



## EVALUATION INDICATORS

1. Contextual Competence
2. Content Competence
3. Language Competence
4. Introduction Competence
5. Structure - Presentation Competence
6. Conclusion Competence

Overall Macro Comments / feedback / suggestions on Answer Booklet:

1.

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A health system to meet 21<sup>st</sup> century needs  
in India

☺ I have already lost one child in home delivery, I won't let this happen to my bahoo (grand daughter-in-law) as well... ominous thoughts were clouding Geeta Devi's mind. Her bahoo was pregnant but she had no resources to go to a private hospital. First, the dearth of money and second, distance. In one of the pre-natal checkups doctor had warned about complicated labour likelihood... Maa! called her son. She immediately came out of her mental world to reality... He was ready to go out, she thought... "Let us go to CHC..." she objected about the doctor availability. He said, there is an option of online real time remote surgery guidance. "Maa! don't worry, this is health system of 21<sup>st</sup> century"... there was a smile on Geeta's face.

It shows how much more is needed to be done to ensure that

are at a matching pace with our time. A general expectation from the health system is its affordability, availability, accessibility and quality. Health system of 21<sup>st</sup> century has to fulfill above criteria along with special needs of India.

India presents challenges and opportunities both. While on one hand, the expected health system has to cater 270 million of the poorest population in the world, on the other hand this has to be done within the fiscal space (1.4% of GDP). We have 44 million stunted children and world's largest disease burden in lifestyle induced illnesses too.

In this essay we will look at the challenges that Indian health system is facing? and how can we leverage our current resources and expertise to overcome them? Finally the road ahead for a resilient India.

## 21<sup>st</sup> century India: Adversities and Aspirations

SWASTHA BHARAT SAMRADDHA BHARAT.

An India that is healthy and prosperous. How so? Gandhiji rightly said, "Health is the true wealth and no pieces of gold and silver." A people, healthy will mean human capital. With current calculations of demographic dividend, this human capital will usher economic capital. With economic capital in our treasury comes resource to re-invest for poverty reduction, inclusion and investment in health R&D.

This is the broad vision for a healthy India. However, let's see our part to dig out why we are the way we are? Vedic scripture talk about Ashwini kumar and Dhanvantari as God of medicine. Though Atharvaveda gives charms and spells to frighten the demons of disease charaksamhita (Ayurveda) and Sushrut samhita (Surgery) shows our achievements.

Our rootedness in Ayurveda, Yoga, Sowa-Rigpa and Unani is based on this

ancient understanding; Stellar was our beginning but we lost our way somewhere in the middle.

During British rule, India grappled with famines and epidemics that wiped out 40 million people. Today in Corona pandemic "Epidemics disease Act, 1896" was triggered which originally British legislated for dealing with Subonic Plague in 1895 (Bombay).

From here starts the negligence towards health and severity of health crisis. We live in a tropical country with 2.4% of planet's area and house 2<sup>nd</sup> largest population (~ 1.3 billion). Children die here from hunger and micronutrient deficiency and also by governance failures. Case in point the Oxygen cylinder shortage in Gorakhpur (U.P.)

We need more doctors, nurses and paramedical staffs. Doctor-patient ratio is ~~1000 patient~~ 1 doctor / 1456 patient against WHO standard 1/1000.

Our out of pocket expenditure (64%) is highest in the world. Long queues in hospitals and long wait for surgery is so common that it has become a new normal.

In Kerala people fight with Nipah virus, in Karnataka with monkey fever, in eastern rice-growing area with Japanese encephalitis and today we all fight against coronavirus. In short, we do not just have imported diseases but also endemic diseases like Filaria, Leprosy, malaria and Kala-azar.

A large attribution of this situation goes to unhygienic living conditions. The predominance of cholera, Hepatitis, and Pracemania is higher in contaminated water areas. Coupled with these are the tobacs where small pox is considered a Godder's fever and vaccine-hesitancy is prevalent in remote areas like tribal belt as well as urban areas.

We have 500 million livestock

population and S.I. of global wildlife, which increases our susceptibility to zoonotic diseases.

While our doctors take Hippocratic oath to deliver on medical ethics we call them "vaidyo paramo hari" (doctor is God). Yet, if something goes wrong patient's family beats them and offends them (West Bengal case).

our national health policy regulator - medical council of India, until recently was going through existential crisis. We supply nurses to middle east countries and earn goodwill due to impeccable performance records and inexpensive tertiary treatment through medical tourism yet we have a parallel invasive growth of quacks.

India is the pharmacy of the world. We supply cheap alternatives with generic drugs that go to Africa

and even to USA. Yet, on every single forum be it WTO (TRIPS), or RCEP or EU, our IPR adherence image remains untrustworthy. Though we capture huge market share of medicines yet 80% of the medical devices and 65% APIs are imported from china.

