Public Health in India: Issues and Challenges

Dr. Sudha.S.R.
Guest Faculty, Department of Studies in Economics, Kuvempu University, Jnana Sahyadri Shankaraghatta Shivamogga, Karnataka, India

Abstract

Good health is one of the basic human needs and worldwide recognized goal for faster socio-economic development. Health is an important aspect of human life, at present it has also become an important aspect of any nation’s public services and planning. Every country, whether developed or developing nation has its own policy or public healthcare delivery system. Health is determined not only by medical care but also by determinants outside the medical sector. Public health approach is to deal with all these determinants of health there have been major improvements in public health since 1950s, India is passing through demographic and environmental transition which is adding to burden of diseases. There is triple burden of diseases, viz. communicable, non-communicable and emerging infectious diseases. This high burden of disease, disability and death can only be addressed through an effective public health system. However, the growth of public health in India has been very slow due to low public expenditure on health. Health care, out-of-pocket expenditure dominates the cost financing health care, the effects are bound to be regressive. Indian Government has introduced many health programmes for the development of health sector but the Country is still facing various health issues and health problems. As the world’s largest democracy and the second most populous country in the world, India has experienced sea change since its independence in various facets of development. However as per public health is concerned, 22% of our population is malnourished, 48% of our nation’s children are stunted (UNICEF report) and which is already responsible for the two-third morbidity burden. Adding to existing glaring difference in access and equity to people, the ratio of beds in hospitals available to population in rural areas is lower than that for urban areas. The ratio of doctors to population in rural areas lower than that in the urban population. In this paper an attempt has been made to analyze the Status and Challenges of public health in India.

Key Words: Public health, Out- of- Pocket expenditure Communicable and non-communicable diseases health status.
Introduction: “The health of people is the foundation upon which all their happiness and all their powers as a state depend. India is passing through demographic and environmental transition which is adding to burden of diseases. There is triple burden of diseases, viz. communicable, non-communicable and emerging infectious diseases. This high burden of disease, disability and death can only be addressed through an effective public health system. However, the growth of public health in India has been very slow due to low public expenditure on health, very few public health institutes in India and inadequate national standards for public health education. Since independence, major public health problems like malaria, tuberculosis, leprosy, high maternal and child mortality and lately, human immunodeficiency virus (HIV) have been addressed through a concerted action of the government. Social development coupled with scientific advances and health care has led to a decrease in the mortality rates and birth rates.

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.

Public health has often been defined as a science dealing with the determinants and defense of health at the population level. Public health aims to understand and influence the social, cultural and economic determinants of health as well as to study and structure health systems as efficient channels for health services delivery. Public health is thus, a discipline built on the academic tradition of inquiry involving research, teaching and professional practice to prevent disease and promote health in populations. India is experiencing a rapid health transition. It is confronted both by an unfinished agenda of infectious diseases, nutritional deficiencies and unsafe pregnancies as well as the challenge of escalating epidemics of non-communicable diseases. This composite threat to the nation’s health and development needs a concerted public health response that can ensure efficient delivery of cost-effective interventions for health.

Healthcare Issues and Challenges: The Indian healthcare system is a dilapidated state. The costs seem to raise everyday which makes it unaffordable for a large chuck of the population. Recently Indian Health Progress (IHP) organization discussed what the Indian healthcare system desperately needs and the steps to improve it. “India is the second most populous country in the world and with an healthcare infrastructure that is over-burdened with this ever increasing population, a set of challenges that The new agenda for Public Health in India includes the epidemiological transition (rising burden of chronic non-communicable diseases), demographic transition and environmental changes. The unfinished agenda of maternal and child mortality, HIV/AIDS and other communicable diseases still exerts immense strain on the overstretched health systems.
Health systems are grappling with the effects of existing communicable and non-communicable diseases and also with the increasing burden of emerging and re-emerging diseases. Inadequate financial resources for the health sector and inefficient utilization result in inequalities in health.

The causes of health inequalities lie down in the social, economic and political mechanisms that lead to social stratification according to income, education, occupation, gender and race or ethnicity. Lack of adequate progress on these underlying social determinants of health has been acknowledged as a glaring failure of public health.

**Rural Versus Urban Divide:** While the opportunity to enter the market is very ripe, India still spends only around less than two per cent of its national GDP towards healthcare goods and services (compared to 18% by the US). Additionally, there are wide gaps between the rural and urban populations in its healthcare system which worsen the problem. A staggering 70% of the population still lives in rural areas and has no or limited access to hospitals and clinics consequently, the rural population mostly relies on alternative medicine and government programmes in rural health clinics. One such government programme is the National Urban Health Mission which pays individuals for healthcare premiums, in partnership with various local private partners, which have proven ineffective to date. In contrast, the urban centres have numerous private hospitals and clinics which provide quality healthcare. These centres have better doctors, access to preventive medicine, and quality clinics which are a result of better profitability for investors compared to the not-so-profitable rural areas.

