



How can we make India the Leading Example for Large Scale Affordable Healthcare?

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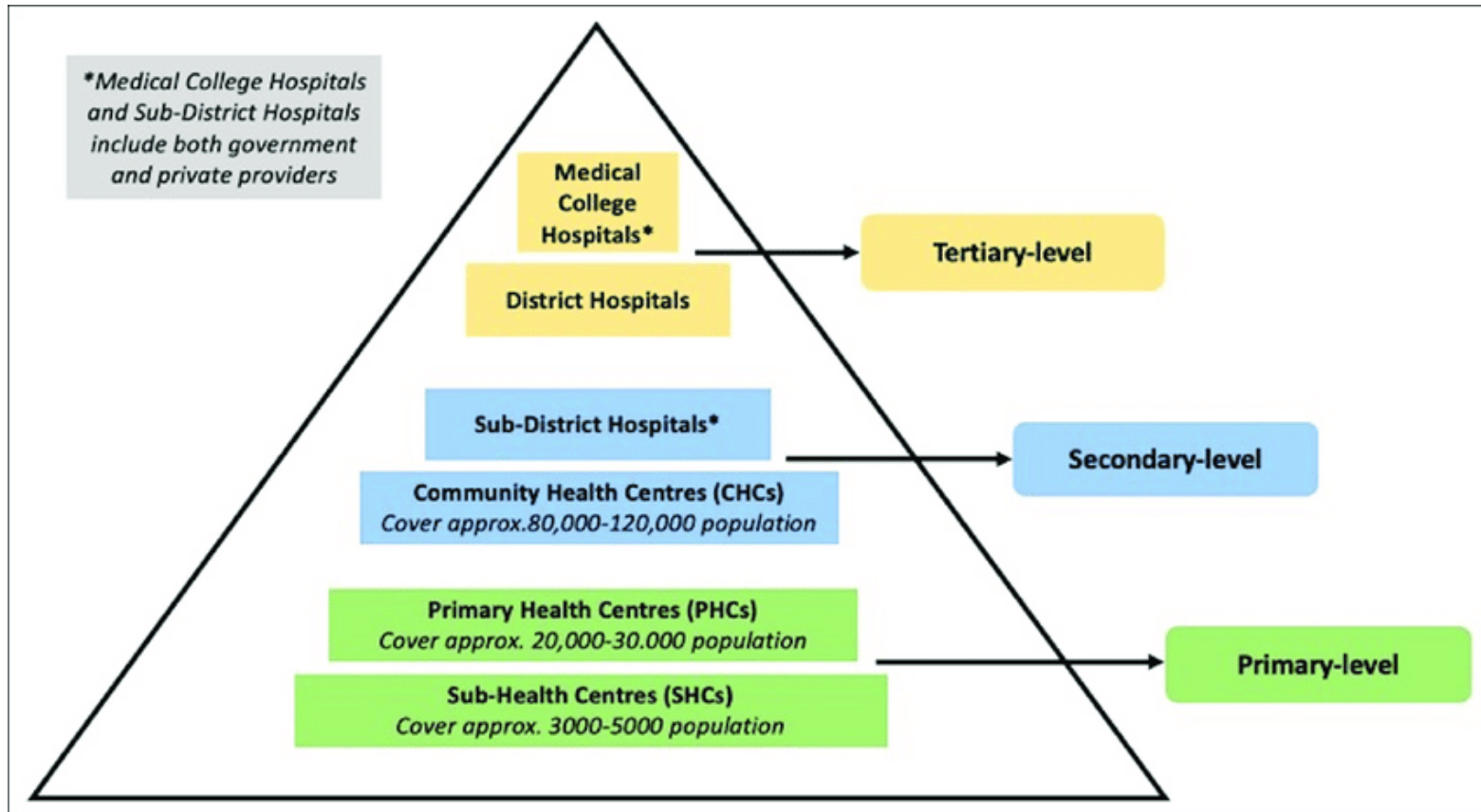
State of Indian Healthcare

- India spends nearly 3.8% of its GDP on healthcare – Public and Private
 - ~ Rs. 5000 per person annually
 - Central and State Govt share (32%) + Households (68%)
- 25% of population does not have access to quality healthcare
 - Any major spending results in long term financial stress
- Access and Quality of healthcare varies widely within and between regions
 - Particularly, rural areas and socio-economically lagging regions
- Vision: By 2047, every citizen must have access to affordable quality healthcare

High-level functional view of Healthcare

- Physical, Mental and Social well-being
- Functional categories
 - Diagnosis
 - Treatment
 - Rehabilitation
- Human-to-Human service delivered through four pillars
 - Infrastructure
 - Healthcare professionals
 - Drugs and Vaccines
 - Equipment, Devices, Consumables...

