Interview: Vinod K. Paul – Member of the National Institution for Transforming India (NITI Aayog), Government of India



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A nationwide renowned neonatologist and member of the High Level Expert Group on Universal Health Coverage, NITI Aayog's medical expert, Dr. Vinod K. Paul introduces the work that the government institution has been carrying out to improve India's healthcare system since its creation in 2015 and discussed how India is moving towards a comprehensive aspirational primary healthcare, with a special focus on NCDs, geriatric healthcare, mental health, palliative care and rehabilitative care services.

Can you give our international readers a brief introduction of NITI?

The National Institution for Transforming India (NITI) was formed via a resolution of the Union Cabinet on January 1, 2015. It was born to replace the Planning Commission instituted in 1950. It is the premier policy 'Think Tank' of the Government of India, providing both directional and policy inputs along with relevant technical advice to the federal and state governments.

How are you assisting the central government in the policy-making process, for instance when it came to draft the National Health Policy 2017?

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The National Health Policy is already public domain and it took us two years for the consultation which started in late 2014. It went through many revisions before public exposure as it is a very consensus-driven document. The policy is welcomed by every sector and it has the high principles which reflect the general feeling of the people and, more broadly, the stakeholders that make up the Indian healthcare ecosystem.

An important pillar of the policy is to build a very strong primary healthcare as a way to build a new India, on which individual health priorities will be addressed. A primary healthcare platform will once and for all will become a strong backbone of the entire health endeavor for this country. At the moment, healthcare is very much focused on maternal and reproductive health issues. As we move towards a comprehensive aspirational comprehensive primary healthcare, we will have to include care for major NCDs, geriatric healthcare, mental health, palliative care and rehabilitative care services.

We realized that the challenge of NCDs can only be overcome by a strong primary healthcare as it is the only way to prevent the factors (such as unhealthy diet and lack of physical activity, tobacco eyc.) that lead to them. Early detection is also critical – if one detects hypertension at a very early stage the chances to have a stroke later in life is much lower. To this purpose, we have committed to contribute with two-third of the public health spending being devoted to primary healthcare.

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The NITI is currently working on a draft report for public-private partnership for Non-Communicable Diseases (NCDs) in district hospitals with the aim of improving access to quality screening, diagnostic and treatment services. When will see this project running?

The processes are on, the instruments have been developed, and we would take the final decision for the same soon. It is intended to fill a gap in those district hospitals where the capacity for treatment of NCDs is weak at the moment. To this purpose, the private sector involvement is a way to fill the gap.

There is a clear disparity in healthcare across states. Only ten states have already achieved the Millennium Development Goals-4 (MDG-4). What is NITI doing to bridge the gaps in every state?

The different states of India are at different stages of development which reflects the socio-cultural development, the local resources and challenges. However, every state is making great progress

by reducing their child and maternal mortality rates. Collectively, India's child mortality has declined, and we are saving at least one million more children compared to 2000.

Many success stories come out of an initiative that India launched back in 2005 called the National Health Mission in which we invested a lot by raising the spending in health by half percent of our GDP – most of which went to NHM and the remaining portion to child and maternal health.

We recruited additional workforce – e.g. doctors, nurses, specialists – and we invested in a very strong ambulance system along with building hospitals and healthcare infrastructure. The private sector has played a crucial role which is admirable, amongst other things to highlight certain strengths of the country.

What are other opportunities does NITI see in the field of private-public partnerships?

As I mentioned earlier, we are governed by the principle of strategic purchase which defines our relationships. We will create mechanisms to connect more people to access higher level healthcare where there are gaps in public health system. The reason we will build public sector institutions at tertiary level, because we to train our workforce into highly qualified medical professionals of all specialities and super-specialities – especially because historically India's top physicians originated from the public sector. It will happen slowly, but the direction has been set. In an endeavour for training such specialists, there is a scope for the private sector to come into play more effectively.

What are your priorities for the future while in your role at NITI?

To move in the direction of strengthening the healthcare system of the country by giving special focus on primary care, while granting Indian patients access to quality care by coming up with a universal healthcare coverage. Patients in developed countries can go to the doctor when they are sick at almost no out of pocket cost. Indians often cannot do it as yet – NITI will work to reform this situation for ever, and this is close to my heart.

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