NEXT IAS

DAILY EDITORIAL ANALYSIS

TOPIC

Public Health Challenges and Policy Gaps in India

PUBLIC HEALTH CHALLENGES AND POLICY GAPS IN INDIA

In Context

- India faces diverse public health challenges, ranging from diseases of poverty like tuberculosis and malaria to environmental and lifestyle-related health issues such as pollution and chronic diseases.

- These challenges affect different social groups, requiring tailored solutions. However, the public health policies of the last decade have fallen short in addressing the felt needs of the population.

Key Points of Concerns

- **Inadequate Secondary Care:** The public health system's failure to strengthen secondary-level care has pushed more people towards costly private hospitals.

- **Private Sector Dominance:** Publicly funded health insurance schemes like PMJAY benefit the private sector, reducing access to affordable public healthcare.

- **Weakened Primary Health System:** The focus on curative care has weakened primary health institutions that were once trusted for preventive and community health services.

- **Renaming of Institutions:** The recent move to rename health institutions as Ayushman Arogya Mandir has raised questions about cultural and secular relevance, especially in non-Hindi speaking areas.

Healthcare Sector in India

- **Public Sector Healthcare:** Comprises government-funded hospitals, primary health centres (PHCs), community health centres (CHCs), and sub-centres. It plays a crucial role in preventive care, immunization programs, maternal and child healthcare, and treating common diseases.

- **Private Sector Healthcare:** Dominates secondary and tertiary care, with advanced facilities, especially in urban areas. However, it is largely commercialized, often leading to high out-of-pocket expenditures.

- **Health Insurance:** Schemes like the Pradhan Mantri Jan Arogya Yojana (PMJAY) under Ayushman Bharat aim to provide financial protection for hospitalization but are criticized for benefiting private hospitals more than public health infrastructure.

Major Challenges in India's Healthcare System

Inequitable Access to Healthcare:

- **Urban-Rural Divide:** Rural areas have inadequate healthcare infrastructure, with a shortage of sub-centres, PHCs, and CHCs. Urban areas, although better equipped, often have high costs associated with private healthcare.

- **Healthcare Workforce:** Shortage of doctors, nurses, and health professionals in rural areas. According to Rural Health Statistics (2015), the doctor-to-patient ratio is skewed, leading to overcrowding in public facilities.

Weak Secondary and Tertiary Public Healthcare:

- **Underfunded Secondary Care:** Secondary-level care remains neglected despite the National Health Mission (NHM), resulting in poor access to specialized treatments.

- **Tertiary Care Reliance on Private Sector:** Tertiary healthcare is increasingly outsourced to the private sector under schemes like PMJAY, making it difficult for people not covered by insurance to access affordable care.

Out-of-Pocket Expenditure:

- A significant portion of healthcare spending in India is out-of-pocket, burdening households, especially for secondary and tertiary care. The focus on hospital-based insurance schemes ignores other healthcare expenses like outpatient care, diagnostics, and medicines.

Preventive vs. Curative Care:

- Preventive care programs, which are vital for public health, have taken a backseat in recent years. The transition of PHCs and CHCs into Health and Wellness Centres (HWCs) with a curative focus dilutes their original mandate of preventive care and health promotion.

Market Monopolization by Private Healthcare:

- The Pradhan Mantri Jan Arogya Yojana (PMJAY) for primarily benefiting private hospitals, which charge the government at market rates while leaving the majority of the population dependent on commercialized healthcare.

Government Steps and Initiatives in Healthcare

National Health Mission (NHM):

- Launched in 2005 as the National Rural Health Mission (NRHM), later expanded to the National Health Mission (NHM) in 2013, the program aimed to strengthen primary healthcare.
- **Progress:** NHM helped build trust in public healthcare through the development of sub-centres, PHCs, and CHCs. The article notes that India had 1,53,655 sub-centres, 25,308 PHCs, and 5,396 CHCs in 2015.

Pradhan Mantri Jan Arogya Yojana (PMJAY) under Ayushman Bharat:

- Launched in 2018, PMJAY provides hospitalization coverage for secondary and tertiary care to vulnerable populations, covering over 50 crore people.
- **Criticism:** The critics argued that PMJAY disproportionately benefits the private sector and fails to address the healthcare needs of the remaining population, who are forced to pay out-of-pocket for care.

Transformation into Health and Wellness Centres (HWCs):

- The government aims to establish 1,50,000 HWCs to provide comprehensive primary healthcare services.
- Criticism: The transformation has shifted the focus from preventive healthcare to curative care, diluting the role of PHCs in the community. The renaming of HWCs as Ayushman Arogya Mandir also raises concerns about cultural relevance and secularism.

Publicly Funded Health Insurance (PFHI) Schemes:

- Several states like Maharashtra, Andhra Pradesh, Tamil Nadu, and Kerala implemented PFHI schemes in addition to national programs like PMJAY.
- Criticism: The PFHI schemes often overlook the need to strengthen secondary and tertiary public sector healthcare, leading to an over-reliance on private hospitals.

Steps Required to Address Challenges

- **Strengthen Secondary and Tertiary Care in Public Sector:** There is a critical need to increase investment in secondary and tertiary public healthcare infrastructure. Strengthening CHCs and district hospitals can reduce the population's dependence on private hospitals.
- **Focus on Preventive Care and Health Promotion:** Public health centres (PHCs) must return to their original mandate of preventive care, including vaccination programs, maternal and child healthcare, and health education. Prevention is more cost-effective and vital for reducing the burden of disease in India.
- **Address Urban-Rural Healthcare Divide:** Expanding the reach of healthcare infrastructure and workforce in rural areas is essential. Providing incentives for healthcare professionals to serve in rural regions, along with telemedicine initiatives, could help bridge the gap.
- **Expand the Scope of Health Insurance:** While PMJAY covers hospitalization, health insurance should also include outpatient care, medicines, and preventive care, which are significant sources of out-of-pocket expenditure.

- **Increase Public Health Spending:** The government must increase its spending on healthcare to the recommended 2.5-3% of GDP, focusing on improving infrastructure, human resources, and public health programs.

Conclusion

- India's public health system requires a balanced approach that prioritizes primary and secondary care, strengthens public sector infrastructure, and ensures equitable access across social strata. Without these changes, the gap between the public health needs and the policies designed to address them will continue to widen.

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Mains Practice Question
[Q] India's healthcare system has witnessed significant strides in recent years, yet challenges persist, particularly in rural areas. Critically analyze