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Increasing Public Health Expenditure: An Urgent Need. In the latest edition of the IMPF Newsletter, we turn our focus to the imperative of increased public expenditure on the health sector in India. Public health spending increased from 1.6% of GDP in FY21 to 2.1% in FY23 (BE) and 2.2% in FY22 (RE), demonstrating the Indian government's steady progress in this area. Despite these advances, the call for further escalation is necessary and urgent.

Currently, the Current Health Expenditure (CHE) stands at Rs. 5,40,246 crore, constituting a significant 90.6% of Total Health Expenditure (THE). Meanwhile, capital expenditures represent a smaller share of 9.4% of THE, at Rs. 56,194 crores. It's important to note that the Union Government shoulders 34.3% of the Government Health Expenditure (GHE), with the State Governments contributing the larger portion of 65.7%.

The correlation between health expenditure and a nation's overall well-being is well documented. Nations investing adequately in health have been rewarded with healthier citizens and enhanced economic development. As we understand this connection, IMPF urges the Indian government to increase public expenditure on health to 3.1% of GDP by 2024-25.

This call to action will improve the health status of India's residents and contribute significantly to the country's economic progress. As we move forward, we believe a consistent commitment to health expenditure can set India on a robust path towards comprehensive healthcare and sustainable development.

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Non-Communicable Diseases in India: An Urgent Call for Prevention, Investment, and Equity

Non-communicable diseases (NCDs), specifically cardiovascular diseases, cancers, chronic respiratory diseases, and diabetes, are a significant health and economic burden on India. NCDs are responsible for 63% of all deaths in the country and are projected to cost India \$3.55 trillion in lost economic output between 2012 and 2030. Furthermore, they predominantly affect the most vulnerable segments of society, exacerbating existing socio-economic inequalities.

The Indian government has recognised this pressing issue and revised the operational guidelines of the National Programme for Prevention and Control of Non-Communicable Diseases (NP-NCD). The initiative underscores the substantial financial toll of NCDs on individuals and the economy. It emphasises a need for enhanced primary and secondary prevention efforts to improve the quality of care.

The government, aligning with Sustainable Development Goal 3, aims to reduce premature mortality from NCDs by a third by 2030. As part of this, the scope of the NP-NCD has been expanded to cover additional diseases, including Chronic Obstructive Pulmonary Disease, Asthma, Chronic Kidney Disease, and Non-Alcoholic Fatty Liver Disease.

Prioritising NCD prevention and management, the government aims to provide standard care to 75 million people suffering from hypertension and diabetes by 2025, representing the largest global coverage of NCDs in primary healthcare. This response is critical considering the human toll of NCDs, which is most pronounced among those over 30 years old, with cardiovascular diseases leading to NCD-related deaths in India.

Dr. VK Paul, a member of the health, NITI Aayog, has urged states to bolster the prevention and management of hypertension. His call emphasised the role of the private sector in ensuring that at least 80% of diagnosed patients receive the necessary screening and treatment.

The global economic and human rights impact of NCDs is significant. NCDs cause 41 million deaths annually, expected to rise to 52 million by 2030. Three-quarters of these deaths occur in low- and middle-income countries, emphasising the inherent socio-economic inequity linked to NCDs. Despite this, NCD prevention and management funding has remained stagnant, representing only 1-2% of health development assistance over the last two decades.

The inequitable human toll of NCDs underscores the urgent need for action. These diseases are a significant human rights issue, disproportionately affecting the poorest and most vulnerable populations. The inaction on NCDs has severe long-term implications in terms of human lives and economies, which far outweigh the required investment for their prevention and management.

Every dollar invested in the WHO's cost-effective interventions or "Best Buys" for NCD prevention and care can yield a societal return of at least \$7 through increased employment, productivity, and longevity. Implementing these interventions could save 39 million lives and generate a net economic benefit of \$2.7 trillion, providing a 19:1 return on investment.

Moreover, implementing fiscal policies, such as taxes on sugar-sweetened beverages, tobacco, and alcohol, has proven to be effective deterrents in many countries. By taking bold action on NCDs, governments can ensure both the short and long-term fiscal sustainability of their health systems, viewing health as an investment rather than a cost.