While French are helping in developing human living conditions for Gaganyaan mission, the humans on earth, do not even have an ambulance to go to hospital on time let alone a rocket. Yes! India presents a challenge.

But challenges can be converted into opportunities. We also have competitive edge on producing best doctors, introducing YOGA to the world and conducting world's largest health insurance scheme with 50 crore beneficiaries (Ayushman Bharat).

The first step is to build a robust healthcare system with primary, secondary and tertiary care.

National health policy - 2017 talks about spending 2.5% of GDP on health from current 1.4% and increasing expenditure to 67% in primary healthcare.

“Prevention is better than cure”. Hence prevention should be thrust area. Interventions like FIT INDIA, EAT RIGHT, EAT SAFE are welcome steps. Current efforts of converting <sup>1.5 lakh</sup> CHCs into Health and wellness centres will make health more inclusive.

The new draft legislation of National medical Council provides an upgraded institutional framework with bridge courses (between Allopathic and AYUSH) and exit exams for practice and higher education. The code of ethics should be made more objective. Respect for doctors and public trust for them will be restored this way. Needless to say trust begets trust!

Furthermore, it is equally important to gauge the disease pattern epidemiology and viralogy of population. NITI Aayog's National Health Stack in tandem with National digital health mission will open doors to new era of healthcare.

This digital healthcare will not only have digital health Id of each patient but also his disease history, biometrics and insurance. More data, more information with better access to health's Big Data, we may develop our health utilities and direct health resources accordingly. It will reduce resource wastage.

While GPS can track the nearby health facilities the new technology can open the vistas of remote surgery and robotic operations as well. 5G technology and Internet of thing with less than 1mm of latency can make this possible.

Another milestone can be reached by renewed research on nanopharmaceuticals to detect cancer.

and precision drug delivery. India's high burden of non communicable diseases demand research to look into endemic factors for this trend.

While the rural areas dominate in communicable diseases like TB, urban areas grapple with cancer or diabetes. Hence our response should be two-pronged. Lifestyle changes through healthy eating, living and work life along with better hygienic practices.

To address the menace of zoonotic diseases like COVID, ONE HEALTH concept needs to be imbibed in policy and practice. We ought to start thinking of our "environmental health, animal health and our health" as one system.

This makes tackling of air-water-land pollution and use of antibiotics on animals (colistin) for better growth, an imminent matter.

It is common understanding that world is fighting with Anti-

microbial resistance and so are we.

While development of new drugs is one right step, it is equally important to stop overusing and misusing antibiotics.

Health should not be perceived as an isolated social sector issue. "Our body is the only place we have got to live." Hence, criticality of it deserves a renewed vigour. In legislative terms 'health' is a state subject which lead to non-uniformity in state laws. Union at most can frame a model law and nudge states to follow it. Hence, we should also explore the concept of 'one nation - one Health.'

Further more participation of private sector in the social health need can be arranged by providing them with policy incentives. Insurance based model or trust based model of health systems can be tried upon to ensure that we are not depriving ourselves

from the technological expertise, management and efficient service delivery measures of private sector.

The network of health NGOs, functionaries and government needs to be institutionalized to channelize and harness the energy of health resources.  
ECHO network is a good initiative in this context.

India is hub of traditional knowledge which needs to be safeguarded and patented. Use of both regular and utility patents should be allowed by the government. More public expenditure should be done for PPP based health R&D projects.

Current Cancer crisis is also teaching us new ways of looking at health sector and its importance of helping and dismantling the whole

economy. We should imbibe the ideal of WHO that, 'share responsibility and show solidarity'.

India needs to put its efforts with the global common and learn more about the management of epidemics / pandemics. The ongoing trials of vaccines also show that our capacity needs to be augmented not just in terms of more human resource but also technical resource.

If India is to become the \$5 trillion economy by 2029, the question of health can no longer be ignored. It is pertinent that health structure of 21<sup>st</sup> century reflects the need of the 21<sup>st</sup> century.

In lines with the National Health System of UK or USA's health system we also need to develop our

Sector as cutting edge and inclusive.

India's journey upto now has been that of learning and reflection and we have shown to the world that we can lead too. But effective health governance, an affordable health system is the key to achieve the universality of this dream.

If India can discover and invent plastic surgery thousands of years ago why cannot the India of today be the world leader in digital health, where our doctor can run surgical operations in USA or China. Health is not just an outcome but a process too.

