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The Lakshmi Mittal and Family  
**SOUTH ASIA INSTITUTE**  
HARVARD UNIVERSITY

Harvard Global Research Support Centre India



Dear Friends,

We are delighted to present to you the July edition of the monthly newsletter by the [Lancet Citizens' Commission on Reimagining India's Health System](#). This month's newsletter explores several pressing health issues in India. The Tamil Nadu hooch tragedy underscores the urgent need for a public health-focused approach to alcohol consumption. We delve into the growing prevalence of rare genetic diseases and their significance for the country. Contrasting sharply with the economic survey's claims, India's health system faces stark realities that need addressing. The Government of India encourages the public to prioritize diet and mental health. Dr. Devi Shetty's Narayana Health introduces an affordable health plan, and there's a call to double the health budget to reduce out-of-pocket expenses. The importance of including women and marginalized communities in population policies is highlighted. Additionally, we look at patient satisfaction and value-based purchasing in Odisha hospitals, the need for district-level monitoring of universal health coverage, and an upcoming virtual course on Health System Assessment and Diagnosis, co-launched by Harvard and PHFI for mid-career professionals.

Visit our Website

## Views & Opinions



### [Tamil Nadu hooch tragedy points to the need for a public health-centered approach to alcohol](#)

Alcohol consumption is associated with mortality in all countries, both due to its direct effects on various organs such as the liver and due to its indirect effects through impairing one's abilities leading to accidents. But deaths due to poisoning by illicit alcohol are limited to a handful of countries, among which India ranks at the top. This is in large part due to the conflicting relationship the state has with the consumption of alcohol, oscillating between a sledge-hammer condemnation of drinking as a symbol of the decay of cultural values on the one hand, and an embracing of forward-looking modernity in which citizens are entitled to enjoy personal freedoms on the other, *writes Vikram Patel*.



### [A growing scourge of rare genetic diseases and why it matters for India](#)

A peep into the human genomic makeup is no more the preserve of the well-heeled. Today, thanks to technological advances in India and across the low and middle income countries, there is a democratization of genomics happening with widening access. It is therefore really about genomics becoming accessible for public health and a market at population scale which gives India a fantastic advantage of scale with its strengths in telecommunications and fintech. India has been aggressive in building the necessary infrastructure and human capital to be a front runner. The pandemic was a trigger for India to invest heavily in capacity for diagnostics and genome sequencing, *writes Vijay Chandru*.



### [The reality of India's health system starkly differs from 'achievements' spelt out in economic survey](#)

One of the biggest concerns that comes out from the Economic Survey is the stagnant expenditure on health. According to the Economic Survey, the expenditure on health as part of the GDP for the year 2022-23 stood at merely 1.9%. This was not any increase as compared to the preceding year. It is important to note here that even this 1.9% share includes the budget of not only 'health and family welfare' and 'medical and public health departments' but also of 'water and sanitation'. Therefore, the actual expenditure as a percentage of GDP on the health sector is even lower than 1.9%, if we subtract the share of the water and sanitation department, *writes Banjot Kaur*.

### [Govt, people need to focus on diet, mental health](#)

Blaming the upsurge in the consumption of highly



processed food containing sugar and fat, it says: "If India needs to reap the gains of its demographic dividend, it is critical that its population's health parameters transition towards a balanced and diverse diet." The report states that 56.4% of total disease burden is due to unhealthy diets, as the National Institute of Nutrition had said in its recent dietary guidelines for Indians, *writes Annona Dutt*.



### [Dr. Devi Shetty floats Rs 1 crore health plan for Rs 10,000 per year](#)

Dr Devi Shetty's Narayana Health has become the first hospital chain in India to also own an insurance company, thus eliminating one entity from three that are generally part of an insurance ecosystem. The hospital's flagship insurance product, called Aditi, offers comprehensive family coverage for an annual premium of Rs 10,000, with a sum assured of Rs 1 crore for surgeries and Rs 5 lakhs in treatment costs at Narayana Health network hospitals.



### [Double health budget, lower out-of-pocket spends](#)

Demonetization, GST and the COVID pandemic in quick succession have adversely impacted millions of households living at the margin with stagnant wages, high prices of food and borrowings, making 'affordability' of health care critical. While 13.4% of households in rural areas and 8.5% in urban areas have borrowed money to pay their medical bills, the rest have either sought access to free public care, denied themselves health care, or availed substandard care that is within their own budget, *writes K Sujatha Rao*.

