

Factors Affecting Affordability and Accessibility of Cardiovascular Healthcare in India

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Abstract

Background: India bears the greatest burden of cardiovascular diseases (CVDs). The key issues of CVDs healthcare management are poor access to medical treatment, high mortality rate, prevalence in rural India, out-of-pocket expenditure, increasing poverty, loss of productivity and widening inequality in care.

Method: By using purposive sampling, we conducted semi structured interviews with some prominent authorities, scientists, cardiologists, policy experts and IP experts engaged in R&D on CVDs and public health. Some important databases are also used for literature review and for detailed study and analysis of research priorities in CVDs India.

Results: Various significant factors are emerged from the analysis. First, government should enforce certain regulatory mechanisms on private sector to make price of drugs/diagnostics affordable and uniform. Second, strict implementation of selling drugs with generics names rather than branded is required. Third, India needs indigenous R&D in medical technology that work within the constraints of our system, understanding the local context. Fourth, government will need to strict their Intellectual property (IP) rules for possible far reaching implication on CVDs or NCDs drug access and development. Other than this, Patient education level and disease awareness is also influence the access of CVDs treatment.

Conclusion: The early occurrence of CVDs is minacious and deserves specific actions. Though interviewees suggested that regulation of private sector with good governance is possibly the solution to provide proper access to medicines and also recommends public private partnership (PPP) to provide better coordination between S&T activities for indigenous and affordable CVDs product development. The analysis also propose that disease specific government policy are highly required in India.

Keywords: cardiovascular, access, affordability, overpricing, R&D, public private partnership.