

# Universal Health Coverage



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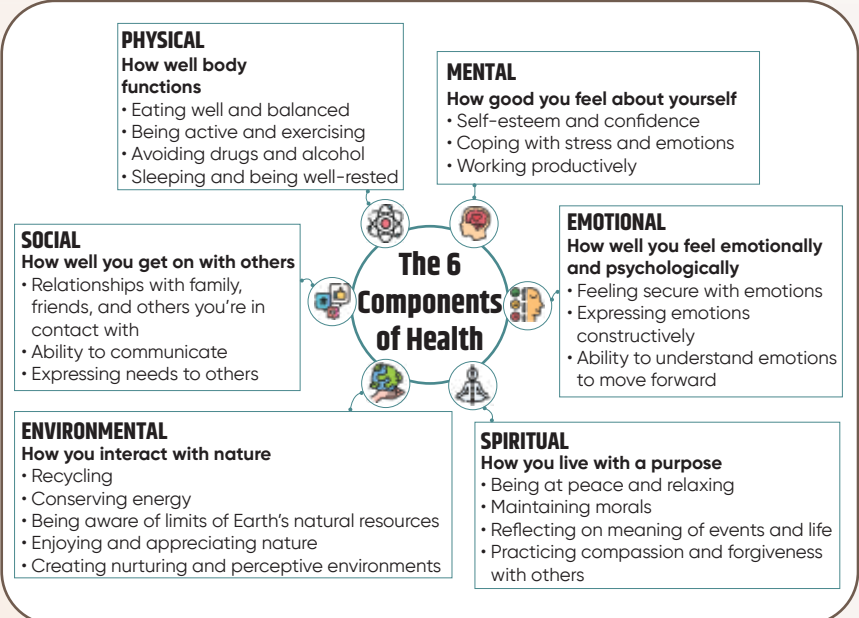


# Introduction

Meena, a resident of a small village, woke up with high fever and breathlessness. She visited the local clinic. But, the clinic did not have the necessary equipment and medicines to diagnose and treat her condition. The doctor told her that she needed to see a specialist, but the nearest specialist was in the city.

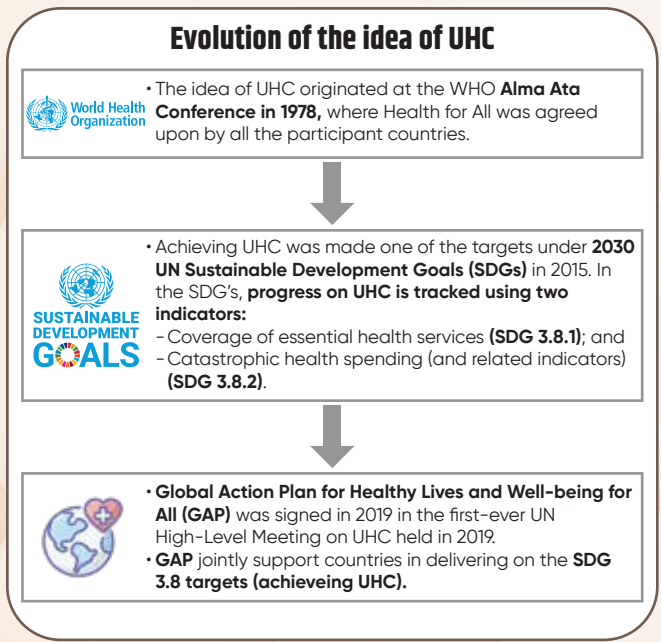
Meena couldn't afford seeing a specialist. So, she tried to make do with over-the-counter medicines, but her condition only worsened. Her family and friends tried to help her, but even they could not afford to pay for her treatment and medicines. Meena undoubtedly knew that if situations remain unresolved, her condition could become life-threatening.

Most of the Indians, irrespective of whether they are living in cities or villages, could relate to the story of Meena. One may think how unfair it was that her health was at the mercy of her financial situation and absence of facilities in public health centre! However, the silver lining is that India is striving to achieve Universal Health Coverage (UHC) to address such situations. This necessitates understanding: What is the meaning of Health and what entails Universal Health Coverage (UHC)? How does UHC contribute to national development? What measures have been taken in India to ensure healthcare for all? What are the key roadblocks in achieving the goal of UHC in India? And what are the suggestions to attain UHC in India?

