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DAILY EDITORIAL ANALYSIS

TOPIC

THE ROAD TO UNIVERSAL HEALTH COVERAGE IN INDIA

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THE ROAD TO UNIVERSAL HEALTH COVERAGE IN INDIA

Context

- India committed to **Universal Health Coverage (UHC)** through the **National Health Policy (NHP), 2017 and SDG-3**, operationalised mainly via **Ayushman Bharat (AB).**
- Despite progress, India continues to face a serious **access–affordability–quality gap, indicating that UHC goals remain underachieved.**

What is Universal Health Coverage?

- It means that all people have **access to the full range of quality health services** without financial hardship.
- **Key components of UHC include:**
  - **Access to Care:** Everyone should be able to obtain necessary health services when they need them.
  - **Quality Services:** The care provided should be effective, safe, and of good quality.
  - **Financial Protection:** Individuals should not face financial difficulties due to medical expenses.
- **UHC** is rooted in the **universal human right to health,** affirmed in **international covenants and the Alma-Ata Declaration (1978)**, which prioritised comprehensive primary healthcare.

Need For Universal Health Coverage in Indian Context

- **Historical Commitment to Universal Healthcare:**
  - **Bhore Committee (1943–46)** reflected a clear preference for universal healthcare over insurance-based UHC.
- **Policy Evolution after Independence:**
  - **India's National Health Policy of 1983** recognized the goal of **"Health for All"** and emphasized the importance of primary healthcare and equitable distribution of healthcare resources.
- **Shift towards Insurance-led UHC:**
  - **Welfare Schemes like Rashtriya Swasthya Bima Yojana (RSBY) 2008 and Ayushman Bharat–PMJAY** institutionalised UHC but reinforced an insurance-heavy approach.
- **Weak Public Health System and Rising Private Dependence:**
  - Chronic underfinancing of primary healthcare has led to poor quality public provisioning, shortage of infrastructure and workforce.
  - National Sample Survey (NSS) data show growing reliance of the poor on private healthcare, rising out-of-pocket expenditure (OOPE) & increased household indebtedness.
- **Constitutional Basis for UHC:**
  - The **Directive Principles of State Policy** in Part IV of the Constitution provides a basis for the right to health.
  - **Article 39 (e)** directs the state to secure the health of workers; **Article 42** emphasises just and humane conditions of work and maternity relief; and **Article 47** casts a duty on the state to raise the nutrition levels and standard of living, and to improve public health.
  - The Constitution also endows the panchayats and municipalities to strengthen public health under **Article 243G**.
- **Post-Covid Realisation:**
  - The Covid-19 pandemic exposed inequities in insurance-based access, exclusion of informal workers and migrants & fragility of hospital-centric models.
- **Present Policy Direction:**
  - Currently, India aims to attain UHC through the expansion of the Ayushman Bharat-Pradhan Mantri Jan Arogya Yojana (AB-PMJAY), the flagship publicly financed health insurance (PFHI) scheme of the Union government.

Challenges in Adopting UHC in India

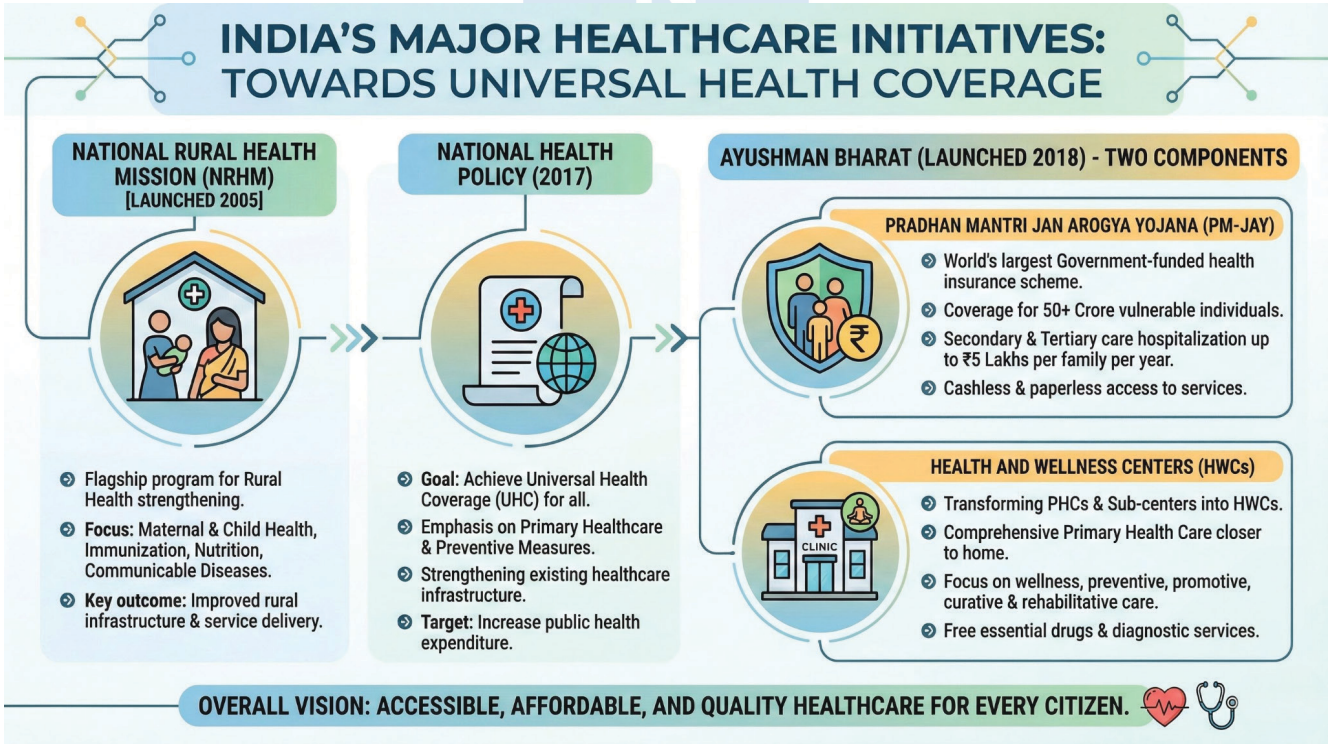
- **Resource Constraints:** India faces significant funding limitations in healthcare, with a low public health expenditure compared to many other countries. This affects the ability to provide comprehensive services.

