SOCIO-ECONOMIC VOICES

"For Transforming India's Socio-economic Landscape, Nation is on Track of Upward Policies, Reforms, and Sustainable Practices"

Urvashi Prasad,
Director, Office of Vice Chairman, NITI Aayog

From Strengthening Primary Healthcare to Bridging the Digital Divide - Expert Shares Strategies for Equitable Access and Resilient Public Health

Intro: This week on Socio-economic Voices at Indiastat we have Urvashi Prasad, Director, Office of Vice Chairman, NITI Aayog in an intense conversation with senior journalist Mahima Sharma. The two bring to the fore pressing questions and their deep answers on the table about leveraging the demographic dividend, improving public health infrastructure, and addressing the challenges of marginalized communities. The exclusive conversation is set to trigger actions towards a thought-provoking future of India. The conversation is backed by the research from Dr Vijayasree Radhakrishnan, a Young Professional at NITI Aayog. Take a read...

MS: India must invest more in education, health to capitalize on the demographic dividend: IMF. What's your take on this and what could be the roadmap ahead especially in the health sector where the marginalized communities still lack basic health facilities?

Ms Prasad: Undoubtedly, we can only make the most of the demographic dividend through investments in health, nutrition, education and skilling. National Health Policy (NHP), 2017 has recommended an increase in government's health expenditure to 2.5 percent of GDP by 2025. Importantly, given that States in India have a major role to play in these areas, **investments need to be stepped up not only by the Central Government but also by States and indeed the private sector.**

There have been some encouraging trends in the last few years. The share of government health expenditure in total health expenditure has increased from **28.6 per cent in FY14 to 40.6 per cent in FY19.** There has been a concomitant decline in out-of-pocket expenditure as a percentage of total health expenditure from **64.2 per cent in FY14 to 48.2 per cent in FY19.** The Economic Survey shows that the share of expenditure on health in the total expenditure on social services has increased from 21 per cent in FY19 to 26 per cent in FY23 (BE). This underscores the rising importance of public healthcare and social security in universal health coverage. **Aligned with the recommendations of NHP 2017, the government is focusing on primary healthcare expenditure which has also increased from 51.1 per cent in FY14 to 55.2 per cent in FY19.**

Policy reforms need to continue to focus on improving the quality of care in public health facilities; providing better access in Tier 2, Tier 3, rural, remote and tribal areas; strengthening the quantity and quality of nurses and allied health professionals in addition to doctors and specialists; stepping up efforts in R&D for developing more affordable drugs, diagnostics and vaccines as well as investing in the social determinants of health such as nutrition, clean drinking water, sanitation, girls' education and road infrastructure.

MS: What immediately required-reforms should India's Health Budget 2024-25 focus at?

Ms Prasad: According to data from the Ministry of Road Transport and Highways, road injuries are among the top 4 leading causes of death and health loss for individuals aged 15-49 years in India. **So, launching an emergency and trauma care mission should be a priority. Other priorities could include strengthening the health insurance scheme under Ayushman Bharat.** As of 21 April 2024, over 66 million hospital admissions had taken place under Ayushman Bharat-Pradhan Mantri Jan Arogya Yojana (AB-PMJAY). However, there is a scope to expand the reach of the scheme further by facilitating the enrolment of all currently eligible beneficiaries as well as by expanding the scheme to underserved target groups that are currently not covered.

The PM-ABHIM (PM-Ayushman Bharat Health Infrastructure Mission) and the Ayushman Arogya Mandirs (Health & Wellness Centres) could also be further strengthened.

Another important avenue of focus could be strengthening ongoing programmes for eliminating Tuberculosis, Leprosy, Lymphatic Filariasis, Measles and Rubella, Trachoma, and Kala Azar by facilitating timely testing and access to medicines.

MS: For a healthy Indian economy, reforms in public healthcare delivery are a must. What's your take on this news headline which has been doing the rounds past few years now, post the pandemic?

