

Healthcare Status in India and the Need for an Integrated Health System

*Neeraj Singh

*UGC (JRF) Research Scholar, Department of Geography, University of Allahabad, Allahabad (India)

ARTICLE DETAILS

Article History

Published Online: 28 January 2018

Keywords

India, Healthcare, System, Out-of-pocket Expenditure

*Corresponding Author

Email: 99bantu@gmail.com

ABSTRACT

India's health system faces the ongoing challenge of responding to the needs of the most disadvantaged members of Indian society. Despite progress in improving access to health care, inequalities by socioeconomic status, geography and gender continue to persist. This is compounded by high out-of-pocket expenditures, with the rising financial burden of health care falling overwhelming on private households, which account for more than three-quarter of health spending in India. The current study analyses the challenges facing the healthcare delivery system in India and suggests possible solutions to it.

INTRODUCTION

India's growth hype and dream of emerging as an economic superpower are being challenged and broken today, among other things, by its failure to foster an inclusive growth path and provide to bulk of its population basic amenities of education and health that signals a nations' social well-being. A significant section of the nations' population today is deprived of the fruits of development and been kept away from the basic amenities of life-health, education, sanitation, nutrition and so on. The problem exists at two levels — first, the overall achievement across the nation in terms of social sector indicators is very poor and not comparable with even the developing nations of the world and second, there exists great inequality both at interstate and intrastate level in terms of the key components of human development principally health and education. There exists sufficient literature to establish that a nation that does not fare well in provision of basic amenities and facilities like health and education shall not be able to develop the full potential and capability of its workforce and at the same time shall fail to shoulder the basic duty of a welfare state. Health status directly affects the productivity and efficiency of people. The uneven distribution of health care facility and attainment of health status is a major cause of concern here. We have on the one extreme state like Kerala and Tamil Nadu that can match the most advanced emerging market economies in health indicators and on the other, states like Bihar and Uttar Pradesh where the situation is pathetic. Uttar Pradesh and Bihar which are first and third largest state of India respectively from the viewpoint of population not only fair badly in terms of basic health care facilities, but also show wide inter-region and inter-district variations. Such a situation on the one hand works against the interest of the poor and deprived section of population living in these areas and on the other result in the states suffering even after having rather rich natural resource base.

CAUSES OF POOR HEALTH STATUS

Poverty is the real context of India. Three fourths of the populations live below or at subsistence levels. This means 70-90 per cent of their incomes go towards food and related

consumption. In such a context social security support for health, education, housing etc. becomes critical. Ironically, India has one of the largest private health sectors in the world with over 80 per cent of ambulatory care being supported through out-of-pocket expenses. The public health services are very inadequate. The public curative and hospital services are mostly in the cities where only 25 per cent of the one billion populations reside. Rural areas have mostly preventive and promotive services like family planning and immunization. The private sector has a virtual monopoly over ambulatory curative services in both rural and urban areas and over half of hospital care. Further, a very large proportion of private providers are not qualified to provide modern health care because they are either trained in other systems of medicine (traditional Indian systems like ayurveda, unani, siddha, and homoeopathy) or worse, do not have any training. These, however, are the providers from whom the poor are most likely to seek health care. This adds to the risk faced by the already impoverished population. The health care market in India, like in the USA, is based on a supply-induced demand and keeps growing geometrically, especially in the context of new technologies. This means that the already difficult scenario of access to health care is getting worse, and not only the poor but also the middle classes get severely affected. Thus India has a large, unregulated, poor quality, expensive and dominant private health sector, and an inadequately resourced, selectively focused and declining public health sector despite its poverty, with the former having curative monopoly and the latter carrying the burden of preventive services.

