

TATA MEMORIAL PLATINUM JUBILEE CONFERENCE

Healthcare: A Commodity or Basic Human Need

27-29 Jan 2017

Sneha Rajbhandari
HITAP International Unit (HIU)

Table of Contents

Abbreviations.....	2
Introduction.....	3
Summary of the Visit.....	4
Appendices.....	8
Appendix 1: Agenda of the visit.....	8

Abbreviations

CMC	Christian Medical College
CSMBS	Civil Servant Medical Benefit Scheme
CUP	Contracting Units for Primary Care
GoI	Government of India
HCG	HealthCare Global Enterprise
HITAP	Health Intervention and Technology Assessment Program
LMIC	Low and Middle Income Countries
MoPH	Ministry of Public Health
NHSO	National Health Security Office
SSS	Social Security Scheme
TMC	TATA Memorial Center
UHC	Universal Health Coverage

Introduction

The TATA Memorial Center (TMC) is a national comprehensive cancer center for prevention, treatment and research on cancer situated in Mumbai India. It is a leading tertiary cancer treatment and research center in South Asia. Since seventy years of its existence, this research center has been committed in providing uniform, affordable, quality cancer care throughout India. Like many other Low and Middle Income Countries (LMIC), India faces many challenges in terms of affordability, accessibility and delivery of specialized care in India. Government of India (GoI) is in an attempt to achieve universal health coverage and therefore it is of high priority for government to improve healthcare planning in India. Healthcare planning should focus on effectively providing cost effective options of treatments which could be catered to a majority of population. Making adequate use of policy and generating evidences to make informed decisions given the limited resources are one of many potential challenges a developing country has to face. Globally, there has been rise in innovations and new technologies which are expensive. There is also a huge pressure from the healthcare industries to adopt these new technologies. To address this issue, health professionals should make it clear whether they think that healthcare is a commodity or a basic human right and should or should not be accessible to all regardless of who is eligible to pay for it. Around the same concept, TMC organized a Platinum Jubilee Conference with the theme 'Healthcare: A commodity or Basic Human Need' on 27-29 Jan 2017 in Mumbai. The aim of this conference was to bring together health economists, health policy makers, administrators, epidemiologists, clinicians, and other stakeholder to discuss further on this matter and to discuss various healthcare models across the world and to learn from each other. This conference was focused to create a platform for interaction to achieve an ideal healthcare model which is suitable for developing countries to provide cost effective solutions.

To present on healthcare systems in Thailand, Dr. Somsak Chunharas, Deputy Minister for Ministry of Public Health, Thailand was invited to share Thai experience given his extensive experiences in the field of healthcare. His talk was under the theme of 'Healthcare systems in selected countries'.

Summary of the Visit

This 3 day event had altogether 12 sessions with various focus on various issues on health ranging from healthcare costs to accessibility, healthcare models and the urgency to address the burden of cancer in India. Following are the various thematic sessions of the conference:

Session 1: Healthcare systems in selected countries

Session 2: Sustainable models of health institutions

Session 3: Efficacy endpoints in healthcare delivery

Session 4: Access to affordable care

Session 5: Health costs

Session 6: Healthcare for all: Why and How

Session 7: Healthcare spending

Session 8: Health financing

Session 9: Economics of innovation: technology and research

Session 10: Role of NGOs and CSR

Session 11: Equitable healthcare access

Session 12: Health communication

The conference organizers had invited Dr. Somsak to speak on national health system in Thailand under the thematic session of healthcare systems in selected countries on the first day of the conference dated 27th January. HIU's role was to help facilitate his participation in the conference, to take notes and to arrange all logistical preparations and related tasks. With the presence of big think tanks, experts, decision makers, academicians, stakeholders from different parts of the world, this conference gave a huge opportunity for Indian health professionals to identify universal solutions in terms of major challenges like healthcare affordability and accessibility in India. Dr. Rajendra Badwe, Director of TMC opened up the conference briefing the main skeleton of the event and what the participants could expect. All the talks and plenary sessions and discussions basically revolved not only around addressing the challenges but overall creating a unique healthcare model of its own in India, given that the country is in an attempt towards universal health coverage. Each session had

a moderator to moderate the session and speakers to present on the concerned theme followed by plenary discussion on the theme of the talk. Given the large and diverse population in India, a healthcare system or model that accounts just that is of utmost urgency at this moment. Although India has achieved advancements in health and technology, there are many vulnerable groups of people across the country who are deprived of affordable and accessible healthcare. There were lots of debates and discussions around the economic and cost issues such as drugs that are expensive, concerns on healthcare accessibility, whether or not health professionals should consider healthcare as a commodity or basic human need for all which requires governments' attention.

