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How to Take Modern Healthcare Facilities to Rural India

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Abstract:
COVID times has proved that modern healthcare facilities available in urban India can be carried to rural India. The way COVID has been managed, controlled and citizens have been vaccinated is a testimony to the fact that in spite of splurging population, we have been able to reach out to the healthcare needs of majority. Objective of this commentary is to study the present state of rural health, compare it with urban areas and check the feasibility of adoption of NinC's Indian model of Innovation for improving the same. This commentary is based on Literature survey. Results have concluded that coverage of primary healthcare services, such as antenatal care, institutional deliveries and insurance coverage is very low among the rural poor population. Effective adoption of Ninc model would change the rural healthcare scenario.

Keywords: Primary healthcare, rural poor, healthcare technology, policy makers, NinC's Model

Preamble:
An interesting story of twenty years old Eshwar, a resident of rural Karnataka, India shows the importance of Governments health insurance initiatives towards saving lives and preventing them to falling into debt and poverty. Eshwar recently had a successful heart valve replacement – an expensive surgery his family would not have been able to pay for without a state government's health insurance program supported by the World Bank, which provides free tertiary medical care to families living below the poverty line (BPL), for a range of complex illnesses.
Large part of the increased available funds through budgets have been invested in the government health service delivery system, predominently under the National Health Mission, launched in 2005, which has included several important innovations such as putting in place almost one million community health workers (ASHAS), paid through incentives tied to specific services rendered.

NinC's Indian Model of Innovation
National Innovation Council(NinC) was set up in India under the Chairmanship of Mr.Sam Pitroda, Advisor to the then Prime Minister Mr.Manmohan Singh to discuss, to analyse and help implement strategies for inclusive innovation in India and prepare a roadmap for Innovation between 2010 -2020. NinC Model of Innovation is the first step in creating a crosscutting system which will provide mutually reinforcing policies, recommendations and methodologies to implement and boost innovation performance in the country.
NinC has created Sectoral Innovation Councils to drive innovation across various sectors in India. It is aimed at harnessing the core competencies, local talent, resources and capabilities to create new

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opportunities in various economic sectors. Adoption of NinC's Model of Innovation could help the government in reaching rural poor with timely delivery of quality healthcare facilities which is the need of the hour.

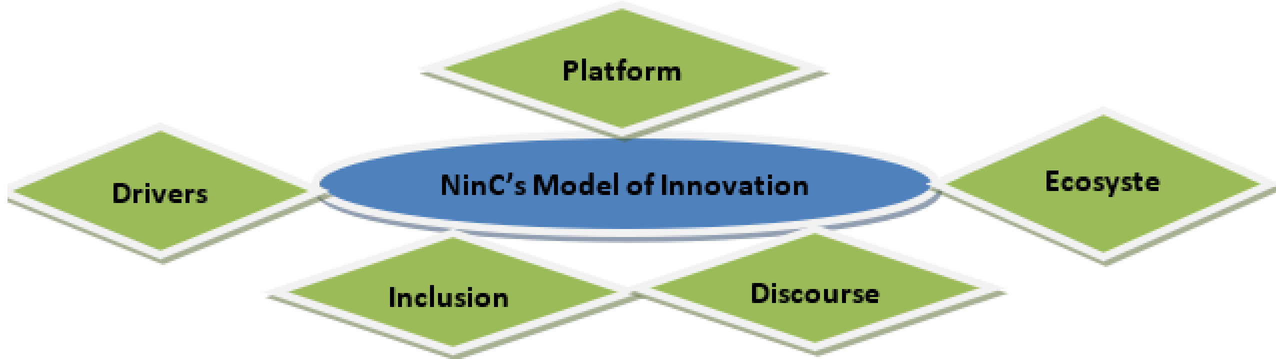


Fig.1. NinC's Indian Model of Innovation: Five Key Parameters

NInC is focused on encouraging and facilitating the creation of an Indian Model of Innovation by looking at five key parameters: Platform, Inclusion, Eco-system, Drivers and Discourse. NInC's initiatives are also aimed at fostering an innovation eco-system across domains and sectors which intervene with the healthcare sector to strengthen entrepreneurship and growth, and to facilitate the birth of new ideas and innovations.

