



ORIGINAL RESEARCH PAPER

Economics

THE ROLE OF UNIVERSAL HEALTH COVERAGE IN HUMAN DEVELOPMENT: FROM AN INDIAN PERSPECTIVE

KEY WORDS: Universal health coverage, Health expenditure, Health schemes, Health indicators, Human development.

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ABSTRACT

Universal Health Coverage is one of the key goals of Sustainable Development Agenda -2015. In the context of India, over 62.4% of total expenditure is out of pocket borne by the masses on private healthcare compared to the global average of 18.62% in spite of the government spending about 1.4% of GDP. As a result, the government has taken the several measures to ensure the comprehensive and quality healthcare services to everyone under Universal Health Coverage (UHC) through its various schemes including the latest health scheme "Ayushman Bharat - 2018." In this backdrop, this paper attempts to examine about the status of Universal Health Coverage (UHC) and its impact on human development in India. In terms of findings, this paper found that the government currently spends about 1.4% of GDP on health sector and there has not been much progress met as expected by 12th five year plan relating to reduction of Infant Mortality Rate (IMR) 25, Maternal Mortality Rate (MMR) 100 and Total Fertility Rate (TFR) 2.1. Lastly, this paper suggested increasing the government expenditure on healthcare currently from 1.4% to 2.5% and India is needed to adopt the suitable supply and demand interventions to reduce high out-of-pocket expenditure.

INTRODUCTION

Universal Health Coverage is one of the goals of SDGs agenda - 2015 and it has been adopted by all member nations of UN across the world. In the context of India, the masses spend around 70% of out-of-pocket on account of 1.4 % of GDP which is being spent on health sector. Evidently, it has had an adverse impact on the socio-economic life of people. In this backdrop, the government has been attempting to provide an affordable and accessible quality healthcare through its number of initiatives including the largest health scheme Ayushman Bharat-2018, which advocates that there should be 2.5% of the GDP spent on health by ensuring UHC to the all people irrespective of rich or poor background in the country.

REVIEW OF LITERATURE

1. Rakesh Sarwal: In this paper, the author attempted to study about the central government health scheme (CGHS) model and also how it would become a model of UHC. In conclusion, the author offered a few suggestions relating to the merging of all health insurance schemes for pooling the financial resources as a step towards achieving UHC in India.
2. Sojib Bin Zaman, Naznin Hassain (2017): This article discussed about the role of governance and health financing for the proper working of UHC in the context of developing countries. Through conclusion, this article investigates on expansion of primary healthcare coverage, health financing and also strong political system to pave the way for the success of UHC in the context of developing countries.
3. Gita Sen: The author in this paper, investigated about ups and downs of UHC in Indian context. In the concluding part, this author advocated over increasing the 2.5% of GDP on healthcare in order to provide comprehensive healthcare to the needy people across the country.

The aforementioned literature didn't discuss about the key role of UHC towards the socio-economic development and human development. In this regard, this paper attempts to study about the Universal Health Coverage role in human development in Indian context.

NEED FOR THE STUDY

Universal health coverage ensures the provision of primary, secondary and tertiary healthcare to all sections of masses without financial adversity. In India, healthcare facilities are typically provided by private and public sectors, around 80% of healthcare services are offered by private sector and over 70% of healthcare cost is borne by out-of-pocket which has adversely impacted on

the people. In this regard, this study seeks to look into the issues pertaining to the status of UHC and its impact on human development associated with some indicators in India.

OBJECTIVES

1. To understand about Universal Health Coverage in Indian context
2. To examine the impact of Universal Health Coverage on human development in India

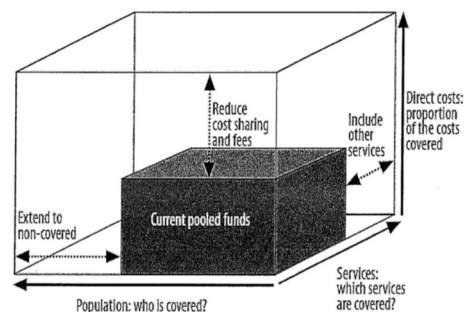
METHODOLOGY

This paper is descriptive one in nature and for the study, secondary data has been collected from different sources, viz., research articles, government reports, news papers, working papers and the various websites. In addition, the suitable tables and figures have been used in the paper for the data analysis.

