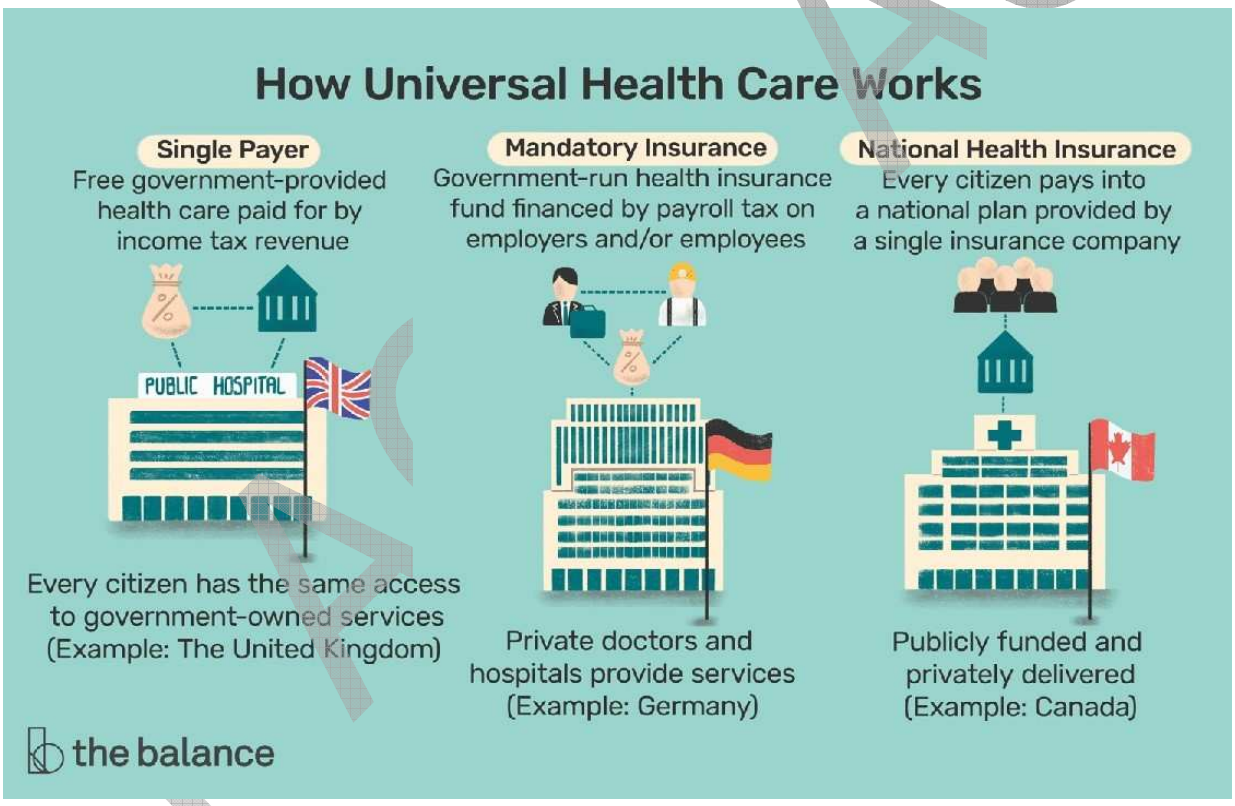
Editorial

15 April 2022

Healthcare As An Optional Public Service (HOPS) as a route to universal health care



Introduction:

The lingering COVID-19 crisis is a good time to revive an issue that is, oddly, slow to come to life in India – **universal health care (UHC).**

Meanwhile, **UHC** has become a **well-accepted objective of public policy** around the world.

It has even been largely realised in many countries, not only the richer ones (minus the United States) but also a growing number of other countries such as Brazil, China, Sri Lanka and Thailand.

Some of them, such as Thailand, made a decisive move towards UHC at a time (20 years ago) when their per capita GDP was no higher than India's per capita GDP today. The time has come for India – or some Indian States at least – to take the plunge.

