

# LEARNINGS FOR INDIA

FROM PRINCE MAHIDOL AWARD CONFERENCE & UHC FORUM 2020:  
ACCELERATING PROGRESS TOWARDS UHC  
28 JANUARY – 2 FEBRUARY 2020 BANGKOK, THAILAND



## Contact

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This report titled 'Learnings for India: From Prince Mahidol Award Conference & UHC Forum 2020: Accelerating Progress Towards UHC' has been developed by Health Systems Transformation Platform (HSTP) and the partner(s) to share the summary of proceedings of this meeting.

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Our mission is to enable Indian health systems respond to people's needs. We do this in collaboration with Indian & Global expertise through research for health systems design, enhancing stakeholders' capabilities and fostering policy dialogue.

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## OBJECTIVES

**Health Systems Transformation Platform (HSTP)** is incubated in the Tata Trusts family. Our mission is to enable Indian health systems respond to people’s needs. We do this in collaboration with Indian & Global expertise through research for health systems design, enhancing stakeholders’ capabilities and fostering policy dialogue.

The Prince Mahidol Award Conference (PMAC) is an annual congregation of health systems experts and practitioners from across the world focusing on policy-related health issues. It is a platform for knowledge exchange. Aligned with HSTP’s mission to enhance capabilities of Indian health systems stakeholders - PMAC presents an opportunity for Indian policy makers, practitioners, and researchers to share and learn from global experience. HSTP actively participated at PMAC 2020 by:

1. Organizing a side meeting at PMAC 2020: “Two Giants Go Universal: India and Indonesia on path to UHC” in collaboration with the National Health Authority - India and the World Bank. Moderated by Rajeev Sadanandan, CEO - HSTP, the panel discussion included policy makers and experts from India, Indonesia, and Thailand. It focused on learnings from both the countries on their paths towards UHC. (Refer to page for details)
2. Sponsoring eight Indian policy makers, practitioners and researchers exposing them to a learning avenue curating the best evidence on health systems policy & practice and country experiences on UHC from across the world. (Refer to page for details)

*We acknowledge the generous support from HSTP Board, Dr. Indu Bhushan CEO National Health Authority, Rajeev Sadanandan CEO HSTP, Jack Langenbrunner Technical Advisor - HSTP, the World Bank team - Sheena Chhabra Senior Health Specialist New Delhi, Owen Smith Senior Economist New Delhi, Pandu Harimurti Senior Health Specialist Jakarta and Somil Nagpal Senior Health Specialist Jakarta ; Rahul Reddy National Coordinator - HSTP, Henna Dhawan Officer on Special Duty & Deputy General Manager - National Health Authority, Pooja Chavan Young Professional - National Health Authority. Grateful to Vivek Panwar Fellow - HSTP, Peter Parekattil Operations - HSTP & Baiju Paul IT Administrator - HSTP for their assistance.*



## KEY TAKEAWAYS

India has made considerable progress towards UHC. Its recent initiatives for expanding coverage and financing health services through Ayushman Bharat could benefit from experience across the world. Prince Mahidol Award Conference 2020 convened learnings from countries across the spectrum on the theme “Accelerating Progress Towards Universal Health Coverage”. Six key takeaways that emerged for India are: (Source: Author’s Reflections and PMAC 2020 session deliberations and materials)



**Analyze healthcare in the context of macrotrends:** India’s path towards UHC needs to be analyzed within the context of macro trends that impact health systems - dwindling economic growth, low fiscal capacity, rising burden of NCDs, large population suffering malnutrition and limited focus on social determinants of health. It is essential that we forecast important changes in the country’s landscape over the next decade, and that we identify opportunities with the potential to accelerate progress towards UHC.



**Stakeholder engagement as a key driver on path towards UHC:** Several developing countries like Thailand, Indonesia, South Korea and Taiwan transformed health systems through good governance, continuous dialogue, collaboration and spirit of co-creation among key stakeholders. India has to create this ecosystem to drive these complex interventions towards UHC through a continuous dialogue among Prime Minister’s office, NITI Aayog, Ministry of Health and Family Welfare, National Health Agency along with their state counterparts anchored on co-operative federalism, good governance of key institutions in policy making, provisioning, purchasing healthcare and stewardship of the private sector.