### [Centering women and marginalized communities in India's population policy](#)

India's journey towards population stabilisation has shown remarkable progress over the decades. However, as the world's most populous nation, it's crucial for us to recognize that the challenge of population management goes beyond mere numbers. It is fundamentally about people, particularly the unreached—women, minorities, young people and marginalized communities—





whose reproductive rights, access to resources and health and wellbeing outcomes continue to be inadequate. India's population growth rate has seen a significant decline, from a decadal rate of 24.7% during 1971-81 to 17.7% in the 2001-2011 decade, with projections suggesting a further drop to 8.4% by 2031, *writes Poonam Muttreja.*

## Resources

### [Patient satisfaction and value based purchasing in hospitals, Odisha, India](#)

In 2018, the Indian government launched the world's largest health insurance scheme, Pradhan Mantri Jan Arogya Yojana.<sup>1</sup> The scheme aims to cover secondary and tertiary care for 500 million newly insured citizens, corresponding to 40% of the country's most vulnerable population.<sup>2-4</sup> The government has focused on the quality of care covered through the scheme, including patient satisfaction as a key quality metric in several accountability programmes.<sup>5,6</sup> A proposed nationwide programme would formally tie hospital performance to payment with up to 15% of reimbursement depending on the quality of services delivered, *write Liana Woskie, Anuska Kalita, Bijetri Bose, Arpita Chakraborty, Kirti Gupta & Winnie Yip.*



## Work from the Commission

### [District-level monitoring of universal health coverage, India](#)

Universal health coverage (UHC) has emerged as a major goal in global health within the post- 2015 millennium development agenda. The objectives of UHC are typically defined by three dimensions: the population that is covered by pooled funds; the proportion of direct health costs covered by pooled funds; and the health services covered by those funds. While these dimensions provide a framework for a country's aspirations for its health system, the path to UHC varies from one country to another. Over the past four decades, many low- and middle- income countries, including India, have implemented health-sector reforms in pursuit of UHC, *write Arnab Mukherji, Megha Rao, Sapna Desai, S V Subramanian, Gagandeep Kang & Vikram Patel.*



# This Month's Highlight



**Join the Virtual Health System Assessment and Diagnosis Training**  
(August 27-29, 2024)

The Harvard T.H. Chan School of Public Health, in collaboration with the Public Health Foundation of India, invites applications for an exciting virtual training on Health System Assessment and Diagnosis. Directed and conducted by faculty and researchers associated with Harvard, this training is designed to equip experienced researchers and practitioners with the skills needed to conduct systematic, evidence-based health system assessments, and diagnosis, which are crucial for designing and implementing effective health reforms.

The first three modules will run from August 27 to 29, 2024, will be led by Prof. Winnie Yip and Michael Reich from Harvard Chan School, and will cover Introduction to the Getting Health Reform Right Framework, Introduction to Health System Assessment and Diagnosis, and Ethics and Setting Priorities for Health System Reform. Subsequent modules in September and October 2024, will deep dive into assessing and diagnosing the key health system goals of health status, financial risk protection, public satisfaction, quality, efficiency, and equity in the Indian context.

To Learn More, Visit our Course Website:  
<https://www.hsph.harvard.edu/india-health-systems/2024-hsa-course/>

**Training Highlights**

- Learn from leading experts from Harvard T.H. Chan School of Public Health.
- Explore comprehensive approaches to health system reform.
- Gain practical knowledge to assess and diagnose health system performance.
- Participate in interactive and participatory online sessions.

**Training Objectives**

- Understand the conceptual framework for health system assessments.
- Learn to assess health system performance.
- Diagnose the causes behind health system performance issues.
- Use evidence to design effective health system reforms.

**Apply Here** For more details, please visit <https://cdph.org>. Contact us at [training\\_HSA@phfi.org](mailto:training_HSA@phfi.org)

Harvard, in collaboration with PHFI, is launching a virtual Course on Health System Assessment and Diagnosis for India-based mid-career professionals working in health systems and policy.

This Course, led by faculty and researchers associated with Harvard, is designed to equip professionals with the skills necessary for conducting health system assessments, diagnosing performance issues, and utilizing evidence, crucial for effective health reforms. One of our key aims is to form collaborations (mentoring relationships) with a few selected individuals from among the Course participants to work with Harvard-associated faculty and researchers on topics relevant to India's health system.

The Course will run from August to October 2024. The first set of modules, led by Profs. Winnie Yip and Michael Reich of Harvard, will be held virtually on August 27-29, 2024.

## Featured Partner



**SEWA (Self Employed Women's Association)** is the single largest Central Trade union with a membership of over 2.9 million poor, self-employed women workers from the informal economy across 18 states in India. The SEWA approach is to address the needs of the worker as a laborer, as well as a woman with new and innovative ways to fight poverty and vulnerability. Their goals are full employment and self-reliance. Full Employment means work security, income security, food security, and social security, which includes health care, child care, insurance, pension, and housing at the household level. Self-Reliance is the ability to work individually and collectively, to achieve economic freedom, and retain decision-making power over matters that concern our lives and livelihoods.



Help us develop a roadmap to achieve universal health coverage in India by visiting our website: <https://www.citizenshealth.in/>

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We love hearing back from you! Please send your comments, suggestions, and contributions for these newsletters, including research highlights and published features to [citizenhealthin@gmail.com](mailto:citizenhealthin@gmail.com)

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