Ms Prasad: For those of us working in public health this has always been obvious, much before the pandemic. A healthy, well-educated and skilled workforce is the foundation of a robust economy. Simply put, people cannot work or perform to their fullest if they are plagued by physical and/or mental ailments. **Fortunately, there has been an increased focus on public health reforms in recent years, however for a large, complex and diverse country like India, we still have a lot more to do.**

Some noteworthy reforms have been an increased focus on public, preventive and primary healthcare through initiatives such as Swachh Bharat, Ayushman Bharat (Health & Wellness Centres) and Jal Jeevan Mission as well as an increased focus on Yoga, meditation and wellness, instead of focusing only on curing diseases once they occur. Long overdue reforms in medical education (passage of the National Medical Commission Bill in 2019) have also taken place. Further, initiatives such as Anemia Mukt Bharat and screening for common cancers have been introduced to identify diseases at earlier stages when they are easier to treat.

MS: How can the government and private sector collaborate to improve sanitation infrastructure and hygiene practices, especially in rural areas? What kind of policy reforms could be needed over the next decade?

Ms Prasad: Key areas of collaboration between the government, private sector and also civil society organizations with respect to sanitation infrastructure and hygiene practices include construction and maintenance of public toilets, sustained behavior change campaigns focusing on handwashing and other hygiene behaviors as well as putting in place the necessary hardware and software for menstrual hygiene management.

Sanitation infrastructure in educational and healthcare facilities is also an important area for collaboration as it is not just a one time investment but something that requires ongoing efforts for ensuring continued functionality and usage of the infrastructure.

MS: The digital divide exacerbates existing health disparities, with marginalized populations facing barriers to accessing telemedicine and digital health services. How can India bridge the digital divide and ensure equitable access to telehealth services, particularly in rural and underserved areas?

Ms Prasad: Several initiatives have been launched in the last few years to promote digital health. These include initiatives like the Ayushman Bharat Digital Mission (ABDM), the CoWIN App, e-Sanjeevani and e-Hospital, among others. India administered over 2.2 billion vaccine doses through CoWIN, even as developed western countries continued to use physical vaccination certificates.

Ayushman Bharat Health Accounts (ABHA) is an integral component of ABDM. ABHA is a 14-digit unique number which facilitates hassle free access and sharing of health records digitally. It enables interaction with verified healthcare providers and makes the process of accessing and sharing of lab reports, prescriptions and digital health records seamless. As per the ABDM dashboard, the total ABHA IDs created in India as on April 3, 2024 was ~590 million. Individual health records are being linked to ABHA IDs and this process has received a major fillip following the integration of ABHA with the AB-PMJAY.

eSanjeevani, the National Telemedicine Service has evolved into the world's largest documented telemedicine implementation in primary healthcare with over 243 million patients served till date and 212,307 providers onboarded across 128 specialties. The **Telemedicine Practice Guidelines** were released jointly by the Ministry of Health & Family Welfare and NITI Aayog in March, 2020 to ensure that access to medical advice does not become challenging due to social distancing norms enforced following Covid. By early December 2020, over 1 million tele-consultations had taken place through e-Sanjeevani across 550 districts.

The Covid pandemic undoubtedly accelerated the adoption of technology-driven healthcare across India, including in rural and remote areas. It is imperative to ensure that we keep up the momentum, through continued efforts, robust implementation and monitoring of existing Digital Health initiatives by the Centre and States as well as capacity building of all stakeholders.

MS: The food industry plays a crucial role in shaping dietary habits through marketing and product formulation. What ethical reforms does India need to guide food manufacturers and marketers to promote healthier food environments and combat misleading nutritional claims?

Ms Prasad: There are several dimensions to this challenge. One is that manufacturers and marketers themselves need to be responsible and promote ethical practices in the food industry through peer learning and exchange. Second is regulatory oversight which includes robust monitoring and exemplary action against offenders. Third is education and awareness of consumers. Social media has many benefits but there are also perils with the advent of several health and nutrition influencers who make non-credible/unscientific claims about certain products. Transparency in labeling, drawing attention of consumers to the reading and understanding of food labels, is key.

MS: Globally, there is increasing recognition of the link between environmental degradation and public health. How can India adopt sustainable development practices that prioritize both environmental conservation and human well-being?

