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PRIMARY HEALTH SERVICES IN INDIA

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ABSTRACT

India has a multi-payer universal health care model that is paid for by a combination of public and government regulated (through the Insurance Regulatory and Development Authority) private health insurances along with the element of almost entirely tax-funded public hospitals. The public hospital system is essentially free for all Indian residents except for small, often symbolic co-payments in some services. Economic Survey 2022-23 highlighted that the Central and State Governments' budgeted expenditure on the health sector reached 2.1% of GDP in FY23 and 2.2% in FY22, against 1.6% in FY21. India ranks 78th and has one of the lowest healthcare spending as a percent of GDP. It ranks 77th on the list of countries by total health expenditure per capita.

KEYWORDS :

NATIONAL HEALTH POLICY

The National Health Policy was endorsed by the Parliament of India in 1983 and updated in 2002, and then again updated in 2017. The recent four main updates in 2017 mention the need to focus on the growing burden of non-communicable diseases, the emergence of the robust healthcare industry, growing incidences of unsustainable expenditure due to healthcare costs, and rising economic growth enabling enhanced fiscal capacity. Furthermore, in the long-term, the policy aims to set up India's goal to reform its current system to achieve universal health care.[5]

In practice however, the private healthcare sector is responsible for the majority of healthcare in India, and a lot of healthcare expenses are paid directly out of pocket by patients and their families, rather than through health insurance due to incomplete coverage.

Government health policy has thus far largely encouraged private-sector expansion in conjunction with well-designed but limited public health programmes.[7]

Financing

According to the National Health Accounts report, the total expenditure on health care as a proportion of GDP in 2018 was 3.2%. Out of 3.2%, the governmental health expenditure as a proportion of GDP is just 2%, and the out-of-pocket expenditure as a proportion of the current health expenditure was 42.06% in 2019 while expenditure of the government and health insurance funds increased to 57%.[8]

2019

In 2019, the total net government spending on healthcare was $36 billion or 1.23% of its GDP. India had allocated 1.8% of its GDP to health in 2020–21.

2022

Since 2022, the healthcare funding by the central and state governments increased substantially to $74 billion Out of pocket expenditure significantly reduced as most healthcare expenditure is met by government health insurance schemes, social health insurances such as the Employees' State Insurance and government regulated (through the Insurance Regulatory and Development Authority) private health insurances, achieving the goal of near-universal health coverage. Since 2020, it is mandatory for private sector employees who are not affiliated to the employees state insurance to receive a government regulated (through the Insurance Regulatory and Development Authority health insurance regulator) health insurance plan through their employer while employees of the public sector receive it through the Central Government Health Plan.

Human Rights Measurement Initiative

The Human Rights Measurement Initiative finds that India is doing 84.9% of what should be possible at its level of income for the right to health

History

The Rajiv Gandhi Government General Hospital in Chennai, the first modern hospital in India, established in 1664.

Healthcare System

Public healthcare is free for every Indian resident. The Indian public health sector encompasses 18% of total outpatient care and 44% of total inpatient care Middle and upper class individuals living in India tend to use public healthcare less than those with a lower standard of living. Additionally, women and the elderly are more likely to use public services. The public health care system was originally developed in order to provide a means to healthcare access regardless of socioeconomic status or caste. However, reliance on public and private healthcare sectors varies significantly between states. Several reasons are cited for relying on the private rather than public sector; the main reason at the national level is poor quality of care in the public sector, with more than 57% of households pointing to this as the reason for a preference for private health care. Much of the public healthcare sector caters to the rural areas, and the poor quality arises from the reluctance of experienced healthcare providers to visit the rural areas. Consequently, the majority of the public healthcare system catering to the rural and remote areas relies on inexperienced and unmotivated interns who are mandated to spend time in public healthcare clinics as part of their curricular requirement. Other major reasons are long distances between public hospitals and residential areas, long wait times, and inconvenient hours of operation.

Osmania General Hospital Hyderabad

Different factors related to public healthcare are divided between the state and national government systems in terms of making decisions, as the national government addresses broadly applicable healthcare issues such as overall family welfare and prevention of major diseases, while the state governments handle aspects such as local hospitals, public health, promotion and sanitation, which differ from state to state based on the particular communities involved. Interaction between the state and national governments does occur for healthcare issues that require larger scale resources or present a concern to the country as a whole.

Considering the goal of obtaining universal health care as part of Sustainable Development Goals, scholars request policy makers to acknowledge the form of healthcare that many are using. Scholars state that the government has a responsibility to provide health services that are affordable, adequate, new and acceptable for its citizens. Public healthcare is very necessary, especially when considering the costs incurred with private services. Many citizens rely on subsidized healthcare. The national budget, scholars argue, must allocate money to the public healthcare system to ensure the poor are not left with the stress of meeting private sector payments.

