



ORIGINAL RESEARCH PAPER

Education

ISSUES AND CHALLENGES IN HEALTH CARE SERVICES IN INDIA - A REVIEW

KEY WORDS: Health, health sector, health insurance, challenges.

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ABSTRACT

In terms of health, India is presently in a state of transition economically, demographically, and epidemiologically. Whereas the last decade has seen extraordinary economic development particularly in terms of gross domestic product (GDP) growth rate, unfortunately this progress is accompanied by growing disparities between the rich and the poor. There is strong evidence to suggest that this income inequality or disparity between the different socioeconomic classes is associated with worse health outcomes. Widening the gap between the rich and the poor has damaging health and social consequences. While financial inclusion and social security measures are being implemented by the Government to bridge economic inequalities, health sector too must ensure that health disparities between and among social and economic classes are also addressed adequately. As the statistics of WHO, hospital admissions about 47% in rural areas and 31% in urban areas respectively, were financed by loans and sale of assets. WHO state, 3.2% Indians will fall below the poverty line because of high medical bills. Nearly 70% of Indians spend their whole income on healthcare and purchasing drugs. In India, Health insurance sector has witnessed a sea-change recently. Due to high charges of medical treatment induced the public to think about health insurance plans. As health is an important lacking any medical coverage people use their earnings and assets to cover medical costs. While it discussed the public are lack in receiving their health care and meeting challenges in their day to life.

INTRODUCTION

There has been major changes need in health care of the country for the reason that of the Indian population over the last 25 years adding 450 million people.

There is 7% of the demographic and socio-economic mix and the economic growth. Since 2008 the Indian health care sector has grown nearly 16.5 % and grows to be 110 billion industries in 2016 and it is to be expected to reach 280 billion by end of 2020. With the indicators like life expectancy and maternal and child mortality and other indicators it shows over the years Indian health care scenario has revealed great evolution.

In the Indian public health system the year 2014 is notable movement that the World health Organization has declared that India is a polio-free nation.

India was the fourth country in Asian region in the world after Americas (1994), the western Pacific Region (2000) and the European Region (2002). In India the Infant Mortality rate has considerably move toward down from 57 deaths per 1000 live birth in 2004 and 34 deaths in 2016.

Also the life expectancy at birth for the same period was increased from 63.80 to 68.35 years. The great effort taken by public and private sector are the reason for the significant progress made by the health care system.

CHALLENGES FACED BY INDIAN HEALTHCARE SECTOR

Demographic Challenges

Over the years, the life style disease, increasing and facing the so-called disease burden as the share of Non-Communicable diseases along with continuing rise in communicable diseases.

Now a day's increasing the life style diseases like diabetes and cardio vascular diseases among the middle-class and working population.

As per the statistical report the Non-communicable diseases accounted for more than 50% of all deaths in 2015 but it has been increased from 42 % in the year 2001 – 2003. Perhaps a shocking fact about the occurrence of Non-communicable Diseases majorly affecting the age group of 30-59, but the incidence in most western countries only the old age people will affect. This occurrence was started a decade earlier in India. To overcome this issues and challenges a stronger and tertiary health care approach has to be provided to the working age population even the nature of the problem is socioeconomic consequences.

PUBLIC VS PRIVATE SECTOR CHALLENGES

In India, when analyzed about the public and private sectors

contribution in healthcare system it shows an annoying status. It observed, as per the national sample survey taken between January and June 2014, out of 1000, 243 people taken treatment within the public healthcare system, whereas 757 people out of 1000 decided to visit nearby a private doctor or private hospital.

Amazingly, there is about 20 percent income through public sector and 80 percent contribution coming from the private sector. This is about the highest in the world. Actually in fact the public health expenditure on healthcare has been only from 1.1 percent of GDP to 1.4 percent between 1995 and 2014. The total private expenditure on healthcare is 94 percent which is the highest in the world. While per capita income grew only at 3.8 percent, the private out of pocket expenditure on health grew at 10.9 percent per annum during the year 1991 – 2003. On average nearly 20 percent of the Indians poor population is 2.6 times more likely than the richest population to miss medical treatment when they ill, because of financial reasons.

RURAL AND URBAN CHALLENGES

In India there is a deficiency in medical professionals in rural area as compare with urban. Majority of the medical professionals nearly 74% of them are serving in urban areas. It is a major issue in accessing health care by the rural people. A stunning 70% of the population is living in rural areas and they found difficult in accessing health care providers.