Universal Health Coverage in Indian Context

India is a signatory to UN in implementation of UHC in the country. The history of UHC dates back to Bhole committee recommendations which advocated on "health for all." However, UHC in India is traced in the context of 12th five year plan, which enunciated about the importance of UHC along with a few recommendations. Meanwhile, the government has had the partial impact on UHC through its various plans and schemes including the latest health scheme Ayushman Bharat. The progress of UHC is also understood from the angle of MDGs in India, which was launched in the year 2000 and terminated in 2015 by leaving the some goals unmet. In this backdrop, UN came out with the agenda of SDGs - 2015 to 2030 which made mandatory to all its member nations to adopt SDGs with a view to achieving the 17 goals including the UHC. Thus, it is required to shed a light on the dimensions of UHC in Indian context as follows.

Figure-01: Universal Health Coverage - Three Dimensions



Source: World Health Report 2010

The figure 1 indicates that there are three dimensions of UHC such as financial, service and population coverage. At present, only 27% of population covered under any health insurance schemes. In India, over 90% healthcare services are being offered by private sector, it implies that how private sector has been dominating in health sector. In addition to the above, there are still people who spend around 70% out-of-pocket; it indicates as to how public sector is having poor quality services and also pushing the masses into poverty. As a result, the government has launched the world largest health scheme "AYUSHMAN BHARAT" in 2018, which is envisaged providing the affordable, accessible, quality universal health care to ten crore people and per family the coverage of money is up to five lacks.

The Impact of Universal Health Coverage on Human Development in India

In the context of India, UHC has played a greater role in improving the lifestyle of people in the country in terms of mitigating the communicable and non-communicable diseases through its different health schemes ever since the government came into existence. Thus, the 12th five year plan had put an emphasis on UHC through the ambitious NHM (2013), which was to deliver healthcare services in both rural and urban India in order to bridge the lacuna of health services and till the end of 12th five year plan; NHM has partly fulfilled the goals of UHC in the country. Of late, India was positioned at 130th rank out of 189 countries in the latest UNDP report of HDI (2018); it was indeed a good indicator of improvement in education, health and standard of living. Thus, it is better to understand as to how UHC could impact on quality life of people in connection with the health indicators in the context of NHM-2013.

Table -1: Health Indicators

Sl. No	Indicators	2017-18
1.	Infant mortality rate	34/1000 live births
2.	Maternal mortality rate	130/100000 live births
3.	Total fertility rate per women	2.3
4.	Life expectancy in years	68
5.	Neo natal mortality rate	24/1000 live births
6.	Under 5 mortality rate	39/1000 live births
7.	Crude Birth Rate	20.4/1000 live births
8.	Crude Death Rate	6.4/1000 live births

Source: SRS-2016 & NFHS-04, NHP (2018)

Table - 2: Health Infrastructure Indicators

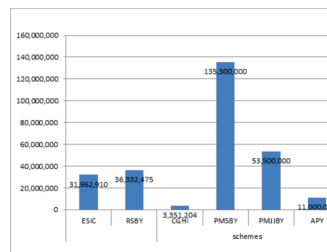
Sl No	Indicators	2017-18
1.	No. Of Sub-Centres	156231
2.	No. Of Primary Health Centres	25650
3.	No. Of Community Health Centres	5624
4.	No. Of district hospitals	779
5.	AYUSH components under NHM	31
6.	Number of ERS vehicles operational	24766
7.	Operational Status of MMUs	1427
8.	Allopathic doctors	1041395
9.	Ayush doctors	773668
10.	Govt. hospitals	23582
11.	ASHA workers	952709

Source: SRS-2016 & NFHS-04, NHP (2018)

Thetable1 & 2 indicate that after the initiation of NHM from 2013 onwards, there have been drastic changes in health indicators as well as health infrastructure which reflecting that as to how far health status is improving and also showing that coverage of health services have been largely available to the masses. Meanwhile, health infrastructure also played a key role not only in expanding healthcare, but also leading to strengthened health system, which ensures timely care of the needy population across

the country. In this backdrop, both improvement in health indicators and infrastructure are somehow paving the way for meeting those targets under UHC in India.