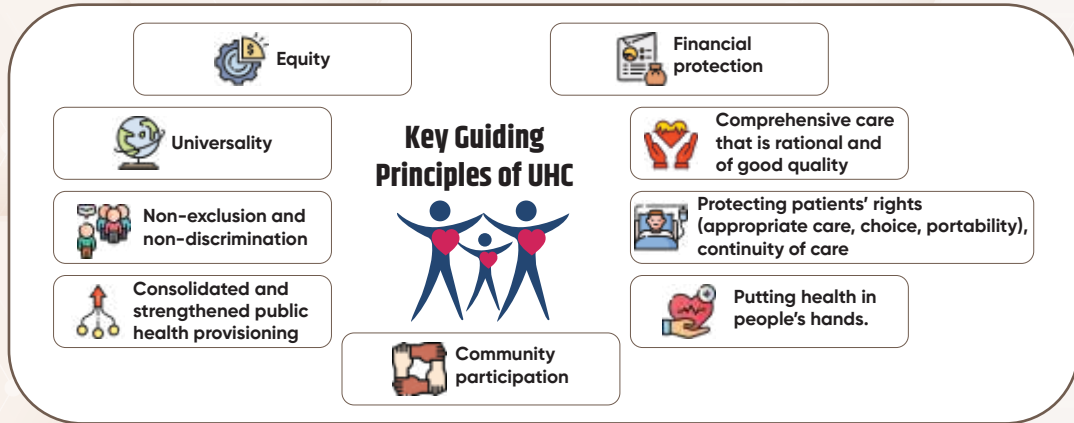


## What is the meaning of Health and what entails Universal Health Coverage (UHC)?

- According to WHO, Health is a **state of complete physical, mental and social well-being** and not merely the absence of disease or infirmity.
  - The enjoyment of the highest attainable standard of health is **one of the fundamental rights of every human being** without distinction of race, religion, political belief, economic or social condition.
- Universal Health Coverage** delivers on this human right to health by ensuring that 'all people have access to the full range of **quality health services** they need, **when and where they need them, without financial hardship**'.
- Thus, **UHC has 3 key dimensions**:
  - Access to health services:** Everyone who needs services should get them, not only those who can pay for them.
  - Quality of services:** Services should be adequate and effective.
  - Financial risk protection:** People should not fall into debt paying for treatment and care.
- UHC covers the full continuum of essential health services, from **health promotion to prevention, treatment, rehabilitation and palliative care**.



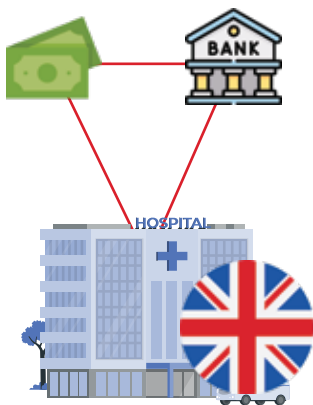
However, there is **no "one-size-fits-all" approach**. Countries are designing their own unique pathways toward health for all and exchanging lessons learned.



### Different UHC models across the world

#### Single Payer

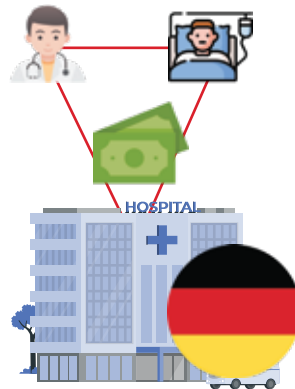
Free government-provided health care paid for by income tax revenue



Every citizen has the same access to government-owned services (Example: The United Kingdom)

#### Mandatory Insurance

Government-run health insurance fund financed by payroll tax on employers and/or employees



Private doctors and Hospitals provide services (Example: Germany)

#### National Health Insurance

Every citizen pays into a national plan provided by a single insurance company

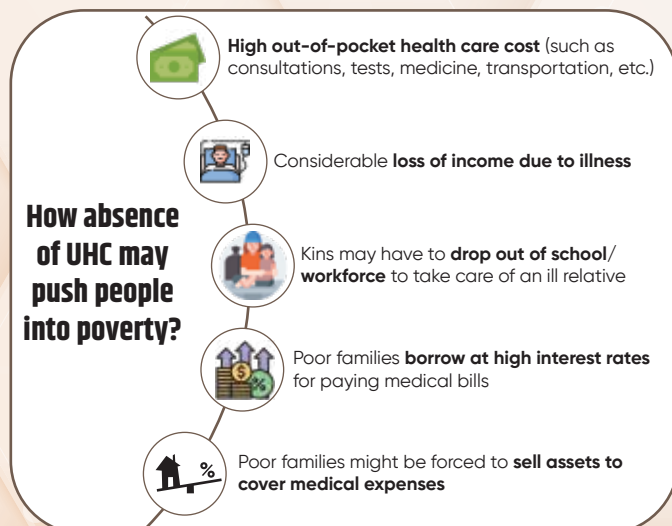


Publicly funded and privately delivered (Example: Canada)

## How does UHC contribute in national development?

UHC is a catalyst for socio-economic development and a key contributor to equity, social justice and inclusive economic growth.

- ❖ **Building human capital:** Investing in the health system not only saves lives, but also facilitates education, enhances productivity of the workforce, and adds to better job prospects for them among others. All these together result in human capital development.
- ❖ **Promoting wellbeing:** Absence of accessibility and affordability of healthcare facilities results in preventable mother and child deaths, infectious diseases like HIV/AIDS and non-communicable diseases such as cancer and heart disease.
- ❖ **Ending extreme poverty:** UHC specifically benefits poor among whom ill health and poor access to health care tends to be concentrated.
  - ➔ Worldwide, **17% of people** in low- and middle-income countries are **pushed into poverty because of health spending**.
- ❖ **Employment generation:** UHC is dependent on a sufficient, equitably distributed and well performing health workforce. This would enhance the demand for skilled as well as unskilled workforce in the health sector.





- ✦ **Wealth generation:** Every \$1 that a country invests in health today can produce up to \$20 in full-income growth within a generation.
- ✦ **Resilience dividend in times of health crisis:** The Covid-19 pandemic has proved that if the healthcare needs of a segment of the population are unattended or even a single individual is left unaddressed, the whole population is at risk.
  - **In Japan,** a COVID-19 response is coupled with effective public financing policies and universal health insurance with a uniform fee schedule have been effective in tackling the pandemic.
- ✦ **Addressing social inequalities:** Differences in income levels, employment, education and geographical location (rural or urban settings) as well as social norms and attitudes related to gender, sexual orientation, ethnicity, disability and old age also exert important influences on the accessibility to health care. UHC can contribute to addressing many of these factors.
- ✦ **Achieving Sustainable Development Goals (SDGs):** Health is a precondition for and an outcome and indicator of the social, economic and environmental dimensions of sustainable development. Thus, attaining UHC is the critical yardstick for countries to measure and track progress toward the SDGs in general and SDG 3 (Good Health and Well-being) in particular.