Following the 2014 election which brought Prime Minister Narendra Modi to office, the government unveiled plans for a nationwide universal health care system known as the National Health Assurance Mission, which would provide all citizens with free drugs, diagnostic treatments, and insurance for serious ailments. In 2015, implementation of a universal health care system was delayed due to budgetary concerns. In April 2018 the government announced the Aayushman Bharat scheme that aims to cover up to 100,000,000 vulnerable families (approximately 500,000,000 persons – 40% of the country's population). This will cost around $1.7 billion each year. Provision would be partly through private providers

In 2017, the Medical Technology Assessment Board and its secretariat Health Technology Assessment in India. The Health Financing and Technology Assessment (HeFTA) unit within the National Health Authority (NHA) in 2022 further enhanced evidence-based decision-making processes in prioritizing health benefits and demonstrating significant cost savings to the PM-JAY as a result of health technology assessment (HTA).

Private Healthcare

Hinduja National Hospital At Mumbai, India

Since 2005, most of the healthcare capacity added has been in the private sector, or in partnership with the private sector. The private sector consists of 63% of the hospitals in the country, 29% of beds in hospitals, and 81% of doctors.

Max Healthcare In Delhi, India

According to National Family Health Survey-3, the private medical sector remains the primary source of health care for 70% of households in urban areas and 63% of households in rural areas. The study conducted by IMS Institute for Healthcare Informatics in 2013, across 12 states in over 14,000 households indicated a steady increase in the usage of private healthcare facilities over the last 25 years for both Out-Patient and In-Patient services, across rural and urban areas. In terms of healthcare quality in the private sector, a 2012 study by Sanjay Basu et al., published in PLOS Medicine, indicated that health care providers in the private sector were more likely to spend a longer duration with their patients and conduct physical exams as a part of the visit compared to those working in public healthcare. However, the high out of pocket cost from the private healthcare sector has led many households to incur Catastrophic Health Expenditure, which can be defined as health expenditure that threatens a household's capacity to maintain a basic standard of living. Costs of the private sector are only increasing One study found that over 35% of poor Indian households incur such expenditure and this reflects the detrimental state in which Indian health care system is at the moment. With government expenditure on health as a percentage of GDP falling over the years and the rise of private health care sector, the poor are left with fewer options than before to access health care services. Private insurance is available in India, as are various through government-sponsored health insurance schemes. According to the World Bank, about 25% of India's population had some form of health insurance in 2010. A 2014 Indian government study found this to be an over-estimate, and claimed that only about 17% of India's population was insured. Private healthcare providers in India typically offer high quality treatment at unreasonable costs as there is no regulatory authority or statutory neutral body to check for medical malpractices. In Rajasthan, 40% of practitioners did not have a medical degree and 20% have not completed a secondary education.[30] On 27 May 2012, the popular show Satyamev Jayate did an episode on "Does Healthcare Need Healing?" which highlighted the high costs and other malpractices adopted by private clinics and hospitals

According to Huffington Post, doctors spoke about the problems with "corporate hospitals" and senior surgeons being told to sell surgeries to their patients even if they weren't needed. In one instance, a doctor was told he would be sacked if he didn't have enough patients to operate on. The majority of India's private, for-profit hospitals charge exorbitant costs for medical services and supplies, which has put a strain on the country's public finances.

Financing

India ranks among the lowest in the world in terms of public expenditure on healthcare due to significant limitations in its workforce, infrastructure, along with deficiencies in quality and availability of healthcare services With a shortage of doctors and healthcare providers, who are usually concentrated in urban environments, along with the already low government expenditure on health in India, a large percentage of the population is left underserved by the Indian health system, which relies on out-of-pocket payments from patients to fund care. These payments hinder a lot of patients from being able to receive healthcare services, leaving a significant economic impact on the poor and an approximate 50-60 million people forced into poverty annually as a result of drastic medical expenses

Despite being one of the most populous countries, India has the most private healthcare in the world Out-of-pocket private payments make up 48% of the total expenditure on healthcare in 2018 while government and health insurance funds accounted for 62%. This is in stark contrast to most other countries of the world. According to the World Health Organization in 2007, India ranked 184 out of 191 countries in the amount of public expenditure spent on healthcare out of total GDP. In fact, public spending stagnated from 0.9% to 1.2% of total GDP in 1990 to 2010 and further increased to 3.2% of GDP in 2018.

Medical and non-medical out-of-pocket private payments can affect access to healthcare. Poorer populations are more affected by this than the wealthy. The poor pay a disproportionately higher percent of their income towards out-of-pocket expenses than the rich The Round National Sample Survey of 1955 through 1956 showed that 40% of all people sell or borrow assets to pay for hospitalization. Half of the bottom two quintiles go into debt or sell their assets, but only a third of the top quintiles do. In fact, about half the households that drop into the lower classes do so because of health expenditures. This data shows that financial ability plays a role in determining healthcare access.