About Universal health care (UHC):

The **basic idea of UHC** is that **no one should be deprived of quality health care for the lack of ability to pay.**

This idea was well expressed:

"No society," he said, "can legitimately call itself civilised if a sick person is denied medical aid because of lack of means."

The same idea inspired the **Bhore Committee report of 1946**, where a case was made for India **to create its own NHS-type health-care system.**

Routes to UHC:

In concrete terms, UHC typically relies on one or both of two basic approaches: **public service and social insurance.**

In the first approach, health care is provided as a free public service, just like the services of a fire brigade or public library. If this sounds like socialist thinking, that is what it is.

Interestingly, however, this socialist project has worked not only in communist countries such as Cuba but also in the capitalist world (well beyond the United Kingdom).

The second approach allows private as well as public provision of health care, but the costs are **mostly borne by the social insurance fund(s)**, not the patient, so the result is similar: everyone has access to quality health care.

Healthcare As An Optional Public Service (HOPS) Framework:

1. It is possible to envisage a framework for UHC that would **build primarily on health care as a public service.** The framework might be called **"Healthcare As An Optional Public Service" (HOPS).**

2. Under HOPS, everyone would have a **legal right to receive free, quality health care in a public institution if they wish.**
3. It would not prevent anyone from seeking health care from the private sector at their own expense.
4. But the public sector would guarantee decent health services to everyone as a matter of right, free of cost.
5. If quality health care is available for free in the public sector, most patients will have little reason to go to the private sector.

6. **Social insurance** could also play a **role in this framework by helping cover procedures** that are not easily available in the public sector (e.g., high-end surgeries).
7. Although HOPS would not be as egalitarian as the national health insurance model initially, it would still be a big step toward UHC.
8. Moreover, it will become more egalitarian over time, as the public sector provides a growing range of health services.
9. The basic principles remain: everyone should be covered and insurance should be geared to the public interest rather than private profit.

Some challenges that needs to be addressed:

Even in a system based on social insurance, public service plays an essential role.

1. In the absence of public health centres, dedicated not only to primary health care but also to preventive work, there is a danger of patients rushing to expensive hospitals every other day.
2. This would make the system wasteful and expensive. As it is, containing costs is a major challenge with social insurance, because patient and health-care provider have a joint interest in expensive care – one to get better, the other to earn.
3. One possible remedy is to require the patient to bear part of the costs (a "co-payment", in insurance jargon), but that conflicts with the principle of UHC. Recent evidence suggests that even small co-payments often exclude many poor patients from quality health care.
4. Another challenge with social insurance is to regulate private health-care providers. Here, a crucial distinction needs to be made between for-profit and non-profit providers.

5. Non-profit health-care providers have done great work around the world (including the U.S., where most hospitals were non-profit institutions just a few decades ago).
6. For-profit health care, however, is deeply problematic because of the pervasive conflict between the profit motive and the well-being of the patient. This calls for strict regulation, if for-profit health care is allowed at all.

Combination of public service and social insurance:

1. Today, most countries with UHC rely on a **combination of public service and social insurance.**
2. For all we know, however, the NHS model based on plain public service may be the best approach.
3. Private non-profit health care can be regarded as a form of public service, and private for-profit health care tends to defy discipline. A vibrant NHS is hard to beat.
4. The **word "vibrant",** of course, is critical. I am referring not only to good management and adequate resources but also to a sound work culture and professional ethics.
5. **A primary health centre** can work wonders, but only if doctors and nurses are on the job and care for the patients.
6. India's public health services have a bad name in that respect, but they are improving, and they can improve more.

What about social insurance?

1. It could play a limited role in this framework, to help cover procedures that are not easily available in the public sector (e.g., high-end surgeries).
2. Social insurance, however, carries a risk of tilting health care towards expensive tertiary care, and also **towards better-off sections of the population.**
3. The extension of social insurance to **for-profit health-care providers** is especially risky, given their power and influence.
4. There is a case for social insurance to work mainly within the non-profit sectors (public and private), leaving out for-profit health care as far as possible.
5. The main difficulty with the HOPS framework is to specify the **scope of the proposed health-care guarantee**, including quality standards.

