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# ICRIER

## Two decades of health policy research

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# ICRIER's Health Policy Initiative

India's growth and development have been seriously hampered, *inter alia*, by efficiency and equity deficits in its health sector. Such deficits are poised to become more pronounced with the growing burden of chronic diseases and the threat of emerging infections and pandemics. India is already the world's largest contributor to premature deaths due to chronic diseases, and suffers from a range of health, economic and other vulnerabilities vis-a-vis emerging infections and pandemics.

ICRIER's Health Policy Initiative (HPI) has been analyzing critical challenges in India's health sector and offering policy recommendations for health sector reforms in the country based on multi-stakeholder consultations and lessons from around the world.

We are happy to share with you two decades of our health research, and look forward to contributing much more with you towards the health of the nation.



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# CHRONIC DISEASES

Chronic disease in India: An impending economic crisis and evolving resolve

Paper <https://bit.ly/2vJEuJJ>

Sixteen million people died prematurely (under 70 years) due to noncommunicable diseases (NCDs) in 2012 – 3.4 million in India alone, the highest in the world. Although total NCD mortality was much higher in China – 8.6 vis-à-vis 5.9 million in India – only 36% of it was premature compared to 58% in India. Within a decade, chronic diseases will overwhelm health systems in India – 89% of total mortality would be concentrated in the 30+ year age group. Even at its current level of development, 72% of deaths at this level are due to NCDs – as the country grows, the proportion of NCD-related deaths will only increase. What India does to tackle chronic diseases will be critical for global efforts to achieve the SDG target 3.4 - one-third reduction in premature mortality (30 to 70 years of age) due to NCDs between 2016 and 2030. Tackling chronic diseases requires strong financial commitments. Unless governments – national and local – are committed, in word and deed, little progress would be made in tackling their enormous burden. Indian policymakers have to match budgetary allocations with their international commitment and leadership towards chronic diseases.

Prevention and control of non-communicable diseases: Status and strategies

Paper <https://bit.ly/3dtkQ5E>

This paper examines the socio-economic impact and burden of NCDs and discusses various strategies for the prevention and control of such diseases in India. It recommends that existing health systems need to be reorganised, reoriented and recruited to deliver the expanded mandate of health care involving the prevention, surveillance and management of chronic diseases. The sustained nature of preventive interventions required over many years as well as the growing demand for acute and chronic care of NCDs will need to be accommodated into the agenda of primary and secondary health care. Surveillance of NCDs and their risk factors should also become an integral function of health systems, complementary to the other surveillance functions they are currently performing. Evidence based clinical practice and appropriate use of technologies should be promoted at all levels of health care, including tertiary services.

## Prevention of chronic diseases: Reorienting primary health systems in India

Paper [http://icrier.org/pdf/Working\\_Paper\\_321.pdf](http://icrier.org/pdf/Working_Paper_321.pdf)

Policy brief <https://bit.ly/2w93OsP>

Individuals should be entitled to a 'fair innings', and the primary role of health systems should be the prevention of premature mortality. In India, 66 percent of all deaths are premature. The burden of premature mortality has shifted from child (0-5 years) to adult (30-69 years) level over the years - there are three times more deaths happening at the latter vis-à-vis the former. Nevertheless, primary health systems continue to focus almost exclusively on reproductive and child health (RCH). They need to make a health system transition and get engaged in the prevention of risk factors, morbidity and mortality related to chronic diseases - the biggest determinant of adult mortality - together with their original focus on RCH.

This paper analyzes challenges in terms of governance, manpower and financing that such a transition has to grapple with, and offers a number of actionable policy recommendations to tackle them. It does so on the basis of desk and field research in 4 Indian states - Uttar Pradesh, Rajasthan, Kerala and Tamil Nadu (2 health-backward and 2 health-advanced) - and 4 countries - Japan, Canada, USA and Sri Lanka (with varying probability of premature mortality due to NCDs) - involving semi-structured interviews with close to 200 stakeholders from policy, industry, international organizations, civil society and the academia.

## Surveillance of chronic diseases: Challenges and strategies for India

Paper <https://bit.ly/33GxdqN>

Policy brief <https://bit.ly/3aGYBaT>

This paper analyses the status and challenges of surveillance of chronic disease risk factors, morbidity and mortality in India. It draws on the experience of above-mentioned states and countries to analyze status and challenges vis-à-vis financing, infrastructure, human resources and governance in particular and likewise develops a set of recommendations for strengthening chronic disease surveillance in India.