In conclusion, the fight against NCDs in India requires a concerted and multi-faceted approach. From financing preventive measures to ensuring access to quality care for the affected, tackling NCDs is critical to

achieving health equity and promoting sustainable development.

Dr Sanjay Jaiswal
Member of Parliament (Lok Sabha)



The 2nd Roundtable on MedTech4All Focuses on Equitable Access to Medical Devices in India

Co-hosted by NITI Aayog and the Indian Medical Parliamentarians' Forum (IMPF), the second edition of the Roundtable on #MedTech4All was held on March 27, 2023. The event aimed to address equitable access to medical devices across India, a top 20 market for the industry, albeit one that imports nearly 86% of its devices.

Despite its comparatively small manufacturing capacity, the sector holds promising double-digit growth potential, chiefly due to governmental efforts to establish India as a global medical equipment supplier. Measures taken by the government, including 100% foreign direct investment (FDI) and robust R&D initiatives, are predicted to result in a compound annual growth rate (CAGR) of 35.4% from 2020 to 2025.

Key stakeholders from various fields discussed the pressing need to ensure equal access to critical care medical devices and establish evidence-based pathways for decision-makers. Dr. Preeti Kumar and Dr. Srinath Reddy from the Public Health Foundation of India (PHFI) further highlighted the issue in a knowledge paper they presented. It underscored public hospitals' need to adopt advanced medical technologies and encouraged Value-Based Procurement (VBP) through Health Technology Assessment (HTA).

Dr. Yugal Kishore Mishra, Chair of the Association for Cardiac Surgeons, and Dr. Chitra Gupta of Medanta Hospitals endorsed these suggestions. Government officials, including Mr. Suman Bery, Vice Chairman, NITI Aayog; Dr. Vinod Paul, Member, NITI Aayog; and Ms. S. Aparna,



Secretary, Department of Pharmaceuticals, emphasised the government's efforts on public healthcare and the focus on research in this sector.

Honourable Members of Parliament Dr. Mahesh Sharma, Dr. Senthilkumar, and Dr. Lorho Phoze further emphasised the need to strengthen the adoption of the latest technologies and the procurement of quality medical devices.

Mr. Arnab Basumallik, representing FICCI, argued for providing cutting-edge medical technologies in teaching medical universities for academic and research applications.

The roundtable concluded with an emphasis on implementing new procurement processes, developing the medical device sector sustainably, ensuring patient interest protection, and guaranteeing the timely provision of essential medical technologies without discrimination.

Furthermore, the government's focus areas were delineated: fortifying state regulators, boosting skill and knowledge levels, creating conducive infrastructure, capitalising on human resource capital, and enhancing branding and awareness. Good regulation was also touted as essential for the sector's success, emphasising achieving accessible, quality, and affordable medical technology at the grassroots level.

Schemes, such as the Production-Linked Incentive (PLI) for healthcare and the introduction of smart pharma parks to foster innovation and R&D, are anticipated to bolster patient access and affordability and foster a robust, growth-centric ecosystem.



Health and Wellness Centres: Strengthening Comprehensive Primary Health Care

The goal of Universal Health Coverage (UHC) is to ensure equity in health. Progressive realisation of UHC is also one of the key features of the UN Sustainable Development Goals (SDGs). India's commitment to achieving UHC is reflected in its policies and institutional mechanisms, which are directed towards increasing coverage and access to health services. India is working on a health model that is holistic and inclusive – a model that stresses preventive health care – and easy, affordable, and accessible treatment in cases of diseases are the prime focus areas.

The National Health Policy (NHP) 2017 stressed Comprehensive Primary Health Care (CPHC). To address issues of non-communicable diseases (NCDs) such as cardiovascular diseases, diabetes, cancer, respiratory diseases, and other chronic diseases and to achieve progress towards UHC, India launched the Ayushman Bharat, one of the most ambitious health missions. Ayushman Bharat is bringing revolutionary change to the country. It encompasses two complementary schemes: Health and Wellness Centres (HWCs) and Pradhan Mantri Jan Arogya Yojana (PM-JAY). HWCs are envisioned as the foundation of the health system to provide CPHC. PM-JAY is envisaged to provide financial risk protection to poor and vulnerable families, whereby Rs 5 lakh per family per year is provided for secondary and tertiary care.

