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**Address by Shri Ghulam Nabi Azad, Union Health Minister, Ministry of Health & Family Welfare, Government of India**

At the outset, let me express my heartfelt thanks for the opportunity provided of addressing this august gathering. I am indeed privileged to address this eminent forum as it provides an opportunity not only to reaffirm the thrust on 'Health for all' by our UP A government but to reiterate the importance of the health sector in the economic growth of the country and to explore possible areas of partnership.

I am pleased to report that the expenditure on health has gone up by 1.4% of GDP in 2008-09 as compared to dismal 0.97% in 1999-2000.

In spite of a faster rate of growth in GDP, the expenditure on health has increased ever since the UP A government prioritized the need for investing in health with the launch of the National Rural Health Mission in April 2005.

For the first time since independence, the Central Government is providing resources to State Governments for physical infrastructure, maintenance, human resources and equipments from district level to sub-center level. NRHM in partnership with States, is completely revamping the primary health care system in India.

It is attempting to provide a fully functional platform of health care from the village to the sub centre, the Primary Health Centre the Community Health Centre, the sub district and district hospital. NRHM has demonstrated in its short journey of four years how significant changes can be brought about in the number of outpatient cases, inpatient cases, institutional deliveries, drug availability, diagnostic services, nurses, paramedics, doctors, specialists and emergency ambulance services.

It is a matter of great satisfaction that we have made considerable progress towards achieving the Millennium Development Goals (MDGs).

The reduction in Maternal Mortality Ratio from 301 to 254, Infant Mortality Rate from 58 to 55 and reduction in TB and Malaria cases are all indicators that we are on the right track of achieving better health outcome through strengthened primary care.

Institutional deliveries have increased from 40.9% (2002-04) to 47% (2007-08) and full immunization coverage of children upto 2 years has gone up from 45.9% (2002-04) to 54.1 % (2007-08).

In order to accelerate progress towards the achievement of MDGs and combat communicable as well as non-communicable diseases effectively, we are supporting the States in reforming the state supported public health delivery system.

However still, expenditure in health must go up considerably. The UP A government has tried to do so over the last five years, though much more remains to be done. Health is a state subject and State Governments also need to raise public expenditure on health. It is only through a partnership of the Central and the State Governments that the objective of 2-3% GDP public expenditure can be achieved.

The attainment of the MDGs shall involve continuous investment in and strengthening of health systems as well as building human resource capacity.

The issues of inaccessibility, inadequate infrastructure and need for far more human resources for health in the rural areas however remain huge challenges. It is this area that the private sector can play a crucial role in augmenting and supplementing the efforts of the Government.

On the flip side, years of prolonged underfunding of the public health system and dependence on the private sector has pushed the cost of health care and also affected access.

The National Sample Survey Data clearly indicates that hospitalization cost @ Rs 7,408 in rural areas in private hospitals is much higher than the hospitalization cost in government hospitals @ Rs 3238 in rural areas. In urban areas it is Rs 11,553 in private hospital and Rs 3,877 in government hospitals as hospitalization cost.

In the decade of 1986 to 1996, the number of persons who did not seek health care due to poverty increased from 15 to 24 % in rural areas and from 10 to 21 % in the urban areas.

However on the brighter side, the huge presence of the private sector can be an asset in provision of better health to the people of the country especially the poor and the vulnerable, through effective Public Private Partnership popularly called as PPP.

PPP is to be seen in the context of viewing the whole medical sector as a national asset with health promotion as goal for all

health providers, private or public.

Such a public-private mix would be based on a functional public health system, complimented by a number of private players contributing to public health goals jointly.

The potential areas where private players can play a crucial role are provision of health Services, disease control and surveillance, diagnostics and medicines, health manpower, capacity building including training and systems development, managerial service and auxiliary activities of the health sector.

While the thrust of NRHM is on revitalizing public system on health care, it provides for partnerships with non-Governmental sector to achieve different health goals.

Successful PPP models abound in areas of ambulance referral services. Emergency Medical Research Institute (EMRI), a registered society now renamed as GVK EMRI is an Emergency response service with a toll free number (108) which can be accessed from any part of the state during medical emergencies.

GVK EMRI is now functional in the states of Andhra Pradesh, Assam, Gujarat, Goa, Karnataka, Tamil Nadu, Meghalaya, Uttarakhand, MP and Rajasthan.

It functions through a 24X7 call centre which immediately directs the nearest vehicle fitted with GPS to the site.

The vehicle has trained paramedics and stabilization equipments to handle the medical emergencies. Thereafter the patient is moved to the nearest health facility available.

There are other examples in the field of Family Planning, Blindness Control, TB Control, where service provision at agreed costs and standards have been provided by the non-governmental sector.

In most cases of partnerships it is the agency of public expenditure on which the partnership is based. For a country like India no homogeneous model for partnership is feasible.

There is a need for "letting a hundred flowers bloom". The needs and situation of every State is unique and there is a need to allow for a diversity of approaches to partnerships.

Thrust on transparency and trust will ensure that such partnerships are sustainable and in the interest of both the partners.

However it is pertinent that the issues of Equity, Quality and Regulation also underline the partnership so that services reach the poor and the most vulnerable.

At the end, I would like to take this opportunity to urge all the partners of development, be in the government or non government sector to join hands and develop such workable and successful models, which can bring great benefits to the economy and the population and make health services accessible to all.

Thank You for your kind attention.