(Also refer to our report, "Health surveys in India - Review and recommendations", for a broader and detailed discussion on the status of health surveillance in India and recommendations towards the same).

# DRUG REGULATION

Administrative structure and functions of drug regulatory authorities in India

Paper [https://icrier.org/pdf/Working\\_Paper\\_309.pdf](https://icrier.org/pdf/Working_Paper_309.pdf)

Policy brief <https://bit.ly/2UyARP7>

Drug regulation has been the focus of several recent policy reform efforts in India. Yet, its drug regulatory structures continue to be plagued by a series of structural challenges, including issues related to regulatory harmonisation between the Union and states, access to regulatory resources, transparency, etc., weakening the overall effectiveness of the country's drug regulatory system.

This study evaluates the administrative structure and functions of drug regulatory authorities at the central and state level along with comparative perspectives on similar challenges from other international jurisdictions. It is based on extensive literature review and stakeholder interactions in 4 Indian states - Kerala, Tamil Nadu, Gujarat and Maharashtra - and 4 countries - US, UK, China and Indonesia. By means of legal and policy analyses as well as stakeholder interactions, the study provides a systematic assessment of the existing challenges and actionable policy recommendations and possible means for their operationalization.

Drug quality and safety issues in India

Paper [https://icrier.org/pdf/Working\\_Paper\\_310.pdf](https://icrier.org/pdf/Working_Paper_310.pdf)

Policy brief [https://icrier.org/pdf/PolicyBrief\\_%20health.pdf](https://icrier.org/pdf/PolicyBrief_%20health.pdf)

This paper focuses on the domestic pharmaceutical market in India, where policy makers often face a trade-off between what has been referred to as 'high quality' and 'affordable quality' medicines. With India recognised as the pharmacy of the developing world, it is believed that there is a need for strict quality specification and enforcement within the country in the first place. There have been several reports raising doubts about the quality of medicines in the country. Mapping the perspectives of several stakeholders, this paper tries to bring clarity on issues related to poor quality medicines and suggests institutional reforms in the Indian regulatory regime on the basis of domestic and international practices. It is based on desk research and interactions in the domains mentioned above.

## Challenges and prospects for clinical trials in India: A regulatory perspective

Report <https://bit.ly/2QHYkfN>

Policy brief <https://bit.ly/3abBXae>

Clinical trials are integral to drug discovery for newer and better medicines in the market. India has had favourable pre-requisites for the conduct of clinical research – a large and diverse patient pool, a highly skilled workforce of qualified scientists, medical colleges, etc. Yet, an unfavourable ecosystem has dented its potential – only 19 trials were approved in 2013, a drop of roughly 93 percent from 2012 (262 trials), and a fraction of its peak of 500 trials in 2010. India is home to 16 percent of the world population and 20 percent of the global burden of disease. Yet, it has less than 2 percent of the clinical trials registered worldwide – a critical area where the country continues to underperform despite its potential to be a world leader. This report analyses the prospects and challenges of clinical trials in India, focusing on New Chemical Entities (NCEs) and new drugs. It contextualises the debate around clinical research in the context of new drug approval process. Accordingly, it proposes actionable policy recommendations for Indian drug regulatory landscape so that the country could realise its untapped potential while addressing concerns raised regarding the conduct and quality of clinical trials. It is based on desk research as well as interactions in the domains mentioned below.

## International cooperation for registration of medicines: Opportunities for India

Report <https://bit.ly/2WByE8p>

Policy brief <https://bit.ly/3bnRdBe>

Drug regulation aims at protecting and promoting public health by establishing the safety, efficacy and quality of medicines. Despite commonalities in the science and objectives of regulation, drug regulatory authorities differ significantly in their respective requirements and capacities, contributing to differentials in access to medicines as well as health outcomes across countries.

This report identifies challenges in the process of drug registration in India and the supportive role that international cooperation could play in this regard. It reviews some of the major international cooperation initiatives for registration of medicines to identify lessons as well as opportunities that India could leverage to address its regulatory challenges and achieve its public health objectives. The report is based



on desk research as well as interactions with key stakeholders in national capital, 4 Indian states – Gujarat, Maharashtra, Telengana and Karnataka – and 7 countries – USA, UK, Germany, Switzerland, South Africa, Singapore and Indonesia.

