

Access to Affordable Healthcare for all in India

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Abstract: *India, a country with a vast population and diverse socio-economic landscape, faces significant challenges in ensuring access to affordable healthcare for all. Despite the implementation of various government efforts and the presence of both public and private healthcare sectors, there is a wide gap in availability and affordability, and access to quality care to the citizens. This paper takes a look into the multifaceted challenges and access to healthcare in India, highlighting the underlying factors that contribute to these differences.*

Keywords: affordable healthcare, Right to Health in India.

I. INTRODUCTION

Affordable healthcare is a critical issue facing individuals, families and governments around the world. According to Article 38 of the Indian Constitution it is the responsibility of the State to promote the wellbeing of its people and address inequalities. Additionally, Article 47 emphasizes that it is the duty of the State to enhance living standards and public health.

Fundamental Rights: The right to life and personal liberty are protected under **Article 21** of the Indian Constitution. A life with dignity is inextricably linked to the right to health.

DPSP: The state is required by **Articles 38, 39, 42, 43, and 47** to guarantee the effective realization of the right to health.

Therefore, ensuring affordable healthcare access is not a right but also crucial, for fostering a healthy and productive society. However, in a country like India with over 1.3 billion individual's health care availability and affordability continue to pose significant challenges. The Indian healthcare system grapples with issues such as infrastructure, shortage of healthcare professionals and a heavy financial burden on individuals paying out of pocket expenses leading to financial hardships, delayed and even poorer health outcomes. These challenges disproportionately impact marginalized communities including those residing in areas, women and individuals, from socioeconomic backgrounds. This research paper will explore the key challenges to affordable healthcare and discuss potential solutions.

The Indian health system can justifiably claim credit for multiple achievements in the last couple of decades. India has eliminated some of the diseases like polio, guinea worm disease, smallpox, yaws and maternal and neonatal tetanus.

Total Fertility Rate (TFR) has reduced sharply from 3.4 in 1992-93¹ to 2.2 in 2021-22. Contrary to predictions, we were able to reach the target for Under-5 child mortality (U5 MR level of 43 against a target of 42) and the Maternal Mortality Ratio (MMR level of 130 against a target of 139) of the Millennium Development Goals².

Having said that, it is also true that the evolution of India's health system is still a work in progress and there remains a large unfinished agenda.

Currently the Government (Union and the States put together) spends roughly 2.1 percent of GDP³ on health, which is grossly inadequate compared to similar spending by other countries. As a result, 62% healthcare spending is financed by households through out-of-pocket expenditure at the point of care. India has 1.4 beds per 1,000 people³, 1 doctor per 1,445 people, and 1.7 nurses per 1,000 people. Over 75% of the healthcare infrastructure is concentrated in metro cities, where only 27% of the total population resides, the rest 73% of the Indian population lack even basic medical facilities.

¹ NHFS (National Health and Family Survey)

² Health Book Niti Final for Web - https://www.niti.gov.in/sites/default/files/2023-02/SHI_Round_one%20_Report_09102021.pdf

³ <https://www.drishtias.com/daily-updates/daily-news-analysis/right-to-health-3#:~:text=Fundamental%20Rights%3A%20Article%2021%20of,of%20the%20right%20to%20Health>

AIMS AND OBJECTIVES-

The aim and objective behind this research paper is to focus on the healthcare system existing and prevalent in the country, its effectiveness, availability and access to common citizens and role of government of India in devising policies acting as contributory towards the health care system of India.

Key Challenges

Inadequate Infrastructure and Distribution of Resources: India's health care infrastructure is unevenly distributed, with a concentration of resources in urban areas and a lack of adequate facilities in rural regions. This disparity leads to significant delays in seeking and receiving care for rural populations, who often have to travel long distances to access basic healthcare services.

Shortage of Healthcare Professionals: India faces a severe shortage of healthcare professionals, particularly in rural areas. This shortage is exacerbated by the low number of medical colleges, limited training opportunities, and the migration of healthcare professionals to urban areas or abroad.

High Out-of-Pocket Expenditure: A significant proportion of healthcare expenditure in India is borne by individuals through out-of-pocket payments. This high out-of-pocket expenditure burden disproportionately affects low-income households, forcing them to forgo or delay necessary care due to financial constraints. A fee-levying private health care sector comprises 82% of overall health expenditures, while less than 1% of the population is covered by health insurance.

Inequities in Access to Quality Care: The quality of healthcare services varies significantly across India, with private healthcare facilities often providing higher quality care but at a higher cost. This disparity leads to inequities in access to quality care, particularly for those who cannot afford private healthcare.

Structural Barriers and Social Determinants of Health: Structural barriers, such as complex insurance systems and cultural sensitivities, can hinder access to healthcare for various populations. Additionally, social determinants of health, such as poverty, education, and gender, significantly influence an individual's health outcomes, exacerbating healthcare disparities. Significant health inequities affect women in India, including higher rates of maternal death, limited access to healthcare, and violence based on gender. India consistently ranks among the top five countries in the world for women's health and survival, according to the World Economic Forum 2021. Between 2017 and 2019, fewer women from low-income households visited hospitals for nephrology, cardiology, and cancer services alone than males did. This difference was over 2,25,000⁴.