Infrastructure



- India has 1.4 hospital beds (0.5 public + 0.9 private) per 1,000 population
- Facility shortage is more pronounced in rural areas in primary and secondary care
 - 46140 Sub Centres (24%)
 - 9231 Primary Health Centres (29%)
 - 3002 Community health Centres (38%)

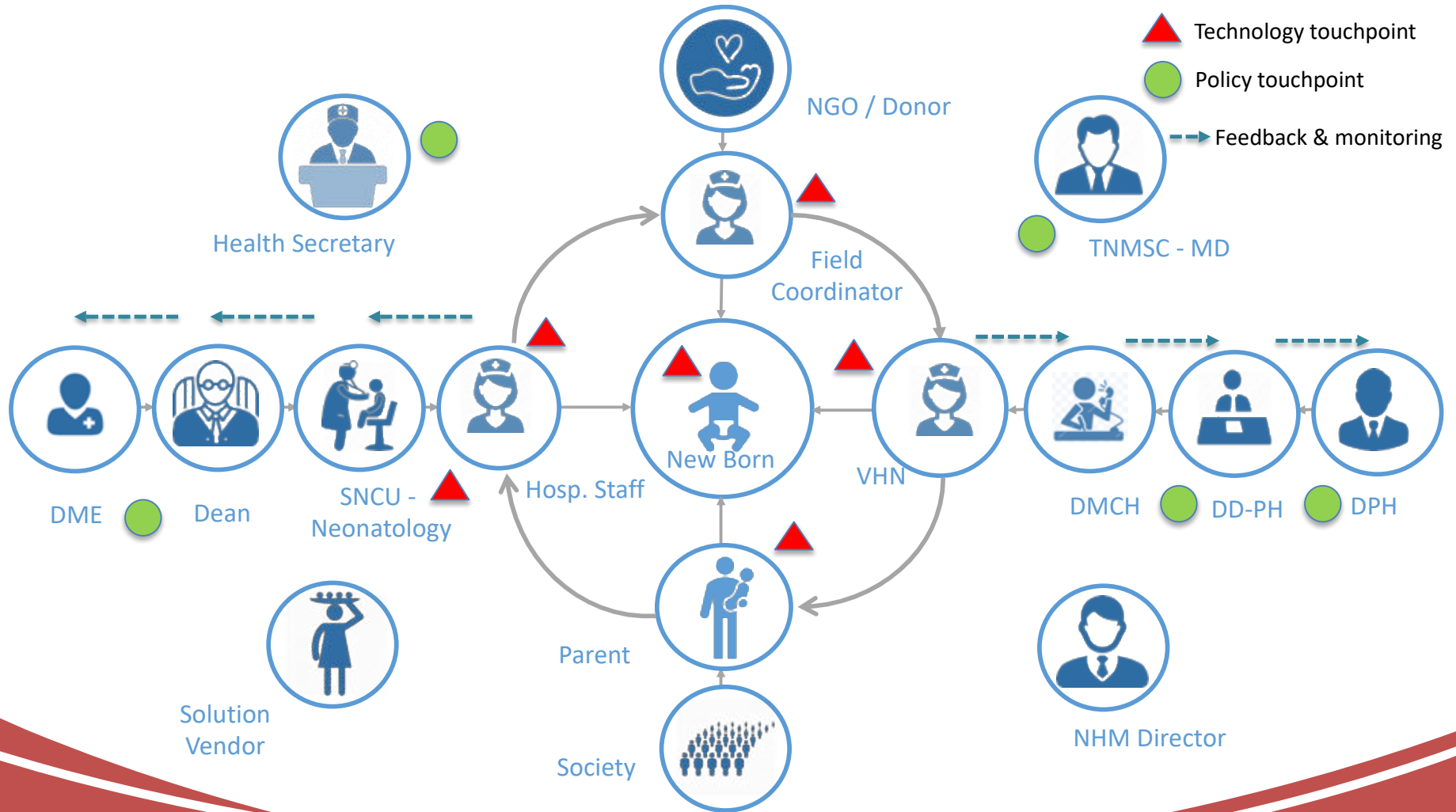
Healthcare Professionals – More or less..?!

- 5.76 million health workers
 - Allopathic doctors (1.16 million)
 - Nurses/Midwives (2.34 million)
 - Pharmacist (1.20 million)
 - Dentists (0.27 million)
 - Traditional medical practitioner (AYUSH 0.79 million)
- Again, shortage is severe in rural areas
- Example – Acute Shortage in Community Health Centres
 - 78.9% of Surgeons
 - 69.7% of Obstetricians & Gynecologists
 - 78.2% of Physicians
 - 78.2% of Pediatricians
- **Without solving for this problem, quality healthcare cannot reach rural regions**

Drugs/Vaccines & Medical Equipment – Contrasting Stories

- Self-reliant in drugs and vaccines, and a significant global pharma player
 - Large supplier of generic medications (20% volume)
 - Large supplier of vaccines (60% of global demand)
 - 60-80% of APIs imported from China → Needs attention
 - Biopharma is significantly untapped → Potential global leadership
- 80% of Medical equipment imported
 - Weak hi-tech manufacturing
 - Industry still nascent
 - Digital and Software driven systems → Opportunity

Complexity of Healthcare Structure leads to Slow and Poor Adoption of Innovations – Need creative governance



How can we make India the Leading Example for Large Scale Affordable Healthcare?

- Public and Private spending will continue to increase
 - Shortage is *only* ~2X and manageable amounts
- Governance and Delivery at rural level need the most improvement
 - Need practical solutions to bridge the availability gap of medical experts
 - Gatekeeping mechanisms at primary/secondary care critical for ensuring affordability and quality
- Need to be cautious of traps
 - Converting Healthcare to 'Medical'Care will be disastrous
 - Aging wave coming up in two decades
 - Draw on strengths of time-tested practices, traditional medicine and family systems