## In Conversation Spiritual Well Being

**Vini:** Hey Vinay! Why did you not turn up for tennis classes for so long?

**Vinay:** Hello Vini! Actually, I had gone to attend a 10 days meditation course.

**Vini:** But what is the need of pursuing such courses when you are regularly playing tennis. Don't you think physical activities are sufficient to keep you healthy?

**Vinay:** Vini! Physical activities help us being physically as well as mentally well. However, health also has another dimension called spiritual well-being.

**Vini:** Vinay, If I am not wrong, spirituality is all about holding certain religious beliefs which sometime may be irrational. Is it possible to be spiritually well without holding any particular religious belief?

**Vinay:** Yes, why not? Spiritual well-being is not only limited to religious beliefs and practices, it can be achieved through scientific means such as practicing mindfulness through Yoga and Meditation, spending time in nature, or participating in community service.

**Vini:** This is mesmerising!

**Vinay:** That's true Vini. Focusing on spiritual aspect brings a sense of peace and fulfilment in life. This maintains our body's hormonal balance and reduces the risk of various diseases.

**Vini:** That's great Vinay. Thanks for enlightening me.



## What measures have been taken in India to ensure healthcare for all?

India is committed towards achieving UHC by 2030. India's policies, programmes and institutional mechanisms, are directed towards increasing coverage and access to health services. **These measures include:**

### Policies, programmes and schemes guiding India's UHC

- ✦ **National Health Mission (NHM):** It envisages achievement of **universal access** to equitable, affordable & quality **healthcare services** that are **accountable and responsive to people's needs**.
  - Under the **mission**, technical and financial support is provided to the States/UTs to strengthen the public healthcare system. It encompasses **two Sub-Missions**:
    - **National Rural Health Mission (NRHM)**
    - **National Urban Health Mission (NUHM)**

❖ **National Health Policy (NHP), 2017:** It aims at **achieving universal health coverage and delivering quality health care services to all at affordable cost** through private sector collaboration, pre-emptive care, mainstreaming of AYUSH, voluntary service in rural and under-served areas by doctors, extensive deployment of digital tools and strengthening primary care through enhanced resource allocation.

❖ **Ayushman Bharat Yojana (ABY):** It is an attempt to move from a selective approach to health care to deliver a comprehensive range of services spanning preventive, promotive, curative, rehabilitative and palliative care. It has **two complementary components.**

- **Ayushman Bharat Health & Wellness Centres (HWCs)** to provide comprehensive and quality primary care.
- **Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB PM-JAY)** provides a **health cover of Rs. 5 lakhs per family per year for secondary and tertiary care** hospitalization to the poorest 40 per cent of the population.

❖ **Ayushman Bharat Digital Mission (ABDM):** It will improve equitable access to quality healthcare by encouraging use of technologies such as telemedicine and enabling national portability of health services through creation of ABHA (**Ayushman Bharat Health Account**) numbers of citizens.

❖ **Other important schemes and programmes:**

- **National Mental Health Programme (NMHP)** to improve the mental well-being of the citizens.
- **National Programme for Health Care of the Elderly** to make the healthcare more inclusive.
- **Pradhan Mantri Swasthya Suraksha Yojana (PMSSY)** to correct regional imbalances in the availability of tertiary healthcare services.
- **Shaksham Angawadi and POSHAN 2.0** to address the challenges of malnutrition.
- **Fit India Campaign, Eat Right movement** to make fitness an integral part of people's daily lives.

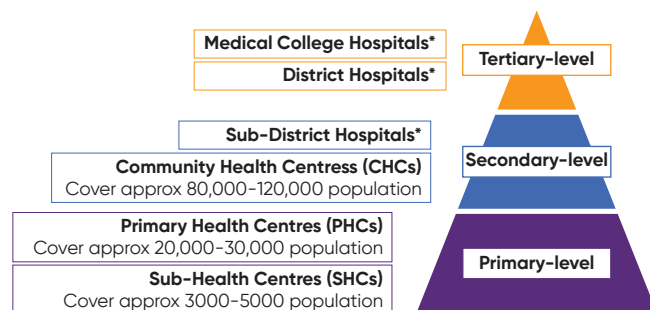


## Structure of India's healthcare system

India's healthcare delivery system is categorized into two major components - public and private.

❖ **Public healthcare system is three-tiered system. "Public Health and Hospitals" is a state subject** and the primary responsibility of strengthening the public healthcare system lies with the respective **State Governments.**

Medical College Hospitals and Sub-District Hospitals include both government and private providers



- ❖ Private healthcare sector **provides majority of secondary, tertiary, and quaternary care institutions** with major concentration in metros, tier-I and tier-II cities.
- ❖ Private hospitals are however **largely unregulated in India.**

## Emerging Technologies and UHC: Innovation is bringing patients closer to care



❖ Leveraging technology for healthcare is prerequisite for sustainable, affordable, integrated and person-centered, comprehensive service delivery of health care. Various innovative solutions have already been developed in this regard:

- **Supporting a healthy lifestyle:** Health wearables and other technologies are helping in **fostering preventive care.**
- **Personalised care: Artificial intelligence (AI)** is providing personalised treatment plans and has great potential to improve patient outcomes and the efficiency of care delivery.
- **Patients' safety: Electronic health information system** could improve patient's safety by reducing medication errors, reducing adverse drug reactions, and improving compliance to practice guidelines.

