For India’s healthy billion

Sketching out pentacles for 2019 in healthcare with action points for policymakers and industry

Joan Robinson, the Cambridge economist, once told Amartya Sen, "Your problem is that you are an economist, and hence you don’t yet understand that the frustrating thing about economics is that even if you could correctly predict what will happen, you could never be sure whether it will happen if you could do anything about it."

For India, however, the problem is the opposite: we are not able to predict what will happen, and we are not sure even if we could do anything about it. This is probably true for India today, more so for its healthcare context. Consider for example that India is supposedly an affordability model to the West but locally healthcare continues to remain unaffordable and out-of-pocket dominated. On that, India’s doctor-patient ratio is less than the WHO prescribed 1:1000 whereas Indian medical brains are jewels of pride overseas. How then does one move forward given these paradoxes in Indian healthcare? Some events from 2018 raise hope, others perpetuate disappointment. The roll out of PMJAY-Ayushman Bharat scheme, for example, is evidence of serious political will, but naysayers have also pointed to the kerruffle around optimal pricing of packages here. Others have pointed out government efforts to eradi- cate encephalitis in Gorakhpur but children have continued to die in the region. In addition, the country continued to report vulnerabilities in the face of pandemics while the burden of non-communicable lifestyle diseases keep ris- ing. To top it all, price controls kept innova- tives and science-driven firms (domestic or foreign) on the edge in 2018 and is one is now left pondering on what is happening to quality affordable healthcare in India.

A brave person thus ventures to sketch out a wish list for 2019 in this complex world of Indian healthcare, here is an at- tempt nonetheless. First, let’s dwell on the commotion around price controls in India. While economists 101 will show how price controls are socially inefficient, given India’s context, this is probably needed and one cannot see it going away in the foresee- able medium term with 2019 elections ap- proaching as well. That said, what is it doing to the quality of healthcare products and services and relatively healthcare out- comes in the country is worth pondering. Even Bioccon, India’s star science-driven biopharmaceutical firm, which has fo- cused on making insulin affordable, the other day went public with its decision to move away from India as a focal market, probably disappointed with India’s pric- ing policy melee. This is more than a red herring. One hopes that more nuanced thinking will prevail in 2019 such that the tradeoffs between access today is indeed balanced with incentives for innovation tomorrow in healthcare. Absent this, one will only have to prepare for a flight of healthcare entrepreneurship, science and serious innovation from India and along with that health outcomes can be expected to deteriorate further in the country.

That said, is it also true that desires for quality in healthcare from the industry, comes with its attendant responsibilities for paying attention to affordability as well. Prices and industry could also try to priori devise reasonable differential pricing approaches to attend to the afford- ability concerns. Business model innova- tion could also be a way forward as a quid pro quo with the regulator to attend to healthcare at the base of the pyramid.

Third, the situation around human capital is ballooning over. Trust deficit of pa- tients and society with doctors are at an all-time low; India’s medical colleges of repu- te are collapsing and one would like to see determined efforts from Delhi to- wards resolving this. With an abysmal doc- tor or nurse per capita ratio, this is soon going to be an albatross, else, especially given emerging suggestions that doctors should be complemented with informal healthcare providers in many primary healthcare contexts. Research is also start- ing to show up that they may be doing not too bad after due training, as a 2016 study in Science demonstrated with the Liver Foundation in Kolkata. But here is the worrying part. Training costs of such pro- viders and care management will be non-trivial, patients may not trust such providers, like Chinese barefoot doctors watching the space with interest if not having already made quiet dents into it. Policymakers in Delhi could do well to brainstorm and create an AI strategy for Indian healthcare — ISTOCK

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Trust deficit of patients and society with doctors are at an all-time low; India’s medical colleges of repu te are collapsing such informally trained providers could become the instruments of state agenda and most importantly, the country’s deep legacy of quacks could completely hijack well-intentioned efforts here. A senior healthcare leader once mentioned to this author that if one surveys the doctors and their children in India, one may not elicit too much keenness to see their next gen- eration become doctors. What kind of seri- ous policy interventions on a war footing might be warranted here to restore medi- cine as a profession of dignity, trust, aspi- ration and choice in today’s youth? In ad- dition, this is also a para-medical staff is- sue. How can nurses be generated, trained and incentivise so that we don’t lose them to overseas destinations?

A fourth point comes from the use of technology: not just in the old telemedicine or the new wearable Fitbit kind of a way, but also with futuristic AI to structurally leapfrogging the supply-demand gap in health- care. China has already made substantial investments here and some Indian health- care entrepreneurs and multinational firms like Microsoft and Amazon are

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