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# Indian Healthcare System: Issues and Challenges

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***Abstract: Effective healthcare systems are the ones that involve everyone beginning from the patient who needs medical attention to the largest healthcare facility. The health care system involves everyone – from the patient needing medical care, the small clinic physician who treats homeless people and families with no health coverage, to the big hospital surgeons who perform highly advanced procedures. The efficiency of health system depends on the quality, equity and its reach to people. In India it accounts to 17% of the government share of expenditure and 4.1% of the expenditure of the GDP (WHO statistics) in health sector. We are still facing a hard time in respect to the health care and public health systems. Progress towards targets is greatly hindered by weak, poorly functioning and in some cases non-existent health systems. It is important to find out how best to approach health system strengthening, and what specific measures should be taken. The paper aims at studying Healthcare system of India and further discusses the issues and challenges prevailing in Indian healthcare system.***

***Key words: Health system inequality, Socio-economic problem, Private healthcare and Out of pocket expenditure.***

## INTRODUCTION

Health is a supplement to the socio economic development indicators of the state. Across the globe we have come to the understanding that the health sector occupies a larger share of government concern and the responsibilities at a time. In India it accounts to 17% of the government share of expenditure and 4.1% of the expenditure of the GDP *(WHO statistics)*. We are still facing a hard time in respect to the health care and public health systems. As *per the report published in The Economic Times dated July 25 20012* -We have 645825 Physicians and every year 27000 graduate to as medical practitioners for Indian medical colleges but still the density doctors per 1000 of population is dismally 0.6 only. The doctor-population ratio was a sparse 1:1722 in 2005.

Having largest number of medical colleges in the world, India produces largest number of doctors who usually get migrated to other countries. India also gets 'Medical tourists' from many countries reflecting the high standard of medical skill and expertise here. They seek care in high-tech hospitals which compare with the best in the world. Public health services are very inadequate; the public heath service hospitals are mostly in cities where only 25% of population resides.

Because of the unavailability of public health service over 80 % of ambulatory care being supported through out of pocket expenses. Hence private sector holds monopoly over ambulatory cure services in both rural and urban areas.

## PRESENT SCENARIO OF INDIAN HEALTHCARE SYSTEM

India is in the phase of demographic and environmental transition which is leading to burden of diseases. Despite of having such impressive health care resources the majority of citizens are deprived of health services, complete immunization is decline day by day. Following are few cases that show discrepancies in heath system -

- ➔ Indian health system shows extensive inequality in access to healthcare service where rich can avail most modern and expensive service and poor is even deprived of basic personal care facilities.

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- Despite of being major drug exporter around two-third of its own population suffers from unavailability of even essential drugs.
- Anomaly arises where women in urban center suffer from unnecessary cesarean operation at the time of delivering child, where as poor rural women die during childbirth due to lack of access to same cesarean operation when needed.
- According to WHO report government expenditure in health sector is much less than required, poor spend approx one-eighth of their total expenditure on health care which is shelled out from their pockets. Hence making the healthcare system more privatized.

The condition for rural sector is even worst. Rural sector health facilities are always looking for a better system and deliverables at the grass root level. More than 75% of the Indian Doctors are based in the cities while 70% of the patients are based in the villages. The shortage of physicians, particularly ones who are willing to hang up a shingle in rural and remote areas of the country, has posed many challenges to the health sector particularly in the rural areas.

Former president of the Federation of Indian Chambers of Commerce and Industry Onkar S. Kanwar noted at the Global Healthcare Conference January 2007 that while the projected physician shortfall would top 45 000 in 2012, the shortfall for nurses would be even greater — roughly 350 000 nurses are required for primary and secondary care by 2015.

## ISSUES IN HEALTHCARE SYSTEM

1. Social and Economic inequality- The indicators of health (mortality, morbidity and life expectancy) are all directly influenced by in-equality in a given population. More so, it is not the absolute deprivation of income that matters, but the relative distribution of income. There is no other country where the distribution of the healthcare resources is appallingly unequal as in India.

   Table 1 contains data collected during Demographic and Health Surveys (DHS) and Multiple Indicator Cluster Surveys (MICS) conducted between 2005 and 2011. Six health indicators were taken into consideration – modern contraceptive prevalence; antenatal care coverage; births attended by skilled health personnel; DTP3 immunization coverage among 1-year-olds; children < 5 years of age who are stunted; and under-five mortality rate – with data disaggregated according to urban or rural residence, household wealth, maternal educational level and, where applicable, by the sex of the child.