- Low public health expenditure (~2.1% of GDP), below the NHP target of 2.5%.

- **Infrastructure Gaps:** Many areas, especially rural regions, lack adequate healthcare infrastructure, including hospitals, clinics, and trained personnel, making access to care difficult.
- **Healthcare Workforce Shortages:** There is a shortage of healthcare professionals, particularly in rural areas, leading to disparities in access and quality of care.
- **Fragmented Health Systems:** India's healthcare system is a mix of public and private providers, leading to inconsistencies in quality and accessibility.
  - And, **Health is a State subject**, while financing and flagship schemes are centrally driven, leading to uneven outcomes.

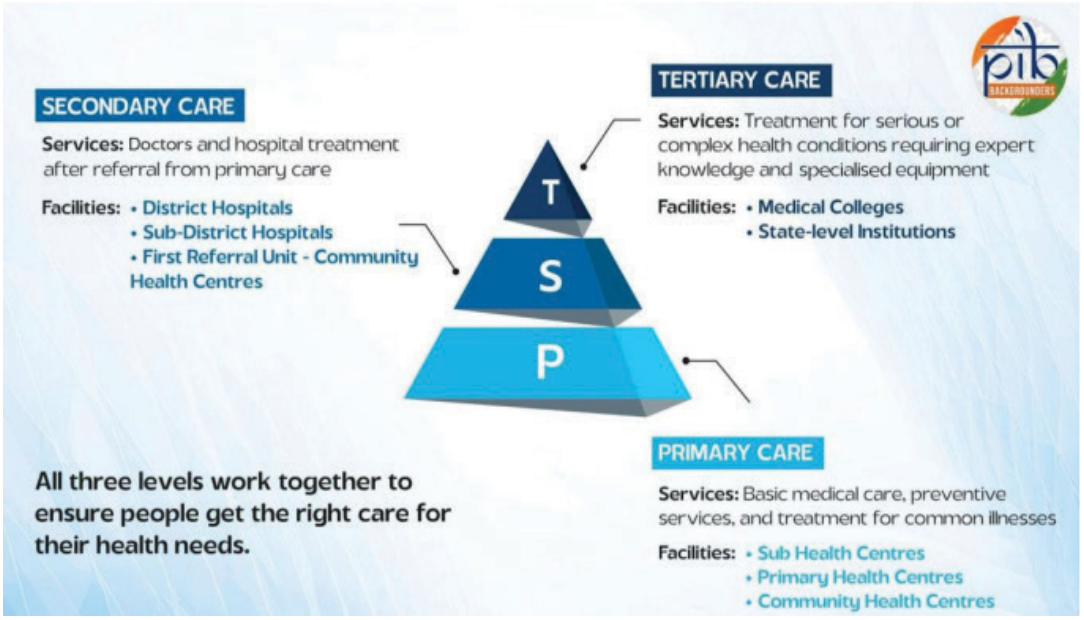
Lessons from Global Experience

- **WHO Alma-Ata Declaration (1978)** emphasised primary healthcare as the foundation of UHC.
- **Several East Asian countries** adopted **UHC** through an **insurance approach,** but have also **strengthened primary and secondary care over time.**
  - **An ageing population and chronic diseases** have necessitated such changes.
- **Countries like China and South Korea** achieved near-universal insurance coverage **but faced high fiscal costs.**
- **Recognising sustainability issues, China shifted strategy towards:**
  - Strengthening primary and secondary care.
  - Emphasising prevention, early detection, and follow-up.
  - Investing in human resources and population outreach.
  - A strong public sector helped regulate private providers, though private influence remains a challenge.



Making Ayushman Bharat 2.0 More Effective

- **Shift from Coverage to Care:** Move from hospitalisation-centric insurance to universal healthcare.
  - Strengthen comprehensive primary healthcare as the first point of contact.
- **Strengthen Primary and Secondary Care:** Invest in infrastructure, diagnostics, medicines and referral systems.



- Use HWCs as gatekeepers to reduce avoidable hospitalisation.

- **Increase Public Investment:** Raise health spending to at least 2.5% of GDP.
  - Prioritise preventive and promotive care and social determinants of health.
- **Digital and Human Resource Reforms:** Integrate ABHA ID, interoperable health records and disease surveillance.
  - Address workforce shortages through task-shifting, local recruitment and continuous training.
- **Better Regulation and Strategic Purchasing:** Standard treatment guidelines, cost controls and accountability mechanisms.
  - Align insurance schemes within a strong public health system, as seen globally.

Source: IE

Daily Mains Practice Question

[Q] Financial protection without strong public health provisioning can deepen healthcare inequities. Examine

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