BASIC PRIMARY HEALTH CARE

India is facing a growing need to fix its basic health concerns in the areas of Malaria, Diarrhea, Tuberculosis, and HIV. Moreover nearly 7% of the children are born underweight due to lack in access of basic primary health care. A very little population only accesses the quality of sanitation. It is possible to solve this problem through standardize diagnostic procedures, Construction of rural clinics, developing health IT system and improving efficiency. There is an imbalanced health care delivery system in providing basic amenities in rural areas particular.rly. The medical sector is the negligible part of India's healthcare system and it the fastest-growing part in India. Even in the present conditions this health care system is faced a number of issues and challenges which is barrier to its development.

Providing safe drinking water and sanitation are significant determinants of healthctely contribute to 70-80% reduction in the burden of communicable diseases. Full coverage of drinking water supply and sanitation through existing programs, in both rural and urban areas, is achievable and affordable.

HEALTH INFRASTRUCTURE CHALLENGES

Infrastructure is one more soreness end in the Indian healthcare

system. India is facing a severe resource shortage on capital invested and manpower. India is facing an acute shortage of hospital beds with a ratio 0.5 per 1000 population. Compared to other countries such as 2.3 for china, 2.6 for brazil and 3.2 for the united states. There are huge variations exist with some of the more wealthy states with surplus capacity while with a huge shortage. World Health Organisation has defined the requirement of 1 bed per 1000 population for low income countries. But this ratio is much lower than the actual requirement. For providing eminance health care services is highly capital intensive to be raised high as 25 lakhs and 40 lakhs per installed cost of building, a secondary care and a tertiary care hospital respectively. This means that in order to meet the WHO standards of 1 bed per 1000 population would require an investment is 1,62,500 crores. In India there is a tremendous demand for tertiary care hospitals and speciality hospitals. In factual a great gap between the availability and required beds in government hospitals.

HUMAN CAPITAL CRUNCH

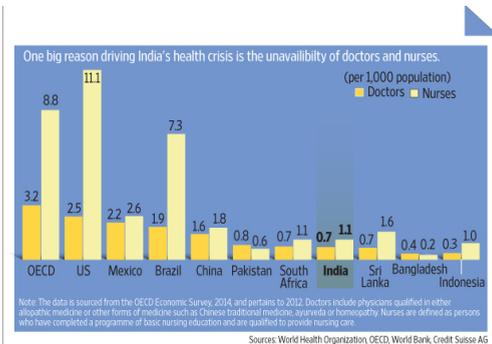
Highly skilled human resources such like doctors, medical supportive staff like nurses, lab technicians, pharmacists, etc are required for health care sectors for smooth functioning.

The physicians and patient ratio of our country is 0.7 per 1000 population.

In addition to this huge amount of healthcare professionals are concentrating only in urban areas where consumers paying higher than the rural areas. The healthcare providers neglected to serve the rural people.

Nearly 3000 doctors are shortage in 25,308 primary health centers across the country.

It shows that with shortage up by 200 percent over the last 10 years.



HEALTH INSURANCE CHALLENGES

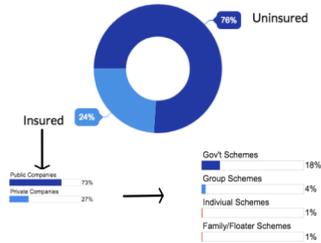
Health insurance is one of the policies that make sure that cashless treatment or expense reimbursement, reimburses the insured, medical or surgical expenses. In India, totally three quarters of the total population having no insurance.

Nearly 24 percent of the population has a private and public sector medical insurance and the central scheme for weaker sections. The Indian Government contribution to insurance stands at roughly 32 percent. Also the government facilitate on commercial health insurance at the present.

India is seriously deficient in commercial health insurance even the insurance model is copied from united state.

This system is almost totally covers only disastrous expenditure, like highly restricted hospital treatments offered without cost and quality regulation and external audits. And the treatment for the outpatient and prescription medicines is not included in this scheme. It shows lack of health insurance and its low penetration source for further challenge towards access to healthcare. Actually nearly 76 percent of the Indian people paying from their own pockets for healthcare services, which puts tremendous financial burden.

Health Insurance Coverage



The percentage of the Indian population that has been covered under health insurance is unfortunately very significant. The reasons for that are the lack of awareness, casual approach have contributed to this. Nevertheless there is increase in number of health care insurance policies over the past few years majority of the population remains without any coverage.

HEALTHCARE POLICIES IN INDIA

The Government has rolled out several policies and undertaken missions both in rural and urban space.

