



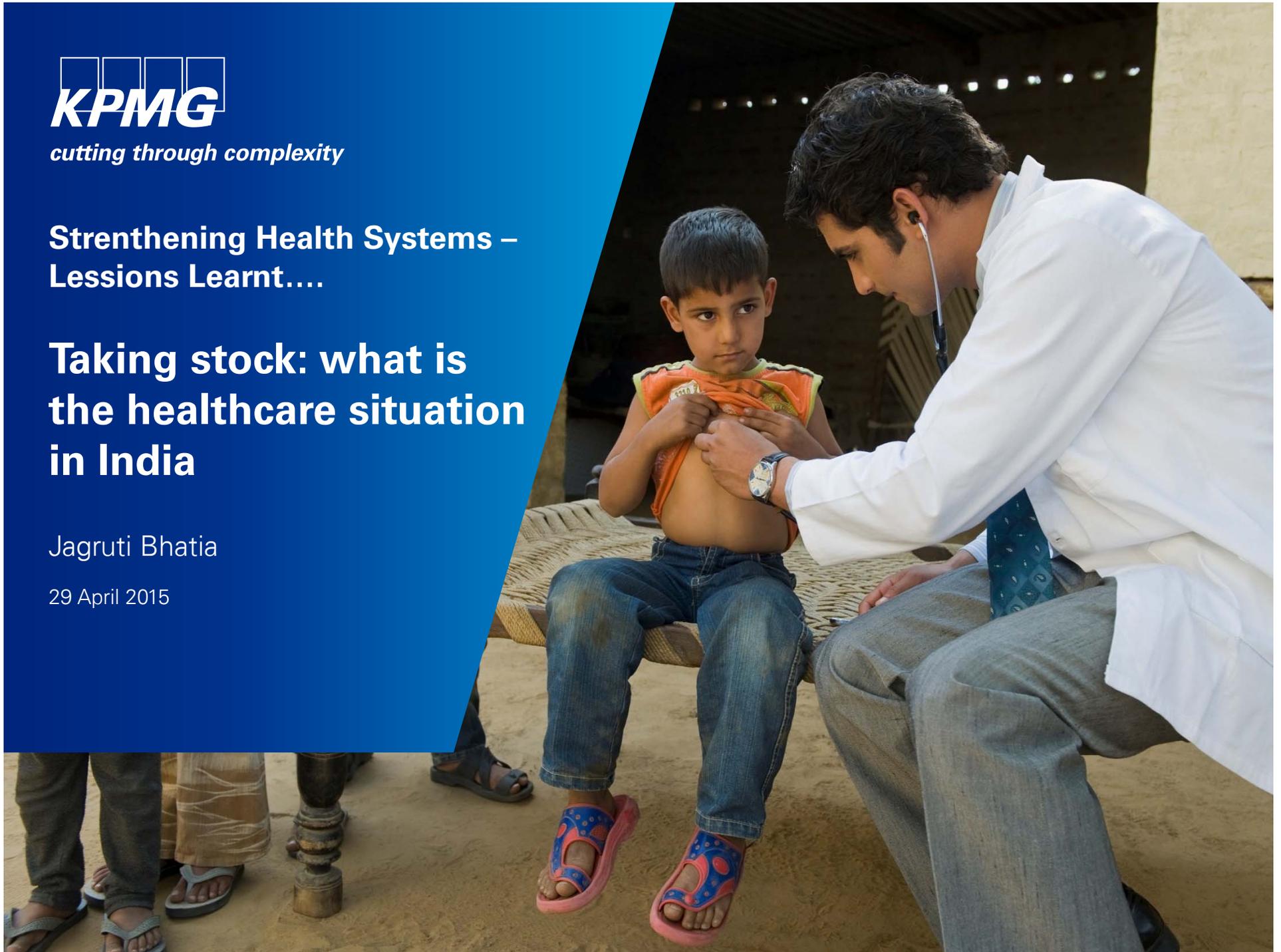
cutting through complexity

**Strengthening Health Systems –
Lessons Learnt....**

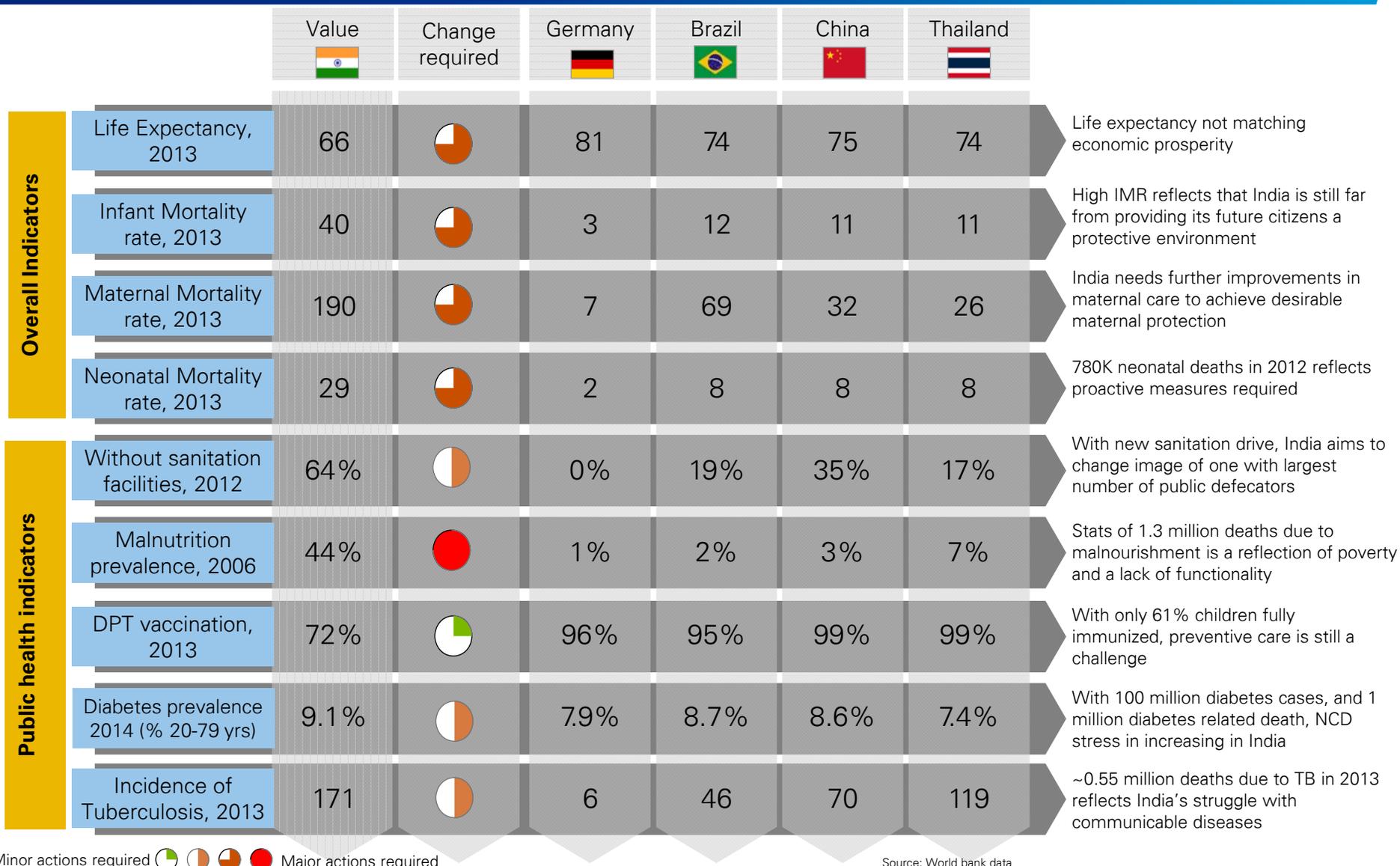
Taking stock: what is the healthcare situation in India

Jagruti Bhatia

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India's health indicators leave much to be desired



Minor actions required Major actions required

Source: World bank data

Today, healthcare in India is at a crossroad; important decisions have to be taken across all the pillars to make healthcare a right more than a privilege

Availability

- **Role of Government** needs to be bigger than of just a provider
- Availability of services and sources is needed to tackle the **paradigm shift of disease burden towards non-communicable diseases**
- **Access to innovation:** technology that is cost effective, "made for India"
- Focus on **preventive care** required



Accessibility

- **Accessible affordable care** with minimum assured quality is need of hour
- Government needs to create a dedicated healthcare fund corpus to adopt innovative models to increase healthcare reach

Acceptability

- Need of greater quality adoption is required, that is not solely self-driven but largely legislative driven
- Quality accreditations of all healthcare services including education should be made mandatory