The HWCs aim to strengthen existing maternal and child health services, expand to include NCDs, and incrementally deliver services for mental health, ENT, ophthalmology, oral health, geriatric and palliative health care, trauma care, etc. HWCs closer to the community also aim to provide free

essential drugs and diagnostic services. It is worth mentioning that comprehensive HWCs aim to provide CPHC under 12 service domains, including screening, prevention, control, and management of NCDs. The services include all aspects of health care, i.e., promotional, preventive, and curative.

Further, a population-based initiative for prevention, control, and screening for common NCDs, i.e., diabetes, hypertension, and three common cancers (oral cancer, breast cancer, and cervical cancer), has been rolled out in the country under the National Health Mission (NHM), which is also a part of CPHC. Persons more than 30 years of age are targeted for screening. To date, more than 1.59 lakh HWCs have been operationalised, which is more than expected.

The HWCs should be strengthened further by implementing the following:

- Ensuring the availability of essential medicines and essential diagnostic facilities at the HWCs
- Capacity building for role clarity between Community Health Officers, Auxiliary Nurses, and Midwives to prevent conflict of authority.
- Integrating technology and IT infrastructure is crucial for efficient HWCs, including digitising health records using ABHA IDs for better beneficiary tracking.
- Increase community participation and ownership through existing platforms like VHSNC, MAS, and JAS and focus on demand generation for health services through social accountability and community involvement.
- MOHFW should establish effective referral linkage between HWCs, PHCs, and secondary and tertiary care services.
- PM-JAY and HWCs must coordinate for efficient care access and quality.
- WHO emphasises self-care as a cornerstone for sustainable health systems, supporting universal health coverage (UHC), enhancing primary healthcare, and ensuring service continuity.



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TN-KET: India's First State-wide Differentiated TB Care Model for Reducing TB Deaths

In 2020–21, there was an increase in estimated TB deaths and reported death rates in India's National TB Elimination Programme (NTEP). Backed by evidence from pilots on triaging for severe illness in Karnataka (2020) and Gujarat (2021), Tamil Nadu decided to triage all adults (15 years) with TB at diagnosis. Starting in April 2022, all districts except Chennai in the state detected adults with severe undernutrition, respiratory insufficiency, or poor performance status at diagnosis (during triaging) and prioritised them immediately for referral, comprehensive assessment, and inpatient care (Figure 1).

ICMR-National Institute of Epidemiology (ICMR-NIE) and Tamil Nadu State TB Cell jointly led the Tamil Nadu *KasanoiErappilaThittam* (TN-KET) TB death-free project in Tamil). It implemented India's first state-wide differentiated model for reducing TB deaths. TN-KET is an implementation project with a built-in operational research (OR) component. As the lead institute, ICMR-NIE provides technical support in planning, implementation, monitoring, and OR. As of now, ICMR-NIE plans to provide technical support for two years. The existing health workforce implements TN-KET as a health system initiative in routine operational settings (without project-specific funding). All public hospitals diagnosed with TB use a single paper triage tool. For the management of severely ill adults with TB (triage-positives), ≈150 TN-KET nodal inpatient care facilities (≈900 TB beds earmarked) were identified (with a nodal physician). They provided a single-paper case record form for comprehensive assessment and an inpatient care guide (Figure 1).

The inbuilt OR component of TN-KET focuses on assessing/understanding: a) Is it feasible to comprehensively assess all without triaging; b) Is implementing TN-KET (losses and delays in the TN-

