandinavia, Spain and New Zealand, and for American Veterans where health is delivered and paid for by the government. While the Bismarck Model which is used in France, Belgium, Netherlands, Japan and for Americans with employer-sponsored insurance where funding for insurance is share between employers and employees. The National Health insurance (NHI) model is used in Canada, Taiwan, South Korea and for Americans with Medicare where all citizens pay into the health care system where government is the sole player. The out of pocket Model used in poor

nations without a nationwide organized health system such as rural Africa, India & China and uninsured Americans, where poor cannot afford health care and they do not get it, the rich buy the care they need (4).

Innovations needs to be effectively used to utilize existing limited health resources by the principles of Health system research. Medical science has advanced exponentially during the last half a century. The last century has produced a proliferation of innovations in the health care industry aimed at enhancing life expectancy, quality of life, diagnostic and treatment options, as well as the efficiency and cost effectiveness of the healthcare system. These include, but are not limited to, innovations in the process of care delivery (5), medications, and surgical interventions innovation in healthcare organizations are typically new services, new ways of working and new technologies. (6)

From the patient's point of view, the intended benefits are either improved health or reduced suffering due to illness (7). As many of the health parameters are improving, continuous efforts for health system strengthening are required, which can be done by more active community involvement and political support.

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