Pandemic resilience - Call for a Public Health Act

Why in news?

The recent report of the parliamentary Standing Committee on Home Affairs has called for a comprehensive Public Health Act.

What shortcomings did the pandemic expose?

- When the pandemic arrived, National Health Profile 2019 data showed that there were an estimated 0.55 government hospital beds for 1,000 people.
- Prolonged underinvestment in public health infrastructure thus left millions seeking help from a highly commercialised private sector.
- There was little regulatory oversight into this.
- Urban workers fled to their villages, afraid of the cost of falling sick in cities.
- The situation was even worse in rural areas, where care facilities are weaker.

What are the other concerns?

- India has committed itself to covenants such as the Sustainable Development Goals.
- But it continues to evade making the right to health a full legal and justiciable right under the National Health Policy.
- Oversight on hospitals to ensure that patients are not turned away in a crisis such as COVID-19 was missing.
- Among the committee's observations is the absence of insurance cover for many.
- The panel is right to view this as a breach of trust.
- On the other hand, one of the pandemic's impacts has been a rise in insurance premiums, especially for senior citizens, of even up to 25% of the insured value.
- The insurance regulator, IRDAI, even set 65 as the maximum age of entry for a standard policy earlier in 2020.
- This affected older uninsured citizens. Such age limits must be fully removed.

How will the Act benefit?

- The call for a Public Health Act comes as a response to the extreme stresses caused by COVID-19 as said above.

- Acknowledging the distortions, and the inadequacy of existing legal frameworks, the panel has called for a comprehensive law.
- It is a welcome call to reform a fragmented health system.
- The law is intended to curb profiteering during such crises and provide robust cashless health insurance.
    - The Act should also cover overall system reform, addressing the structural asymmetry created by misguided policies.
    - This would serve a larger purpose and address the commerce surrounding health-care provision.

What are the much needed reforms?

- The answer to creating an equitable framework for healthcare lies in a tax-funded system.
- The government must be the single and sole payer to care providers.
- This is a long-pending recommendation from the erstwhile Planning Commission, and should be part of any reform.
- The government, as the single-payer if not sole care provider at present, would be better able to resist commercial pressures in determining costs.
- This is equally applicable for central procurement of essential drugs, which can then be distributed free.
- Legal reform must provide for a time-bound transition to universal state-provided health services.
- It must work under a rights-based, non-exclusionary framework, with States implementing it.
- Private arrangements can be an option.
- COVID-19 has exposed the dangers of excessive reliance on private tertiary care.
- It highlights the need for raising public spending to the promised 2.5% of GDP on public facilities that are universally accessible.

Source: The Hindu

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