

# Universal Health Coverage in India Challenges, Barriers, Opportunities and Role of WHO

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**Abstract:** *Government of India and the Indian state governments have the overall responsibility to offer loose and typical get right of entry to the healthcare offerings and make certain that there shall now no longer be any denial of healthcare at once or in a roundabout way to each person via way of means of any health care carrier provider, public or private, via way of means of laying down minimal requirements and suitable regulatory mechanism. India is one of the nations with-inside the international with an excessive infection burden. The health final results signs described as time- certain objectives for reducing maternal and toddler mortality, malnutrition amongst children, anemia amongst ladies and girls, fertility, and growing the kid intercourse ratio with-inside the eleventh plan have now no longer been completely realised. India health effects in the back of in Sri-Lanka and Bangladesh. Inadequate financing, a loss of synergy among sickness manipulate and different social quarter programmes, beside the point use of traditional structures of medicine, inadequate regulatory mechanisms, and a lack of ability in health management plague the country's health care system. There is significant interstate variance in health indicators, as well as disparities between rural and urban metrics, improving Reproductive, Maternal, New born, Child and Adolescent Health (RMNCAH) and addressing mental health disorders is crucial to achieving UHC. The government's approach to provide enough funding, recent ambitious social policy measures and innovations such as the food security bill, increased civil society engagement in all health problems, and a huge initiative through numerous states together with Tamil Nadu to enhance health, water and sanitation offerings are true sufficient motives for wish that UHC may be carried out through 2022.*

**Keywords:** Universal Health Coverage, Health, Mental Health, Reproductive, Maternal, New born, Child and Adolescent Health

## I. INTRODUCTION

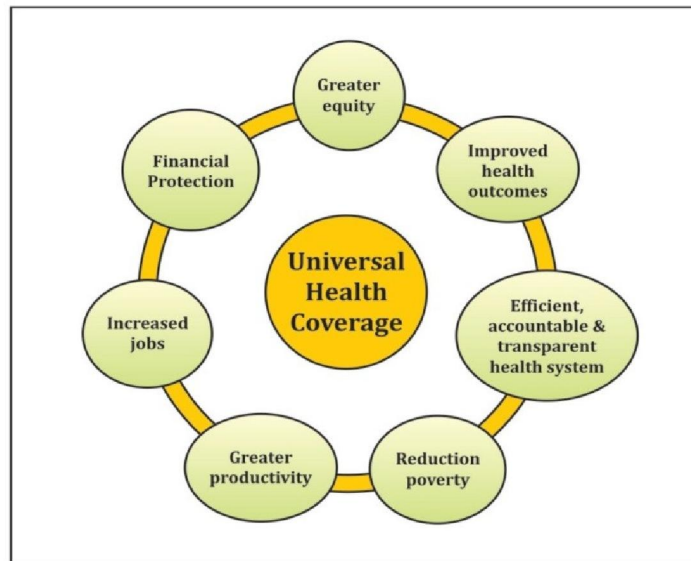
Health is likewise a crucial aspect of the *Sustainable Development Goals* (SDGs). The SDG 3.8 goal intends to obtain universal health coverage such as economic chance protection get admission to exceptional vital healthcare services and get admission to safe effective exceptional and less costly important medicines and vaccinations for everyone furthermore SDG 1 asks "to put-off poverty in all its manifestations everywhere" without UHC, as health prices impoverish approximately ninety million human beings every year. The aim of universal health coverage is to make certain that everybody have getright of entry to the health care they need with-out incurring economic difficulty. Access to affordable, basic health care of high quality is the cornerstone of UHC, but many people round the world still struggle to fulfil their basic health care needs. Primary health care is a critical component of universal health coverage. Providing cheap, high-quality health care to the community, particularly women, children, adolescents, and those suffering from mental illnesses, constitutes a long-term investment in human resources.

Countries' long-term economic prospects are jeopardized and they become more susceptible to pandemic threats when there is not universal access to high-quality, reasonably priced healthcare. To achieve UHC by 2022, India confronts a number of significant obstacles, including a high illness incidence, concerns with gender equality, an uncontrolled and disjointed health care delivery system, a shortage of enough competent human resources, a large number of social factors that influence health, inadequate funding, and a lack of inter-sectoral coordination.

**II. UNIVERSAL HEALTH COVERAGE**

UHC comprises making sure everyone has access to high-quality medical care, including preventative, educational, therapeutic, and palliative care, with-out facing economical difficulty. Thethree main components of the idea were access, quality, and financial protection.

Even in the twenty-first century, access to and cost of health care remains a critical issue. World Health Organisation chooses “Universal Health Coverage Everyone, Everywhere” as the theme for WorldHealth Day 2019. It is a repeat of the 2018 theme, with an emphasis on the idea that “Universal Health Coverage is the WHO’s number one goal”. With the advent of Ayushman Bharat, India began to focus onthe universal problem of cost and accessibility



**2.1 Vision of Universal Health Coverage by 2022**

UHC ensures equal access to accessible, accountable, appropriate health services of assured quality (motivational, curative, preventative, and rehabilitative) for all Indian citizens living in any region of the nation, no matter monetary, the financial level, prestige level, stratum caste or religion level in addition to public health offerings addressing the broader determinants of health provided to human beings and populations, with the authorities appearing as sponsor and facilitator, but no guarantees are provided.