   Table1.1 shows data on the resources available to health systems, such as workforce (physicians, nurses and midwives, other health-care workers); infrastructure (hospitals, and hospital and psychiatric beds); medical technologies and devices (radiotherapy, computed tomography units and mammography units); and access to essential medicines. Such data are essential in enabling governments to determine how best to meet the health-related needs of their populations.

   There is no other country where the distribution of the healthcare resources is appallingly unequal as in India. The ratio of hospital beds to population in rural areas is fifteen times lower than that for urban areas. The ratio of doctors to population in rural areas is almost six times lower than that in the urban population. Per capita expenditure on public health is seven times lower in rural areas, compared to government health spending for urban areas. Though the spending on healthcare is 4.1% of gross domestic product (Report Title: Pranab Mukherjee wants government to spend more on Health sector| Sep 24, 2013| The Health site) people using their own resources spend rest of it.

2. Socio-economic problem- The healthcare infrastructure directly depends on the economic robustness. Health Sector policies in India have tended to stress on reducing population growth. In many of the Indian states where stabilization of population growth is not a priority, their health and social status is among the worst in the world. Diseases of poverty continue to affect more than half the population while environmental degradation; occupational hazards and new contagious diseases such as AIDS are starting to have a serious impact on the population. The phenomenon of Urbanization has added to problems of healthcare. Illiteracy and lack of awareness amongst masses pose constant threat to the fabric of the society; more so tilts the continuum of health in the wrong direction. Issues such as child and maternal malnutrition,

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neglect of the girl child- which can sometimes take the extreme form of female feticide or infanticide- are social evils that create major inroads in the health of the society. Social practices and beliefs too affect key variables like nutrition and hygiene. Persistence of poverty in the social structure also complicates the health scene. The poor suffer disproportionately because of the double burden of traditional diseases as well as modern diseases that are caused by industrialization and rapid resource depletion.

Table 2 presents data on demographic and socioeconomic factors that are major determinants of health. The table includes four indicators – adolescent fertility; primary school enrolment; population living in poverty; and cellular phone subscriber rates. It also includes data on demographics (such as population size, growth and degree of urbanization); crude birth and death rates; coverage of civil registration of births and underlying cause of death; adult literacy; and per capita gross national income.

3. Emergence of private healthcare - Since nineties the public health system was collapsing due to under-financing of public health services. The role of the private sector is getting stronger in view of the government's financial constrains in expanding the health infrastructure and increasing healthcare costs. The understandable inadequacy of resources in government-run medical care infrastructure has also shifted the demand towards private concerns. The dominance of the private sector not only denies access to poorer sections of society, but also skews the balance towards urban-biased, tertiary level health services with profitability overriding equality, and rationality of care often taking a back seat.

Table 3 shows the data on government expenditure on health and on private expenditure on health, including externally funded expenditure on health. Sub-components of government expenditure on health ("social security expenditure") and private expenditure on health ("out-of-pocket expenditure"; and "private prepaid plans") are also included

India with total population of 1.237 billion, among which 21.9% people are below poverty line (Poverty headcount ratio at National Poverty Line| World Bank Statistics-2012).Thus increasing cost of healthcare that is paid by 'out of pocket' payments is making healthcare unaffordable for a growing number of people. The number of people who could not seek medical care because of lack of money has increased significantly. The proportion of people unable to afford basic healthcare has doubled in last decade. One in three people who need hospitalization and are paying out of pocket are forced to borrow money or sell assets to cover expenses.

GOVERNMENT INITIATIVES-

Following are some initiatives taken by Ministry of Health and Family Welfare.

| Schemes | Launched on | Provisions |
|---|---|---|
| Central Government Health Scheme | 1954 | comprehensive medical care facilities to Central Government employees and their family members |
| RNTCP | 1997 | Tuberculosis control initiative |
| Janani Suraksha Yojana | 2005 | One-time cash incentive to pregnant women for institutional/home births through skilled assistance |

WAYS TO IMPROVE INDIAN HEALTH CARE

- ➔ Increase health care spending and spends more on primary care- Improving health care services at primary level can help in reducing diseases and complications further.
- ➔ Develop partnerships between the public and private sectors that design newer ways to deliver healthcare. An example of this would include outpatient radiology and diagnostic testing centres.
- ➔ Revise the curriculum in medical, nursing, pharmacy and other schools that train healthcare professionals, so that they

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too are trained in the new paradigm. Encourage business schools to develop executive training programmes in healthcare, which will effectively reduce the talent gap for leadership in this area.