**Raising revenues for health and spending it efficiently:** Health can be a winning argument to raise more revenues in a pro-health and pro-poor manner if financing instruments are positioned as dependable social contracts entrenched in solidarity to cross-subsidize across age, income and population groups. Global experience informs that India needs to (1) reprioritize health as share of aggregate public expenditures both at union and state level (2) expand earmarked consumption or income taxes or social health insurance (SHI) and community health insurance riding on existing micro finance instruments (3) achieve more health for the money, i.e. to use the funds efficiently and equitably, public financing built on disbursement linked indicators to focus on results/outcomes, monopsonic purchasing power of public purchasers, price control policies, well-organized expenditure tracking mechanisms that ensure an informed approach to health financing - SAFE (Sustainable, Adequate, Fair, Efficient), (4) reduce fragmentation in the health system by achieving standards for service coverage, financing, provider payments and quality of care irrespective of provider or the financing institution.

## KEY TAKEAWAYS



**Primary healthcare as a bedrock for high performing health systems:** Realization of primary healthcare in India through revitalization of National Health Mission, operationalization of Health and wellness centers and a focus on Urban Health Mission has tremendous potential but is not be limited to it. We need to achieve a holistic ecosystem that prevents disease and promotes health and well-being for all individuals and populations, through efficient, high impact and sustainable approaches aligned with local context, capacity and state/district priorities. To deliver primary healthcare for all includes service delivery through formal health systems, from health post to households and including private providers. It interfaces with community networks and structures (women’s groups, social workers and community organizations) that support community engagement and social accountability. It integrates the delivery of preventive, promotive and curative health, nutrition, HIV, ECD and WASH services with community systems to produce improved development outcomes including survival, growth and development results for all children in all settings. Frontline workers, commodity procurement & supply, and data are critical health systems building blocks to operationalize PHC at community level.



**Experimentation:** Countries are experimenting several choices available to strengthen health systems or introduce novice technologies on their path to UHC. It is necessary for India to adopt this path to be able to translate theory to practice and to contextualize while adapting best practices from other settings. This needs an overarching conducive policy ecosystem that engages with researchers, patient groups, providers, and all other key stakeholders. Such experiments should inform on questions of universality versus targeting, a generous benefit package versus limited service coverage, high versus low level of financial protection, the appropriate relative roles of the public and private sectors and, importantly, provider payment methods of closed versus open-ended methods.



**Institutionalization of capacities and involvement of the young:** Development of institutions with skills and capacities for improved performance of the health system is necessary for accelerating process towards UHC in India. It is opportune time to go beyond the debate on provider-purchaser split to identify strong apex health institutions in purchasing, service delivery and monitoring progress towards UHC with clear goals and business processes for tangible results. Several successful examples from countries across Asia and Africa attributed their performance to bringing ‘youth’ to the forefront in all engagements. In general, there is a realization that involving young people with appropriate skills improved functioning of their interventions including faster decision making, improved use of technologies, fostering meaningful collaborations, accountable investments, and innovative private sector engagement for social welfare.

## PANEL DISCUSSION

### TWO GIANTS GO UNIVERSAL: INDIA AND INDONESIA ON PATH TO UHC



India and Indonesia are on the path towards UHC and their recent policy actions hold a promise to impact large sections of the poor & vulnerable in improving health status and financial risk protection. Their experience underlines value of political context, policy experiments in a federal government and an iterative strategy in achieving UHC.

**The session was hosted by Health Systems Transformation Platform in collaboration with the National Health Authority and the World Bank**

#### Panelists:

**Dr. Indu Bhushan**

Chief Executive Officer, National Health Authority, India

**Ir. Tubagus Achmad Choesni**

Chair, National Social Security Council, Indonesia

**Dr. Suwit Wibulpolprasert**

International Health Policy Program (IHPP), Thailand

**Dr. Mundiharno**

Director Research & Development, BPJS Kesehatan, Indonesia

**Mr. Bhupinder Kumar**

Chief Executive Officer, Ayushman Bharat PMJAY - Jammu & Kashmir, India

**Drg. Doni Arianto**

Head Health Insurance Div, Centre Health Financing, Ministry of Health, Indonesia