On day 1, 27th January, in terms of sharing experiences from around the world, Dr. Somsak Chunharas gave a presentation on national health system in Thailand. He gave a brief overview of universal health coverage in Thailand and how it evolved. He talked about the three insurance schemes in the country; Civil Servants Medical Benefit Scheme (CSMBS), Social Security Scheme (SSS) and Universal Health Coverage (UHC). The last 5 decades has seen a lot of innovations and adaptation in Thailand. The important milestones would be in late 60s, health system integration rather than having a separate system, it emerged into a single governance of public health system. CSMBS for 6 million civil servants and dependents, SSS for 10 million formal sector employees, UHC for the rest of population, 48 millions who are neither CSMBS nor SSS beneficiaries. These three insurance schemes have similar benefit package, but different sources of finance and provider payment methods. He explained about active purchasing mechanism with participatory governing body. Thailand started with very basic health care paying per capita for outpatient, paying for inpatient using DRG and then gradually extended more after careful cost effective options emerged. Thailand health system also emphasizes on primary health care as well. Ministry of Public Health (MoPH) has been a strong leading institute over the last 8 decade in terms of reforms of healthcare system in Thailand. He gave many examples healthcare models like Contracting Units for Primary Care (CUP), family care team of different health systems working together. One of the many components of health care system in Thailand are in the form of semi-autonomous public organizations. National Health Security Office (NHSO) is a main purchasing body but Thailand also has other interesting health agencies such as health system research institute, emergency service institute which has been a good example for providing emerging knowledge and evidence. In terms of what Thailand has achieved in Thai UHC, Dr. Somsak shared that there has been 99% population coverage through this benefit package, financial protection, in terms of outcome there is more and more use of coverage and utilization, in terms of financial risk protection, Thai health system monitored catastrophic insurance because of health care spending etc. He shared the important components of why UHC is important in Thailand, one of many important components is the leadership within the institute; it isn't only be limited to MoPH policy makers, it is also with

academic institutions. Thai MOH also pays a lot of attention in terms of knowledge, generation, transfer and utilization among other institutes. Research institutes like Health Intervention and Technology Assessment Program (HITAP) is one of a good example and achievements in Thai health system in terms of generating evidence for informed policy making decisions. Some of the cost drivers for health expenditure in Thailand are increasing demand for health, migration, aging society, demographics, increasing economic status and changing of socio economic environment and governance. With the increasing use of expensive procedures in Thai health system, increased utilization, increased coverage, the health expenditure seems to be increasing in Thailand. Some of the key lessons to be shared from Thailand are that UHC with significant financial risk protection and equity in health is possible in LMIC but it requires good governance, strong government policies and interventions, a proper balance in public private spending is necessary and use of evidence and transparent decision making is essential in order to achieve UHC.

Another interesting session was about the various sustainable healthcare models in India. The many healthcare models discussed were public hospital model, Christian Medical College (CMC) Vellore model, TMC model, Aravind eye care model etc. The session was basically about roles of health services model and about various private hospitals business models that allowed Indian people more access to healthcare providing tertiary care to the poor with reasonable good quality while also serving the rich to cross subsidizing the poor. Private Indian hospitals business model, especially those providing tertiary care that allow poor people to have access to high tech state of the art technology while also serving rich people were also shared during the session. One good example was Aravind Eye Care Hospital which is quite well known both in India and globally. Healthcare Global Enterprise (HCG) model is India's leading cancer care hospitals which follows 'Hub and Spoke' model which has satellite centers across the country and is linked with one central hub. Each region has a regional hub and thus provides the same treatment all across the country while also saving transportation system. Christian Medical College (CMC) model exemplifies on community based delivery approaches for cervical and oral cancer screening in India to show how these approaches have been able to deliver services in underserved communities. Aravind eye care hospital model carries out high quality services at low cost for poor communities which is a good example of economically self-sustaining model.

The participants to the conference also had the honor and privilege to witness and hear Dr Amartya Sen, Nobel Laureate and Bharat Ratna recipient who delivered a keynote address for the conference. He pointed out that no country has ever successfully provided universal health coverage without the strong support and commitment of the public health sector. He also shared that despite being the world's largest democracy, India is far from achieving reasonably good standards of healthcare delivery even today. He was hopeful that such kind of conferences can bring together all stakeholders to address these key issues in healthcare.

Another highlight of the conference was the burning debate on 'Is Healthcare a Commodity?'. Arguing 'Yes' was David W. Johnson, CEO of 4sight Health and arguing 'No' was Tito Fojo, Professor of Medicine, Columbia University Medical Centre. The debate raised many relevant questions on the issue of healthcare being a human right or something that needs to be purchased, in conclusion it was agreed that healthcare was a basic need and that a universal health system is essential for every country in the world. An interesting panel discussion was on healthcare spending, and tried to address the question: Does more spending result in better health outcomes? There was agreement in the end that in addition to good nutrition, sanitation and clean drinking water, more spending is an urgent needed in areas of maternal, child and adolescent health, vaccines, strengthening of the primary healthcare system, encouraging primary education, patient education, and facilitating secondary and tertiary care with the public-private sector. Overall it was a very insightful conference and throughout the event, it was expected that the outcome of this conference will have implications for the entire nation and will be able to provide health solutions that will take India in a step closer to universal healthcare coverage.