High Disease Burden: India has a high burden of communicable and non-communicable diseases, including tuberculosis, HIV/AIDS, malaria, and diabetes. Addressing these diseases requires significant investment in healthcare infrastructure and resources. According to a report by Frontiers in Public Health, more than 33% of the individuals are still suffering from infectious diseases out of the total ailing population in India. The per capita out-of-pocket (OOP) expenditure on infectious diseases is INR 7.28 and INR 29.38 in inpatient and outpatient care, respectively⁵.

Addressing the Challenges:

1. Expanding Public Health Infrastructure and Strengthening Public Healthcare System:

Investing in expanding public health infrastructure, particularly in rural areas, is crucial to improve access to essential healthcare services.

Strengthening the public healthcare system by increasing the number of healthcare facilities, providing adequate staffing, and improving the quality of care is essential to address disparities in access to quality care. Improving health sector performance will save lives, protect households from poverty,

⁴ WHO - <https://www.who.int/news-room/questions-and-answers/item/gender-and-health#:~:text=Gender%20inequality%20also%20poses%20barriers,discriminatory%20attitudes%20of%20healthcare%20providers.>

⁵ National Library of Medicine - <https://pubmed.ncbi.nlm.nih.gov/35844858/#:~:text=The%20per%20capita%20out%20of%20inpatient%20and%20outpatient%20care%20in%20India.>

improve the patient interface with the health sector, and accelerate economic growth. Enhancing healthcare delivery has the potential to significantly reduce preventable death and illness across all age groups, but particularly for kids and adults in their working years. A wealth of international research shows that lowering working-age people mortality and morbidity not only saves millions of lives but also boosts labor productivity, which has a significant positive effect on economic growth. Government Health Insurance Schemes include Social insurance schemes like ESIC, CGHS, ECHS (4.04%) and Government-based voluntary insurance schemes like PMJAY, state specific government health insurance schemes etc.⁶

The Indian government has started the process of developing a strong health system by adopting a holistic approach, influencing various health determinants, and concurrently utilizing a number of policy levers. A strong foundation for a good health system can be created by combining the strengthening of the public health system under the National Health Mission (NHM) with the recent implementation of Ayushman Bharat, which has two components: Health and Wellness Centers that offer comprehensive primary and preventive care at the community level, and the PM Jan Arogya Yojana (PM-JAY), which provides secondary and tertiary care against 1350 odd disease conditions for the poorest 40% of the population for Rupee 5 lakh.

To carry out the tasks of disease surveillance, obtaining data on how important non-health departments policies affect public health, maintaining national health statistics, enforcing public health laws, and informing the public, a designated and independent agency must be established.

India includes a one of a kind opportunity to convert its healthcare framework over the another decade or so. Seizing this opportunity requires activity and usage with regard to six columns of transformation:

- a) Encourage create and convey on the unfinished plan relating to populace and open health
- b) Alter wellbeing framework financing structure absent from the transcendent undesirable out-of-pocket spending into bigger chance pools, with solid key obtaining capabilities
- c) Diminish fracture of riskpools and wellbeing benefit arrangement, incentivizing much needed provider solidification and organization in networks
- d) Engage patients to gotten to be superior purchasers
- e) Saddle the control of computerized wellbeing as a basic enabler for the generally change of the health system
- f) Actualize PM-JAY with an eye on its potential to impact the by and large healthcare transformation in India, past its current unequivocal order⁷

2. Increasing Healthcare Workforce: Addressing the shortage of healthcare professionals requires a multi-pronged approach that includes increasing the number of medical colleges, expanding training opportunities, and implementing strategies to retain healthcare professionals in rural areas.

Government has taken many steps towards universal health coverage by supporting the State Government in providing accessible & affordable healthcare. Since 2014, number of UG seats have increased by 79% and numbers of PG seats have increased by 93%. 157 new medical colleges⁸ have been approved in the country in three phases and 72 are already functional.

The National Health Policy 2017 aims to enable access to quality healthcare for all in a Health for All environment by increasing accessibility, increasing affordability, reducing costs and equity in healthcare. The policy aims to achieve the highest possible health and well-being in all age groups through a preventive and promotional health approach in all development policies and to ensure universal access to quality health services without prejudice. resulting in financial difficulties. The policy focuses on central principles of justice; affordability; universality; Patient-centeredness and quality of treatment; responsibility; Inclusive partnerships; Pluralism and decentralization.

⁶ Ministry of Health and Family Welfare - National Health Account - Estimates for India

⁷ Niti Aayog

⁸ Press Information Bureau - Ministry of Health and Family Welfare

3. Expanding Health Insurance Coverage and Reducing Out-of-Pocket Expenditure:

Expanding health insurance coverage to all individuals is crucial to reduce out-of-pocket expenditure and improve access to affordable care. Universal healthcare schemes can provide comprehensive coverage and reduce financial barriers to care. Improve the financing of the health system, especially pooling of financial resources (insurance and state systems)

used to pay healthcare providers and set the right incentives for quality, efficiency, responsiveness and long-term affordability (strategic purchasing of health services) to improve the functioning of the health system. In the absence of such incentives (which are only in a small part of the health system in India), health care providers also lack incentives to cut back the current extreme fragmentation of service delivery. At this extreme level of fragmentation, that's all but quality and patient protection rules are impossible to meet.