**Mr. Rajeev Sadanandan**

Chief Executive Officer Health Systems Transformation Platform, India

**Dr. Kheya Melo Furtado**

Assistant professor, Goa Institute of Management, India

PMAC 2020  
Side Meeting

28 January 2020  
09.00 – 10.30

LOTUS SUITE 12  
Centera Grand Bangkok,  
Central World

#### OBJECTIVES

Share experience from both the countries on the value of political context, policy experimentation in a federal/decentralized government and an iterative strategy in achieving UHC goals

Share lessons, achievements and challenges between the two countries and with a larger audience, to reflect on what can be learnt from this journey of both the countries and ideate on what holds for them in future

Learn from policy makers & experts stories of joy & hope on the path to UHC

Ideate what does the future hold? How to cover everyone? How to cover primary care?

## SESSION SUMMARY

<b>India</b> <b>Pradhan Mantri Jan Arogya Yojana (PMJAY)</b>	<b>Indonesia</b> <b>Jaminan Kesehatan Nasional (JKN)</b>
<b>KEY FEATURES</b> (for complete information, refer to program websites)	
<ul style="list-style-type: none"> <li>• Launched in 2018, PM-JAY provides flexibility to states in choosing the mode of implementation considering that states are at different levels of preparedness and have varying capacities. They can implement PMJAY through a semi-autonomous government body (Trust), an insurance company or mixed model.</li> <li>• States can choose to cover more beneficiaries than mandated in central list, expand benefit package according to population needs, use/ customize Information technology system.</li> <li>• Robust Data Management and Analytics Layer- ensures seamless processing of beneficiary identification, hospital empanelment, transaction management and prevents fraudulent activities.</li> <li>• An individual with PM JAY coverage from one state is ensured portability through a centralized identification system for seeking services in any other state.</li> <li>• Strong Feedback Mechanism - PM-JAY ensures that entitled individuals have a recourse to raise a query or a grievance, seek information and provide feedback.</li> </ul>	<ul style="list-style-type: none"> <li>• In 2014, JKN consolidated more than 300+ risk pools into one National Risk Pool meant to ensure greater financial sustainability and expanded coverage to reach 85% of the population.</li> <li>• It offers a single Uniform Benefit Package meant to enhance equity; and</li> <li>• A Single Purchaser of Health Services meant to improve the efficiency of the system.</li> <li>• Laws are enacted on National Social Security System in 2004 and on Social Security Administrator (BPJS) in 2011.</li> <li>• Capitation for Primary Care - providers are paid a fixed amount for each individual enrolled to provide a defined set of health services.</li> <li>• DRGs for Hospitals - DRG payment system, providers are paid a fixed amount per admission/ case, determined based on resource use</li> <li>• Decreased out-of-pocket health expenditures by 12% in only 5 years – down to 37% of Total Health Expenditure</li> </ul>
<b>CHALLENGES</b>	
<ul style="list-style-type: none"> <li>• Awareness about PMJAY among eligible population is still low.</li> <li>• Multiple risk pools continue to exist, and this fragmentation is yet to be addressed.</li> <li>• Quality of services varies across the country among the PMJAY empaneled network of providers</li> <li>• Providers are concentration in urban areas causing impediments to access and availability of services.</li> </ul>	<ul style="list-style-type: none"> <li>• Claim payments exceeded contribution received and JKN has incurred huge deficits reflecting challenges to long-term sustainability.</li> <li>• 39 million Indonesians remain uninsured, mostly among the informal sector.</li> <li>• Non-compliance towards contribution of premiums has increased among non-salaried/informal workers.</li> <li>• Coverage and practice for health promotion and disease prevention is limited.</li> <li>• Primary health care facilities lack basic diagnostic tests, essential medicines, and treatment guidelines.</li> </ul>