Ms Prasad: India's per capita carbon footprint is 60% lower than the global average. Sustainability has always been a core component of Indian culture. Its philosophy and values have underscored a sustainable way of life. However, as the economy develops and grows further, socio-economic trends are shifting. India and the world have a long and challenging way to go in dealing with environmental problems, and learning to live together in sustainable communities.

Mission LiFE is an India-led global mass movement to nudge individual and community action to protect and preserve the environment. LiFE themes include save energy, save water, say no to single use plastic, adopt sustainable food systems, reduce waste and adopt healthy lifestyles. The LiFE movement seeks to transform persons into 'pro-planet people', who would adopt sustainable lifestyles.

Mission LiFE is being implemented in 3 phases:

- **Change in Demand (Phase I):**
  Nudging individuals across the world to practice simple yet effective environment-friendly actions in their daily lives

- **Change in Supply (Phase II)**
  Changes in large-scale individual demand are expected to gradually nudge industries and markets to respond and tailor supply and procurement as per the revised demands
- **Change in Policy (Phase III)**
  By influencing the demand and supply dynamics of India and the world, the long-term vision of Mission LiFE is to trigger shifts in large-scale industrial and government policies that can support both sustainable consumption and production

MS: A new era of mental-health care awareness has dawned for the upper middle class. But with the growing mental health crisis how can India assure access to affordable and stigma-free mental healthcare services? And how long could this take?

Ms Prasad: Anxiety and depression disorders are a significant challenge for all segments of the population, not just young people but also the elderly, exacerbated by the Covid pandemic.

Neuro-degenerative diseases like dementia mostly affect older adults. With the decadal growth rate of the elderly population of India currently estimated to be at 41%, and the percentage of elderly population in the country projected to double to over 20% of total population by 2050, **the United Nations Population Fund, India (UNFPA) in its 2023 India Ageing Report has said that by 2046 it is likely that elderly population will have surpassed the population of children (aged 0 to 15 years).** The report projects that the population of people aged 80+ years will grow at a rate of around 279% between 2022 and 2050 with a "predominance of widowed and highly dependent very old women" -- a finding in line with the pattern across several nations.

Several initiatives are being implemented such as the National Mental Health Programme, District Mental Health Programme, advocacy through media platforms as well as capacity building of health workers in providing psychosocial support. In addition, mental health services have been added to the package of services under Comprehensive Primary Health Care to be implemented at the Ayushman Arogya Mandirs (Health & Wellness Centres). A National Tele Mental Health Programme was launched on 10 October, 2022 to further improve access to quality mental health counselling and care services in the country.

Going forward, the focus needs to remain on creating awareness about mental health issues, alleviating the social stigma that prevents people from seeking timely and professional help, training primary health workers to identify early signs and symptoms of mental health issues as well as increasing the quantity and quality of psychologists and psychiatrists across the country.

MS: The United Nations Sustainable Development Goals (SDGs) provide a roadmap for addressing various socio-economic challenges, including those related to health and gender equality. How can India accelerate inclusive progress, bridging the class divide, towards achieving these goals?

Ms Prasad: Inclusive progress can be enabled by identifying the segments of the population that are lagging behind on key socio-economic indicators and implementing targeted interventions for bridging the gaps. Of course, this cannot be accomplished by government intervention alone, efforts by the private sector and civil society are equally critical. NITI Aayog is anchoring two such initiatives that seek to promote inclusive progress across India. **The Aspirational Districts Programme (ADP)** is focused on improving 49 Key Performance Indicators (KPIs) spanning health, nutrition, education, agriculture, water resources, financial inclusion, skill development and basic infrastructure in 112 of India's least developed districts. The broad contours of the programme are Convergence (of Central and State Government Schemes), Collaboration (of Central, State level Nodal Officers and District Collectors as well as civil society and the private sector), and Competition among districts through monthly delta rankings on the identified KPI; all underpinned by a people's mass movement.