There needs to be further investment in upskilling healthcare professionals to adapt to new technologies and discoveries, and a upgrading the training methodology of medical students to fully reap the benefits of emerging technology in achieving the goal of UHC.

## Steps to improve quality and affordability of healthcare

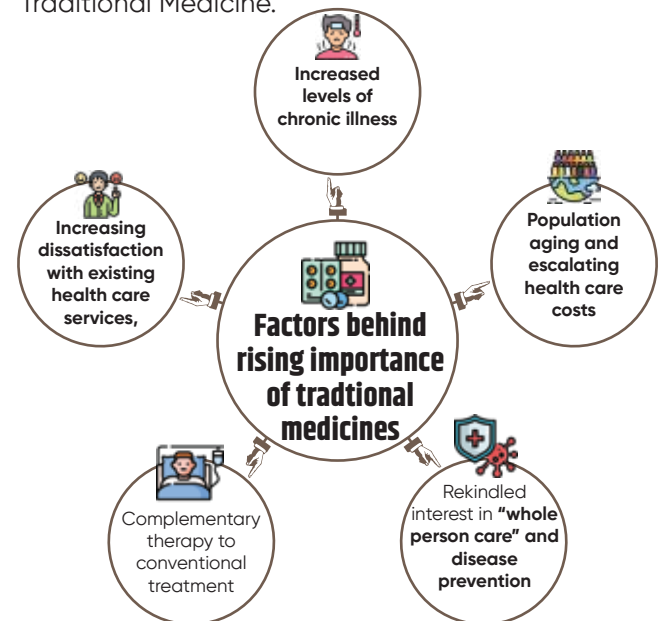
- ✦ **Affordability of medicines: National Pharmaceutical Pricing Authority (NPA)** has made efforts to improve the affordability and accessibility of medicines by setting **price ceilings on essential medicines** and on **selected commonly used medical devices**.
  - In addition, the Department of Pharmaceuticals increased the **supply of generic pharmaceuticals** through the launch of the **Pradhan Mantri Bhartiya Jan Aushadhi Pariyojana Kendra (PMBJP)** scheme.
- ✦ **Quality care: The National Accreditation Board for Hospitals and Healthcare Providers** is responsible for accrediting all types of health facilities in India.
- ✦ **Promotion of traditional medicines:**
  - **National AYUSH Mission** to provide **cost-effective AYUSH** Services by upgrading AYUSH Hospitals, Dispensaries and AYUSH educational institutions, among others.
  - **AYUSH Oushadhi Gunvatta Evam Utpadan Samvardhan Yojana (AOGUSY)** for augmenting the quality of AYUSH drugs.
  - **Ayurveda Ahar** to ensure manufacturing of quality Ayurveda food products and help in expanding the international market for Make-In-India products.
  - **WHO Global Centre for Traditional Medicine (GCTM)** at Jamnagar in Gujarat was established to focus on evidence, data, sustainability and innovation to support national policies and optimise the use of traditional medicines for health and well-being all over the world.
  - **All India Institute of Ayurveda (AIIA)** in New Delhi is conceived as an Apex Institute of Ayurveda.
  - **The Centre for Integrative Medicine and Research (CIMR)** for convergence of contemporary medicine with India's ancient and traditional medical practices.

### Traditional medicines: Indispensable for achieving UHC

Traditional medicine is often seen as **more accessible, more affordable, and more acceptable** to local populations.

It also acts as **complementary to conventional medicine** to relieve common symptoms, **improve the quality of life and protect against illness and diseases in a holistic way**.







- ✦ In **Singapore and the Republic of Korea 76% and 86%** of the respective populations still commonly use Traditional Medicine.



However there are certain associated challenges that prevent their widespread use. These are:

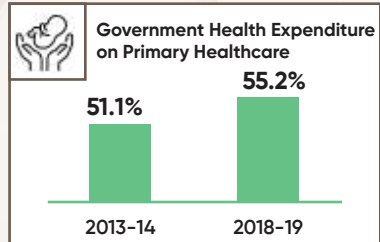
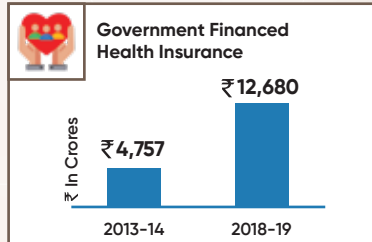
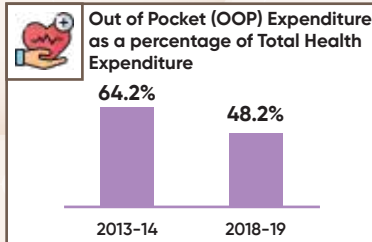
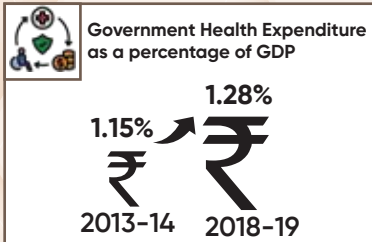
- ✦ **Lack of systemic data and evidence**
- ✦ **Insufficient financial support** for research
- ✦ **Inadequate mechanism to monitor** the safety of its