Citizen's health is India's health. Our journey has begun and we must stop not till we achieve the target of 'Santjan Hitaya Santjan Sukhaya'

Gandhiji's talisman : a compass for good governance

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"I give you a talisman a sheet one, whenever you are in doubt, that whether your next step is right or wrong... just remember the face of most poor and vulnerable person you have ever seen... and think what you are going to do, will that benefit him in any way. Then you will see all your problem melting away." - Gandhiji

Good governance is about welfare of all. Gandhiji fought for democracy, local government, inclusion, cottage based industry, equitable society and human dignity. His talisman is the compass which guides policy makers of this nation of ours to frame rules where poor and disadvantaged get not just equality of opportunity but an adequate equality of appropriate opportunity.

We inherited an unequal society. While 1% of the population has 73% of the wealth, bottom 67 crore saw their income rise by only 1% (Oxfam report). It makes the need for substantive justice all the more important. Though we are 5<sup>th</sup> largest economy, we also have world's largest poor population.

Governance measures ensure that fruit of development is reaching out to the bottom of the pyramid. If we are to uphold our constitution and deliver on its ideals then this Gandhian idea of democracy will need to be realized,

"By democracy, I understand something, where weakest has the same opportunity as the strongest." This commitment to not just a good governance but an ethical governance is our pledge.

In this essay, we will analyze the challenges in Indian system of governance, its possible solutions, and then we will explore about what kind of future we want to build?

## Current governance challenges

We don't only have a huge gender disparity but also rural-urban and rich and poor divide. This much heterogeneity coupled with diversity within society increases implementation and formulation challenges. EWS quota might benefit poor general category people but also invokes fury of breaching 50% ceiling in Indira Sawney Case.

While Infrastructure is needed for the development, displacement of tribals and deforestation somehow stalls the farmer's growth. Banks were nationalized in 1969 and 1980s to enhance financial inclusion and reviving the

unbanked agricultural sector. Today, that welfare mechanism has created NPA crisis with 7 lakh crore of bad loans.

Further green revolution, though benefitted farmers of Punjab and Haryana, today they have food but groundwater has depleted and pesticide poisoning is another challenge. Should farmers be punished for crop residue burning? Should their loans be waived off? Or we should focus only on their issues like farmer suicides and build their capability.

Similarly small industries though they contribute 40% of our GDP and provide jobs to 111 million people. But they are not formal sector and evade GST. They do not provide training to labour. Should government handhold them or punish them for being irresponsible towards economy.

more than 50% of the population lives in villages where neither good doctors nor good teachers want to go, as can be seen by absenteeism statistics. malnutrition, maternal mortality, IMR and death from preventable diseases remain high in rural areas. Yet most resources and best professional talent is concentrated in urban areas.

Even the connectivity to rural areas, tribal belts and in hilly tracts is compromised. Our roads cost Rs 3 Rs / tonne km and waterways only Rs 0.15 / tonne km yet we use roadways (30%) more than waterways (6%). This affects our economic cost.

Though India with 700 million people using internet presents a rosy picture of digital inclusion. Yet only 60% people use internet in rural area while 160% in urban areas. It is far on valid grounds that digitisation might rather than decreasing, may increase this divide.

Coming to the environmental governance. Cities are the largest emitters of smoke and biggest producer of waste. Yet the cost and externality is paid more by rural areas as manifested in health diseases e.g. Tanneries in Ganga near Kanpur emit flush their industrial effluent which causes Blackfoot diseases (due to Arsenic) in nearby villages.

When the Sterlite plant damaged ecosystem of nearby areas, our efforts came to the rescue. Even the disasters hit the poorer most. Global warming and climate change may be induced by developed countries more but it is the poorer of developing countries that pays the price.

While Chennai flood (2015) and Hyderabad flood (2020) are a huge concern we assume rural floods in Assam and Bihar on every monsoon as a regular issue. Heatwaves and

Caldwanes are never heard to kill the rich, it is the poor they prey on.

While we have panchayats, they are easily swayed by powerful corporates when mining leases are to be given. Rural India still grapples from unavailability of electricity, piped water supply and drainage system which are basic necessities of today's life.

True that political structure of our country gives them representation, but it is equally true that in the era of votebank politics, welfare takes the back seat and it's the populism that takes precedence. For instance loan waiver does not benefit landless farmer and tenants which are more than 60%. Rather it only benefits large farmers.

Hence our governance is challenging. The downtrodden's upliftment is the purpose of the governance. This takes us to the opportunities that can be

harnessed to upturn the situation and make it to benefit us.

## Unlocking the Opportunities

Real India lives in villages. Therefore, it is important to look at the rural problems as a one system and a convergence approach should be followed. Beginning with the agriculture as it is the largest employer in rural areas and remains in deep distress.

'Doubling farmer's income' by 2022 is the vision. But, to realize it we need to accelerate the efforts at agricultural growth, resilience and sustainability. Lower dependence on groundwater supply (00%) to new technologies like micro-irrigation will enhance water use efficiency.