NATIONAL HEALTH POLICY 2017

SUMMARY OF WHAT YOU NEED TO KNOW

Shifting Focus from SICK CARE TO WELLNESS

Focus on Primary Health Care to Allocate 2/3rd of total resources

Increasing Public Health expenditure from current GPA 1.3% to 2.5%

WELLNESS FOCUS ON

- PALLIATIVE CARE
- REHABILITATIVE CARE SERVICES
- MENTAL HEALTH
- NON-COMMUNICABLE DISEASES
- GERIATRIC HEALTH

ALL PUBLIC HOSPITALS WOULD RECEIVE

- Free DRUGS
- Free EMERGENCY CARE SERVICES
- Free DIAGNOSTICS

PROMOTE 'Make in India' initiative by using drugs and devices manufactured in the country

HIGHLIGHTS AYUSH (Ayurveda, Yoga & Naturopathy, Unani, Siddha, & Homeopathy) as a tool to effective prevention therapy that is safe and cost effective

KEY TARGETS

- To achieve global 2020 HIV of **90-90-90**
- To reduce infant mortality rate from 40 to 28 by 2019
- To reduce premature mortality from Cancer, Diabetes, Cardiovascular Diseases, Respiratory Diseases **20% BY 2025**
- To increase life expectancy at birth by 2025 from **67.5 YEARS to 70 YEARS**

Source: www.nhp.gov.in

Based on the great experience through national health policy 1983 and 2002 served well guiding the approach for the health sector in the five year plan, the Central Government approved the National Health Policy in March 2017. The aim of the 2017 health policy is to project an incremental guarantee – based approach that give further details about on the need for a new health policy to account for make changing priorities in India's abysmal healthcare delivery system. This will help to build a well-built healthcare system which reduced catastrophic expenditure in the form of out of pocket healthcare costs and improving fiscal capacity to meet a widening healthcare financing deficit. Some specific goal has been laid by National revised policy to meet the challenges in health related areas. They **are Increasing Life Expectancy of human being at birth from 67.5 to 70 years by 2025, Frame a strategy to Reduce infant mortality rate to 28 by 2019, By end of 2025 increase utilization of public health facilities by 50% from current status, Meet out the need of family planning services above 90% at national and sub national level by 2025, Follow the strategy of Swachh Bharat Mission Access to safe drinking water and sanitation to all by 2020, The existing percentage of health expenditure by Government to be increased from the 1.15 percent to 2.5**

percent by 2025, Health spending of the state sector to >8% of their budget by 2020, At the end of the year by 2025 establishment of primary and secondary care facility in high priority with norms, District-level electronic database of information center to be established on health system components by 2020, Strengthening referral system for regulating patient flows, Result based purchasing of private services to fill gaps, Provision for supply of free drugs, diagnostics and emergency services in all public amenities, Urban health improvement, Infrastructure strengthening and manpower improvement in unreached areas, Integration of all National Health Programmes, Making Ayush services as an alternative. Hence National health policy is very much essential for increasing economic development facilitate better financial ability. Consequently, new policy responsive to these contextual changes is required.

Policy analysis

Since poor governance and deficient funding there is lot of challenges faced by the existing public health care machinery. The 2017 National Health Policy identifies everything that needs to be done, without clearly illustrating the needs to be done and know the strategies to be achieved. And the viability of the policy is brought into question because of the limitations arise out of the funds allocated to the different schemes. The policy calls for major reforms in financing public healthcare services. Also, lacking in clarity to bring out the financial reforms and managing them. Actually the government has proposed to increase public healthcare expenditure from 1.15 percent to 2.5 percent of GDP by 2025.

Pradhan Mantri Jeevan Jyoti Bima Yojana 2015

To increase the proportion of the population in India and have some kind of life insurance the Government of India announced insurance scheme in 2015. This scheme is mainly for the people come under the age group of 18-50 and they might have opened their bank accounts under the Pradhan Mantri Jan Dhan Yojana scheme. The beneficiary has to pay the premium for the insurance amount is Rs.330 per year. It is tax exempted and provides death coverage of Rs. 2 lakh.

Healthcare in Union Budget 2018

Indian Government has announced two major healthcare initiatives in the Union Budget 2018, indicating The scheme aims to cover 10 crore vulnerable families with approximately 50 crore beneficiaries, providing a health insurance cover of Rs 5 lakh per family per year. This is a significant improvement over the previous coverage of Rs 30,000 per family per year under the Rashtriya Swasthya Bima Yojna (RSBY). The other major initiative announced in the budget is the establishment of 1.5 lakh health and wellness centres across the country which will provide free essential drugs and diagnostic services. The government has allocated a budget of Rs 1,200 Crore for the scheme.