1. Platform:

India has a technological and engineering expertise and prowess in medical science and technology which is as good as the international best. Further it is usually available at costs substantially lower than what one would pay for the same in a developed nation. Having said that, in terms of the burden of disease and preventable morbidities and mortalities, India performs very poorly compared to global standards.

2. Drivers:

Public Health System in India is entrusted with the delivery of healthcare facilities to the rural poor. The public health system can neither act as provider nor as regulator unless the barriers embedded in institutional structure and systems design are addressed and corrected. This is largely a governance issue, but even in governance there is considerable room for innovation. Public policy in the health sector needs to actively promote and welcome only those innovations that serve the needs of public health policy-increased access, quality of healthcare.

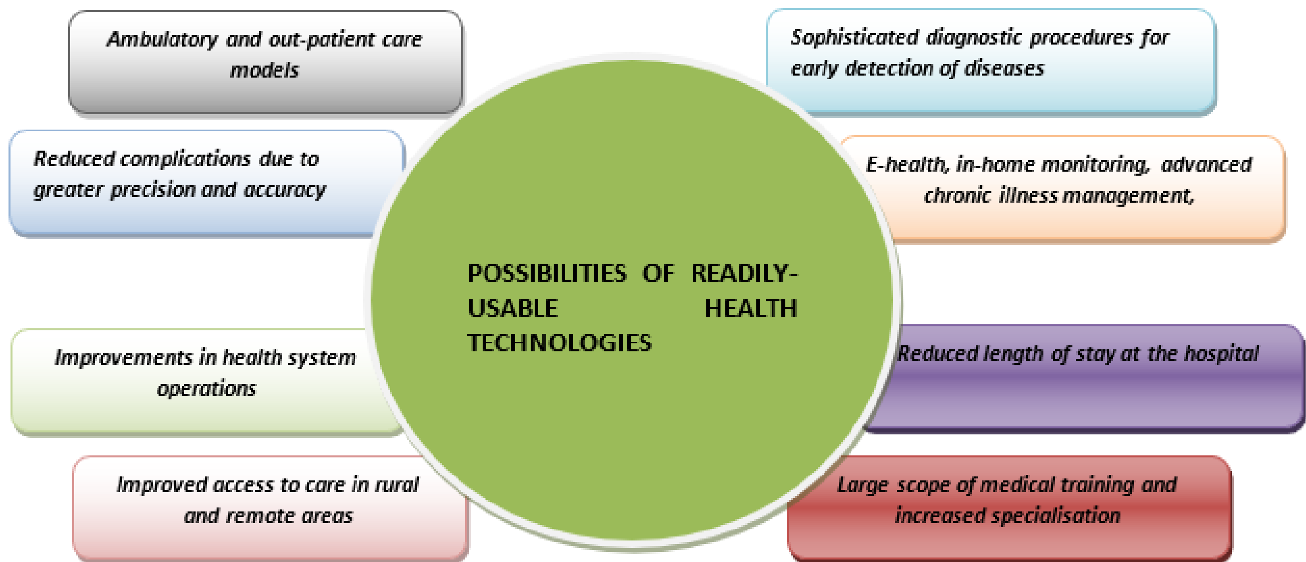
3. Inclusion:

In developed countries centralized emergency management systems help save lives daily, but many developing countries such as India lag far behind in creating and popularising emergency services. In many Indian states lack of transportation and weak referral systems pose significant challenges to poor communities' ability to access health facilities when in need of urgent medical care. Isolated attempts to provide emergency care in India have not been scaled up to cater to all segments of the community and address all kinds of emergencies in particular.