### Other innovative initiatives helpful in achieving UHC

 <p>Initiating the provision of universal sanitation coverage and making the country open defecation-free through the <b>Swachh Bharat Mission</b></p>	 <p>Launching <b>Intensified Mission Indradhanush 2.0</b> to achieve <b>90 percent vaccination coverage for children under 2 years</b></p>	 <p>Providing <b>clean cooking fuel</b> under the Pradhan Mantri Ujjwala Yojana scheme</p>	 <p>Providing <b>nutritional and social support</b> for all National Health Protection Scheme beneficiaries with <b>tuberculosis</b></p>	 <p>Replacing the Medical Council of India with the <b>National Medical Commission</b> and setting <b>uniform standards for medical education</b></p>	 <p><b>Health Technology Assessment in India</b> under the Department of Health Research was established to evaluate all medical technologies</p>
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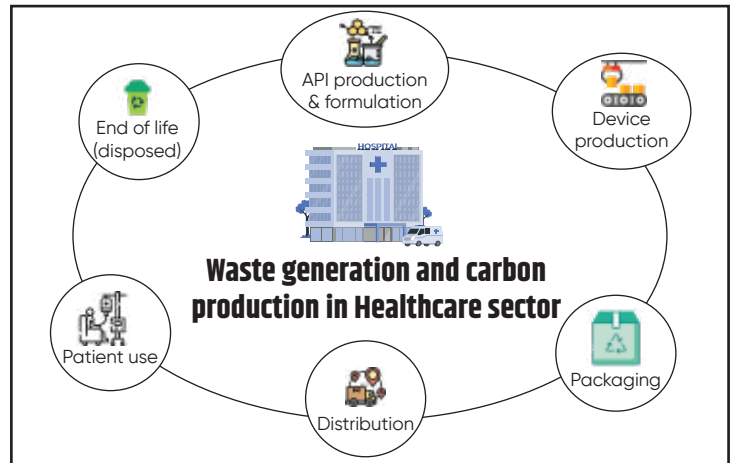
# Achievements made by India's Health care sector



## Is Universal Health Coverage approach Sustainable?

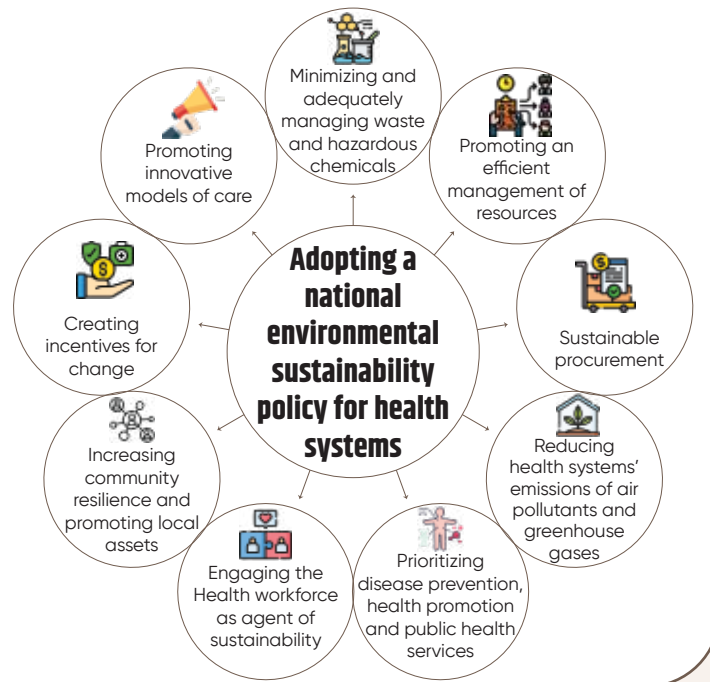
- Healthcare is a **major emitter of environmental pollutants** that adversely affect health.
- It contributes to **solid waste production, greenhouse gasses**, and climate change (refer to the infographic).
  - Globally, health care is responsible for **nearly 5% of total global greenhouse gas (GHG) emissions**.
- UHC may aggravate these public health crisis** arising from healthcare pollution, if the problem is not addressed with urgency.

In this regard, the **World Health Organisation (WHO)** has put forward a vision document that charts our actions for fostering environmental sustainability in health systems (refer to the infographics).



## DO YOU KNOW?

- The **Nordic region** has a long tradition of sustainability leadership in the health care sector and its strategies includes:
- Innovative healthcare solutions** such as digital health solutions, lower-emission health care programs, circular economy, etc.
  - Linkages between hospital and urban infrastructure** through services such as district heating, district cooling, public transportation.
  - Sustainability reporting frameworks** and performance review.



## What are the key roadblocks in achieving the goal of UHC in India?

### Systemic Issues

- Chronically underfunded:** Government expenditure on public healthcare is still meagre (less than 2% of GDP) making **India one of the lowest ranking countries** in the world. This **results in substandard quality of public healthcare**.
  - Issues like poor quality of care, long wait times and high health worker absenteeism in government hospitals drive people towards private hospitals which are expensive.
- Unregulated Private Sector:** Around 74 per cent of outpatient care and 65 per cent of hospitalisation care are provided through the private hospitals in urban India. But they are largely not regulated leading to high cost of treatment as well as illegal practices.