Affordability

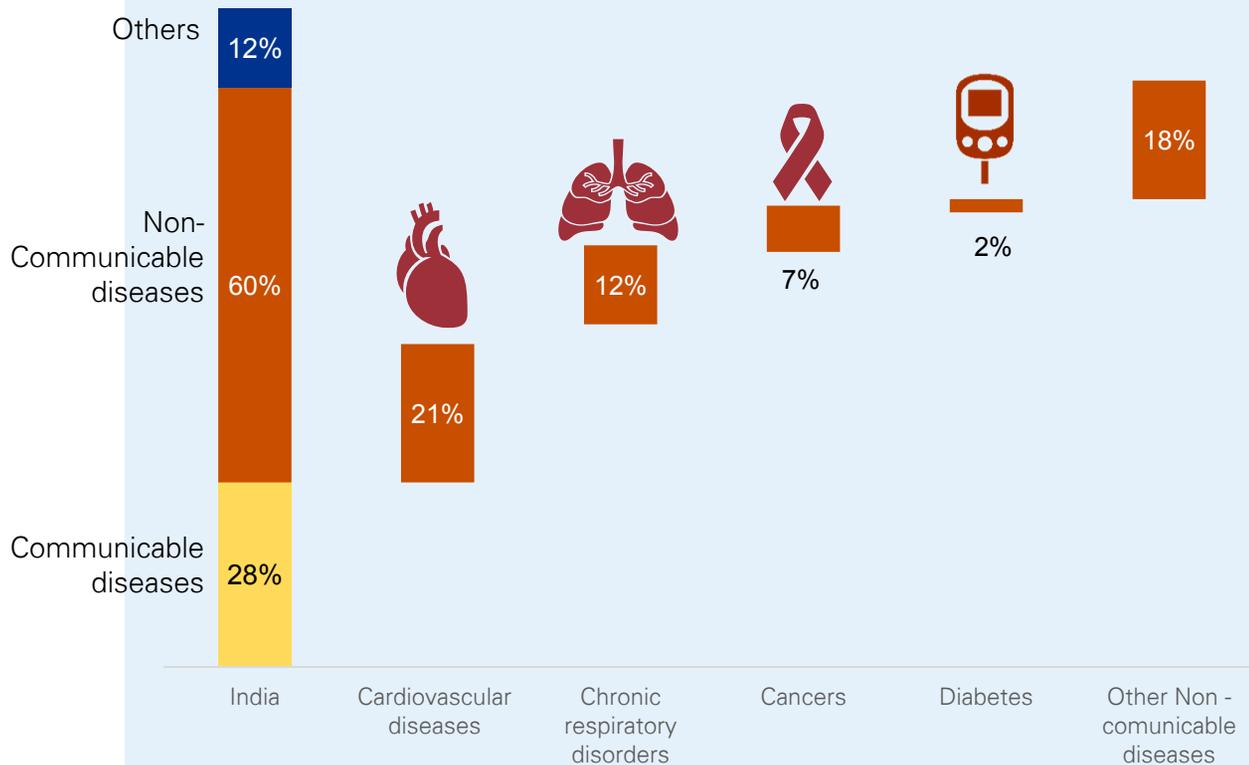
- Government needs to act as payer providing health security to each individual of the nation – **Universal Health Coverage**
- Penetration of Health Insurance needs to increase

Four pillars of healthcare system

With increasing urbanization, India is experiencing an explosion of non-communicable diseases, that today has become a major health challenge



Mortality causes



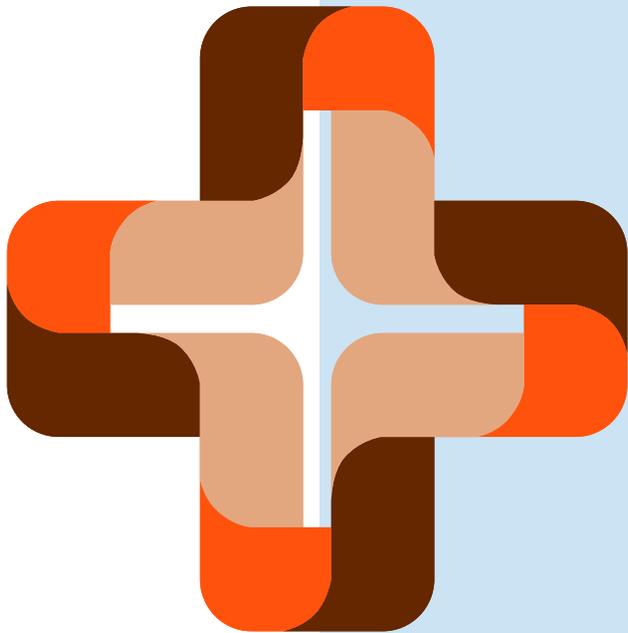
NCDs account for nearly 60 per cent of the death annually and for uncountable morbidity and disability

NCDs account for 40 per cent of all hospital stays and approximately 35 per cent of all recorded outpatient visits

India shares more than two-third of the total deaths due to NCDs in the South-East Asia Region (SEAR) of WHO.