White paper on implementing India's drug serialisation and traceability requirements to advance patient safety and support global trade

Paper <https://bit.ly/2xWQYOT>

This white paper characterizes discussions in a stakeholder consultation on drug serialization and traceability in India, jointly organized by ICRIER and RxGPS on 3/3/2017 in New Delhi and attended by more than 60 representatives from the Indian and global pharmaceutical markets. It outlines a roadmap for strengthening the Indian drug serialization and traceability system and help India in remaining a leader in the global pharmaceutical market while advancing supply chain security for the benefit and protection of patients.

# HEALTH AND ECONOMIC GROWTH

An examination of the relationship between health and economic growth

Paper <https://bit.ly/2xvEpd5>

During the nineties, there was significant development in the conceptualization of the impact of changes in population health on demographic changes and long-term economic performance. Health has been found to have strong linkages with individual welfare and economic development.

This paper deals with the channels through which health affects human capital and income generation, examining the devastating effects of HIV/AIDS in particular as well as health and HIV prevention measures that need to be built in development programmes. To model the linkage between health and growth, the study uses a multivariate theoretical framework which is further tested using a regression model to test the causality between the variables of interest. As the Indian industry faces increased competition, the paper argues that it is important to ensure that the labour force does not suffer from low participation rates and low productivity due to a lack of awareness of prevention measures or poor access to needed health services.

Health and the international economy

Commission reports <https://www.who.int/macrohealth/background/en/>

Working Group report <https://bit.ly/2wctYeg>

The Commission on Macroeconomics and Health (CMH) - established in 2000 by the WHO - comprised 18 of the world's leading economists, public health experts, development professionals and policymakers. Six working groups were set up as part of CMH - Working Group 4 being on "Health and the International Economy", led by ICRIER Chairperson, Dr Isher Judge Ahluwalia.

It examined the impact of globalization on the health status of developing country populations, trade in health services, commodities and insurance, patents for medicines and Trade-Related Intellectual Property Rights (TRIPS), international migration of health workers, international movements of risk factors, role of information technology and the like.

## Opportunities and risks for the poor in developing countries

Paper <https://www.icrier.org/pdf/risk.pdf>

This paper tries to address some of the following questions vis-à-vis health and globalization. Will globalization help reduce (or exacerbate) the economic and social inequalities around the world, thereby narrowing (or widening) disparities in the distribution of the global burden of diseases? Is globalization limiting the governments' resources and policy options to confront health problems? Will globalization blur the distinction between national and international health, and would this undermine governments' ability to prevent and control diseases? What are the potential effects of expanded trade in health commodities and services, and the implementation of patents for medicines and other changes in Intellectual Property Rights as agreed in the multilateral negotiations of the World Trade Organization (WTO)? How is globalization changing the relationship between poverty, health, and food security and nutrition issues? What is the impact of globalization on the transnational movements of health risks?

## Impact of preventive health care on Indian industry and economy

Paper	<a href="https://bit.ly/2QJvOu3">https://bit.ly/2QJvOu3</a>
Policy brief	<a href="https://bit.ly/3aUpyrq">https://bit.ly/3aUpyrq</a>
Speech by Union Health Minister	<a href="https://bit.ly/2UWcriU">https://bit.ly/2UWcriU</a>

Preventive health care holds enormous promise for the national and international competitiveness of the Indian industry as well as the country's economy at large. This study examines empirical evidence on the relationship between preventive health care and labour productivity and corporate profitability. In addition to desk research, an online survey with 81 companies in India and a rapid survey with 288 employees in Delhi NCR were conducted. Data from the Prowess database as well as annual reports of these companies was used to conduct a correlational analysis of preventive health care and its impact on profits and labour productivity. A set of recommendations was made for promoting preventive health care in the corporate sector to enhance the productivity and competitiveness of the Indian industry. Its recommendations regarding the inclusion of preventive health check-ups were adopted by the Government of India under its Income Tax Act as well as by several health insurance companies. Almost all private hospitals, several start-ups as well as government health schemes like the CGHS now offer such check-ups. The study received extensive national and international media coverage.

# HEALTH INSURANCE

Adverse selection and private health insurance coverage in India

Paper <https://icrier.org/pdf/WorkingPaper233.pdf>

Financial barrier is still a dominant problem for access to necessary health care for the majority of Indians. To ensure universal and comprehensive health care to its citizens, alternative health care financing strategies like health insurance are being widely accepted. However, despite health insurance being an equitable and efficient solution, health insurance coverage is still in its infancy in the country.