CURRENT SCENARIO

Communicable diseases not only continue to be the single largest cause of mortality but prevalence of many diseases like tuberculosis and malaria has increased and diseases like AIDS, leptospirosis, dengue etc. have got added to the list. Public investment in the health sector since the Structural Adjustment Program (SAP) has declined and this is reflected in drastically reduced capital expenditures and no further expansion in the public health infrastructure. In addition, revenue expenditures on health have declined both as a proportion to the GDP as well as a percentage of total public spending, and within this

reduced expenditure allocation inefficiencies have increased especially after the 5th Pay Commission. The above has further reduced the credibility and acceptability of the public health system and one sees declining utilisation rates of public health facilities. On the other hand the dominance of the private health sector is increasing but with absolutely no regulation and minimum standards being followed. The medical profession pays no heed to self regulation or ethics and has never looked at the possibility of an organised system of healthcare. In fact the profession is losing control to the corporate sector, which is now looking beyond the hospital sector at not only diagnostics but also consultant services and general practice. Such a scenario is bound to impact on costs and increases the burden on the patients. Such a situation is not good for 70 per cent of the country's population that lives in poverty or at subsistence level.

TOWARDS AN INTEGRATED NATIONAL HEALTH SYSTEM

The current study proposes an Integrated National Health System as an overarching strategy for the achievement of the broad goals of overcoming the above mentioned shortcomings in India healthcare delivery system. This system should provide free health care at the point of use—consisting of health promotion, disease prevention, and acute, emergency, and chronic care throughout the patient's life. Three guiding principles lie at the heart of the vision for the Integrated National Health System. First, the system should be financed through sources other than out-of-pocket costs, with an increasing share of tax-funded insurance. Second, health care should be provided through the diverse providers who are already active in health care, with substantial strengthening of

the public health-care delivery system and increasing integration of private providers and non-medical health practitioners in the system through a regulatory framework that defines responsibilities and requires accountability from all providers. Third, although the system supports a national vision with an emphasis on the removal of interstate differences due to variations in human and other resources, its implementation should be decentralised to districts and lower administrative divisions.

The plan mentioned above is ambitious, and therefore, must undergo nationwide consultation, discussion, debate, and analysis to transform it into a plan that is acceptable to all major stakeholders. However, these suggestions are in agreement with the planned Indian National Health Bill.

CONCLUSION

Effects of social and economic inequality on health of a society are profound. In a large, overpopulated country like India with its complex social architecture and economic extremes, the effect on health system is multifold. Unequal distribution of resources is a reflection of this inequality and adversely affects the health of under-privileged population. The socially under-privileged are unable to access the healthcare due to geographical, social, economic or gender related distances. Burgeoning but unregulated private healthcare sector makes the gap between rich and poor more apparent. Thus, there is the need to form an Integrated National Health System that caters to the needs of the poor.

REFERENCES

- [1] Anand, M. (2014). Health status and health care services in Uttar Pradesh and Bihar: a comparative study.
- [2] Balarajan, Y., Selvaraj, S., & Subramanian, S. V. (2011). Health care and equity in India. *The Lancet*, 377(9764), 505-515.
- [3] Deogaonkar, M. (2004). Socio-economic inequality and its effect on healthcare delivery in India: inequality and healthcare. *Electronic Journal of Sociology*, 11.
- [4] Dilip, T. R., & Duggal, R. (2004). Unmet need for public health-care services in Mumbai, India. *Asia-Pacific Population Journal*, 19(2), 27-40.
- [5] Gangolli, L. V., Duggal, R., & Shukla, A. (2005). Review of healthcare in India. Mumbai: Centre for Enquiry into Health and Allied Themes.
- [6] Reddy, K. S., Patel, V., Jha, P., Paul, V. K., Kumar, A. S., Dandona, L., & Lancet India Group for Universal Healthcare. (2011). Towards achievement of universal health care in India by 2020: a call to action. *The Lancet*, 377(9767), 760-768.
- [7] Varkey, P., & Kollengode, A. (2011). A framework for healthcare quality improvement in India: the time is here and now!. *Journal of postgraduate medicine*, 57(3), 237.