Further, there is a need for Inclusion of IVD and Other Streams of Healthcare for rural poor in India. High-quality diagnostic technologies are available for infectious diseases in most developed countries, but they are neither accessible nor affordable in developing countries, where disease burdens are high. Evidence-based treatment using diagnostic test results is needed to replace syndromic management or symptomatic treatment, which is often ineffective and increases the risk of development

of antibiotic resistance. There are several models by which technology transfer for local production can be accomplished. The agreement not only permits local production of tests based on this technology but also allows further R&D using the novel technology to produce tests for diseases prevalent in the local area.

There is a sheer need to include the **readily- usable health technologies** in the provision of quality healthcare facilities to the rural poor. The following figure(Fig 3) emphasises the various possibilities of these technologies in the service delivery.



4. Discourse:

Discourse refers to communication of thought by words. In the provision of healthcare services to the rural poor, **Social Campaigns** play a significant role. Social campaigns are conducted on various platforms to take initiative to identify, understand and get solutions for public problems and social issues. The campaigns are active discussions where the community members are engaged to contribute their views about various issues, and teams of these social campaigns helps coordinate these discussions into manageable threads.

5. Ecosystem:

Ecosystem refers to everything that exists in an environment, physical or biological. Ecosystem services are indispensable to the wellbeing of all people, everywhere in the world. They include provisioning, regulating, and cultural services that directly affect people, and supporting services needed to maintain the other services.

Role of Public Health System in the adoption of NinC Model of Innovation for Improving the health of rural poor:

To realise the dream of Swastya Bharat, adoption of NinC Model of innovation can be very useful. However, to harness this model, Public Health system needs to take the driver's seat. Only PHS can combine all the elements of the model, the five key parameters, Platform, Drivers, Discourse, Inclusion and Ecosystem. If it is done, reaching out to rural poor with quality healthcare services at affordable costs would be possible.

Health is a state responsibility, however the central government does contribute in a substantial manner through grants and centrally sponsored health programs/schemes. Various public health schemes taken

out by the central government include the Rashtriya Swasthya Bima Yojana which provides health insurance to poor families.

Benefits of adopting the NinC Innovation Model for Improving the health of rural poor:

Adopting NinC model for improving the health of rural poor can in deed make the Rural Health Mission more meaningful, reachable and effective.While the opportunity to enter the market is very ripe, India still spends only around 4.2% of its national GDP towards healthcare goods and services. Additionally, there are wide gaps between the rural and urban populations in its healthcare system which worsen the problem. A staggering 70 percent of the population still lives in rural areas and has no or limited access to hospitals and clinics.

Further, inclusion of other drivers like, Health Insurance can be brought under this umbrella. Most Indian patients pay for their hospital visits and doctors' appointments with straight up cash after care with no payment arrangements. According to the World Bank and National Commission's report on Macroeconomics, only 5 percent of Indians are covered by health insurance policies.

NinC Model is particularly impactful to synergise the efforts of various stakeholders in the healthcare service delivery to the rural poor. Particularly, the medical devices sector. This is the smallest piece of India's healthcare spectrum. However, it is one of the fastest-growing segments in the country like the health insurance marketplace. Till 2013, the industry has faced a number of regulatory challenges which has prevented its growth and development.

Conclusion:

There is an urgent requirement of improving the infrastructure and also putting proper manpower in place so as to optimally equip the public health system in the first place. A significant step in this direction has been the National Rural Health Mission (NRHM), which provides for improvements in the health infrastructure and manpower. A recent study of the health facilities in selected northern states was done as a mid-term evaluation of the NRHM and its effectiveness. Adoption of NinC model of innovation for healthcare can provide the roadmap for the effective utilisation of the funds which is diverted for providing healthcare facilities to the rural poor. Unless qualitative changes like availability of medicines, presence of doctors, availability of basic amenities in health facility, etc. are made on a sustained basis, the poor may not be attracted to use the public health facilities with confidence. Till then, the primary healthcare in rural areas is not likely to become effectively inclusive. Hence, creation of synergy among all the stakeholders involved in healthcare provision to rural poor is the need of the hour.

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