International Journal of Current Research and Review
DOI: https://doi.org/10.31782/IJCRR.2024.162102

IJCRR
Section: Life Sciences

Review Article

The Path to Achieving Universal Healthcare in India

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ABSTRACT

The Planning Commission of India defines universal health coverage as "equitable access for all Indian citizens regardless of income level, social status, gender, caste or religion, to affordable, accountable, appropriate health services of assured quality (promotive, preventive, curative and rehabilitative) as well as public health services addressing the wider determinants of health with the government being the guarantor and enabler, although not necessarily the only provider, of health and related services. The journey towards universal healthcare formally began, as far back in 1948, under Article 25 of the United Nations' Universal Declaration of Human Rights. Despite being home to one-sixth of the world's population, India is still in the early stages of providing a form of comprehensive healthcare to her citizens and needs to take urgent action if she wants to realize her dream of being counted amongst the world's foremost developed nations. Despite maintaining a high economic growth rate for the past two decades, India lags behind other low-middle income countries with a consistently high out-of-pocket spend. This article explores various aspects of the path achieving universal healthcare in India, including consensus around health financing, regulating, monitoring and community empowerment, with a focus on the debate between private and public provision of universal healthcare. For India, still in the infancy of its health care revolution, this means a long and drawn-out battle that will require increased political, public and social momentum, to inch the country ever-so closer to that fabled-state of Utopia.

Key Words: Planning Commission of India, Universal healthcare, Human Rights, Sustainable Development Goals, WHO, Comprehensive healthcare

INTRODUCTION

The journey towards universal healthcare formally began, as far back in 1948, under Article 25 of the United Nations' Universal Declaration of Human Rights,[1] which identified the right of every man to the health and well-being of himself and his family. While most high-income countries have succeeded in achieving a meaningful level of universal healthcare, this fundamental right remains elusive to most of the world's population[2] and its vehement pursuit is as relevant today as it was 75 years ago. Universal healthcare has been touted as one of the cornerstones of the post-2015 Sustainable Development Goals (SDGs)[3] and WHO Emeritus Director-General, Margaret Chan, asserted that it "is the single most powerful concept that public health has to offer."[4] While there is no room for doubt about its potential to improve and enrich lives uniformly across the globe, there is no one-model-fits all approach to achieving this somewhat abstract concept of universal health. [2] The past decade has seen several middle and low-income countries like Brazil, Mexico and Thailand make great progress in attaining this collective goal;[5] yet others like India, Nigeria, and Kenya have been slow to adopt the much-needed policies for this objective.[6] Despite being home to one-sixth of the world's population,[7] India is still in the early stages of providing a form of comprehensive healthcare[6] to her citizens and needs to take urgentaction if she wants to realize her dream of being counted amongst the world's foremost developed nations. This article explores various aspects of the path to achieving universal healthcare in India, including consensus around health financing, regulating, monitoring and community empowerment, with a focus on the debate between private and public provision of universal healthcare.

The Planning Commission of India defines universal health coverage as "equitable access for all Indian citizens regardless of income level, social status, gender, caste or religion, to affordable, accountable, appropriate health services of assured

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ISSN: 2231-2196 (Print) **ISSN:** 0975-5241 (Online)

Received: 15.09.2024 **Revised:** 10.10.2024 **Accepted:** 29.10.2024 **Published:** 10.11.2024

quality (promotive, preventive, curative and rehabilitative) as well as public health services addressing the wider determinants of health with the government being the guarantor and enabler, although not necessarily the only provider, of health and related services."[8] This definition makes a good starting point for any healthcare- related policy by identifying three key aspects, namely equity, affordability and quality of care. Despite having almost reached the Millennium Development Goals (MDGs) for maternal and child survival,[9] a closer look reveals great discrepancies in health outcomes across different genders, castes, incomes and geographical locations.[10,11] Compounding this inequity in access to healthcare, is the fact that 39 million Indians are pushed into poverty each year, as a result of healthcare spending.[12] Nation-wide programmes to address these two issues, like the Rashtriya Swasthya Bima Yojana (RSBY), while highly commendable,[13] are not sustainable long-term due to lack of quality assurance and further fragmentation of care.[14] India has the world's largest burden of disease[15] and in order to tackle it equitably, affordably and appropriately, the following features need critical political action.

HEALTH FINANCING

Despite maintaining a high economic growth rate for the past two decades, India lags behind other low-middle income countries with a consistently high out-of-pocketspend.[16] The current Indian scenario where approximately 51% of healthcare costs areborn by the individual,[17] results in impoverishment and an inability to access life- saving treatment, especially for the poor. In the fiscal year 2023-24, government healthexpenditure was estimated at 1.9% of GDP, which is below the National Health Policy2017's target of 2.5% of GDP by 2025.[18] This shortfall underscores the need for increased public investment in healthcare to alleviate the financial strain on individuals.