A comparison between the Aspirational Districts (ADs) and their counterparts by an independent UNDP Study undertaken in 2021 found that ADs have outperformed non-ADs. **In January 2023, the Aspirational Blocks Programme was launched to replicate the success of the ADP template** across 500 relatively underdeveloped blocks in the country.

MS: Climate change poses significant health risks, including the spread of vector-borne diseases and increased heat-related illnesses. How can India integrate climate resilience strategies into its public health policies to mitigate the health impacts of climate change?

Ms Prasad: India's G20 Presidency focused on 'One Health', a collaborative, multisectoral, and transdisciplinary approach -- working at the local, regional, national, and global levels -- with the goal of achieving optimal health outcomes by recognizing the interconnection between people, animals, plants, and their shared environment. A consensus was arrived at that G20 nations will enhance the resilience of health systems, support development of climate-resilient and low-carbon health systems in collaboration with Multilateral Development Banks, and support the work of the WHO-led Alliance for Transformative Action on Climate and Health (ATACH).

Countries have also agreed to prioritize tackling Antimicrobial Resistance (AMR) following the One Health approach. India has already taken the lead in vaccine manufacturing and research on AMR. By 2050, antimicrobial resistant infections are expected to be the topmost cause of death globally with 10 million deaths per annum. By the same year, a global GDP loss of USD 100 trillion is also projected due to AMR.

India is implementing the National Programme on Climate Change & Human Health to strengthen the capacity of the healthcare system for tackling diseases arising due to variability in climate, boost health preparedness and response by performing situational analysis at the National, State and District levels as well as augment research capacity for filling the evidence gap pertaining to climate change impact on human health.

Investing in public health surveillance and early warning systems is key as climate change means that the behavior and disease transmission patterns of vectors worldwide are also changing. For instance, malaria mosquitoes have returned to Italy after 50 years. Additionally, the density of India's urban areas can mean that disease outbreaks can spread quickly. Hence the ability for the public health system to act swiftly is critical. Emphasis also needs to be placed on managing the added health vulnerabilities of women, people with disability and the elderly, on account of climate change.

About Urvashi Prasad

With 14 years' experience in public health and policy, program monitoring and evaluation, Urvashi Prasad is passionate about improving the lives of the underserved. She has contributed to management of Covid, implementation of Sustainable Development Goals, and promotion of gender equality and social inclusion. A recipient of multiple awards, including India-UK Achievers Honors, Healthcare Changemaker Award, and Most Influential Women in Healthcare recognition by Businessworld. She holds a Master's in Public Health from London School of Hygiene & Tropical Medicine, an MPhil in Bioscience Enterprise from University of Cambridge and a Bachelors in Biological Sciences (Genetics) from University of Birmingham, UK.

About the Interviewer

Mahima Sharma is an Independent Journalist based in Delhi NCR. She has been in the field of TV, Print & Online Journalism since 2005 and previously an additional three years in allied media. In her span of work she has been associated with CNN-News18, ANI - Asian News International (A collaboration with Reuters), Voice of India, Hindustan Times and various other top media brands of their times. In recent times, she has diversified her work as a Digital Media Marketing Consultant & Content Strategist as well. Starting March 2021, she is also a pan-India

Entrepreneurship Education Mentor at Women Will - An Entrepreneurship Program by Google in Collaboration with SHEROES. Mahima can be reached at media@indiastat.com

INDIASTAT INITIATIVES

🛈 indiastat districts

A storehouse of socio-economic statistical of 620 districts. A cluster of 11 associate websites

🛈 indiastat elections

Provides election data for all 543 parliamentary and 4120 state assembly constituencies

🛈 indiastat publications

A collection of election and reference books in print, ebook & web based access formats

🛈 indiastat media

Provides infographics and short-videos on socio-economic and electoral topics

🛈 indiastat pro

An e-resource providing socio-economic statistical information about India, its states, sectors, regions, and districts.

🛈 indiastat facts

A one-stop-app for all who are craving for the latest economic facts and figures of India.

🛈 indiastat edu

One-of-a-kind online learning platform offering specialised courses and also providing interactive learning.

24 years of serving socio-economic and electoral research fraternity in india and abroad

© Datanet India Pvt. Ltd.