**Need for Effective Payment Mechanisms:** Besides the rural-urban divide, another key driver of India’s healthcare landscape is the high out-of-pocket expenditure (roughly 70%). This means that most Indian patients pay for their hospital visits and doctors’ appointments with straight up cash after care with no payment arrangements. According to the World Bank and National Commission’s report on Macroeconomics, only 5% of Indians are covered by health insurance policies. Such a low figure has resulted in a nascent health insurance market which is only available for the urban, middle and high income populations.

Coming to the regulatory side, the Indian government plays an important role in running several safety net health insurance programmes for the high-risk population and actively regulates the private insurance markets. Currently there are a handful of such programmes including the Community Health Insurance programme for the population below poverty line (like Medicaid in the US) and Life Insurance Company (LIC) policy for senior citizens (like Medicare in the US). All these plans are monitored and controlled by the government-run General Insurance Corporation, which is designed for people to pay upfront cash and then get reimbursed by filing a claim. There are additional plans offered to government employees, and a handful of private companies sell private health insurance to the public.

**Demand for Basic Primary Healthcare and Infrastructure:** India faces a growing need to fix its basic health concerns in the areas of HIV, malaria, tuberculosis, and diarrhoea.
Additionally, children under five are born underweight and roughly 7% (compared to 0.8% in the US) of them die before their fifth birthday. Sadly, only a small percentage of the population has access to quality sanitation, which further exacerbates some key concerns above. One way to solve this problem is to address the infrastructure issue by standardizing diagnostic procedures, building rural clinics, and developing streamlined health IT systems, and improving efficiency. The need for skilled medical graduates continues to grow, especially in rural areas which fail to attract new graduates because of financial reasons.

**Growing Pharmaceutical Sector:** According to the Indian Brand Equity Foundation (IBEF), India is the third-largest exporter of pharmaceutical products in terms of volume. Around 80% of the market is composed of generic low-cost drugs which seem to be the major driver of this industry. The increase in the ageing population, rising incomes of the middle class, and the development of primary care facilities are expected to shape the pharmaceutical industry in future. The government has already taken some liberal measures by allowing foreign direct investment in this area which has been a key driving force behind the growth of Indian pharmaceutical.

**Underdeveloped Medical Devices Sector:** The medical devices sector is the smallest piece of India’s healthcare pie. However, it is one of the fastest-growing sectors in the country like the health insurance marketplace. Till date, the industry has faced a number of regulatory challenges which has prevented its growth and development. Recently, the government has been positive on clearing regulatory hurdles related to the import-export of medical devices, and has set a few standards around clinical trials.

**Living conditions:** Safe drinking water and sanitation are critical determinants of health, which would directly contribute to 70-80% reduction in the burden of communicable diseases. Full coverage of drinking water supply and sanitation through existing programs, in both rural and urban areas, is achievable and affordable.

**Urban planning:** Provision of urban basic services like water supply, sewerage and solid waste management needs special attention.

**Revival of rural infrastructure and livelihood:** Action is required in the areas like Promotion of agricultural mechanization, improving efficiency of investments, rationalizing subsidies and diversifying and providing better access to land, credit and skills. The ultimate goal of great nation would be one where the rural and urban divide has reduced to a thin line, with adequate access to clean energy and safe water, where the best of health care is available to all, where the governance is responsive, transparent and corruption free, where poverty and illiteracy have been eradicated.

**Innovative business models** need to be explored to tackle issues which are very specific to India. These could be PPP, social entrepreneurship or patient assistance programs, etc.

**Rapidly ageing population:** Requires affordable, accessible and quality public health services and innovation will key role in meeting these needs.
Lack of awareness: Lack of awareness is a problem which is faced in building access to healthcare. Mass awareness is important since even if the treatment is free, unless the masses are educated and informed about the symptoms of the diseases, its repercussions and complications and finally the treatment available, there is no guarantee that people will avail these.

Lack of health insurance and its low penetration causes further challenge towards access to healthcare. With 75 percent of the Indian population paying for healthcare services from their own pockets, it puts tremendous financial burden.

Health system strengthening: Important issues that the health systems must confront are lack of financial and material resources, health workforce issues and the stewardship challenge of implementing pro-equity health policies in a pluralistic environment, epidemiological challenges like mental health, occupational health and other environment risks are yet to be put in place. There is a need for strengthening research infrastructure in the departments of community medicine in various institutes and to foster their partnerships with state health services.

Problems and Issues in India’s Healthcare System: Key indices like maternal mortality rate and infant mortality rate which are amongst the worst in the world. Unfortunately this situation continues despite the government coming out with large scale initiatives. Out of pocket health expenditure caused due to lack of access to adequate public healthcare is preventing a large section of population from climbing above the poverty line and pushing another large section back below the line. It needs to strengthen and expand the role of hospital accrediting agencies and make compliance mandatory for all healthcare organizations.