This study examines the determinants of scaling-up process of health insurance by analysing the rational behaviour of an insurance agent facing a trade-off between selling health insurance and other forms of insurance, subject to limited time and efforts and the implications of such behaviour on adverse selection and equity. It presents various pre-conditions affecting rational behaviour of insurance agents and examines various strategies followed by insurance agents for maximizing their net incomes. The theoretical proposition is empirically validated by applying a binary probit model using primary data.

Health insurance for the informal sector: Problems and prospects

Paper <http://icrier.org/pdf/WP-90.pdf>

The contribution of the informal sector to the Indian economy is enormous. It is estimated that about two-fifths of the country's GDP originates from, and almost 90% of families earn their livelihood from, the informal sector. Yet, a large number of informal sector workers live and work in unhygienic conditions and are susceptible to infectious and chronic diseases. Many of them neither have fixed employer-employee relationships, nor do they get any statutory social security benefits, including health care benefits. The persistent poverty and disease syndromes have pushed their families into the process of de-capitalisation and indebtedness to meet their day-to-day contingencies. Both macro and micro studies on the use of health care services show that the poor and disadvantaged sections, especially the scheduled castes and tribes, are forced to spend a higher

proportion of their income on health care than the better off. The burden of treatment is particularly unduly large on them when seeking inpatient care.

This paper addresses some critical issues with regard to extending health insurance coverage to poor households in general and those working in the informal sector in particular. A review of the existing health insurance schemes in India and selected Asian and Latin American countries - China, Thailand, Sri Lanka, Chile, Uruguay, Colombia, Brazil and Argentina - has been undertaken with a view to draw lessons for India. On the basis of a pilot study undertaken in Gujarat during 1999, the paper examines the feasibility of providing health insurance to poor people in terms of both willingness and capacity to pay for such services. The paper also suggests various options available to introduce an affordable health insurance plan for workers in the informal sector.

Are the poor too poor to demand health insurance?

Paper <https://bit.ly/2JfiFEW>

That there is an urgent need to extend income and social protection to the poor is widely recognised. One, there is greater appreciation of the fact that income and social protection for the poor is not only an end in itself, but a means to achieving higher economic growth. Two, the adverse effects of greater economic integration (through liberalisation and globalisation) are likely to be on the poor.

In the mitigation of poverty, there is increasing appreciation of the role played by risks in the lives of the poor. It is not sufficient to provide them with income alone. For any meaningful and lasting impact in their lives, there is a need to also protect them from the risks such as illness, death, loss of assets, etc. Micro insurance has gained importance in India as well as in other developing countries. Community-based micro insurance aroused much interest and hope in meeting health care challenges facing the poor.

This paper explores how institutional rigidities such as credit constraints impinge on the demand for health insurance and how insurance could potentially prevent households from falling into the poverty trap. It argues that the appropriate public intervention in generating demand for insurance is not to subsidise premium, but to remove these rigidities - easing credit constraints in the present context. Thus, from an insurance perspective as well, its analysis highlights the importance of having appropriate savings and borrowing instruments for the poor.

## Health insurance for the poor in India

Paper <http://icrier.org/pdf/wp123.pdf>

Health insurance is emerging to be an important financing tool in meeting health care needs of the poor. Neither market-mediated nor government- provided insurance is an appropriate way of reaching the poor. This paper argues that Community-based Health Insurance (CBHI) is a more suitable arrangement for providing insurance to the poor. CBHI could take different forms, depending on the characteristics of the target population, their health profile and health risks to which the community is exposed. Indeed, for a country as diverse as India, there can be no pan-India model - different models need to be explored. In any case, increased public health spending and reforming public health facilities is essential for the success of any community-based health initiatives.

## Health insurance for the poor in India: An analytical study

Paper <http://icrier.org/pdf/wp161.pdf>

This study charts the early development of micro-insurance in the country, with a focus on health insurance, mainly with the view to bring out certain issues that come up in the design of micro health insurance. While bringing out the role of the nodal agency in extending health insurance, this paper discusses how health insurance for the poor is different from health insurance in general. Depending on the functions that a nodal agency performs, all micro insurance arrangements taking root in the country can be categorized in to three distinct types - intermediate, manager and provider type. Each type has its own strengths and weaknesses. All these types may be appropriate for a large and diverse country like India.

## Design of incentives in community-based health insurance schemes

Paper <http://icrier.org/pdf/WP-95.pdf>

Health is increasingly being viewed not only as an end in itself, but also as a crucial input into the development process. As developing countries embrace market reforms and integrate themselves with the world economy, there is a concern about insulating the poor from possible adverse effects. While the State is in retreat in

several economic spheres, in social sectors such as health, its role will continue to be important.