# What are the key roadblocks in achieving the goal of UHC in India?

- **Clinical Establishments (Registration and Regulation) Act, 2010** had been enacted by the Central Government to provide for registration and regulation of all clinical establishments in the country. But this Act has not been implemented by all the states.
- ❖ **Poor Quality of Healthcare:** Ironically, poor care quality leads to more deaths than insufficient access to healthcare – 16 lakh Indians died due to poor quality of care in 2016 (twice as many as due to non-utilisation of healthcare services).
- Issues like inadequate skilled human resources, poor hygiene, incidence of abuse, lack of required counselling and ambulance facilities etc degrades the quality of health services.

## Challenges in accessibility

### ❖ Struggling Primary Health Centres PHCs:

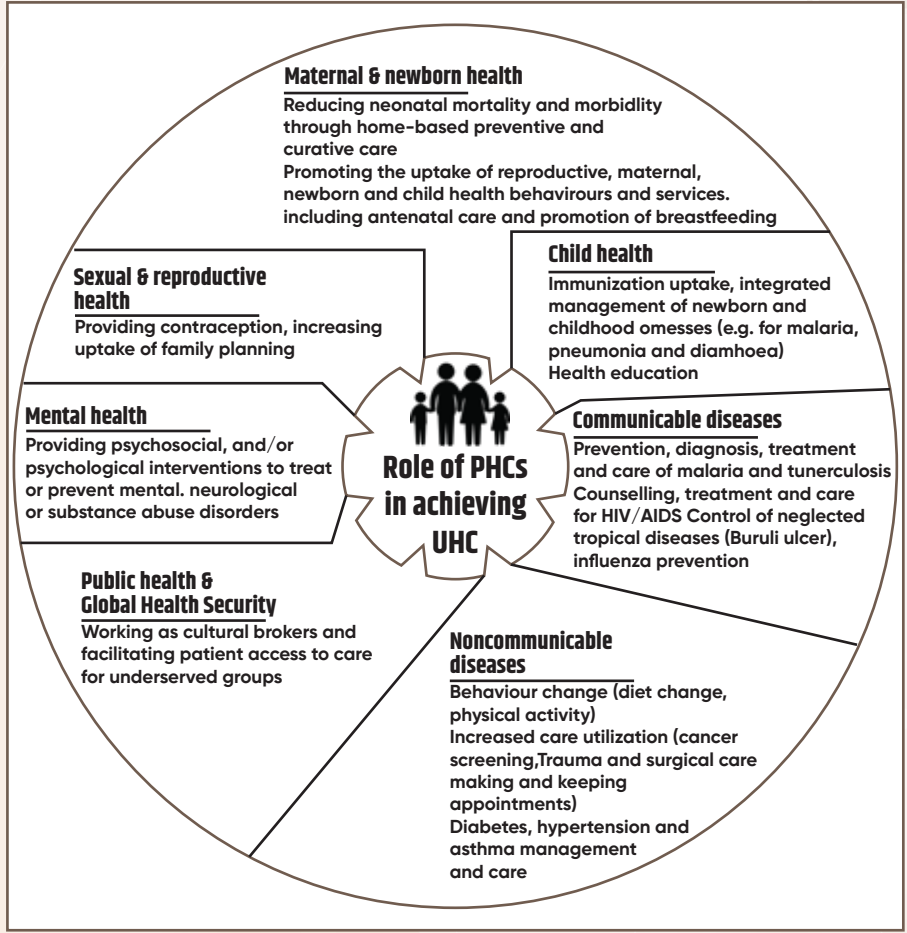
Primary healthcare is the cornerstone of an effective and sustainable health system for achieving universal health coverage. However, there are certain key challenges because of which **PHCs are not able to perform up to the expectations**. These include:

- Limited **geographic access**
- A **deficit of trust** between patients and care providers,
- Lack of **financial resources**,
- Inadequate **physical infrastructure** and facilities like diagnostic equipment or water, electricity, etc. and
- Poor **governance**

❖ **Rural urban divide:** More than two-thirds of Indians live in villages, yet most of the health care facilities particularly tertiary care facilities are concentrated in urban areas. Also, **most of the qualified health workers are hesitant to serve in rural areas due to lack of basic facilities, cultural isolation, lack of incentive, etc.**

❖ **Inadequate human resource:** Every allopathic doctor in India caters to at least 1,511 people, much higher than the WHO norm of one doctor for every 1,000 people.

- The shortage of **trained nurses** is more dire, with a nurse-to-population ratio of **1:670** against the WHO norm of 1:300.



## Challenges in affordability

- ❖ **Expensive Private health care:** Getting treatment in private hospitals is at least **20 times costlier** than the government hospitals. As a result, Out-of-Pocket (OOP) spending (nearly 48%) is one of the highest in the world. The WHO recommends OOP spending be 15-20% of total health spending.
- **55 million Indians were pushed into poverty** in 2017 because of the high OOP health expenses.
- ❖ **Inadequate health insurance:** According to 'Health Insurance for India's Missing Middle' report (2021) by the NITI Aayog approximately **30% of the population is devoid of any financial protection for health**. Key reasons for lower uptake of health insurance include:
  - **Low awareness and difficulty in understanding** complex insurance policies



- Missing middle population is **highly price sensitive**
- **Lack** of insurance products for **out-patient care**
- **Lack** of patient centric **customised products**
- Provisions related to **pre-existing diseases are adversarial to patients**
- **Fear of rejection of claims** by insurance companies