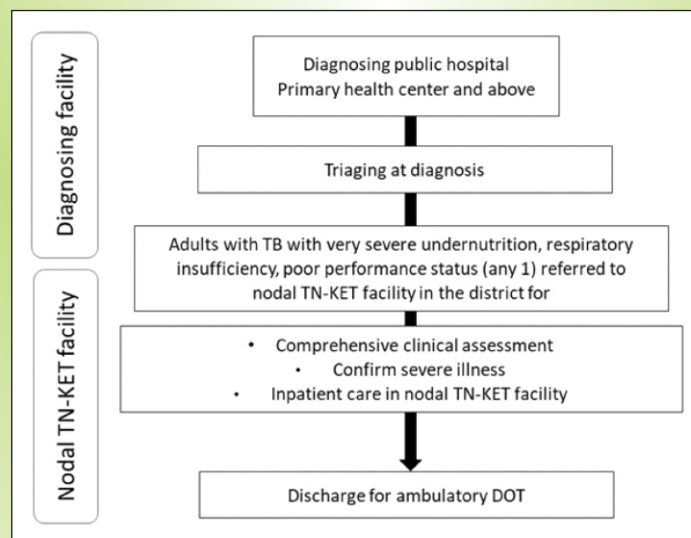


Figure 1. TN-KET care cascade

KET care cascade and associated factors) feasible? What is the impact of TN-KET, and How many quarters of implementation of such a statewide strategy are required to impact TB deaths? c) What are the patient and provider perspectives regarding enablers, challenges, and suggested solutions to improve TN-KET performance?

TN-KET to End TB Deaths exemplifies how available resources and expertise in research organisations and state health systems can change people's lives.

Between April and December 2022, 39,708 adults diagnosed with TB in public facilities were triaged, and 4664 were eligible for referral. Of these, 71% were referred, assessed, and confirmed as severely ill at nodal inpatient facilities. Of these, 94% were admitted for inpatient care. The median time from diagnosis to admission was one day, and the median admission duration increased to six days. The absolute number of TB deaths, early TB deaths, and home TB deaths declined in 2022.

In 2022, TN-KET was implemented for three quarters, reducing care cascade losses and TB deaths. However, improving median admission duration and focusing on inpatient care quality, particularly for severe undernutrition, is crucial. This will lead to further decreases in TB deaths in 2023. The TN-KET care cascade will focus on providing quality inpatient care for severely ill adults, ultimately impacting TB mortality.

With the technical support of ICMR-NIE and the Tamil Nadu State TB Cell, the Central TB Division conducted a 'three-day' national consultative workshop on implementing differentiated TB care in India (2023), Chennai, May 24-26, 2023. The participants were the state TB officers or their representatives from all over India. This workshop aimed for the states to learn from the Tamil Nadu model (through technical presentations and field

visits) and use their learnings to adopt the TN-KET tools and strategy in their respective states. The burden of very severe undernutrition is expected to be higher in other states. As they prepare to implement differentiated TB care, they should prepare for the provision of therapeutic nutrition during inpatient care in the district or teaching hospitals.

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Dr Asha Frederick
State TB Officer and Additional Director of Medical and Rural Health Services, Government of Tamil Nadu, Chennai

Accelerating the Fight Against Malnutrition

As we move towards the year 2030, when the performance of all countries in achieving the 17 Sustainable Development Goals (SDGs) will be assessed, it is time to check our progress. Based on the annual rates of reduction achieved, India needs to catch up to achieve the target of a 50% reduction in the number of under-5 stunted children and a reduction in waste to less than 3% by 2030.

Our problems are further compounded by the fact that overweight/obesity (SDG target 2.2.2) among children under five years of age has increased from 2.1% in 2015-16 to 3.2% in 2019-21, while anaemia (SDG target 2.2.5) among them during the same period has increased from 58.6% to 67.1% (NFHS-5).

Several key health and nutrition interventions are needed to lower malnutrition rates among infants and children. First, it is essential to register for antenatal check-ups (ANC) early and to complete at least four ANCs during pregnancy. Ensuring that women receive an adequate and diverse diet during pregnancy and lactation is also critical, as is opting for institutional delivery. It's important to initiate breastfeeding within one hour of birth and continue exclusive breastfeeding for the first six months of the child's life. Timely and age-appropriate complementary feeding and a balanced diet for infants and children are also vital.

The environment in which the child grows is equally significant, with responsive and nurturing care for infants being a requirement. Full immunisation, including for rotavirus and pneumococcal conjugate vaccine (PVC), contributes to the child's healthy growth. Growth monitoring, especially for babies with low birth weight, should be routinely performed, along with the early



detection and management of severe or moderate acute malnutrition (SAM/MAM).