Coupled with this the zero budget natural farming can reduce

The agricultural inputs to zero, which currently are more than the earning of the farmers. Soil health cards for balanced nutrient application coupled with efficient use of e-technologies like e-choupal, AGRONET can benefit farmers.

Further, more farmers should be incentivised to connect to e-NAM for creating 1 Nation 1 AgriMarket. Recently Andhra Pradesh has declared to go 100% organic by ~~too~~ 2024. Such initiatives can be adopted in other states as well. The issue of rural to urban migrations can be averted by developing food processing sector that can give employment to 33 million people.

Besides this, the social inequalities in rural areas need to be addressed. Caste hierarchies are more rampant which leads to parochialism. Education and skill development can break these barriers.

Digital education in the country should be more directed toward the disadvantaged sections through programmes like PMGDISHA. Rural youth is the wealth of villages and they should be guided and provided with support for agri-entrepreneurship.

Panchayats should develop and train their own cadres for the effective implementation of schemes. More financial devolutions to them will usher in more inclusion. The SHG and MFI system should be made more popular in the rural area.

Besides rural issues the other constraints like gender disparity in wages, education and work profile needs a renewed outlook. Women are the largest untapped reservoir of talent in the world." (Hillary Clinton)

Indian women need to come forward to take up more economically remunerative activities. But for this we will need safe workplaces and no gender discrimination. The basic patriarchal construction of society itself needs an overhaul with a deeper gender sensitization.

Issues of other vulnerable sections like SC, STs, physically challenged, manual scavengers, elderly and children need not just greater sensitivity on the part of government but also by the society. As the disability is not natural it is a societal construction. A physically challenged in France might not have ~~same~~ to face same challenges that the same person will face in India.

Redistribution efforts through Mearing for all, and PDS will bear fruit if simultaneous exclusion of

those who have benefitted is ~~already~~ <sup>also</sup> carried out. Otherwise we will continue to face the ever increasing load of beneficiaries on the demand side of such schemes.

moreover, especially those who are vulnerable need the government. The test of effectiveness of our governance measures should be done by the degree of progress we achieve in our socio-economic indicators. Only then the talisman will be proved true.

Ambedkar had commented, "Freedom within India is more important than freedom of India". Hence, development is freedom. By developing the underdeveloped, India will develop too.

# VISION IAS™

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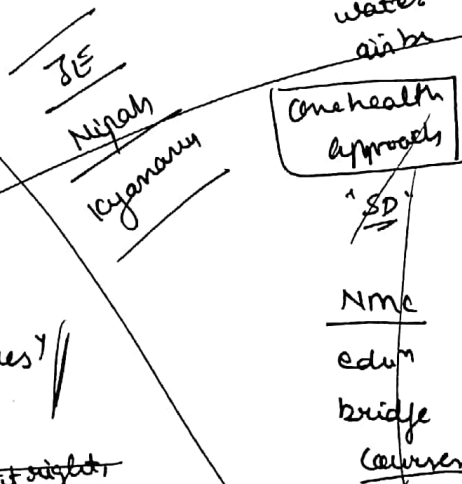
A health system to meet 21<sup>st</sup> century needs in India.

Common non communicable malnutrition lifestyle  
↳ preventer  
SDG  
Cholera vector water air

Sushruta  
Dharmastai  
Charak  
Ashtanigam  
Khipparati  
Ayurveda  
Vaidya  
dharma  
Nidhana  
ADP  
Cancer

political -  
eco  
env  
science -  
Tech.  
law  
History  
myths  
cultural

Nanopharmaceuticals  
~~Public health~~  
- ~~ES~~ telemedicine  
Echo network  
private parts  
IoT, SA, ML, DL  
Quecks  
Solidary initiative



Continuum  
drug, RPT  
policy  
SSE  
doctor ratio  
Paran  
One-ayurved  
tertiary  
SHE  
multisect.

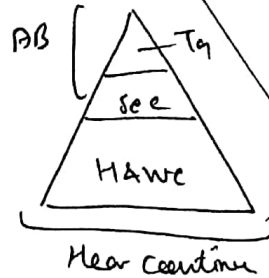
- Show solidarity, share res
- TB harega Dekh jetege

Public Infrs - AB, FIT, Eat right  
aftercare - dialysis, diast, medicines. ~~ES~~ ~~SA~~

mission made intervention. RMNCH, SAIMS Pneumonia

preventive - Immunization

Janani  
Social impact bond  
Lalshya  
institutional delivery.



Halterning curve

Diabetes, CVD, Cancer.  
lifestyle pandemics.

Smallpox, mumps, cholera.

Apurudh  
Yoga + Naturopathy  
Sava nipp  
urari  
Kamra

Traditional  
knowledge  
Digital  
National health  
Niti health mission  
digi ID