

**NEXT IAS**

**DAILY EDITORIAL  
ANALYSIS**

*TOPIC*

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**RECONNECT PUBLIC HEALTH WITH  
PEOPLE'S NEEDS IN INDIA**

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## RECONNECT PUBLIC HEALTH WITH PEOPLE'S NEEDS IN INDIA

### Context

- The **efficacy of Ayushman Bharat Health and Wellness Centres (HWCs) and Ayushman Bharat Digital Mission (ABDM)** has once again raised questions about the success of India's public health policies in **Universal Health Coverage (UHC)**.

### About Public Health in India

- The public health system in India aims to provide **universal healthcare access**, focusing on **preventive, promotive, and curative services**.
- It operates through **national health programs, state-level initiatives, and local healthcare** delivery mechanisms.
- It is crucial in India **due to the double burden** of **communicable and non-communicable diseases**, as well as significant health disparities.
- **Public health policies** affect the health status by providing them with various **preventive, promotive, curative and rehabilitative** services.
  - ♦ It is absolutely essential for a nation such as India, which wants to take advantage of its demographic dividend.

### Linkage to Universal Health Coverage (UHC)

- **UHC** makes sure that every individual gets quality healthcare without undergoing any kind of financial stress.
  - ♦ The idea of UHC is contained in **SDG 3 (Good Health and Well-being)**.
- India's dedication to UHC can be understood by:
  - ♦ **National Health Policy (NHP), 2017**, wherein the Indian Government commits itself to increasing public health expenditures up to **2.5 percent of GDP**.
  - ♦ **Ayushman Bharat Programme** launched in 2018 as a major UHC programme.
  - ♦ Development of public health services through **Health and Wellness Centres (HWCs)**.
- However, access to healthcare services is limited due to **High Out-of-Pocket Expenditure (OOPE)**; inadequate public health infrastructure; and substandard quality of health care services.
- According to **National Health Accounts (MoHFW)**, OOPE in India has declined from approximately 62.6 percent of total health expenditure (2014-15) to around 43.89 percent (2023).

### Major Public Health Policies in India

- **National Health Policy (NHP), 2017:** Universal health coverage is among its goals. It emphasizes the significance of preventive/promotive health care services and it highlights the need to strengthen Primary Healthcare Organizations.
- **Ayushman Bharat Programme (2018):** It consists of two important pillars, which include:
  - ♦ **Health and Wellness Centres (HWCs):** HWCs have been developed to convert SCs, PHCs and CHCs into comprehensive Primary Health Centers. These centers will offer the following services:
    - Maternal and child health services;
    - Screening for Non-Communicable Diseases (NCD);
    - Mental health services;
    - Palliative and Geriatric care.
  - ♦ **Pradhan Mantri Jan Arogya Yojana (PM-JAY):** This scheme has been introduced by the Indian Government which will provide health insurance cover of **₹5 lakh per family per year** for secondary/tertiary health care needs. This scheme is aimed at economically weaker sections of India.
- **Ayushman Bharat Digital Mission (ABDM):** In 2021, the Indian government launched ABDM with the aim of establishing an integrated digital health ecosystem in the following ways:
  - ♦ Ayushman Bharat Health Account (ABHA) ID;
  - ♦ Registry of health care facilities and health care professionals;
  - ♦ Electronic Health Records.

- **National Digital Health Ecosystem (NDHE):** It aims to facilitate the interoperability of digital health records along with portability and continuity of care.

### Concerns and Issues Associated with Public Health Policies in India

- **Shifting focus from Population Health to Individual Wellness:** Implementation of 'Health and Wellness' concept has caused the focus to shift from population health strategies to individual wellness.
  - ◆ Issues include ambiguity in terms of the role of institutions; and the difficulty of measuring well-being because of its subjective nature.
  - ◆ Well-being, unlike indicators such as immunization coverage or maternal mortality, does not have any universally accepted measure at population level.
- **Individualization of Health:** The wellness framework increasingly makes individuals responsible for their health behavior.
  - ◆ The risk of this framework is that it tends to overlook poverty; malnutrition; poor sanitation; poor housing facilities; and the social determinants of health.
- **Lack of Infrastructure for Primary Healthcare Facilities:** Although some initiatives have been announced, SCs, PHCs, and CHCs still face:
  - ◆ Lack of doctors and specialists;
  - ◆ Lack of adequate diagnostic facilities;
  - ◆ Poor infrastructure;
  - ◆ Vacancies among health care providers;
  - ◆ Rural and tribal areas are particularly poorly served.
- **Digitalization without Adequate Health Service Delivery:** ABDM concentrates on generation of digital health information.
  - ◆ However, only health records will not ensure that care can be obtained, and digital data will not replace hospitals, medicines, health care workers, and diagnostic facilities.
  - ◆ Inadequate infrastructure decreases the usefulness of digital platforms.
- **Continued Out-of-Pocket Expenditure:** Private sector health care continues to be unaffordable for many families.
  - ◆ According to different health surveys, medicines and diagnostics continue to account for a large proportion of health expenditures of households; and catastrophic health expenditure drives many families into poverty annually.
- **Policy-Making Is Not Necessarily Based on Evidence:** Some health initiatives concentrate on innovation in administration and technology without solving people's basic health care problems, including curative care. It can weaken efforts towards UHC.

### Way Forward: Strengthening Public Health Policies

- **Enhance Three-tier Public Health Infrastructure:** Ensure adequate infrastructure, diagnostics and human resource development in SCs, PHCs and CHCs; and effective linkage.
- **Increase Investment in Public Health:** Hasten efforts to meet the target of 2.5% of GDP as per NHP; and make primary healthcare investments priority.
- **Adopt Evidence-based Approach:** Policymaking needs to be based on health indicators like IMR, MMR, disease burden, and health services provision.
- **Strike Balance between Digital Health and Provision of Healthcare Services:** The implementation of ABDM needs to enhance, not undermine, the healthcare provisions; and digital health needs to be linked with strong institutional arrangements.
- **Focus on Social Determinants of Health:** Ensure convergence with initiatives related to nutrition, sanitation, drinking water and social protection.
- **Engage Communities:** Local government bodies, ASHA and other community organizations need to be part of the health planning and monitoring process.

**Conclusion**

- The Indian journey towards UHC is beyond mere personal health and digitalization.
- The public health policies need to focus on access to quality and affordable healthcare services and social determinants of health.

Source: TH

**Daily Mains Practice Question**

**[Q] Public health policies in India are increasingly moving away from addressing people's healthcare needs towards individual-centric and technology-driven interventions. Discuss. How can public health be reconnected with people's needs to achieve Universal Health Coverage (UHC)?**