Figure- 02: Health Insurance Schemes



Source: Compiled from the different sources

The second most important component of UHC is to include the population under any health insurance schemes. As the figure 02 reflects that number of people in India considerably become a subscriber or enrolled under those aforementioned schemes to minimise a catastrophic expenditure of the masses and it further leads to reduction of poverty in the country. In support of reduction of out-of-pocket expenditure, the government of India had come up with the scheme of Free Diagnostics Service Initiative (FDSI) under NHM, of late Rs. 1218.31 Cr allocated to states to offset the drug expenditure borne by patients. Thus, all these efforts pertaining to health indicators, health infrastructure and coverage of the people under insurance schemes showed that as to how far UHC is actually impacting on socio-economic life of the masses since the implementation NHM (NRHM & NUHM). Finally, the influence of UHC on human development is deduced from the perspective of coverage of both health service and finance; it has been partly met in the country.

FINDINGS

1. The government spending is currently at 1.4% of GDP on health sector compared to other nations.
2. In terms of insurance coverage, only 27% (urban -28.2 % & rural- 28.9%) of population covered hitherto under any government insurance schemes; as a result, it has led to more catastrophic expenditure.
3. Relating to health indicators, there has not been much progress achieved as expected by 12th five year plan regarding reduction of IMR 25 , MMR 100 and TFR 2.1
4. Further, over 90% health services available by private sector because of ineffective or weak autonomy of public sector in India, although PPP model of RSBY partly achieved in terms of financial coverage.
5. The task of implementation of UHC was entrusted only with NHM-2013; in fact, it was combined of NRHM and NUHM and it would certainly lead to complexity related to overlapping of schemes in enforcing UHC.
6. Recently the government set a clear framework through the world largest health insurance scheme 'Ayushman Bharat' for an effective implementation of UHC in India.

RECOMMENDATIONS

1. The government should increase its spending beyond 2.5 of GDP as envisioned by National Health Policy-2017 in improving the health indicators such as IMR, MMR & TFR compared to nations like Thailand 5.6%, China 3.1% & Sri Lanka 2%.
2. In terms of health resource management, the govt should look into the issues regarding its hasty planning, emphasis on quantitative target rather than quality, untimely budgetary devolution, red-tapism administration which found unfavourable to PPPs in health sector.
3. The highest priority is to be given to health governance in the country; it is feasible only if there is strong political commitment.
4. India's commitment towards achieving UHC by 2022 virtually is not possible without participation of private sector; hence there should be enough role of private sector with certain

- legislation from all angles of health sector.
5. Relating to monitoring of the progress of UHC in India, there is a need of shifting from input based monitoring to outcome or performance based monitoring.
 6. There should be a comprehensive coverage of health indicators under UHC apart from accessibility and financial protection, in ensuring equity of healthcare as well as quality of health between rural and urban India.
 7. The govt should mention measures regarding investment and what kind of technology would be required from quality care perspective.
 8. India is needed to adopt the suitable supply and demand interventions to mitigate high out-of-pocket expenditure.

CONCLUSION

The scenario of UHC in India is indeed getting momentous due to potentiality of people is depended on good health and definitely healthy people are supposed to contribute largely to the economic growth. Meanwhile, recently roll out Ayushman Bharat which is going to ensure Universal Health Coverage; in fact, it is required a right platform to meet its goals. The achievement of UHC has long way to meet its goals because of unfavourable politics, illiterate masses and burgeoning population and therefore it is needed to bring radical changes in the form of eradicating the corruption, educating more people and also minimising the growth of population; above all, will power of the government is must in order to attain Universal Health Coverage, thereby leading to quality of life as well as economic growth in India.

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