By analysing the incentive issues present in community-based health insurance schemes, this paper is an important step towards enhancing the understanding of how such schemes could be designed. It discusses solutions to important incentive problems in micro-health insurance schemes which threaten their sustainability. In particular, three issues have been explored - 1) does defining households as units of insurance always mitigate adverse selection problem; 2) how could *ex ante* moral hazard problems be circumvented through group insurance contracts; 3) how incentives for scheme managers can be fixed. Various public policies are discussed that can help to set appropriate incentives to better manage health insurance schemes, especially in low income countries like India.

An evaluation of Central Government Health Scheme (CGHS) and Ex-Servicemen Contributory Health Scheme (ECHS)

Paper <https://icrier.org/pdf/WORKING%20PAPER%20252.pdf>

The CGHS and ECHS are unique in India in terms of comprehensive health care coverage that they provide to their members who pay only a limited subscription to be eligible. Thanks to growing demand for private health care services, the government tied up with private health care providers to provide high quality services to beneficiaries. However, this public-private partnership has run into rough weather, with private providers expressing dissatisfaction with the terms as well as the time taken for payments and some actually threatening to withdraw from these schemes.

The objective of this study was to suggest measures to streamline the working of these two schemes and achieve an outcome that balances the interests of the major stakeholders - the beneficiaries, Central government and private providers. It evaluated these schemes in terms of beneficiary satisfaction and issues and concerns of empanelled private health care providers and the government based on desk research and a survey with 1,204 CGHS and 640 ECHS beneficiaries, 100 empanelled private health care providers and 100 officials related to the schemes in 12 Indian cities. Beneficiaries were more satisfied with the services of the private providers vis-à-vis CGHS dispensaries and ECHS polyclinics, and were willing to pay more for better quality services. Rather than keep beneficiary contribution and private provider rates low, the government should focus more on quality of care.

# HEALTHCARE TRADE AND PRICING

Trade barriers and prices of essential health-sector inputs

Paper <http://icrier.org/pdf/david1.pdf>

This paper investigates the role of trade barriers on the prices of inputs - both pharmaceutical and non-pharmaceutical - required for health interventions. The analysis is based on data from 2 sources - a survey by Consumers International and Health Action International of 16 drugs in 36 countries (11 developed and 25 developing) in July / August 1999 and WTO data on the highest and lowest tariff rates on medicaments and active ingredients in developing countries. The analysis of a non-pharmaceutical input called Insecticide Treated Bednets (ITNs) as a preventive intervention of malaria suggests that reduction of tariffs in this category could increase usage by no more than 3% in Sub-Saharan Africa and even less elsewhere. The findings on pharmaceutical prices suggest that trade barriers are of secondary importance in affecting or determining drug prices. Domestic factors such as distribution costs and retail mark-ups, and international factors such as the new patent regime, have a much greater impact on drug prices.

Differentiated pricing of patented products

Paper <https://bit.ly/33WCgTY>

The development of pharmaceutical products requires enormous expenditures for research and clinical trials. Without research support and subsidies, they are borne by patients. It could be argued that wealthier patients pay a relatively larger share to cover R&D costs by means of tiered / equitable pricing, under which patients in developed, high income countries pay higher prices vis-à-vis those in developing, low-income ones. This may be a sound approach for distributing costs of products whose development is justified by the developed world market. However, it leaves little or no incentive to develop products primarily for developing country markets.

The paper reviews evidence on actual price differences between developed and developing countries, what is known or can be surmised about the parallel trade market of reverse flows and ways those flows can be affected. It looks at alternative ways to achieve equity in price discrimination and makes recommendations for suitable international law policies and those in developed and developing nations.



## Consumption and trade in off-patented medicines

Paper <https://bit.ly/39vJtvp>

There has been a lot of focus on reduced access to newly patented medicines in the light of changes in technology and the spread of stronger patent legislation worldwide over the past two decades – as well as the global application of WTO's TRIPS agreement. Meanwhile, the fact is, access to older, patent-expired essential drugs remains poor, posing a serious threat to public health. Certain diseases like measles, acute respiratory infections, malaria, diarrheal diseases, tuberculosis and yellow fever remain key causes of mortality and morbidity in developing countries. They are curable / preventable using inexpensive, off-patent medicines / vaccines.