### Other prominent challenges

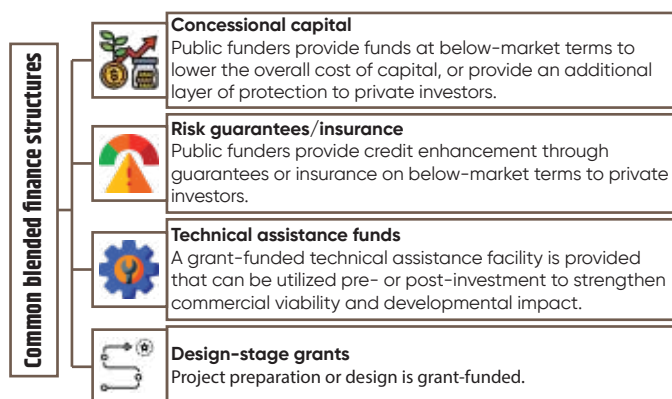
- ❖ **Lack of accountability:** Factors such as absence of grievance redressal mechanism, absence of standard guidelines for medical treatments, negligence, etc. **compromise with the rights of patients and reduce public trust in India's health care system.**
  - Cases like the death of children in Gorakhpur hospitals, organ trafficking in Apollo hospital, etc. throw light on the poor state of affairs.
- ❖ **Low health awareness: Educational status, poor functional literacy, and low priority for health** in the population, among others are key reasons for low awareness regarding personal well-being.
  - For example, many Indian **women lack awareness** about benefits that may accrue to children due to exclusively **breastfeed**. This **leads to the issues like stunting, malnourishment, etc.** leading to long term health consequences among population.
- ❖ **Inadequate preventive healthcare:** India has historically prioritized curative medicine above preventive care that includes fitness, wellness, foods and supplements, early diagnostics, and health tracking.
  - According to reports, **preventive healthcare accounts for a meagre 11 percent of India's overall healthcare expenditure.**

### Blended Financing: Reimagining Healthcare financing in India

Blended Financing is an approach towards financing where **catalytic funding** (e.g., grants and concessional capital) **from public and philanthropic sources is utilized to mobilize additional private sector investment** to accelerate the building of commercially **viable social impact projects**.

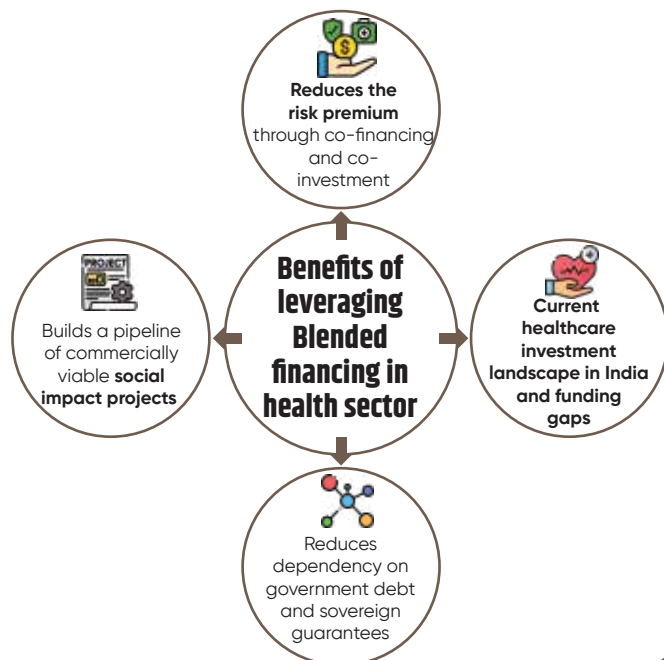
- ❖ It helps addresses two main obstacles private investors face when considering investments: (a) high perceived and real risk and (b) poor returns for the risk taken compared to other investments.

NITI Aayog has proposed to utilise **blended financing for mobilising financial resources for the health care sector to deal with the challenge of underfunding.**



### Key blended financing initiatives undertaken in India

- ❖ **Sustainable Access to Markets and Resources for Innovative Delivery of Healthcare (SAMRIDH):** It has **mobilized** a capital pool of **\$300 million** to offer **grant and debt financing** provision to **healthcare enterprises.**
  - This initiative is supported by the **United States Agency for International Development (USAID)** in collaboration with Atal Innovation Mission & Women Entrepreneurship Platform, **NITI Aayog, among others.**
- ❖ **USAID's Portfolio Guarantee Program for Healthcare Enterprises in India:** USAID, by acting as a guarantor, is strengthening the bank's ability to lend to healthcare enterprises catering to customers, including the vulnerable population, thereby improving access to affordable and quality healthcare services within India.



- ❖ **Utkrish Development Impact Bond, Rajasthan:** This was **the first of its kind** in the healthcare sector **globally**. It seeks to reduce maternal and new-born deaths by using a pay-for-success model where a private investor fronts the cost of an intervention.

## What are the suggestions to attain UHC in India?

### ❖ **Increase healthcare spending:**

- A clear **roadmap to enhance budgetary spending** on healthcare to **3%-5% of GDP** should be drawn.
- Increasing **collaboration between public, private, and philanthropic capital** through approaches like blended finance is critical to unlocking the additional finance required to achieve the goal of UHC.

### ❖ **Moving from Sick care to healthcare:** The healthcare facilities need to focus on **keeping patients well** and needing less medical care. Popularising yoga, fit India movement are positive initiatives in this direction. However, the required momentum could be provided **by improving services at PHCs** which are meant for preventive care. Following initiatives could be helpful in this direction:

- **Care** provided must be **comprehensive** (i.e., address all health problems in all patients at all stages of life) and continuous over time.
- Creating a **framework for the right staffing, duration, incentives and career paths of doctors** and all levels of staff to work in a rural health centre.