It needs to promote the development of specialist medical bodies that govern and oversee the practice of members of their specialty and issue periodic guidelines and clinical pathways to attain uniform practice. It needs to follow good advice about healthy lifestyles, eating habits and exercise and undergo periodic screening tests as appropriate. India suffers a large proportion of the disease burden of the world, which has been estimated to be more than its 16.8% share of the world's population. One of the vital elements in improving this situation is the need for a comprehensive and relevant evidence base that would equip India to take informed actions. A systematic assessment of recent health research output from India is not available. Without objective information about the current deficiencies and strengths in the health research output from India, it is difficult to plan substantial improvements in health research output that could enhance India's health status.

1. Urban and Rural areas: Lifestyle diseases due to changing working/living habits coupled with processed products increasing the instances of diabetes, cardio-vascular disorders, even cancer. Urban poor due to poor physical infrastructure and awareness leading to communicable and infectious diseases like tuberculosis, typhoid and other water borne diseases. The same can be said of villages with poor sanitation facilities.

2. Lack of access to healthcare services: It hard to find any significant medical care. Diagnosis and treatment is just not accessible to hundreds of millions of Indians. One of the
biggest problems with healthcare in India, specifically diagnostics, is that of the referrals or cut practice. It is the ethically questionable practice of sharing fees with professional colleagues, such as physicians or laboratories, in return for being sent referrals. This problem is specially prevalent in diagnostics, with some doctors charging upto 70% of the pathology/radiology bills as a referral fee. Not only does this make quality healthcare unaffordable for a huge number of patients, it also is inherently bad for the patient.

3. Lack “proper” healthcare, both in quantity and quality: There is a serious lack of transparency. According to WHO, our per capita spending on healthcare is in the bottom quartile amongst all countries? This has resulted in an appalling lack in basic government healthcare infrastructure.

4. A problem of unnecessary and excessive diagnostic tests, a minor visit to the doctor. Inadequate utilization of budgets, funds and resources by the government might be one of the main cause of poor health status of people. Some of the main problems faced by Indian healthcare system are accessibility and affordability of quality healthcare services and medicines to a large chunk of our population. Also lack of information and transparency are other major problems.

5. Twin epidemic of continuing/emerging infectious diseases as well as chronic degenerative diseases. The former is related to poor implementation of the public health programs, and the latter to demographic transition with increase in life expectancy.

6. Economic deprivation in a large segment of population results in poor access to health care. Poor educational status leads to non-utilization of scanty health services and increase in avoidable risk factors.

7. India faces high burden of disease because of lack of environmental sanitation and safe drinking water, under-nutrition, poor living conditions, and limited access to preventive and curative health services.

8. Lack of education, gender inequality and explosive growth of population contribute to increasing burden of disease.

9. Expenditure on health by the Government continues to be low. It is not viewed as an investment but rather as a dead loss.

10. States under financial constraints cut expenditure on health. Growth in national income by itself is not enough, if the benefits do not manifest themselves in the form of more food, better access to health and education.

Conclusion: A good system of regulation is fundamental to successful public health outcomes. It reduces exposure to disease through enforcement of sanitary codes, e.g., water quality monitoring, slaughterhouse hygiene and food safety. Wide gaps exist in the enforcement, monitoring and evaluation, resulting in a weak public health system. This is partly due to poor financing for public health, lack of leadership and commitment of public health functionaries and lack of community involvement. Revival of public health regulation through concerted efforts by the government is possible through updating and
implementation of public health laws, consulting stakeholders and increasing public awareness of existing laws and their enforcement procedures. There are several shortfalls that need to be addressed in the development of human resources for public health services. There is a dire need to establish training facilities for public health specialists along with identifying the scope for their contribution in the field. The Public Health Foundation of India is a positive step to redress the limited institutional capacity in India by strengthening training, research and policy development in public health. Pre service training is essential to train the medical workforce in public health leadership and to impart skills required for the practice of public health. Changes in the undergraduate curriculum are vital for capacity building in emerging issues like adolescent health and mental health. In service training for medical officers is essential for imparting management skills and leadership qualities. Equally important is the need to increase the number of paramedical workers and training institutes in India. More investments in health infrastructure improved low cost diagnostics and a way to make the human resources required for the same accessible to large sections of our population that of ensuring generics and low cost of variants of essential drugs for serious ailments has a significant role in making medicines affordable. Along with free medicines, generic alternatives and free diagnostics, healthcare is improving in India, at least is some states. One thing that we do need to be cautious of is about regulating prices and not letting insurance providers control the healthcare system channeled through insurance and infrastructure strengthening, is inadequate to address the current problems of unaffordable health care and heavy financial risk, and the future challenges posed by aging populations that are increasingly affected by non-communicable diseases. Healthcare should remain democratic and consumer driven.

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