The paper discusses problems relating to access to older, patent-expired essential medicines in developing countries. It highlights spending priorities, inadequate infrastructure for public health care, inadequate external financing and insufficient political commitment as the crucial barriers to improving access to quality health care in developing countries. An integrated approach to quality health care makes it necessary to address these problems along with problems emerging from the TRIPs regime and globalisation.

## The role of information technology in designs of healthcare trade

Paper <https://bit.ly/33VNcBs>

Information Technology (IT) has the potential to revolutionise healthcare trade through new thresholds in human connectivity. IT not only promotes conventional trade in services and e-commerce, it facilitates worldwide convergence in several aspects of healthcare management and organisation. In this context, the present paper focuses on the expanding role of IT in three distinct, but related healthcare categories – (a) design and development of products and services; (b) delivery systems; and (c) administration. It evaluates the potential impact of IT on costs, efficiency and equity as a driver of cross-border trade and investments, and notes that IT can play an important role in enabling the world's poor to access essential healthcare products and services in innovative forms if the challenges that inhibit its diffusion in developing countries can be addressed through appropriate policy choices. It also notes that further research on how IT affects the costs of diagnosis and treatment vis-à-vis specific disease burdens in particular locations to resolve tensions between efficiency and equity.

## Trade in health services

Paper <http://icrier.org/pdf/WP-RUPA.pdf>

This paper provides an overview of the nature of international trade in health services and the lessons that can be learnt from the national, regional, and multilateral experiences. It discusses various ways in which health services can be traded, the main global players in this trade and the positive as well as negative implications of this trade for equity, efficiency, quality and access to health services. It also outlines some of the main barriers constraining trade in health services. The analysis indicates that there has been little progress to date in opening up this sector to trade and foreign direct investment. It emphasises the importance of harmonization of standards, recognition and insurance portability if health services trade is to be liberalized multilaterally. The study draws broad conclusions about main issues and concerns that characterize trade in health services and recommends policy measures to ensure that gains from such trade are realized while mitigating its potential adverse consequences.

## India-EU relations in health services

Report <https://bit.ly/2V0NrHe>

This paper assesses major opportunities for India in EU's health services market and various barriers affecting India-EU trade and investment relations in this particular sphere. Since the India-EU Trade and Investment Agreement (TIA) is of significance, given that it is India's first agreement with a major developed country bloc, the objective of this paper is to outline the main issues that need to be discussed in the TIA to promote bilateral commercial interests in health services sector. The broad coverage of health services sector in this paper is in line with its coverage under the WTO. As existing data sources do not provide information on the extent of trade or investment flows in the health services sector for either the EU or India, factors that drive EU's trade in health care services with non-member countries and the factors that are likely to facilitate India's trade and investment flows in health services have been analysed using various primary and secondary sources. The paper recommends a pragmatic approach to launch joint programs with selected countries in the EU on a pilot basis in various possible segments of opportunity and to scale these initiatives depending on the outcome.

# HEALTH INFORMATION SYSTEM

## Health surveys in India: Review and recommendations

As part of a country's health information system (HIS), health surveys cater to a variety of national and international data needs on a periodic basis. In the context of weak administrative health data systems, the independent, population-based estimates provided by health surveys become all the more significant. However, it is also important to periodically review these surveys - themselves instruments for reviewing a country's health policies and programs - to ensure that they continue to cater to a country's evolving health data requirements in a smart, efficient and coordinated way.

This study undertakes a review of major health surveys in India, with a special focus on the National Family Health Survey (NFHS), based on extensive desk research - covering major ongoing health surveys in 3 countries as well (US, Canada and UK) - and key stakeholder / expert interactions in New Delhi and 6 states, covering various geographical regions of the country. It offers a set of recommendations for India's health survey strategy as well as a thematic and methodological framework for 6 health surveys it proposes as part of the strategy - the India Health Survey (HIS), the India Health Measures Survey (IHMS), the Maternal and Child Health Survey (MCHS), the ongoing Sample Registration System (SRS) and Cause of Death Survey (CDS), and a COVID-19 Impact Survey (CIS).

This study was mandated by the Union Cabinet Committee on Economic Affairs and commissioned by the NITI Aayog, Government of India.

# HEALTH OF THE NATION

Health of the Nation: Perspectives for a New India (Oxford University Press 2020)

The survival and health of citizens is probably the biggest paradox of India's democracy and economy. Why has the world's largest democracy and one of its top ten and most rapidly growing economies been unable to ensure a decently long and healthy life for its citizens? Citizens and their welfare should have been a top priority of public policy from the perspective of political legitimacy as well as human and economic growth and development. But this has not happened.