### ❖ **Improving access and infrastructure in rural areas:**

- Setting up of a few **medical colleges in rural areas** may help improve doctor patient ratio in rural districts.
- **Encourage private players** to set up hospitals in rural areas by offering **tax incentives and rebates** as also **infrastructural support**.
- **Provide incentives to doctors** – both public and private to encourage them to practice in rural areas.

### ❖ **UHC must include elderly population:** Ageing is associated with **increased healthcare utilization and costs**.

- Therefore, to accelerate progress towards UHC, adoption of affordable, integrated and elderly-centered service delivery models and comprehensive systems of **long-term care, is prerequisite**.

### ❖ **Judicious use of medicines:** Medicines account for more than half **of the total out-patient spending**.

**Rationalizing the use of medicines** especially anti-microbials which could also help tackling the growing drug resistance problem.

- **Free Drugs and Diagnostics Services Initiatives** under the NHM needs to be made **more effective** in line with the promise in the National Health Policy.

### ❖ **Innovative and customised insurance products:**

- **Inclusion of out-patient packages in insurance policies**, including in PMJAY, can help improve financial protection.
- **Diagnostic services and preventive check-ups** targeting common NCDs could **prevent cost escalation**, by enabling earlier identification and management.

### ❖ **Regulation of the private sector:** A standardised system for quality reporting on healthcare for hospitals, physicians, and insurance companies with basic input indicators to be reported mandatorily by healthcare stakeholders needs to be established.

### ❖ **Enforcing accountability:** An accountability regime in healthcare sector should encompass the three elements:

- a **clear definition** of desirable **goals or objectives** (the object of accountability),
- the **ability to measure and monitor goal** achievement and
- a **set of consequences** for providers or organizations **if achievements** regarding goals or objectives **are not satisfactory**.

Since independence, major public health problems like malaria, tuberculosis, leprosy, high maternal and child mortality among others have been addressed through a concerted action of the government. Social development coupled with scientific advances and health care has helped achieve these milestones. However, a myriad of challenges still persists when it comes to achieving UHC. As we get ready to face a future which is full of possibility and uncertainty in equal measure, it is up for us to utilise the opportunities and tackle the challenges for achieving the cherished goal of UHC. The way forward requires careful thought and planning so that people like Meena can enjoy their fundamental right to health.

# UNIVERSAL HEALTH COVERAGE





# TOPIC AT A GLANCE

## UNIVERSAL HEALTH COVERAGE (UHC)

Universal Health Coverage (UHC) ensures that **'all people** have access to the full range of **quality health services** they need, **when and where they need** them, **without financial hardship'**.

### 6 components of health



Physical



Mental



Emotional



Spiritual



Social



#### Contribution of UHC in national development

- **Building human capital** as UHC saves lives, facilitates education, enhances productivity of the workforce, etc.
- **Promoting wellbeing by reducing** challenges like maternal mortality, HIV infections, etc.
- **Ending extreme poverty** as UHC particularly benefits poor who are more affected by health issues.
- **Employment generation** as UHC would enhance the demand for health workers.
- **Wealth generation as each \$1** invested in health can produce up to \$20 in full-income growth.
- **Resilience dividend** in times of health crisis like effective tackling of pandemics.
- **Addressing social inequalities** by bridging differences in education, health, etc.
- Achieving **Sustainable Development Goals (SDGs)**.



#### Measures taken in India to ensure healthcare for all

- **National Health Mission (NHM)** envisages achievement of access to equitable, affordable & quality healthcare services.
- **National Health Policy (NHP)**, 2017 aims at achieving UHC to all at affordable cost.
- **Ayushman Bharat Yojana (ABY) and Ayushman Bharat Digital Mission (ABDM)** to deliver a comprehensive healthcare services.
- **Facilitating affordability through price ceilings** on essential medicines and medical devices by National Pharmaceutical Pricing Authority.
- **National Accreditation Board** for Hospitals and Healthcare Providers.
- **Promotion of traditional medicines** through National AYUSH Mission, etc.



#### Key roadblocks in achieving the goal of UHC in India

- **Chronically underfunded** as so far public healthcare expenditures has been limited to less than 2% of GDP.
- **Unregulated Private Sector** leading to high cost of treatment as well as illegal practices.
- **Poor Quality of Healthcare** including at PHCs.
- **Rural urban divide** in terms of infrastructures as well as availability of health workers.
- **Inadequate human resource** including doctors, nurses, etc.
- **Inadequate health insurance** (30% of the population is devoid of any financial protection for health).
- **Lack of accountability** due to absence of grievance redressal mechanism or standard guidelines, etc.
- **Low health awareness** and inadequate preventive healthcare.



#### Suggestions to attain UHC in India

- **Roadmap to enhance budgetary spending** on healthcare to 3%-5% of GDP and leveraging public, private partnership, philanthropic capital, etc.
- **Moving from Sick care to healthcare** by facilitating wellness of patients, improving services at PHCs, etc.
- **Improving access and infrastructure in rural areas through establishing** medical colleges in rural areas, providing incentives to doctors, etc.
- UHC must **include elderly population** through elderly-centred service delivery models.
- **Judicious use of medicines** which account for more than half of the total out-patient spending.
- **Enforcing accountability** through a clear definition of desirable goals, measuring and monitoring the goals and defined set of consequences if goals are missed.