

COVER ARTICLE



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Journal for Health Policy and Research

As someone who has spent over four decades in the healthcare sector, both as an oncologist and an entrepreneur, who went on to establish 26 cancer hospitals in India and abroad, the Covid-19 pandemic has been the biggest lesson so far.

The virus hit us like a bolt, turned the world upside down in a span of a few months and exposed the inherent weaknesses particularly in the healthcare sector. In the process, the invisible virus taught us, so many lessons and woke us from a deep slumber to tell us that time was running out to plug the wide gaping holes existing in India's healthcare sector.

An abysmal allocation for healthcare even post pandemic is a cruel joke on Indians whose out-of-pocket expenses is one of the highest in the world. India's public health spend is just a little over 1% of GDP, one of the lowest in the world, according to the National Health Profile 2019.

There has been no significant increase in public health expenditure since the past 15 years. In 2004, the government committed to raise public health spending to 2%-3% of GDP over the next five years but did not. The National Health Policy 2017 once again committed to increase the public health expenditure to 2.5% of GDP by 2025 but there has been no such move so far.

The abysmally low public health expenditure for decades have adversely affected the quality, reach and provisioning of adequate healthcare services in the country. India's healthcare infrastructure remains grossly inadequate and falls short of the minimum WHO requirements. We have a total of 7,13,986 government hospital beds, which amounts to

0.55 beds per 1,000 people as per the National Health Profile 2019 data, out of which just 5%-8% are ICU beds. We have a single doctor for 1,445 people in the country.



All of these inadequacies were exposed when the second wave struck India in April-May 2021 and citizens had to scramble for hospital beds while gasping for some oxygen. Shockingly this was the scene in India's cities like Bengaluru, Mumbai, Delhi Chennai etc.

And as we are readying ourselves to brace the rural spread and the third wave, we need to look at how our primary health centres in rural India lack bare minimum physical infrastructure – enough beds, labour rooms, medical equipment, a computer with internet connection and even regular electricity and water supply.

With an under-funded and overstretched public healthcare system and low insurance penetration, millions of Indian have to shell out of pocket money to meet steep healthcare expenses.

The time is now to push for universal health insurance, rebuild our health infrastructure, increase the doctor-patient ratio, build a value-based healthcare system and make India a leading healthcare destination for the world.

And never before have we as a nation felt the lack of policy implementation like we have since March 2020 when the deadly contagion stuck. I have always believed that India has policies for every sector. Where we fail is the implementation and translating those government orders to benefit the common man for whom it was made.

This journal is an attempt to keep the public discourse alive and keep reminding both the policy makers and the citizens on why it is important that all those grandiose announcements that we hear daily in various media by successive governments is actually working on the ground – among the common man.

My Best Wishes for the success of this journal

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