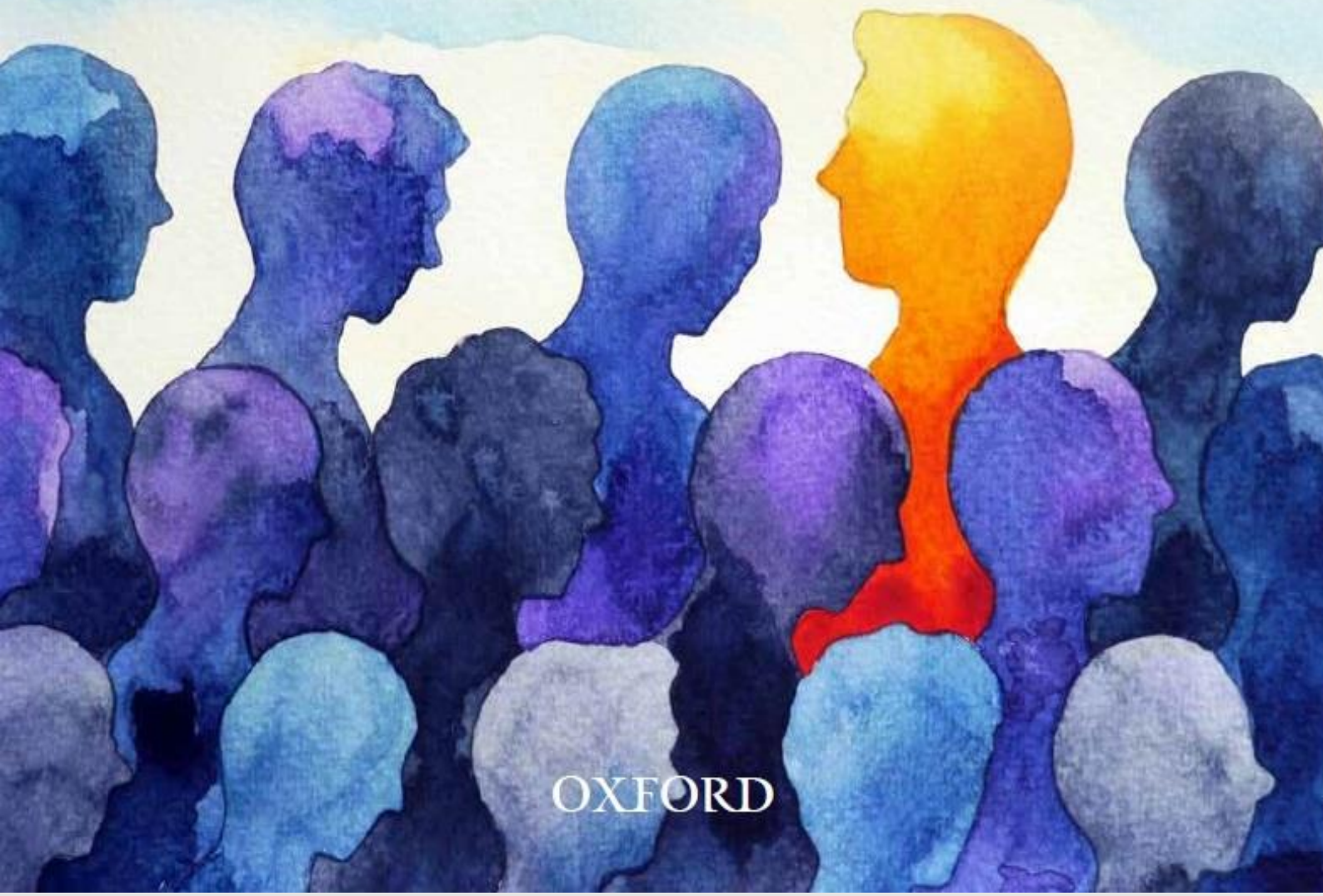
This volume brings together some of the world's leading health experts to analyze some of the most complex challenges facing survival and health in India and what it would take to address them. It is an attempt to enhance the significance of health in the context of India's public policy and discourse.

