

8th Global Patients Congress

24 - 26 May, 2018



International Alliance of
Patients' Organizations

A global voice for patients

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Patient Empowerment in Universal Health Coverage

Dr. Ratna Devi

CEO, DakshamA Health, Founder Indian Alliance of Patient Groups (IAPG)

Presentation Overview

- The big picture of big country
- Current challenges
- Opportunities
- Models on offer on UHC- who pays and who delivers
- Patient engagement and empowerment in road to SDG Goal 3- 2030

Big Country, Big Picture

- 2016 India's population >1.3 billion (World Bank)
- 29 states, 7 union territories and 1.3 billion population, 22 official languages
- Highest mountain- Everest, desert on one corner, sea on three corners, largest shoreline
- Dual Burden – Infectious diseases and AMR, NCDs and diabetic capital of the world!!!
- Fastest growing economy, Strong IT, Health Work force (exports doctors and nurses and physiotherapists!), Pharmacy to the world
- Multiple systems of healthcare
 - public/pvt
 - Modern/indigenous
 - AYUSH



Current Challenges (1)

- India spent only 4.5% of its gross domestic product (GDP) on healthcare
- On average:
 - Low and Middle Income Countries 6 %
 - European Union spent 10%,
 - Latin America 7 %,
 - Middle East and North Africa 6%.
 - High Income Countries spend about 13%

India's Health expenditure



As per Economic Survey 2015-16 brought out by Ministry of Finance, public expenditure on health (Centre and States) as percentage of Gross Domestic Product (GDP) for last three years is as under:

- (i) 2013-14 - 1.2%
- (ii) 2014-15 - 1.3%
- (iii) 2015-16 - 1.3 %

Current Challenges (2)

- Public sector provides only 30% of healthcare. 70% provided by the private sector. (urban, rural)
- The quality and safety standards of healthcare vary enormously in BOTH the private and public sectors. (NSS 2014 Ministry of Statistics and Programme Implementation)
- 65 % of the health expenditure is out-of-pocket and the burden falls upon the individual and their family. WHO Global Health Observatory

Current Challenges (3)

- Limited resources, fragmented healthcare system
- Pilferage, leakage and wasteful expenditure
- Weak regulatory framework and enforcement
- Archaic medical training and practice culture-application and research missing
- Severe shortage of quality health workforce.
- Low patient education/awareness, engagement and empowerment

Current challenges (4)

- Patient safety risks: *
 - misdiagnosis,
 - therapeutic errors,
 - counterfeit pharmaceuticals,
 - unsafe surgery and injection practice.
- Very poor enabling environment to mobilise, develop capacity and empower patient organisations

Opportunity (1)

- India is a BRIC Country with the 5th largest economy in the world & over 7% GDP Growth Rate
- It is THE pharmacy to the world! Essential medicines supplied not only to low and middle income countries, but also USA, Canada and UK health systems
- Largest 'exporter' of doctors, nurses & physiotherapists. Indian doctors and nurses found in most UHCs overseas
- Leader in innovative tele-health and health apps
- Health (UHC) is now a political choice! Lead up to 2019 general elections

Opportunity(2)

- National Health Policy 2017 has Patient representation and voice as a clear goal
- Ayushman Bharat and NHPS- National Health protection scheme launched by government
- Launch of Jan Aushadhi (medicines for the poor) and AMRIT (Affordable Medicines and Reliable Implants for Treatment)schemes (transplants and devices) for increasing access
- States like TN, Kerala, Rajasthan, Andhra Pradesh & Telangana already leading the way in UHC

Opportunity(3)

- Indian Patient groups have become very active.
IAPG – Indian Alliance of Patient Groups and HIA-
Healthy India Alliance, PAG Rare diseases
- Patient advocates and Patient voices becoming more vocal
- Patient safety framework launched with patient playing an active role
- DCGI (Drug Controller General of India) actively engaged with a few patient groups

Why Indian patients need to engage in UHC

- India has committed to the Sustainable Development Goal 3: *Ensure healthy lives and promote well-being for all at all ages*
- Goal 3 is essential for the delivery of the other 16 goals.
- *Target 3.8 'Set-up a universal health coverage'* is core to delivering all of SDG Goal 3
- Without good healthcare services India's economic, education, gender and environmental SD goals are unattainable.

Why we need to engage in UHC (2)

- A universal health coverage will improve our social cohesion and equity.
- In a diverse India, a UHC will reduce inequalities and build democratic institutions
- UHC will become a major driver of our economic and social development
- UHC is an investment and not a cost

Advocacy Opportunity

- Health is a sovereign matter. International advocacy alone cannot change the State's priority.
- Health can also a political choice. A UHC can be a vote winner.
- The political parties slowly turning around to this idea as the patient voice reaching into the electorate and mass population

Patients need to understand health finance, health economics, research and health communication

- Which model should India adopt?
- We are at a cross road. Politicians, health professionals, patients and the society at large are debating two distinct issues:
 - How should we finance our universal health coverage?
 - Who should provide the healthcare services - the private or public sector?

Models on Offer

- Indian legislature, health policy-makers and patient advocates are looking at three systems:
 - Bismarck and "Social Health Insurance" Social health insurance with taxation
 - The Beveridge (UK NHS Model) Government uses taxes to pay for 80% or more of all healthcare
 - The USA model. Mix of Medicare (senior citizens) , Medicaid for lower socio-economic and scheduled castes groups and an Army Veterans programme. Private and non-profit sector delivery

Private or Public Provision?

- Who should provide the healthcare services- the private or public sector
- Public sector: The government health care system is designed as a three-tier structure comprising primary, secondary, and tertiary facilities. Rural health a special case.
- Private Sector: Fastest growth area. Growing by over 20% each year. From \$160 billion in 2017 to predicted \$280 billion by 2020
- Big hospital chains are now penetrating rural markets as well
- Hottest destination for medical value tourism

Initial successes

- Recommendations to government on UHC-multistakeholder policy analysis of UHC from a patients perspective
- Advocacy agenda of people living with NCDs
- Patient safety framework- engaging with WHO and MOH for patient reporting and monitoring frameworks
- Patient and youth advocates development program
- IAPG contributed to National rare disease policy-setting up COEs in two states

Plans ahead- Improving Patient Engagement

- Strong membership driven organisation with each member contributing and participating
- Engaging with government bodies – NITI Ayog, MOH, DCGI, NPPA
- WHO- GCM-COP- as a steering group member political advocacy for commitment to UHC
- Creating more advocates and a stronger patient voice in the country

Contact us

Ratna.devi@dakshamahealth.org

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Thank you!