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Public Healthin India:Challenges and Policies

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ABSTRACT

Health care should be within the reach of every citizen. For providing basic health facilities to all citizens, government of India has introduced and implemented various health schemes and programmes. The ministries of the Government of India have come up with various schemes from time to time. These schemes could be either central, state specific or joint collaboration between the Centre and the states. The Constitution of India makes **health in India** the responsibility of state governments, rather than the central federal government. It makes every state responsible for "raising the level of nutrition and the standard of living of its people and the improvement ofpublic health as among its primary duties".Therewas a lack of any centralized policy or scheme before The National Health policy 2017. This Paper provides information pertaining to health programmes, policies, schemes etc.This article is a literature review of the existing government policies for public health in India, its success and its limitations.

Health care should be within the reach of every citizen. For providing basic health facilities to all citizens, government of India has introduced and implemented various health schemes and programmes. The ministries of the Government of India have come up with various schemes from time to time. These schemes could be either central, state specific or joint collaboration between the Centre and the states. The Constitution of India makes **health in India** the responsibility of state governments, rather than the central federal government. It makes every state responsible for "raising the level of nutrition and the standard of living of its people and the improvement ofpublic health as among its primary duties".There was a lack of any centralized policy or scheme before The National Health policy 2017. The National Health Policy was endorsed by the Parliament of India in 1983 and updated in 2002.

Ayushman Bharat programme

Ayushman Bharat Yojana is a centrally sponsored scheme launched in 2018, by government of India .Finance minister arun jetley in his budget speech 2018-19 announced 2 major iniciatives in health sector, as the part of Ayushman Bharat programme. This was aimed at making path breaking interventions to adress health holistically, in primary, seconary, and tertiary care systems, covering both pevention and health promotion. The initiatives are as followed-

Health and wellness centre:

The national health policy 2017 has envisioned health and wellness centers as the foundation of India's health system. Under this 1.5 lakh centers will bring health care system closer to the homes of people. These centers will providecomprehensive healthcare, including for non communicable diseasesand maternal and child health services. These centers will also provide free essential drugs and diagnostic services. The budget 2018-19 has allocated rs.1200 crore for this flagship programme. Contribution of private sector through coporate social responsibility and philanthropic institutions in adopting these centersis also envisaged.

National health protection scheme

The second programme under Ayushman bharat programme is National health protection scheme (AB-NHPM).This programme will cover over 10 corore poor and vulnarable families providing coverage upto 5 lac rupes per famil per year for secondary and tertiary care hostalisation. This is the worlds largest government funded healthcare programme. For the smooth implementaion of the programme government provided adequate funds.The government has allocated Rs 6,400 crore for the Pradhan Mantri Jan Arogya Yojana (PMJAY) for 2019-20. Ayushman Bharat, the health scheme received Rs 4,000-crore boost from the last fiscal.The scheme is targeted at poor, deprived rural families and identified occupational category of urban workers' families. Through Socio-Economic Caste Census (SECC) 2011 data, 8.03 crore families in rural and 2.33 crore in urban areas will be entitled to be covered under these scheme, i.e., it will cover around 50 crore people.[1] AB-NHPM will be an entitlement based scheme where it will be decided on the basis of deprivation criteria in the SECC database. The beneficiaries are identified based on the deprivation categories identified under the SECC database for rural areas. For the urban areas, the 11 occupational criteria will determine entitlement. In addition, Rashtriya Swasthya Bima Yojna (RSBY) beneficiaries in states where it is active are also included. The different categories in rural areas include families having only one room with kucha walls and kucha roof; families having no adult member between the ages of 16 years and 59 years; female-headed households with no adult male member between the ages of 16 years and 59 years; disabled members and no able-bodied adult member in the family; SC/ST households; and landless households deriving major part of their income from manual casual labour.[2]

Rural India is seeing a sharp increase in non-communicable life style diseases like Respiratory Tract Infections.Access to health services is severely limited as health infrastructure proves to be grossly inadequate. This is especially acute in the rural areas where secondary and tertiary care is available with great difficulty.The National Rural Health Mission (NRHM) was launched in April 2005 by the Government of India. The goal of the NRHM was to provide effective healthcare to rural people with a focus on 18 states which have poor public health indicators and/or weak infrastructure.[4]) Urban India is fast becoming a disease capital with the increase in lifestyle diseases like cardiovascular complaints, diabetes mellitus and cancer. Poor in urban and rural India are faced with communicable diseases like tuberculosis, Sexually Transmitted Diseases (including HIV/AIDS), dysentery and typhoid.Children under five years being stunted was particularly high among the poorest quartile of the urban populations in Uttar Pradesh (64 percent), Maharashtra (63 percent), Bihar (58 percent), Delhi(58 percent), Madhya Pradesh (55 percent), Rajasthan (53 percent), and slightly better in Jharkhand (49 percent). Evenin the better-performing states close to half of the children under-five were stunted among the poorest quartile, being 48 percent in West Bengal respectively.[5]

High levels of stunted growth and being under-weight for age among the urban poor in India

points to repeated infections,depleting the child's nutritional reserves, owing to sub-optimal physical environment. It is also indicative of high levels of food insecurity among this segment of the population.

The **public health system in India** comprises a set of state-owned health care facilities funded and controlled by the government of India. Some of these are controlled by agencies of the central government while some are controlled by the governments of the states of India. The governmental ministry which controls the central government interests in these institutions is the *Ministry of Health & Family Welfare*. Governmental spending on health care in India is exclusively this system, hence most of the treatments in these institutions are either fully or partially subsidised.