Efficient and prompt management of diarrhoea and other childhood infections is necessary to prevent further health complications. Lastly, the provision and consumption of iron-folic acid (IFA) tablets during pregnancy and lactation, as well as during infancy, childhood, adolescence, and adulthood, helps ensure the overall well-being of both mother and child.

All these interventions are already part of the Government of India's (GOI) health and childcare programmes. However, these interventions' low and varying coverage rates across the country are a challenge to achieving the set targets.

The profiles of States and Union Territories (UTs) (State Nutrition Profiles | NITI Aayog) and districts (District Nutrition Profiles | NITI Aayog) in achieving their nutrition targets are available. The same is also available on an interactive dashboard for parliamentary constituencies (India Policy Insights | NITI Aayog), districts (India Policy Insights | NITI Aayog), and even villages across India (Visualising Village Level Child Undernutrition in India |

Geographic Insights Harvard.edu)).

A convergent approach across ministries and workers is crucial for the early identification of pregnant and lactating women, newborns, and children, risk assessment, efficient use of IT tools, district and village data planning, intensive follow-up, and service availability. Effective messaging through Jan Andolan activities promotes health and nutrition behaviours among the masses.

Women's collectives, panchayats, and district administration are crucial in combating malnutrition. Examples from Uttar Pradesh, Bihar, and Odisha show significant improvements in maternal and child-healthy behaviours. Integrating

health programmes into SHGs has led to life-saving maternal and newborn care practices. The District Magistrate of Rampur in Uttar Pradesh eradicated malnutrition among over 5000 children, anaemic pregnant women, lactating women, and malnourished adolescent girls, receiving an award from the Honourable Prime Minister in April 2023. It is time to strengthen action across districts and villages by replicating these success stories to ensure we achieve our goals within the limited time.

Dr. Neena Bhatia

Professor at Lady Irwin College, University of Delhi, and former Senior Specialist at NITI Aayog, India

State-Level Workshop Advances 'Stroke Ready' Initiative in Manipur

In response to the alarming rate of stroke incidence in Manipur, where 13 people suffer a stroke daily, the Indian Medical Parliamentarians Forum (IMPF) organised a workshop titled "Stroke Ready Manipur" on February 25, 2023, at Classic Grande in Imphal. The workshop aimed to highlight and address the prevailing challenges in stroke care in the state and across the country, which sees a new stroke case every 40 seconds and a stroke-related death every 4 minutes.

The half-day workshop convened prominent health professionals and representatives from diverse sectors, such as government, healthcare, academia, and the private sector. The inaugural

session panel featured state health dignitaries, including Dr. Lorho Pfoze MP (IMPF Joint Convenor), Dr. Padma Srivastava (AIIMS Stroke Expert), and directors of RIMS and private hospitals. Doctors and healthcare professionals attended the workshop from leading medical institutes in the state.

The discussion revolved around enhancing Manipur's readiness to tackle strokes, focusing on key areas such as the general public's lack of stroke awareness, underdeveloped stroke care services, and the need for adherence to quality stroke care protocols.

The state and India face a substantial stroke burden, but services remain inadequate. With only about 500 stroke units nationwide, primarily in private hospitals, access to essential treatments like thrombolysis and thrombectomy is limited, especially in rural areas.

Emphasis was laid on improving awareness about the nature of strokes, how they differ from heart attacks, and the importance of immediate medical attention in preventing paralysis and death. Participants also discussed the challenges in stroke care, including a shortage of qualified personnel, inadequate infrastructure, and economic hurdles to affordable stroke care.



The workshop acknowledged existing government initiatives, such as the National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases, and Stroke (NPCDCS) and the inclusion of stroke care packages in PM-JAY Ayushman Bharat. However, it also stressed the need for more concerted efforts, such as the Stroke Centre Certification Programme launched in November 2022, which aims to accredit 25–30 hospitals annually, raising care standards and outcomes.

The workshop ended with an interactive session where attendees shared experiences and best practices, setting the stage for a more practical approach towards managing stroke in Manipur.



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