Introducing critical changes in the healthcare system, India:

1. Save the lives of more than a million more children and reduce the number of deaths among working-age adults by 2030, 16 percent more than now, no change.
2. Accelerates economic growth. Mortality of working adults would decrease by another 16% and increase GDP by 64 percent by 2030 compared to current development. Up to 50% of this potential increase is due to the change in the healthcare system when it was implemented.
3. Reduce avoidable costs below 45% by 2030 compared to India current change, which would mean that it would be more than 60% in the same year. This would save at least 1.5 million new households from falling into poverty disease
4. Significantly reduce the fiscal obligations currently arising from the market and administrative errors in the field of commercial health insurance.
5. Improves the consumer experience and the satisfaction and trust of citizens in the health system.
6. To develop a globally competitive health insurance and services sector and potentially significant growth in medical tourism

Address the very high level of out-of-pocket spending to reduce its negative impact on access to care and poverty as well as to leverage it as a source of additional risk pooling funding. Improve the performance of the existing risk pools. Empower patients to become better purchasers of health insurance coverage and health services.

In the dominant out-of-pocket market (even as the push to reduce out-of-pocket is launched), the maximum spend is happening by individuals at points of service mostly for health service provision but,

On insurance: What makes sense to have as part of an insurance coverage? What is the record of the insurer in reimbursing their beneficiaries? What are the co-payments? What are the exclusions and pre-existence small print in the policy? Today many patients purchase insurance coverage mostly focused on first rupee coverage rather than truly insurable events. They know very little about the insurer burning ratios, exclusions in their contract. Co-payments and co-insurance are very difficult to interpret, with each insurer having its own nomenclature and tariffs.

On providers: Where is good quality care available in close vicinity and at an affordable cost? Is the provider licensed and empaneled?

Today, a TB patient might have to go to 3-4 providers before getting accurately diagnosed and treated. At every step they would waste time, spend on drugs and delay proper care, sometimes with incomplete compliance of the drug regimen thus making them multi-drug resistant, which would then take even longer to cure. If the patient had a google map indicating where appropriate care was available, with the right diagnostics, and low-cost drugs then they could avoid this complex referral pathway. Channelizing the entrepreneurial spirit of India can solve many of these critical problems generating innovative solutions.

4. Promoting Health Literacy and Cultural Sensitivity:

Enhancing health literacy among communities and healthcare providers is essential to promote informed decision-making and improve patient-centered care. Cultural sensitivity training for healthcare providers can address communication barriers and ensure that healthcare services are culturally appropriate.

Focus on the importance of community-based healthcare initiatives and preventive measures in reducing healthcare disparities.

5. Addressing Social Determinants of Health:

Implementing comprehensive strategies that address social determinants of health, such as poverty, education, housing, and employment, is crucial to reduce health disparities and promote equitable health outcomes.

II. CONCLUSION

Ensuring access to affordable healthcare for all in India is a complex and ongoing challenge that requires a concerted effort from the government, healthcare providers, and communities. Addressing the underlying factors that contribute to disparities in access to quality care, such as inadequate infrastructure, workforce shortages, high out-of-pocket expenditure, structural barriers, and social determinants of health, is essential to achieve equitable healthcare for all. By implementing comprehensive strategies that address these challenges, India can move towards a healthcare system that provides accessible, affordable, and quality care for all its citizens.

The State/Central need to initiate following measures to address the gaps in National Health Policy and its implementation structure and operations.

To increase the budgetary allocations - The Central budget allocations may be increased by at least 10% each year so as to cover the government spending on health to the large extent to fund the infrastructure development. The state governments may increase their allocation by at least 2 to 5% every year. The increased allocation will help to improve access to and quality of primary health care.

General recommendations for all existing risk pooling schemes-

Urgent need to develop and implement Strategic Purchasing in all schemes

Strengthen consumer protection, fiduciary, competition, and benefit package regulations.

Consider enacting a standard benefit package that would serve as the floor of what all contributory health insurers must cover and serve as the guidance for allocation of public subsidies for non-contributory schemes.

Specific recommendations for schemes or segments of the market

Strengthen regulation to resolve market failures in the commercial health insurance market

Strengthen corporate governance oversight and regulation to resolve governance challenges in publicly owned commercial insurance and in ESI

Urgently improve ESI performance in providing access to health services to their beneficiaries

The Government of India has confirmed the basic package details of PM-JAY. As it is, The PM-JAY design shows that India is determined to provide protection against large, economically catastrophic events and health care costs for the poor and near-poor, which is considered a significant economic and social inequality, a problem that needs to be fixed quickly.

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