



GLOBAL HEALTHCARE SYSTEMS – AN INDIAN PERSPECTIVE

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ABSTRACT

Healthcare systems worldwide vary widely in terms of their structure, financing, and delivery of healthcare services. Some countries have universal healthcare systems, providing healthcare services to all citizens at no cost or minimal cost. In contrast, others rely on a mix of public and private healthcare providers. The quality of healthcare services also varies significantly across different countries, with some countries having highly advanced healthcare systems and others facing significant challenges in delivering even essential healthcare services. Access to healthcare services is a crucial determinant of health outcomes, and efforts are ongoing to improve healthcare systems worldwide. India's healthcare system is one of the largest and most complex in the world, serving over 1.3 billion people. The country's healthcare infrastructure comprises a mix of public and private healthcare providers, with the government playing a crucial role in delivering healthcare services. The healthcare system faces several challenges, including inadequate funding, poor infrastructure, a shortage of healthcare professionals, and low insurance coverage. Despite these challenges, the country has made significant strides in improving access to healthcare services in recent years, with the government launching several initiatives to strengthen the healthcare system. The government has established a nationwide network of primary healthcare centres (PHCs) to provide essential healthcare services to the population. The private sector plays a significant role in the delivery of healthcare services in India, with many private hospitals and clinics catering to the population's needs. However, the high cost of healthcare services in the private sector makes them inaccessible to a large segment. Overall, while India's healthcare system has made significant progress in recent years, there is still a long way to go in improving the accessibility and affordability of healthcare services, especially for the marginalised sections of the population.

KEYWORDS : Global Healthcare Systems, Sustainable Development Goals, Ayushman Bharat, Medical Tourism, National Digital Health Mission

Healthcare has come a long way since Florence Nightingale tended to the wounded soldiers in the Crimean War. Back then, it was essentially tender loving care and less treatment which has now graduated holistically to encompass technology, digitalisation, robotics etc. The World Health Organization defines health as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity (<https://www.who.int/data/gho/data/major-themes/health-and-well-being>, n.d.). Over the years, each country has settled on a unique mix of healthcare models, which includes infrastructure, policies, service delivery mechanisms, and financing models that work within its financial and socio-economic resources and constraints.

These factors affect health system performance regarding access to care, patients' experiences, and people's health outcomes. It is also in the interest of the World Health Organization (WHO) and the United Nations (UN) for systems to be assessed and compared for adherence to policies so that the Sustainable Development Goals (SDG) signed by the 193 member countries can be achieved (<https://sustainabledevelopment.un.org/goals>, n.d.).

Broadly, there are four main types of healthcare systems worldwide based on their funding mechanism (https://www.pnhp.org/single_payer_resources/health_care_systems_four_basic_models.php, n.d.).

The Beveridge Model, where direct income tax deductions fund healthcare provisions, as in UK's National Health Service. The ownership and management of hospitals lie with the government. The healthcare staff, including doctors and nurses, are employees of the state.

The Bismarck Model, where the financial backbone of the system is the insurance payments made by employers and employees. Patients who regularly pay insurance premiums have access to 'sickness funds' used to pay for health services.

France, Germany, Japan and Switzerland operate the Bismarck system.

The National Health Insurance Model, which has features of both the Beveridge and the Bismarck models, balances public and private health provisions, prevalent in Canada and South Korea, where the government is single-payer for all health services through funds raised through an insurance scheme that every citizen pays into.

The Out-of-Pocket model, where no formal state-wide system exists, is most commonly seen partly in developing countries like India and parts of Africa and South America.

The healthcare delivery system in India is complex and varied, with public and private facilities providing medical services to the country's population of over 1.4 billion. The government (public healthcare system) focuses on providing essential healthcare through Primary Healthcare Centres in primarily rural areas. It has limited secondary and tertiary care institutions in key cities. The private sector mainly provides secondary, tertiary, and quaternary care institutions, with a significant concentration in urban areas.

The system's significant challenges include insufficient funds, lack of preventive care, inadequate research funding, inadequate medical infrastructure, and shortage of healthcare professionals, including doctors, nurses and paramedics. According to National Health Accounts (NHA) estimates released in March 2022, patients bear as high as 61 per cent of the total health expenditure by themselves. India has one of the world's lowest per capita healthcare expenditures against a global average of 5.4% GDP, and state contribution to insurance is around 32 per cent. Nevertheless, India has all the resources for exponential growth in this sector too, which includes being the most populous country in the world and having a robust medical supply chain. This start-up pool ranks amongst the top five internationally with hassle-

free access to Venture Capital Funding and, most importantly, bright and educated tech entrepreneurs looking to make a mark on the global healthcare systems.

Growing incidence of lifestyle diseases, increasing demands, rapid technological advancements, telemedicine, health insurance "Ayushman Bharat scheme" (<https://Ab-Hwc.Nhp.Gov.In>, n.d.), and e-health, along with tax incentives, are driving the healthcare market in India. The Indian healthcare sector is expected to grow at a CAGR (Compound Annual Growth Rate) of 22% between 2016–23 to reach USD 372 billion in 2023 from USD 110 billion in 2016. Indian medical tourism market, on the other hand, is expected to touch USD 13.42 billion by 2026 from USD 2.89 billion in 2020. India has become a premier destination for travellers across the globe for best-in-class medical treatment at a much lower cost which also includes Yoga & Wellness and traditional therapies through AYUSH (Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homeopathy). India was ranked 10th on the Medical Tourism Index (MTI) for 2020-21 by the Medical Tourism Association and was 5th in wellness tourism markets in Asia-Pacific. Healthcare facility accreditation is well-developed in India, with various Govt/ non Govt accreditation agencies like NQAS, JCI, and NABH taking the lead to ensure adherence to international best practices. More than 40 Joint Commission International (JCI) accredited and 1400 NABH-accredited hospitals provide care of international standards. The Telemedicine market is India's maximum potential eHealth segment, expected to touch USD 5.4 billion by 2025. Over the next ten years, National Digital Health Blueprint (NDHB) has the potential to unlock a value of over USD 200 billion for the healthcare industry in India. India is emerging as a substantial market for wearables, and it is expected to reach 130 million units in 2030. India's surgical robotics market is estimated at \$350 million by 2025.

CONCLUSION

The Indian healthcare sector looks forward to seeing significant advancements in technology, greater emphasis on preventive care, and increased access to healthcare for marginalised communities. The government has launched several reforms, such as the National Digital Health Mission (NDHM), teleconsulting guidelines combined with a burgeoning health tech start-up ecosystem enabled by innovation, which has evolved to improve the healthcare journey of the Indian population. Telemedicine and AI-powered diagnostics are likely to become more prevalent, allowing for remote consultations and faster and more accurate diagnoses. Enhancing the clinical and financial value of these new offerings and services requires all healthcare stakeholders to reinforce digital as an entirely new business model and ecosystem to deliver better outcomes.

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