Policy Critique

While the initiatives of the government sound extremely ambitious, it seems more like a "repackaged" version of the social security scheme of 2016. The major reasons why most of the healthcare policy commitments of the Indian Government have failed to translate into results have been inadequate budgetary allocation as well as lack of coordination between the centre and the states in the planning process, leading to inefficient spending. The budgetary allocation of Rs 52,800 Crores for healthcare in 2018-19 was only 5 percent higher than the revised estimate of Rs 50,079.6 Crores in 2017-18. This falls way short of a year-on-year increase of 20 percent needed to meet the target of government health spend at 2.5 percent of the GDP by the year 2025 (Matthew, 2018). In particular, Rs 2,000 Crore allocated for the RSBY scheme is woefully short of the required funds of at least Rs 10,000 Crores as per Dr Ravi Wankhedkar, President, Indian Medical Association (Anuj Gupta, 2018). In the light of the shortfalls of healthcare policies in India, I will look into the various solutions that are feasible to combat the challenges that healthcare faces in India.

The health challenges

In health care sector, India has made huge strides over the past decades. In our country the life expectancy has been crossed 67 years, infant and under-five mortality rates are declining as is the rate of disease incidence. Many diseases, such as polio, guinea worm disease, yaws, and tetanus, have been eradicated.

In spite of this development, the communicable diseases is expected to continue to remain a key public health problem in the coming decades posing a threat to both national and international health security. Besides endemic diseases such as human immunodeficiency virus infection and acquired immune deficiency syndrome (HIV/AIDS), tuberculosis (TB), malaria, and neglected tropical diseases, the communicable disease outbreaks will continue to challenge public health, requiring high level of readiness in terms of early detection and rapid response. In this regard, vector-borne diseases, such as dengue and acute encephalitis syndrome, are of particular concern. Antimicrobial resistance is one of the biggest health challenges facing humanity that must be tackled with all seriousness. In addition, non-communicable diseases or NCDs are now the leading cause of death in the country, contributing to 60% of deaths. Four diseases namely heart disease, cancer, diabetes, and chronic pulmonary diseases contribute nearly 80% of all deaths due to Non Communicable Diseases and they share four common risk factors specifically consuming tobacco, harmful use of alcohol, unhealthy diet, and lack of physical activities.

Also of significant concern is the maternal mortality ratio and infant mortality rate (IMR) remain unacceptably high. The IMR, which was 81 in 1990, according to the World Health Organization (WHO), declined to 41.4 per 1,000 live births in 2013. However, it still is much higher than the global average for the same period of 33.6 per 1,000 live births (World Health Statistics 2015). According to the sample registration system (SRS) report of Oct 2015, the IMR is now 40 per 1,000 live births. As already stated, the mortality rates are declining but the rate of decline remains relatively slow, compared to that being achieved by other South Asian neighbors, with exception of Pakistan.

The epidemiological transition is, in fact, being fueled by the social and economic determinants of health and by some old and some new risk factors such as globalization, unplanned and unregulated urbanization, changing life styles, environmental causes (e.g., climate change and air pollution), and increasing influence of media and advertising. Moreover, great disparities between the rich and poor (and between those living in urban and rural areas) in access to health services continue to exist in the society. For example, the poorest of the poor and the most marginalized sections of the society are not only at a greater risk for communicable and NCDs, but are also least able to cope with the diseases resulting from these risk factors. If someone in the family gets sick, the family often gets trapped in poverty, partly due to the high cost of health care. The health-care system is also overstretched.

To overcome the health challenges

The following are some suggestions to overcome the health challenges and provide better health care services.

- Investing more money for health care services to prevent diseases and promoting health.
- Health expenditure to be increased from 1.3% of GDP at present
- For disease prevention, health promotion and improving the quality of health services at the primary care level at least nearly 80% of the fund to be allocated in the total budget.
- New health policy and insurance at central and state level should introduce to protect people during their financial crises during treatment.
- Health system and existing health infrastructure in the primary level to be strengthened to improve the process of service delivery.
- Should create enabling environment to appoint efficient public health worker and necessary training to be provided to

efficient and effective health services.

- Should Emphasis on excellence is crucial to ensure quality in service provision and in program planning and implementation, especially to ensure that health services are responsive to the needs of the community and are provided efficiently and effectively.
- Modern technology should introduce in bringing efficiency in service delivery and enhancing the reach of the health services.
- Empowering all the stockholder and health leadership and governance to promote intersectoral and interdisciplinary approach.
- Private sector can also engage to support the health promotion and disease prevention activities under public-private partnership and through the corporate social responsibility initiatives. Engaging them in a creative and positive manner as partners for health action coordinated by the government can go a long way in addressing health challenges in the next decade and beyond.

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