Being the inaugural volume in a periodic 'Health of the Nation' series, it will serve as a comprehensive reference on India's health sector for policymakers, scholars, students, private sector, civil society and the media in India and abroad. Chapters are lucidly written so that even non-experts could understand the issues under discussion. They end with a set of policy recommendations to facilitate evidence-based health policymaking in the country.

edited by Ali Mehdi | Irudaya Rajan

# Health of the **Nation**

*Perspectives for a New India*



OXFORD

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# India Health Report



Rajiv Misra  
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## India Health Report (Oxford University Press 2003)

It is well documented that India is a relatively poor performer in health outcomes, primarily because of inadequate public investment in health and improper implementation mechanisms. Despite large gains in health status since the 1950's - reflected in higher life expectancy, lower infant mortality and crude death rates - much more needs to be done.

This volume - the first of its kind to explore issues of concern to the Indian health scenario - examines health challenges faced by India's population, identifies specific problems and analyses various possible solutions. The diverse experiences of different states in India in the context of their health systems and their status in terms of social well-being are also discussed in some detail.

The report is unique in so far as it has been authored by persons having intimate hands-on experience of managing the health system at both central and state levels. The insights of the authors have also been utilized to go further than most such reports, even at the risk of generating controversy. The report goes beyond the usual diagnoses of the problems and analyses of options, by suggesting specific solutions based on available evidence and the authors' practical experience. Its analyses drew on existing literature and data, supported by widest consultations with all stakeholders - central and state governments, donor agencies, researchers, public health experts and health-related NGOs.

One of the appendices in the report - "Restructuring the Ministry of Health & Family Welfare" - was included to highlight need for a reorganization of the Ministry to lead the process of health reform in the country.

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# HEALTH IN THE G20

ICRIER has been supporting the Ministry of Finance, Government of India through research inputs for the development of India's position on a host of issues for G20 deliberations. As part of our health engagement with the Ministry during 2018-19, we produced reports on the following themes.

## Antimicrobial resistance (AMR)

AMR has attracted enormous international attention in recent years. Although it is widely recognised as a complex problem, AMR surveillance on the human side is narrowly focused on health care variables and related industries - laboratory-based antimicrobial susceptibility testing (AST) and antimicrobial use (AMU).

This report reviews the dimensions and determinants as well as the international, regional and national practices of AMR surveillance and proposes an alternative framework which is patient-and population-centric, and not just pathogen- and pharmaceutical-centric. Beyond the One Health (human-animal-environment) approach, it makes the case for a 'One Human Health' (multiple morbidities and their mutual impact) and 'One Risk' (multiple risks and their mutual impact) approach to AMR surveillance in the spirit of the 2030 Agenda, and proposes the leveraging of information technology to develop a synchronised system of AMR / health / risk surveillance in which data and data analysis flow across stakeholders for real-time, multi-level action.

## Universal health care (UHC)

UHC has gained prominence with its inclusion as Sustainable Development Goal (SDG) 3.8. 'Never before has there been as much political momentum for universal health coverage as there is right now', argued the President of the World Bank and the Director General of WHO, in their joint UHC Global Monitoring Report 2017. It has found resonance in G7 and G20 too. In 2015, G7 Health Ministers expressed commitment to 'progressively achieve' UHC 'for all at all ages through bilateral programmes and multilateral structures'. A year later, they called for 'resilient, inclusive, affordable, sustainable and equitable health systems' as a foundation for achieving UHC - an approach echoed by G20 Health Ministers in their first-ever meeting in 2017. Next year, G20 Health Ministers highlighted the importance of

‘taking into account populations’ holistic physical and mental health needs’ as well as the wish of countries ‘to integrate, where appropriate, scientifically proven traditional and complementary medicine, assuring the safety, quality and effectiveness of health services’.

In this context, our report analysed the conceptualisation of UHC, the discourse on UHC at the international level (UN, WHO, World Bank, OECD, G8/7 and the G20), UHC experiences, financing and challenges of selected G20 countries, including a comprehensive assessment of UHC in India since independence. Based on these analyses, the report offered a set of recommendations for India’s engagement on UHC in the G20 as well as other international fora.

### Traditional and complementary systems of medicine (TCSM)

Given the reference to TCSM in G20 Health Ministers’ Declaration 2018 (above), this report analysed - 1) the relevant definitions, nomenclature and contexts for the discussion of TCSM as well as its evolution at the international level since the 1970s; 2) the scope (policy, regulations, financing, insurance, practices, providers and education), data and challenges of TCSM in selected G20 countries - and proposed recommendations vis-à-vis TCSM in general, Indian systems of medicine (ISM) / Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homoeopathy (AYUSH) in particular, in the context of SDGs, UHC and primary health care (PHC).