## SESSION SUMMARY

<b>India</b> <b>Pradhan Mantri Jan Arogya Yojana (PMJAY)</b>	<b>Indonesia</b> <b>Jaminan Kesehatan Nasional (JKN)</b>
<b>LESSONS LEARNT</b>	
<ul style="list-style-type: none"> <li>• Strong political commitment is a necessity</li> <li>• Requires Continuous Quality Improvement (CQI) efforts – development of standard treatment workflows, payment linked to quality, strong medical audit framework.</li> <li>• Realized the need to strengthen the public healthcare system to compliment and ensure access and availability of services.</li> <li>• Continuous monitoring &amp; evaluation is required for course corrections and assess and comprehend the impact of PM-JAY and this is being done in collaboration with premiere research institutions and in partnership with development agencies.</li> </ul>	<ul style="list-style-type: none"> <li>• Strong political commitment is a necessity</li> <li>• Comprehensive analysis of the national health system, including balancing benefit and contribution.</li> <li>• Multi-stakeholders’ participation in developing and implementing the plans.</li> <li>• Continuous monitoring and evaluation.</li> <li>• Continuous improving access and service delivery to maintain member satisfaction.</li> <li>• Continuous improving the quality of data for government assistance recipients.</li> <li>• Socialization and public education to change people’s behaviour.</li> </ul>



## TESTIMONIALS

### HSTP SPONSORED PARTICIPANTS @ PMAC 2020



**Bhupinder Kumar**

MD-NHM & CEO-AB PMJAY, Jammu & Kashmir

**Dr. J Vijayakumar**

Director-Health Services & CEO-AB PMJAY, Madhya Pradesh

**Monalisa Goswami**

CEO – State Health Agency (AB-PMJAY), Assam

**Dr. Kheya Melo Furtado**

Assistant Professor, Goa Institute of Management

**Pooja Arvind Chavan**

Young Professional, National Health Authority

**Dhairya Thakker**

Young Professional, National Health Authority

**Anushree Goel**

Officer on Special Duty, National Health Authority

**Henna Dhawan**

Officer on Special Duty & Deputy General Manager, National Health Authority

## BHUPINDER KUMAR

MD-NHM, CEO- PMJAY, Jammu & Kashmir  
mdnhmjk@gmail.com

Sessions attended at PMAC2020

- Two Giants Go Universal: India and Indonesia on path to UHC
- Making health financing work for the UHC
- Towards the Universal Health Coverage in Southeast Asia: What can we learn from Key areas of Health Systems Reforms in Indonesia, Malaysia, the Philippines, Thailand and Vietnam
- Revitalizing PHC-Astana and Beyond

Key take-away messages for India

- Increased funding: The government funding as part of the healthcare expenditure should progressively increase to achieve the ultimate goal of UHC in a time bound manner. The aspiration of UHC has to be firmed with a definite timeline.
- Research: A healthy engagement with the academia and institutions of repute for research and policy design (suggesting appropriate interventions) which ultimately leads to reduction in wasteful health expenditure and provides better impact on the desired health outcomes.
- Prioritising Primary Health Care: Primary Health Care has to acquire primacy in terms of health expenditure. Also, establishment of Public Health cadre across all states, which is more receptive to the emerging issues of public health.
- In India, while we aspire to provide Comprehensive Primary Health Care to all through Ayushman Bharat-Health and Wellness centres, the challenge would be to make these centres functional in true sense. Simultaneously, a dedicated organisation with adequate resources should be established at the central/state level for health promotion activities and running campaigns for better health.



### Learnings...

It is heartening to see that so many countries are on the path to achieve UHC and the priority being accorded to health.

Use of research, technology and defining services are going to play a key role in ensuring sustainability of UHC. The engagement with civil society has been seen to yield wonderful results in Thailand.

### For HSTP...

I express my gratitude to HSTP for facilitating my participation and giving me the opportunity to take part in panel discussions. The entire trip was flawlessly organized.

HSTP should continue to engage with various stakeholders of health systems in the country and provide more of such opportunities.