- Community Health Centre CHCs: Community Health Centres are available is basic health unit in the urban areas.
- Primary Health Centres: The basic units with the most basic facilities, and especially serving rural India, generally at the level of a panchayat.[6]
- Sub-centers - The most basic units of health in villages; first point of contact between villagers and public health care system in India.

Challenges and Policies

1) A weak primary healthcare sector

Most of the hospitals, one of the prime healthcare services in India, are located in the urban areas, thereby making it almost impossible for the rural people to access. India has made strides in the expansion of public services. For instance, in 2015, there was one government hospital bed for every 1,833 people compared with 2,336 persons a decade earlier. In 2011, six out of every 10 hospitals in the less developed states did not provide intensive care and a quarter of them struggle with issues like sanitation and drainage. It has been found out that while the private health services have been rising for meet the needs of the rich citizens and foreigners, public health services in India are lagging behind and suffering in a major way.

2) Unequally distributed skilled human resources

There aren’t enough skilled healthcare professionals in India despite recent increases in MBBS programmes and nursing courses. Only 2% of doctors are in rural areas - where 68% of the population live.In addition, a number of drugs and even many diagnostic tests are still unavailable in the public health care sector of India.

3) Large unregulated private sector

Given the quality of care available, few frequent public sector hospitals. The National Sample Survey Office (NSSO) numbers show a decrease in the use of public hospitals over the past two decades—only 32% of urban Indians use them now, compared with 43% in 1995-96. Reliance on public and private health care sector varies significantly between states. Several reasons are cited for relying on private rather than public sector; the main reason at the national level is poor quality of care in the public sector, with more than 57% of households pointing to this as the reason for a preference for private health care. Most of the public healthcare caters to the rural areas; and the poor quality arises from the reluctance of experienced health care providers

to visit the rural areas. Consequently, the majority of the public healthcare system catering to the rural and remote areas relies on inexperienced and unmotivated interns who are mandated to spend time in public healthcare clinics as part of their curricular requirement. Other major reasons are distance of the public sector facility, long wait times, and inconvenient hours of operation. Health care services in India are dominated by the private sector. Nearly 75% of services, in monetary terms, are provided by the private sector.

4) Low public spending on health

Public health expenditure remains very low in India. It has also been found out that near 1% of the GDP is spent on the public health care services in India. Surveys made throughout India points out that 65% of the Indian population cannot access to modern medicines. Even though real state expenditure on health has increased by 7% annually in recent years, central government expenditure has plateaued. Economically weaker states are particularly susceptible to low public health investments. Per capita spending rates are extremely low at US $ 109 (in Purchase Power Parity terms) as compared to the USA ($7285) and Brazil ($837). The global figure is US$ 863 *(WHO World Health Statistics 2010)*.Under Ayushman bharat more than 10.74 crore poor families approximatly 50 crore benificiaries coverd acrose the country.

5) Fragmented health information systems

Like in most facets of life in modern India, getting quality, clean, up-to-date data is difficult in the health sector as well. This is despite the presence of many agencies ranging from NSSO to the Registrar General of India to disease-specific programme-based systems to survey malaria to HIV. Data is incomplete (in many cases it excludes the private sector) and many a time, it's duplicated.

6) Irrational use and spiralling cost of drugs

Costs of medical treatment have increased so much that they are one of the primary reasons driving people into poverty. Indian patent law only protects formulation and not the composition of a drug. This means that generic drugs that typically become available after the patent protections afforded to a drug's original developer expire, are available in India much earlier. Indian pharmaceutical companies routinely re-engineer processes for manufacturing generic drugs to make medication available at much lower costs. Ayushman Bharat covers 1350 medical packagescovering surgery, day care, diagnostics and cost of medicines.

7) Weak health insurance system and less accountability

In the past 20 years, the government has introduced several new laws to strengthen governance of the health system, but many of these laws have not been widely implemented.According to the World Bank, about 25% of India's population had some form of health insurance in 2010.[9] A 2014 Indian government study found this to be an over-estimate, and claimed that only about 17% of India's population was insured.Public healthcare is free for those below the poverty line.[10]Penetration of health insurance in India is low by international standards. Also private health insurance schemes, which constitute the bulk of insurance schemes availed by the population, do not cover costs of consultation or medication. Only hospitalisation and associated expenses are covered.In this regard government of india launched Ayushman Bharat as apart of National Health Policy 2017 in order to achieve Universal health coverage.the programme Provided insurance coverage to at least 40 percent of India's population which is

majorly deprived of secondary and tertiary care services.

Conclusions

Realignment of approach to public health – move away from top-down programmes to respond to demands of the people. Investment should be increased in secondary and tertiary care, especially in rural & peri-urban areas.There should be Strongerlaws to identify and deal with unlicensed practitionersthat wreak havoc in the country side. Medical insurance sector is expended through Ayushman Bharat. Government should extend group insurance policies for the poor (this has started in some States) and also make the sector accountable for its practices and policies.

Under Ayushman Bharat Yojana for giving policy directions and fostering coordination between Centre and States, it is proposed to set up Ayushman Bharat National Health Protection Mission Council (AB-NHPMC) at apex level Chaired by Union Health and Family Welfare Minister. States would need to have State Health Agency (SHA) to implement the scheme.This will help in improving quality of life for the Indian population. The programme will significantly reduce out of pocket expenditure for hospilatization. This Scheme requires an injection of resources into a chronically underfunded health system and it must be accompanied by a focus on the interrelated issues of governance, quality control, and stewardship if the scheme is to sustainably accelerate India towards Universal health coverage. Itrequires careful monitoring of the implementation of the program to track progress against key budgetary, service, and financial-protection measures and guard against unintended consequences.

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