Appendices

Appendix 1: Agenda of the visit

TIME	Platinum Jubilee Celebration - TMC	
	HEALTHCARE: A COMMODITY OR BASIC HUMAN NEED? VENUE: TIFR AUDITORIUM, COLABA, MUMBAI DATE: JANUARY 27-29, 2017	
	DAY 1 (27-Jan-2017)	
900-915	Welcome and Overview of Program	Rajendra Badwe Director, Tata Memorial Centre
915-1145	SESSION 1: HEALTHCARE SYSTEMS IN SELECTED COUNTRIES CHAIRPERSONS- KIM LYERLY, SULEIMAN MERCHANT	
915-930	National Health System: Brazil	Bernard Couttolenc Chief Executive Officer of the Performa Institute, São Paulo, Brazil.
930-945	National Health System : Thailand	Somsak Chunharas Senior Public Health Advisor and former Deputy Prime Minister for Public Health, Thailand
945-1000	National Health System : Zambia	Kennedy Lishimpi Director, Cancer Diseases Hospital, Zambia
1000-1015	National Health System : Japan	Ryozo Matsuda Professor in Health Policy and Community Health, College of Social Sciences, Ritsumeikan University, Kyoto
1015-1030	National Health System : Iran	Maziar Moradi-Lakeh Institute for Health Metrics and Evaluation (USA) & Iran University of Medical Sciences (Iran)

		Karine Chevreul Professor, Public Health Health Economics and Health Services Research Unit, University of Paris
1030-1045	National Health System: France	
1045-1100	Tea Break	
11-1115	National Health System: Cuba	Oswaldo García González Professor, Cuba's Sports Medicine Institute
1115-1145	<u>Moderated Panel discussion</u>	Moderator-Mary Denise Panelists- All speakers & Reza Salim
1145-1330	SESSION 2: SUSTAINABLE MODELS OF HEALTH INSTITUTIONS CHAIRPERSONS: SOMSAK CHUNHARAS, SATBIR SINGH	
1145-1157	Public Hospital Model	Sanjay Oak Former Director Medical Education & Major Hospitals, MCGM
1157-1209	Private Hospital Model	Sangita Reddy Joint MD, Apollo Hospitals Enterprise Ltd.
1209-1221	The HCG model of healthcare	AjaiKumar Chairman,HCG
1221-1233	TMC Model	R A Badwe Director, TMC
1233-1245	CMC Vellore Model	Sunil Chandy Director, CMC
1245-1257	Aravind Eye Care Model	Dr. P. Namperumalsamy Chairman- Emeritus, Aravind Eye Care System

1257-1345	<i>Moderated Panel discussion</i> - Scalability, Growth and Affordability of Institution Models	Moderator- Benjamin Anderson Panelists- All speakers, J P Gupta, Avinash Supe
1345-1445	LUNCH	
1445-1600	SESSION 3: EFFICACY ENDPOINTS IN HEALTHCARE DELIVERY CHAIRPERSONS: ANIL SRIVASTAVA, PATRICK RICHARD	
1445-1500	Yardsticks for Evaluating Healthcare Delivery	Richard Sullivan Director of the Institute of Cancer Policy and KHP Integrated Cancer Centre global health work
1500-1515	Integrated People-Centred Health Services: WHO Framework	Henk Bekedam WHO Representative to India
1515-1530	GOI Initiatives in auditing healthcare delivery	C K Mishra Secretary, Department of Health & Family Welfare
1530-1600	Panel Discussion- Healthcare auditing	Moderator – Karine Chevreul Panelists- All speakers , Abha Mehndiratta
1600-1830	SESSION 4: ACCESS TO AFFORDABLE CARE CHAIRPERSONS: SUNIL CHANDY, PALLAVI GOVIL	
1600-1615	The Ethical Imperative of Accessible and Affordable Health Care	Nathan Cherny Cancer Pain and Palliative Medicine Unit, Department of Oncology, ShaareZedek Medical Center, Jerusalem, Israel
1615-1630	Delivering High Quality Affordable Cancer Care Globally	Benjamin Anderson Chair and Director, The Breast Health Global Initiative, Fred Hutchinson Cancer Research Center
1630-1645	Facilitating worldwide access to affordable medicines	Yusuf Hamied Chairman, Cipla