## DR J VIJAYAKUMAR

Director - Health Services, CEO - PMJAY, Madhya Pradesh  
drjvk2011@gmail.com

Sessions attended at PMAC2020

- Two Giants Go Universal: India and Indonesia
- The Role of Digital Health in Achieving UHC
- Stronger Collaboration with Private Sector for Better UHC
- HR Development for Health Toward Establishing UHC
- Towards Universal Coverage in South East Asia
- Reaching Those Furthest Behind: Consultation on The State of UHC Commitment Report
- Achieving UHC Through Strong Local Health System
- Smart Health Financing & AI and Digital Health

Key take-away messages for India

- All the countries are striving towards UHC including India. The pioneers in UHC -Japan and Thailand model has been extensively discussed. They have a long experience and we can learn from them the difficulties they faced in implementation and it can be modified according to our situation.
- The stress should be more towards prevention rather than only supporting secondary and tertiary care.
- Engagement of the private hospitals the problems we are facing is similar to the other nations.
- The IT platform established, and various cybersecurity interventions required is a concern to be addressed.
- The percentage of GDP invested in health by Thailand is a very strategic point for achieving UHC.



### Learnings...

The various models followed by different countries and their complications or setback had been extensively discussed.

It's from the failures we can learn new solutions, analysis and acceptance of various failures was a learning experience.

### For HSTP...

HSTP should organize more learning trips to Japan and South American countries to learn their systems.

Special mention about the team HSTP who handled this trip, it was wonderfully planned and the logistics and stay was without any hiccups, thanks HSTP!

## MONALISA GOSWAMI

CEO, State Health Agency - Assam  
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### Sessions attended at PMAC2020

- Investing in the Health workforce towards UHC and SDGs
- Stronger Collaboration with private sector for better UHC
- Public healthcare delivery models & UHC – Lessons from country experiences
- Learning through partnerships to build stronger health systems to deliver UHC & respond to NCDs- experience from Mexico, South Africa, Malaysia, Philippines & Thailand.
- Transition of health tech assessment research into evidence-based policies towards achieving UHC – Lessons from low- & middle-class income
- Ensuring Health Promotions and disease preventions
- Achieving UHCs through local health systems

### Key take-away messages for India

- Public private partnerships essential to progress towards UHC
- Multi sectoral interventions required
- Political commitment with proper policy
- Moving together with private sector
- Multi sectoral interventions
- Experience learning
- Ownership of policy



### Learnings...

Experience sharing sessions were very informative

Strong Commitment towards achieving UHC

Team building/ task shifting is a major build up towards UHC

Making use of limited resources and “Stop doing things that don’t work”

IT security

### For HSTP...

Exposure trips are essential for learning and should be an integral part of good governance. However smaller teams could be sent to different places and there could be experience sharing

In the Indian context, learning trips could involve AYUSH which would aid in the growth of participants.

## KHEYA MELO FURTADO

Assistant Professor, Goa Institute of Management  
kheya.furtado@gim.ac.in

Sessions attended at PMAC2020

- Two Giants Go Universal: India and Indonesia on path to UHC
- 3rd Experts Meeting on Collaboration for DRG Development and Reform in South-East Asia (SEA-DRG)
- Making health financing work for UHC
- Stronger collaboration with private sector for better UHC
- Primary Health Care Measurement and Improvement to Accelerate Progress toward UHC: Examples of Country Leadership
- Translation of HTA Research into Evidence-Based Policies and Actions towards Achieving UHC: Lessons Learned from LMICs
- Accelerating Progress towards Universal Health Coverage
- Implementation Challenges and Innovative Solutions for UHC 2030
- Addressing the Political Economy of UHC
- Making Health Financing for UHC SAFE
- Smart Health Financing – Seizing Digital Opportunities

Key take-away messages for India

- We need to refine our payment systems within PMJAY to progress towards DRGs to bring about better transparency.
- We need to develop and test models of engagement with private sector for primary care at least in urban areas.
- UHC tends to take away the focus from preventive and promotive health, disease prevention and control programmes (public health). India must take cognizance of this and not go the same route.
- Primary care trusts are networks of small private clinics with larger public hospitals. Patients are registered with these clinics and received primary care, with referrals when required to the public hospitals.
- The e-referral system reduces the time it takes for patients to receive care at the public hospital and brings about greater efficiency for both, health care providers and patients.
- This model appears adaptable in urban areas of India, which are served by a large number of private solo clinics and polyclinics, with capacities for providing primary care to the urban poor and avoiding crowding-out of the larger hospitals.
- Health volunteers form an important part of this model, providing public health services in the community.



### Learnings...

The various country examples validate or provide alternatives to what India is doing/can do going ahead.