6. UHC does not mean unlimited health care: there are always limits to what can be guaranteed to everyone.
7. HOPS requires not only health-care standards but also a **credible method to revise these standards over time**. Some useful elements are already available, such as the Indian Public Health Standards.

HOPS Case study:

1. Tamil Nadu is well placed to make HOPS a reality under its proposed Right to Health Bill.
2. Tamil Nadu is already able to provide most health services in the public sector with good effect (according to the fourth National Family Health Survey, a large majority of households in Tamil Nadu go to the public sector for health care when they are sick).
3. The scope and quality of these services are growing steadily over time.
4. **A Right to Health Bill** would be an invaluable affirmation of the **State's commitment to quality health care for all**.
5. It would empower patients and their families to demand quality services, helping to improve the system further. Last but not least, it would act as a model and inspiration for all Indian States.

Conclusion:

HOPS would not be as egalitarian as the NHS or national health insurance model where most people are in the same health-care boat. But it would still be a big step toward UHC.

Further, it is likely to become more egalitarian over time, as the public sector provides a growing range of health services.

If quality health care is available for free in the public sector, most patients will have little reason to go to the private sector.

Tackling Methane Emission

Methane is a rapidly accelerating part of the climate problem. It is the **primary component of natural gas**, and it **warms the planet more than 80 times as quickly** as a comparable volume of atmospheric CO2 over a comparable amount of time

Methane receives much less attention than carbon dioxide, but it's **recently been in the news due to the conflict in Ukraine** and due to new research on **leakage of the gas in the Permian Basin** – a fossil fuel-rich part of the United States (US).

Although methane is rising in the atmosphere, there's no consensus among scientists on how much methane is coming from various sources.

Why is Methane More Harmful?

- Methane is an invisible gas that can **significantly exacerbate the climate crisis**. It is a hydrocarbon that is a major constituent of natural gas **used as fuel to run stoves, heat homes**, and also to power industries.
- Methane can be thought of as a **thicker blanket than carbon dioxide** – one that is **capable of warming the planet to a greater extent in a shorter period**.
    - It has an immediate effect on warming the planet. However, unlike carbon dioxide which remains in the atmosphere for hundreds of years, methane **exerts its warming effects for roughly a decade.**
- Methane pollution, which is a **primary component of ground-level ozone** and emitted alongside toxic chemicals such as benzene, has been **linked to heart disease, birth defects, asthma and other adverse health impacts.**

What are the Sources of Methane?

- **Biological Sources:** There are biological sources of methane - it is made from some organic compounds by **methane-generating microbes known as methanogens**.
    - Methanogens are found in various natural environments **where little or no oxygen is present**.
        - Such environments include **wetlands, landfills that are not well vented, and submerged paddy fields.**
- **Agriculture: Agriculture is the predominant source** of global methane emissions. Livestock emissions - from **manure and gastroenteric releases** - account for roughly **32% of human-caused methane emissions.** Cows also belch out methane.

- **Paddy rice cultivation** – in which flooded fields prevent oxygen from penetrating the soil, creating ideal conditions for methane-emitting bacteria – **accounts for another 8% of human-linked emissions.**

- **Emissions from Fuel and Industries:** Fugitive emissions of methane from **gas, coal, and oil sites** are contributing to the climate crisis, but the extent of leakage of this potent greenhouse gas has been difficult to determine.
  - Methane leakage **occurs at every stage of the supply chain** from extraction and transport to use in homes and industries.
  - Much of the methane **being released is due to "ultra-emitters",** which spew out copious amounts of the gas.

Recent Emissions from Permian Basin -

- Findings from helicopters and drones armed with infrared cameras, and satellite images have shown **larger amounts of leakage of methane from the Permian Basin** in Texas and New Mexico, US.
- A new study in the journal *Environmental Science & Technology* has estimated over **9% of gas production in the Permian Basin being leaked as emissions,** in contrast to the 1.4% predicted by the *US Environmental Protection Agency.*

What has been Done to Curb Methane Emissions?

