

Ishaan edit

It took a pandemic for the government to wake up to the potential of affordable healthcare delivery at the grass-roots; healthcare experts like Dr Devi Shetty of [Narayana Hrudayalaya](#) have advocated this for nearly two decades now. Nevertheless, the newly launched Ayushman Sahakar scheme is a leap forward. Taking a cue from Kerala's success with cooperative-run healthcare, the Union government announced the scheme under which the National Cooperative Development Corporation will extend term-loans totalling Rs 10,000 crore to cooperatives to set up healthcare infrastructure in rural areas.

Ayushman Sahakar loans can be used to set up primary healthcare facilities, medical and dental education infrastructure, diagnostic centres, pharmacies, wellness centres, Ayush centres, etc. The potential of such a step is evident in the success of Kerala's 30 cooperative hospitals; one, as per a report in Hindu Business Line, even runs OPD extensions in Abu Dhabi and Dubai. However, a lot more needs to be done if the government is to deliver basic healthcare access to all—something that is treated as a primary governance deliverable, even a right, by many nations.

The government—both the Centre and the states—accounts for just a third of the annual overall healthcare expenditure in the country. Indeed, India's public spending on health as a percentage of GDP, at just 1.29%, compares poorly with the OECD average of close to 9%. Add to this the shortage of healthcare personnel in the country—0.6 doctors per 1,000 population and 2.2 nurses for each doctor, against the WHO recommendation, respectively, of 1 per 1,000 population and three nurses per doctor—and the enormity of the disaster that Covid-19 would have wrought had India's hospitalisation demand been as high some Western nations becomes apparent.

What's worse, there exist sharp divides between the states on these metrics; Bihar, for instance, has a doctor-population ratio of just 0.26, and a functioning, government-run healthcare facility (up to the secondary level) for every 10,222 people against the India average of one for every 6,752 people. At the end of March last year, the country's rural areas were facing a shortfall of 18,000 specialists at community health centres.

In a 2011 report for the Planning Commission, Dr Srinath Reddy had recommended setting up

of nursing schools in under-served states, and linking medical colleges to district hospitals to dramatically lower costs of medical education, and ensure a greater supply of doctors in rural areas. However, the government has done little in this regard. Technology and teleconsultation also represent a quantum jump in extending healthcare reach, but for this, too, the government will have to invest in equipping PHCs and CHCs. Rising Covid-19 infections in rural areas—they now account for a fifth of India's infections—make strengthening public healthcare in rural areas an imperative, not just for now, but also future pandemics. Cooperative hospitals will address this need to some extent, but most of the heavy-lifting for meaningful healthcare access has to be done by the government.