Experiences of countries with their particular chosen strategies suggests that we need to work at State and district levels to pilot interventions and evaluate their effectiveness, to guide further policy in this area.

It provided the opportunity to connect with stakeholders across organizations to develop further networks so that the learning can be ongoing

### For HSTP...

It may be useful for HSTP to bring the team together at the start of such events to set out the objectives and expected outcomes for each trip, to ensure maximum benefits.

## POOJA ARVIND CHAVAN

Young Professional, National Health Authority - India  
pooja.c@nhaindia.in

Sessions attended at PMAC2020

- Two Giants Go Universal: India and Indonesia on the path to UHC
- The role of private sector in accelerating progress towards UHC
- Private sector funds for private sector health – a feasible strategy to increase access to healthcare
- Leaving No One Behind in Achieving UHC: Challenges and Solutions to Reaching Vulnerable Population
- Power of Social Participation: A key contributor towards UHC and Sustainability
- From commitment to action: private sector engagement for UHC
- Towards the Universal Health Coverage in Southeast Asia: What can we learn from Key Areas of Health Systems Reforms in Indonesia, Malaysia, the Philippines, Thailand, and Vietnam?
- Accelerating Progress towards UHC
- Implementation Challenges and Innovative Solutions for UHC 2020
- Achieving UHC from strong local Health Systems
- Making Health Financing for UHC SAFE
- Health Financing Transitions: The Role of Development Assistance on the Road to Sustainability
- UHC and the Changing Global Landscape
- Artificial Intelligence and Digital Health: Opportunities and Risks
- From Political Declaration to Real Action and Closing Session

Key take-away messages for India

- Establishing collaborative PPPs in healthcare service delivery is inevitable to achieve the goal of UHC in India by 2030. Demand for healthcare services in India is huge mandating the need to strengthen the supply side.
- All the participating nations, development support agencies, civil society and private sector organisations are strongly driven and united by the goal of achieving UHC. This is the perfect time for India to harness the global support and apply learnings from the experiences of countries like Philippines, Indonesia, Thailand, Cambodia that are working towards UHC.
- Not just poverty but megatrends like climate change, occupations, geographical limitations, natural disasters and lack of access to health education etc. need to be considered as part of improving health policy for achieving UHC.



### Learnings...

Widened my perspective towards global health issues and the causal factors.

Provided me exposure to the various health systems delivery models being implemented in different countries.

### For HSTP...

The seven days of immersing into various dimensions of healthcare and interacting with the stakeholders from various countries and sectors have been an enriching learning experience. It is definitely going to help me while working at NHA on implementation of Ayushman Bharat PM-JAY

## DHAIRYA THAKKER

Young Professional, National Health Authority - India  
dthakker@nhaindia.in

### Sessions attended at PMAC2020

- Attain & Sustain Health Gains: Incorporating Value-For-Money in Universal Health Coverage (UHC) Dialogue
- Role of Digital Health in Achieving Universal Health Coverage
- Power of Social participation: a key contributor towards UHC and Sustainability
- From commitment to action: private sector engagement for UHC
- Translation of Health Technology Assessment Research into Evidence-Based Policies and Actions towards Achieving Universal Health Coverage: Lessons Learned from LMICs
- Accelerating Progress towards Universal Health Coverage
- Implementation Challenges and Innovative Solutions for UHC 2030
- Addressing the Political Economy of UHC
- Making Health Financing for UHC SAFE
- Smart Health Financing – Seizing Digital Opportunities
- Artificial Intelligence and Digital Health: Opportunities and Risks
- Synthesis: Summary, Conclusion & Recommendations

### Key take-away messages for India

- Access, Quality and Cost were identified as the three pillars of a holistic UHC system which need to be built through combined experience, foresight and local context.
- Focus on technology in developing these systems was highlighted with emphasis on centralization of systems. Stand-alone programs and systems tend to run in silos thus impacting scalability and transparency.
- Use of social media groups to promote doctor-patient engagement and improvement in service quality were discussed with special focus on addressing marginalized or stigma-associated disease groups.
- Role of private sector in healthcare was highlighted as an extremely important factor in bringing about a transformative change. It brings innovation and resources that can be leveraged by governments. It needs regulation to ensure objectives align towards UHC.
- Start-ups in the healthcare space have proven their effectiveness in delivering primary health care, e-medicine, mobile clinics, implants etc. Multiple case studies were presented by the founders of these initiatives. Their flexibility and willingness to collaborate with the government will add immense value to public health infrastructure and functioning, especially in India