- To reduce the out of pocket burden the government should spend more in buying drugs in bulk and provide medicines for free to patients.

## CONCLUSION

Despite the presence of all resources, the majority of citizens are suffering from lack of quality heath services. The condition is even worst in rural region where people even deprived of primary and personal health services. The out of pocket burden on health services and medicines is increasing day by day. To provide substantial protection to people there is a need to reconfigured health system of country.

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Table- I

| | Sex | | Place of resident | | Wealth quintile | | Education level of women/mothers | |
|---|---|---|---|---|---|---|---|---|
| Health indicators | male | Female | Rural | Urban | lowest | highest | none | secondary/higher |
| Contraceptive prevalence modern methods (%) | - | - | 45 | 56 | 35 | 58 | 46 | 50 |
| Antenatal care coverage: at least 4 visits | - | - | 20 | 62 | 12 | 77 | 16 | 63 |
| Birth attended by skilled health personnel (%) | - | - | 38 | 74 | 19 | 80 | 26 | 63 |
| DTP3 immunization coverage among 1 year old (%) | 58 | 53 | 51 | 69 | 34 | 82 | 37 | 78s |
| Children aged below <5 who are stunted (%) | 48 | 48 | 51 | 40 | 60 | 26 | 57 | 36 |

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| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Under 5 mortality rate (probability of dying by age 5 per 1000 lives) | 82 | 88 | 93 | 60 | 117 | 39 | 106 | 49 |

*Source: world health statistic 2014 by WHO*

Table I.I

| | | | | | | |
|---|---|---|---|---|---|---|
| Density of health workforce (per 10,000 population | Physicians | Nursing & midwifery personnel's | Dentistry personnel | Pharmaceutical personnel | Psychiatrists | |
| | (2006-2013) | | | | (2006-2010) | |
| | 7.0 | 17.1 | 1.0 | 5.0 | <5.05 | |
| Infrastructure and Technologies (2013) | Hospitals (per 10000 population) | Hospital beds(per 10000 population) | Psychiatric beds (per 10000 population) | Computed tomography units(per million population) | Radiotherapy units(per million population) | Mammography units(per million females aged 50 -60 years) |
| | _ | 7.0 | 2.0 | - | 0.4 | - |
| Essential medicines (2001-2009) | Median availability of selected generic medicines (%) | | | Median consumer price ratio of selected generic medicines (%) | | |
| | Public | Private | | Public | Private | |
| | 22.1 | 76.8 | | _ | 1.9 | |

*Source: world health statistic 2014 by WHO*

Table II

| Indicators | | | | | | |
|---|---|---|---|---|---|---|
| Population (2012) | Total | Median age(years) | Aged under 15(%) | Aged over 60(%) | Annual growth rate (%) | Living in urban areas (%) |

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| | | | | | | |
|---|---|---|---|---|---|---|
| | 1236687 | 26 | 29 | 8 | 1.4 | 32 |
| Civil registration coverage (2006-2012) | Births | | | Causes of deaths | | |
| | 41 | | | 8 | | |
| Crude birth rate (per 1000 population) | 20.7 | | | | | |
| Crude death rate(per 1000 population) (2012) | 7.9 | | | | | |
| Total fertility rate per woman | 2.5 | | | | | |
| Adolescent fertility rate(per 1000 girls aged 15-19) (2006-2011) | 39 | | | | | |
| Literacy rate among adults aged >= 15 years (%) (2006-2012) | 63 | | | | | |
| Gross National Income per capita ($) (2012) | 3910 | | | | | |
| Population living on < $1 a day (2006-2012) | 32.7 | | | | | |

*Source: world health statistic 2014 by WHO*

Table III

| | 2000 | 2011 |
|---|---|---|
| Health expenditure ratio | | |
| Total expenditure on health as % of gross domestic product | 4.3 | 3.9 |
| General government expenditure on health as % of total health expenditure | 26.0 | 30.5 |
| Private expenditure on health as % of total expenditure on health | 74.0 | 69.5 |
| General government expenditure on health as % of total expenditure on health | 7.4 | 8.2 |
| External resources for health as % of total government expenditure | 0.5 | 1.1 |
| Social security expenditure on health as % of general government expenditure on health | 18.3 | 15.8 |
| Out of pocket expenditure as % of private expenditure on health | 91.8 | 86.3 |