Indian economy on the other hand is set to lose USD4.58 trillion before 2030 due to NCDs and mental health conditions

The current Indian healthcare state requires steps to be taken around the four pillars of healthcare to ensure effective actionable interventions



Poor healthcare indices

- Life expectancy (66 years) one of the lowest among BRIC nation
- IMR of 40 and MMR of 190 highest among the peer group



Poor availability

In Rural areas, only 37% of people have access to IPD facilities within a 5km distance, and only 68% have access to OPD



Growing NCD burden

- NCD's account for nearly 60 per cent of the death annually
- Indian economy is set to lose USD4.58 trillion before 2030 due to NCDs



Burdened care

- 40 million people are in debt due to health expenditure.
- Nearly a third of population are driven below poverty line due to health expenses



Inadequate healthcare infrastructure

- Number of hospital beds per 1,000 population (0.9) lowest among BRICS
- 75 per cent of dispensaries and 60 per cent of hospitals are present in urban areas



Inadequate government support

- Government funds only a third of health expenditure
- GDP spending (4.0%) on healthcare lowest among BRICS nation



Need for more human resource

- Lowest number of physicians per 10,000 population among BRICS
- **Rural-urban gap is wide:** 80 per cent of doctors are present in urban areas serving only 28 percent population



Poor insurance coverage

- 75 percent of population remains uncovered
- OOP contributes close to 86 per cent of private expenditure and 60 per cent of overall healthcare expenditure

Trends in healthcare industry have begun to evolve the Indian healthcare

- Increase in M&A activity
- Increase in PE and VC investment into healthcare

Increasing investment



- Day care centers (e.g.: Nova Daycare Center)
- End of life care centers
- Single Specialty Hospitals (e.g.: Arvind Eye care)
- Ayurvedic and Wellness centers

Evolving Delivery Models



- Evolution of E-health
- Adoption of new technology (E.g.: Swasthya Slate)
- Single Specialty Hospitals (e.g.: Arvind Eye care)
- Ayurvedic and Wellness centers

Technology adoption to improve accessibility



- The Indian Government is focused on developing the PPP model to cover the demand-supply gap prevalent in the healthcare sector. Example: Tamil Nadu Mobile health services

Private-Public Partnerships



- Government initiatives like the Rashtriya Swasthya Bima Yojna (RSBY), are driving the health insurance market in India
- The Third Party Administrators have added to the changing scenario of health insurance in India.

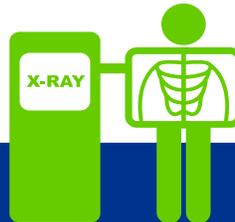
Increasing penetration of insurance



But more robust steps are required to achieve the desirable outcomes across the healthcare value chain



Prevention



Diagnosis



Treatment



Follow-up

Policy

Focus on non-communicable diseases and a health centered archetype



Affordability

Universal insurance coverage



Access

Robust primary healthcare, access to affordable drugs – Universal health access



Awareness

Increase awareness about staying healthy, adherence to treatment and benefits of insurance and



Technology

Implement technology tools at all levels to improve healthcare delivery, use IT for low cost solutions to increase affordability and



Way forward...

Healthcare delivery

- **Primary level:** Strengthen, incentivize and explore models such as PPP
- **Secondary level:** Strengthen CHCs, incentives for private sector
- **Tertiary care:** Establish more centers of excellence and incentivize private sector to establish affordable facilities



Healthcare funding

- **Public:** Effective utilization of budgets, restructure current insurance policies and insurance cover for all citizens
- **Private:** Incentivize private insurance sector to increase its participation in providing affordable healthcare for masses

Swasth
Bharat

Drug accessibility

- **Accessibility:** Strengthen supply chain and ensure proper implementation of Jan Aushadhi program
- **Quality:** Strengthen regulatory and legal framework
- **R&D:** Strengthen IPR regime, increase transparency in regulatory process



Human Resource

- **Policy:** Clear policy on opening of new medical colleges
- **Infrastructure:** Increase the number of undergraduate and post graduate seats in existing colleges, set up new colleges and establish PPP model
- **Quality:** Invest in continuous education and training of healthcare workforce

Thank you

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