### Learnings...

PMAC 2020 has helped me broaden my understanding of the healthcare system & how various stakeholders collaborate and strategize towards UHC. The conference has opened my mind towards new ideas, and given me the right exposure and network to take back invaluable learnings. I am looking forward to sharing these learnings with my colleagues at NHA.

### For HSTP...

I thank HSTP for organizing this trip for us at NHA. The logistics process was well managed and transparent. Please continue to share such opportunities with young professionals like me for our growth and development.

## ANUSHREE GOEL

Officer on Special Duty, National Health Authority - India  
anushreegoel.nha@gmail.com

Sessions attended at PMAC2020

- Two Giants Go Universal: India and Indonesia on path to UHC
- When you can't have it all: How to prioritize health financing for UHC in Africa
- Global network for health financing and social health protection
- A bottom-up approach to advancing UHC: voices, stories and opportunities
- Accelerating progress towards UHC
- Implementation challenges & Innovative solutions for UHC 2030
- Making Health Financing for UHC SAFE
- Smart Health Financing: Seizing digital opportunities
- UHC and the changing global landscape
- AI and digital health: opportunities and risks
- From political declarations to real actions

Key take-away messages for India

- Need to adapt a client-centred healthcare delivery system for achievement of UHC
- Marginalized communities need to be brought under the umbrella and is a key for achieving UHC. The rights, health needs and voices of those at the bottom of the pyramid need to be protected through the lens of 'trauma informed care'. This will require strategic and innovative financing of healthcare combined with efficient deployment of resources.
- Government and implementers need to weave in digital ethics, best practices, risk management strategies and standards into their use of frontier technologies in the design of health policies and implementation which all stakeholders are liable to apply. Tailor the data analytics towards achievement of scheme's and organisational goals. People who run and use these digital technologies are adequately trained regularly.
- Importance of Data Privacy cannot be emphasised enough for governments of large countries like India running large schemes meant for millions of people. Health data ownership and usage needs to be determined and rights of patients protected within the framework of law from a public health perspective.



### Learnings...

Knowing the models and experiences of UHC of different countries has been especially a good learning w.r.t health systems and the interventions and highlights how countries regardless of their development status are facing their own unique and common challenges.

Participation in the PMAC 2020 was a good platform to learn and understand the criticality of UHC for countries around the world.

### For HSTP...

Very thankful to HSTP for supporting this visit and participation.



## HENNA DHAWAN

Officer on Special Duty, National Health Authority - India  
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Sessions attended at PMAC2020

- Two Giants Go Universal: India and Indonesia on path to UHC
- Making Health Financing work for UHC
- Stronger collaboration with Private Sector for better UHC
- Translation of HTA into Evidence-Based Policies and actions towards achieving UHC: Lessons learned from LMICs
- Revitalizing PHC – Astana and Beyond
- Smart Health Financing: Seizing Health Opportunities
- Artificial Intelligence and Digital Health: Opportunities and Risks

Key take-away messages for India

- UHC does not necessarily mean more funds to be invested by the government, domestic resource re-allocation may help in achieving UHC. But since UHC is a political choice, political commitment is extremely important
- Improved purchasing of health services informed by real-time data. However, the more data captured, the more focus on data privacy and security is important
- Private sector can be leveraged for stronger collaboration for better delivery of services

*“Coming together is a beginning;  
staying together is a work in progress &  
working together is a complete  
success.”*



### Learnings...

The conference has helped me understand how other countries are applying various approaches for the challenges they face. Same solution may not work for all countries and every country contextualizes the solutions.

The knowledge exchange has enriched the perspective about interventions on the path to UHC. Extending all services for free may not be sustainable in the long run. Intelligent solutions can be designed with the help on digital analysis and predictions.

### For HSTP...

Learning trips with a deep dive on certain topics and country case studies should be taken up next by HSTP for senior policymakers.



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