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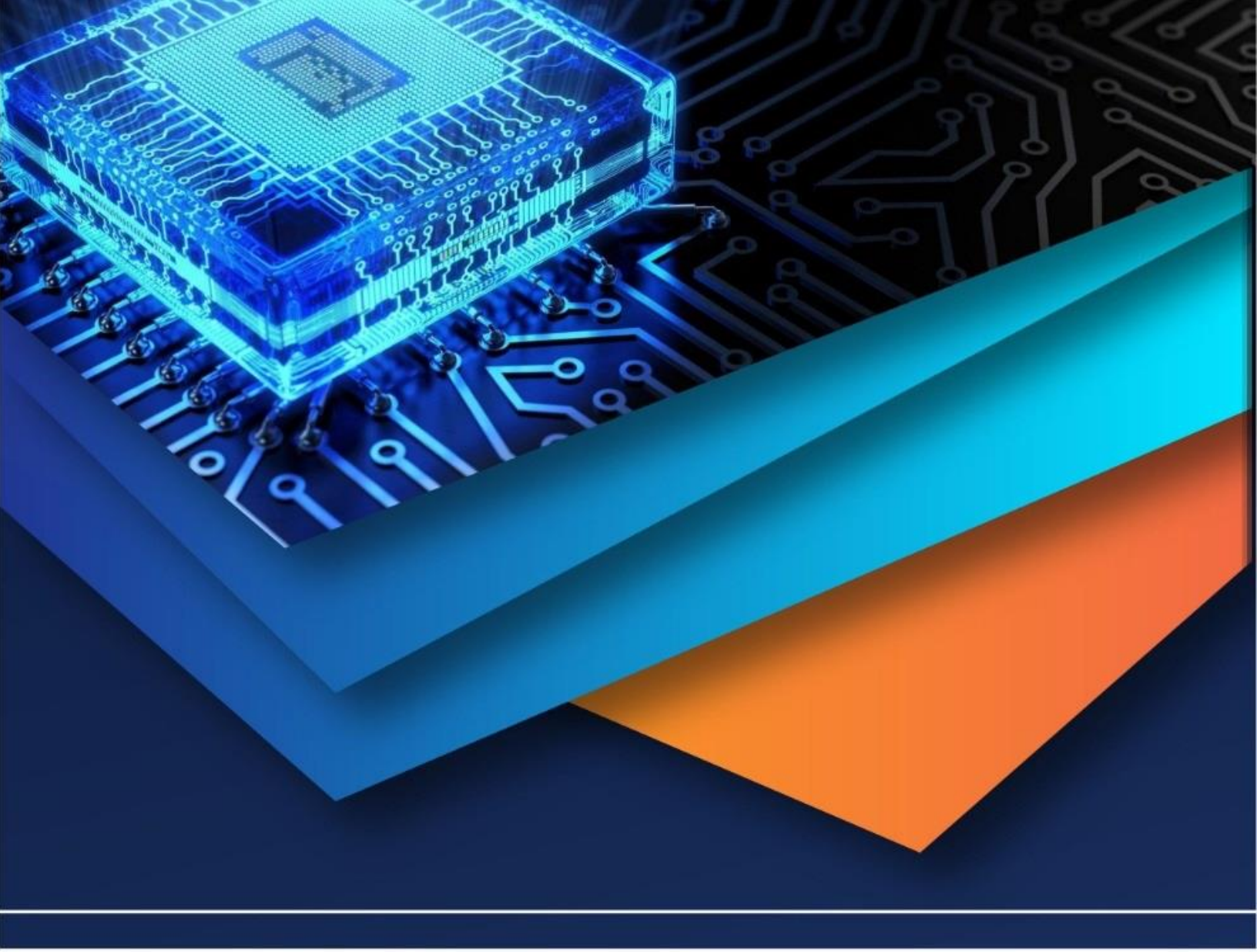
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| | | |
|---|---|---|
| Private prepaid plans as % of private expenditure on health | 1.1 | 4.6 |
| Per capita health expenditure | | |
| Per capita total expenditure on health ($) | 66 | 146 |
| Per capita government expenditure on health at average exchange rate ($) | 20 | 62 |
| Per capita government expenditure on health ($) | 17 | 44 |
| Per capita government on health at average exchange rate ($0 | 5 | 19 |

*Source: world health statistic 2014 by WHO*

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