Every person shall have the right to basic primary, secondary, and tertiary health care services, which will be provided by the national government, according to the UHC objective. The government has agreed to provide a wide range of essential health care services as part of its National Health Protection Scheme. This package will cover common conditions and high-impact interventions to reduce mortality and disability in the population. It will be provided through the public sector and contracted in private facilities (including NGOs and non-profits).



The High Level Expert Group reviewed a range of services that institutions could offer as part of the UHC program. Two different options emerged

- In the first scenario, private providers opting for inclusion in the UHC system would have to ensure that at least 75% of outpatient care and 50% of inpatient services are offered to citizens under the National Health Program.
- In the second scenario, institutions taking part in UHC would agree to only offer services connected to the NHP that may be paid for out-of-pocket or using a cashless system, and refrain from offering any other services.

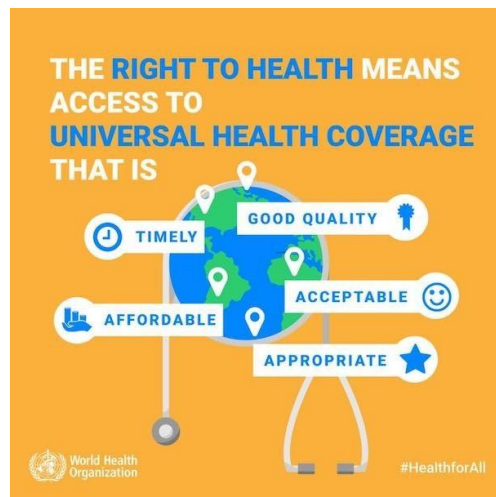
## 2.2 Principles of UHC

The formulation of UHC in India is based on ten principles, which are as follows:

- Universality;
- Equity;
- Non-exclusion and Non-discrimination;
- Comprehensive care that is rational, cost-effective, and of high quality;
- Financial protection;
- Preservation of patients' rights that ensure continuity of treatment, portability, appropriateness of care, and patient choice
- Streamlined and improved public health provisioning;
- Accountability and transparency;
- Community participation; and
- Putting health in people hands to achieve.

## 2.3 Significance of UHC

- The health and wellbeing of a people are directly impacted by universal health coverage.
- People who have access to and use health services are able to contribute more actively and productively to their families and communities.
- Additionally, it guarantees that kids may attend class and receive an education.
- In addition, financial risk management keeps people from falling into poverty when they have to pay for healthcare out of their own pockets.
- Thus, a crucial part of sustainable development and the alleviation of poverty is universal healthcare. It is also a crucial component of any programme aimed at reducing social inequalities.
- The hallmark of a government's commitment to enhancing the wellbeing of all of its inhabitants is universal coverage.



### III. ISSUES AND CHALLENGES RELATED UHC BY 2022 IN INDIA

#### 3.1 Challenges of Universal Health Coverage in India

India will confront formidable obstacles before achieving UHC by 2022. There are many socioeconomic determinants of health, a large number of unregulated and fragmented health care delivery systems, challenges with gender equality, high illness prevalence, insufficient funding, and a lack of cross-sectoral coordination, among others. These demanding situations may be met through a paradigm shift in health guidelines and applications in favor of inclined populace groups, restructuring of public health cadres, reorientation of undergraduate clinical training, extra emphasis on public health studies and enormous training campaigns.

Some states taken fundamental proposal which in the same manner, Tamil Nadu to enhance health, sanitation and water offerings are precise sufficient motives for wish that UHC may be completed via way of means of 2022.

In the non-attendant of chronic economic assistance, sturdy political will, leadership, committed participation of all collaborators, and society participation, UHC accomplishment via way of means of 2022 could be delayed.

Some issues related UHC:

- Public sector is severely under funds;
- Although the private sector is expanding, the rising high cost of its health care services is worrisome;
- Inadequate quality and coverage are major problems in our country as well;
- Ineffective regulation is an issue;
- Combining both public and private providers to accomplish UHC goals in a way that minimizes perverse incentives and decreases provider-induced demand; and
- Combining primary, secondary, and tertiary clinical care with public health and therapeutic services, as well as preventative and promotion measures.

As per *Radhey Saini & Oinker Rodrigues*, WHO consultant and Vice-Chancellor found some challenges in India regarding Universal Health Coverage.

The challenges are enlisted below:

- The first challenge, (even after 17 years of the NRHM and subsequent *National Health Mission*) is the huge gap in the quality of healthcare services in the public and private sectors, since regulatory standards are neither set nor enforced adequately by the Government of India. The country cannot achieve success unless severe rules are enacted by the *Ministry of Health and Family Welfare (MOHFW)* and the *Indian Council of Medical Research*.
- Secondly, the issue of quacks and traditional healers treating people on the ground is significant. This is due to the scarcity of healthcare services and service providers in rural regions.
- Thirdly, the inability of the great majority of our people to afford healthcare services is a big issue. As a result of significant out-of-pocket healthcare costs, they are destitute.