1645-1700	Multilevel Interventions to Reduce Health Disparities	KV Viswanath Harvard T H Chan School of Public Health
1700-1715	Tea Break	
1715-1730	Healthcare Access: State Government Initiatives	Vini Mahajan Principal Secretary, Health & Family Welfare Government of Punjab
1730-1745	Accessible Healthcare: Medical Regulator's role	Shiv Sarin Director, ILBS & Former Chairman of the Board of Governors, Medical Council of India
1745-1830	Panel Discussion- Healthcare access	Moderator- KV Viswanath Panelists- All speakers, Taichi Ono, Anil Srivastava

	Day 2 (28-Jan-2017)	
900-1030	SESSION 5: HEALTH COSTS CHAIRPERSON: BENJAMIN ANDERSON, CK MISHRA	
900-915	Advancing Universal Health Coverage in India: Vision 2030	Henk Bekedam WHO Representative to India
915-930	National Studies of Economic Impact of Cancer in LMICs - An Unfinished Agenda	Ajay Mahal Finkel Chair of Global Health at the School of Public Health and Preventive Medicine and an Adjunct Professor in the Department of Economics Monash University
930-945	Creating Disease Through Screening	Nikola Biller - Andorno Director, Institute of Biomedical Ethics, Zurich
945-1000	Real worth of high priced drugs	Tito Fojo Professor Medicine Columbia University Medical Centre
1000-1030	<i>Debate</i> - Is Healthcare a commodity?	Yes – Dave Johnson - CEO, 4sight Health No – Tito Fojo , Professor Medicine Columbia University Medical Centre

1030-1045	<i>Tea Break</i>	
1045-1125	SESSION 6: CONFERENCE ORATION - 'HEALTHCARE FOR ALL - WHY AND HOW?' AMARTYA SEN (Thomas W. Lamont University Professor, and Professor of Economics and Philosophy, Harvard University)	
1125-1310	SESSION 7: HEALTHCARE SPENDING CHAIRPERSONS: AJAY MAHAL, SANGITA REDDY	
1125-1140	Determinants of National Healthcare Spending	Nachiket Mor India Country Director for Bill and Melinda Gates Foundation
1140-1155	Catastrophic Health Expenditure	Shankar Prinja PGIMER, Chandigarh
1155-1210	Prioritization of Health Expenditure	Alok Kumar Adviser, Niti Aayog
1210-1225	Measuring value for money of healthcare interventions: NICE perspective.	Kalipso Chalkidou Ex-Director, NICE. Director, Global Health and Development, Imperial College London
1225-1310	<i>Panel discussion -Does more spending result in better health outcomes?</i>	Moderator - R A Badwe Panelists- All speakers, Richard Sullivan, Benjamin Anderson, Nathan Cherny, Nikola Biller-Andorno, Sujata Saunik
1310-1410	<i>Lunch</i>	
1410-1555	SESSION 8: HEALTH FINANCING CHAIRPERSONS: NATHAN CHERNY, KARINE CHEVREUL	
1410-1425	Financial Risk Protection	T. Sundararaman Dean – TISS
1425-1440	Health insurance for vulnerable populations - Policy to implementation	Taichi Ono Professor ,GRIPS
1440-1455	<i>Determinants and impact of out-of-pocket spending</i>	Kanchana TK Director-General OPPI
1455-1510	<i>Alternative Sources of Healthcare Financing</i>	Milind Barve MD HDFC

		Moderator- Ajay Mahal Speakers-All panellists
1510-1540	Panel discussion	
1540-1600	<i>Tea Break</i>	
1600-1800	SESSION 9: ECONOMICS OF INNOVATION - TECHNOLOGY AND RESEARCH CHAIRPERSONS: CK MISHRA, T.P.LAHANE	
1600-1615	Role of Telemedicine in improving healthcare access	Sabe Sabesan Clinical Dean, Northern Clinical Training Network-Townsville & Director of Medical Oncology, Townsville Cancer Centre
1615-1630	Funding Drug Innovation	Swati Piramal Vice Chairperson, Piramal Enterprises Ltd.
1630-1645	Cost effective & Evidence Based Innovation	Yot Teerawattananon Founding Leader, Health Intervention and Technology Assessment Program, Thailand
1645-1700	Research (Cost, Focus & Policies) Industry Perspective	Ranjit Shahani Managing Director, Novartis
1700-1715	Creating Intellectual Capital in India: Opportunities and Challenges	Dilip Shanghvi Founder-Managing Director, Sun Pharma
1715-1800	<i>Panel Discussion- Opportunity Cost of Missed Innovation</i>	Moderator- Ajay Bhatnagar , All speakers, GVS Manyam (Panacea), Milan Rao (GE)& Vineet Gupta (Sakra World Hospital) (change to 45 mins)