- **COP 26 Pledges:** At **COP26 in Glasgow**, over 100 countries signed an **agreement to cut methane emissions by 30% by 2030** as methane might be easier to deal with than carbon dioxide (which is more deeply embedded in the global economy).
  - Ahead of this agreement, the **US President announced the Global Methane Pledge**, which is an US-EU led effort to cut methane emissions by a third by the end of this decade.
- **MethaneSAT:** Controlling methane emissions will require further scrutiny of its sources. To this end, satellites that will **track methane leakage** such as **MethaneSAT have been planned to launch**.
  - MethaneSAT is a planned **American-New Zealand space mission** scheduled for launch later in 2022.
  - It will be an **Earth observation satellite** that will monitor and study global methane emissions in order to combat climate change.

- **UN Initiatives:** The **UN Food Systems** Summit in September 2021 was also aimed at helping make **farming and food production more environmentally friendly.**
    - The **UN's Koronivia Joint Work on Agriculture initiative** is supporting the transformation of agricultural and food systems, focusing on how to maintain productivity amid a changing climate.
- **India's Initiative:** Central Salt & Marine Chemical Research Institute (CSMCRI) in collaboration with the country's three leading institutes developed a **seaweed-based animal feed** additive formulation that aims to reduce methane emissions from cattle and also boost immunity of cattle and poultry.

What is the Significance of Curbing Methane Emissions?

- Human-caused methane emissions **could be reduced by as much as 45%** within the decade.
    - This would **avert nearly 0.3°C of global warming by 2045,** helping to limit global temperature rise to 1.5˚C and putting the planet on track to achieve the Paris Agreement targets.
- Every year, the subsequent reduction in ground-level ozone would also **prevent 260,000 premature deaths,** 775,000 asthma-related hospital visits, 73 billion hours of lost labour from extreme heat and **25 million tonnes of crop losses.**

What Measures can be taken Further to Reduce Methane Emissions?

- **In the Energy Sector:** Methane emissions occur along the entire oil and gas supply chain, but especially from fugitive emissions from leaking equipment, system upsets, and deliberate flaring and venting.
    - Existing cost-effective solutions can help reduce emissions, including **initiating leak detection and repair programs,** implementing **better technologies and operating practices,** and capturing and utilising methane that would otherwise be wasted.
- **In Agriculture:** The farmers can **provide animals with more nutritious feed** so that they are larger, healthier and more productive, effectively producing more with less.
    - **Indian Council of Agricultural Research (ICAR)** has developed an **anti-methanogenic feed supplement 'Harit Dhara' (HD),** which can cut down

cattle methane emissions by 17-20% and can also result in higher milk production.

- When it comes to staple crops like paddy rice, experts recommend **alternate wetting and drying approaches that could halve emissions**.
    - Rather than allowing the continuous flooding of fields, paddies could be irrigated and **drained two to three times throughout the growing season,** limiting methane production without impacting yield.
        - That process would also require one-third less water, making it more economical.

- **In the Waste Sector:** The waste sector **accounts for around 20% of global human-caused methane emissions.**
    - The cost-effective mitigation solutions with the **greatest potential related to separating organics** and recycling also have the potential of creating new jobs.
        - Upstream avoidance of food loss and waste is also key.
    - Additionally, **capturing landfill gas and generating energy** will reduce methane emissions, displace other forms of fuels and create **new streams of revenue.**
- **Role of Government:** The Government of India should envision a food system transition policy to help its people grow and consume food differently.
    - Instead of working in silos, the government must develop a **comprehensive policy that moves farmers to sustainable modes** of plant-based food production, **diverts subsidies from industrial livestock production** and its associated inputs, and looks at **job creation, social justice, poverty reduction, animal protection and better public health** as multiple aspects of a single solution.