#### 3.2 Barriers to Achieving Universal Health Coverage

The United Nations General Assembly issued a statement on September 23, 2019, reiterating the need for universal health coverage via the protection of financial risk, access to high-quality basic healthcare services, and safe, effective, and cheap medications and vaccinations for all. This proclamation drew attention to the obstacles impeding development toward the robust health systems required for UHC. These include poor infrastructure, high out-of-pocket payments and catastrophic health expenditures, shortages and inequitable distribution of qualified healthcare workers, poor quality of care delivery, high cost of quality medicines, and a paucity of inventive technology suitable for the variety of situations where care is provided. These barriers are significant and overcoming them is a long terms process. By the right approaches, there are many improvements that can be made by government in order to achieve the goal of Universal Health Coverage.

### Steps Presently Being Done in the Health Sector

- The 2017 *National Health Policy* (NHP) supported dedicating funding to primary care of up to two-thirds or more, with the objective of obtaining “the maximum attainable level of excellent health and well-being, through a preventative and promotive healthcare orientation”.
- The *Pradhan Mantri Jan Arogya Yojana* (PMJAY) — the insurance scheme, which intends to cover 10 million impoverished households for hospitalisation costs of up to 5 lakh rupees per family every year.
- Recent initiatives taken by the government to encourage the private sector to build hospitals in Tier II and Tier III cities
- Individual states are implementing technology to help health-care systems. Remedinet Technology, for example, has been appointed as the technology partner for the Karnataka Government’s announced recently cashless health care insurance programmes.

The other SDGs must be achieved in order for India to fulfil its commitment to provide UHC for everyone by 2030. With the advent of Ayushman Bharat, India began working on the universal problem of cost and accessibility. *Ayushman Bharat* (PMJAY) was introduced as a step toward achieving *Universal Health Coverage*. The PMJAY was a start in this direction, offering health insurance to the poorest 40% of the population. Making positive that everybody has unrestricted and unhindered get entry to top-notch clinical services, inclusive of prevention, promotion, treatment, rehabilitation, and palliation, is a key factor of UHC. The concept covers three main components: access, quality, and financial security.

### 3.3 Pillars of Universal Health Coverage

Three pillars of universal health coverage are:-

- Enhancing manufacturing;
- Food security and nutrition; and
- Affordable housing

### WHO Role towards UHC

UHC was established in the year 1948 WHO constitution. It is also affirms health as a basic human right and promises to provide best quality of healthcare to all people.

In order to advance toward and maintain UHC, WHO is assisting nations with the development of their national health systems and keeping track of results. But WHO is not works alone. In order to develop UHC internationally, WHO collaborates with a wide range of partners in a variety of contexts and for a variety of goals.

### WHO’s some Collaborations Includes

- Universal Health Coverage in 2030,
- Alliance for Research in Health Policy and Systems,
- Providing for Protection Network for Health and Social Health,
- UHC Partnership, and
- Primary Health-Care Performance Initiative.

As indices of the extent and equality of coverage in nations, the WHO uses 16 basic health services divided into four categories:

#### A. RMNCH:

- Family preparation and other reproductive health services
- Care in pregnancy and child birth
- Full vaccination of children
- Pneumonia-related health-seeking behavior

**B. Infectious illnesses:**

- Treatment for tuberculosis
- Anti-retroviral therapy for HIV
- Use of bed nets sprayed with insecticides to prevent malaria
- Proper sanitation

**C. NCDs:**

- Prevention and treatment of high blood pressure
- Managing and avoiding high blood sugar
- Screening for cervical cancer
- Both Smoking and Non-smoking

**D. Access and service capacity:**

- Basic access to hospitals
- Density of health workers
- Availability of necessary medications
- Health security: Observance of International Health Regulations.

Due to the diversity of each nation, each one may choose to concentrate on a particular aspect of UHC or create its own metrics for doing so.

**IV. CONCLUSION**

India is dedicated to gain “Universal Health Care for All” with the aid of using 2030, that is crucial to conducting the alternative SDGs. At the United States General Assembly high level conference on UHC in 2019, countries reiterated their commitment to achieving UHC, which was one of the aims set by nations when they adopted the SDGs in 2015. Good health enables children to study and adults to work, assists individuals in escaping poverty, and serves as the foundation for long-term economic growth; UHC does not imply universal access to all health services for all people. According to our opinion, the state should be largely responsible for securing and guaranteeing UHC for its residents. Simultaneously, society should give special attention to the issues of disadvantaged communities and the poor; a universal system should provide health coverage and care to all. It will also safeguard the poor and the non-poor from becoming impoverished as a result of expensive health-care costs. A UHC system can only thrive if it is built on solid foundations of shared interest, social solidarity, and cross-subsidization.

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