There is also a compelling argument for States to be allocated funds on a needs-basis, in order to reduce the gap of inequity that exists between the richest and poorest Statesin India.[19]

REGULATING HEALTH SYSTEMS

An increase in government health expenditure without a strict regulatory framework inplace, will do little to provide good quality healthcare for all. There is a high level of mistrust in the medical profession, cultivated by corrupt practices, like the charging of'informal' fees,[20] provision of treatment by untrained staff,[21] performance of unnecessary diagnostic tests and procedures, to name a few. Legal framework needs to be complemented with the creation of autonomous bodies that ensure transparency andaccountability in medical education and clinical practice. The government needs to takea strong patient-centered stand[22] against private and pharmaceutical lobbyists to prevent excessive price inflation for essential commodities like health and drugs.[23]

MONITORING HEALTH OUTCOMES

The "information vacuum"[16] in which India's latest health policy has been drawn up, needs to be filled with a strong evidence base, that can only be achieved through a long- term measurement of access, affordability and quality of care. The health outcomes, patient satisfaction and cost-effectiveness of every policy implemented today, whether under the banner of government, private or not-for-profit agencies, should form the basis of further discourse and future policy making, not only in India, but in other low- middle income countries as well.[8] Partnerships with well-established international agencies should be sought out, to develop an independent, integrated and up-to-date health informational system to collect, manage and analyse data at both national and state levels.[9]

COMMUNITY EMPOWERMENT

The Indian government has committed to moving India up the Human Development Index from its 134th rank (out of 193 countries),[24] by better addressing the social determinants of health. Community empowerment initiatives play a pivotal role in thisstrategy. Programs like the 'Swachh Bharat Abhiyan' (Clean India Mission) focus on improving sanitation and hygiene, directly impacting public health. The 'Nirbhaya Nari'(Fearless Woman) initiative aims to combat sexual violence and empower women. Additionally, the Accredited Social Health Activist (ASHA) program engages community health workers to connect marginalized populations with essential health services, thereby enhancing community participation and health outcomes. By integrating health considerations into all policy areas and empowering communities through targeted programs, the government seeks to create a more inclusive and health- conscious society, thereby improving its HDI ranking and overall public health.

HEALTH SERVICE PROVISION

Even though India has discarded the idea of a single-provider of universal healthcare and is headed towards adopting a hybrid system of public-private partnership, [25] the argument regarding which model is better suited for healthcare delivery is still open andsignificant. Given the poor infrastructure of the current public health system, the government is leaning towards healthcare 'coverage' for all, where publicly financed health will be provided majorly by the private sector, through tax paid insuranceschemes.[9] Theoretical economists

have however, established the inefficiencies of market competition in medicine, and are justifiably worried about continued exponential inflation in health costs, the associated fiscal debt and exploitation of patients for the sake of profit.[26] There is also the question of the opportunity cost of diverting funds away from the strengthening of public health infrastructure and human resources[27] in a timely manner, so that they may build enough reserve to cope with thechanging demographics and disease burdens that are bound to arise with the changing global climate. While both systems will need high levels of regulation to eliminate corruption and protect the common man, long-term healthcare costs are projected to be cheaper under the public system on account of bulk purchasing of drugs, centralized hospital budgeting and less fragmentation of care.[28] In the short-term it is not irrational to employ the heterogeneous private sector, under firm regulation, to close gaps in health care inequity, however the government must simultaneously invest in developing a robust public health system, if the goal of universal health is to be kept sustainable and affordable.

CONCLUSION

With the ethical, social, economic, and political arguments, all in favour of universal health care, it was probably inevitable for the world to head towards the recognition of healthcare as a fundamental right, alongside the right to life and the rightto education,[26] While it is deeply satisfying to see several middle and low income countries make swift progress in achieving this shared goal,[6] the journey towards holistic and inclusive healthcare for most of the world, has just begun. Countries like England where universal healthcare has been the practice for the past 60 years are stillworking reverently towards making their health systems yet more equitable, affordable and lifesaving. For India, still in the infancy of its health care revolution, this means a long and drawn-out battle that will require increased political, public and social momentum, to inch the country ever-so closer to that fabled-state of Utopia.

Acknowledgement: We sincerely thank all individuals and organizations who contributed to the success of this work.

Source of Funding: Nil

Conflict of Interest: None

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