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DAILY EDITORIAL ANALYSIS

TOPIC

STRENGTHENING PUBLIC HEALTH SYSTEMS IN INDIA

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Context

- Global cuts in **Development Assistance for Health (DAH),** rising public debt, and concerns over under-utilisation of health budgets have renewed focus on improving the efficiency and governance of public health systems, particularly in India and other developing countries.

About Public Health Systems in India

- India's public health system is built on a **three-tier healthcare structure** i.e. Sub-Centres/Health & Wellness Centres (HWCs), Primary Health Centres (PHCs), Community Health Centres (CHCs), district hospitals, and tertiary institutions.
- It is guided by the **National Health Policy (2017)** and implemented primarily through the **National Health Mission (NHM)**.
- Key features include:
  - **National Health Mission (NHM):** Strengthens basic health care, maternity and child health, disease control and health infrastructure.
  - **Ayushman Bharat Scheme:**
    - **Health and Wellness Centres (AB-HWCs):** Provide integrated primary health care.
    - **PM-JAY:** Offers health insurance cover of ₹5 lakh per household for secondary and tertiary treatment.
  - **Digital Health Initiatives:** The Ayushman Bharat Digital Mission (ABDM) seeks to develop a digital health ecosystem.
  - **WHO India Partnership:** Strengthens health system by improving governance, workforce development, surveillance and Universal Health Coverage (UHC).

Concerns & Issues in Public Health Systems

- **Lack of Funding for Public Health:** The percentage of public health expenditure in GDP still remains around 2%, below the aim of 2.5% set in the National Health Policy.
  - Although the difference in terms of GDP share is reducing, per capita public health expenditure in LMICs remains much lower than in high-income nations.
- **Declining External Health Assistance:** Major cuts to falling external health aid **Development Assistance for Health (DAH)**, which peaked under COVID-19, are falling dramatically.
  - Major contributors including the **United States, United Kingdom, France and Germany** have cut foreign health support, impacting health projects around the world.
- **Poor Budget Utilisation:** The health budgets in many LMICs are implemented only to the **extent of 85–90%** which is less than sectors like education. In India:
  - Much of the allocations under the **Health Infrastructure Mission** was unspent.
  - **26%** of funds allocated to communicable and non-communicable disease programmes under NHM were utilised in 2024-25.
- **Skewed Spending Pattern:** Higher spending on s**econdary and tertiary curative care.**
  - Preventive and basic healthcare still receive comparatively lower financing.
  - Immunisation, sanitation, surveillance and health promotion as preventive health measures have continued to be under-prioritised.
- **Governance Challenges:** Weak public financial management; delays in fund release; procurement inefficiencies; capacity gaps at State and district levels; corruption and administrative inefficiencies reduce the effectiveness of public expenditure.

- **Emerging Health Challenges:** Rising burden of **Non-Communicable Diseases (NCDs)**; ageing population; climate-sensitive diseases; and pandemic preparedness requirements.

Related Efforts & Initiatives

- **National Health Mission (NHM)** for strengthening primary healthcare.
- **Ayushman Bharat (AB-PMJAY & Health and Wellness Centres).**
- **Ayushman Bharat Digital Mission (ABDM).**
- The **PM Ayushman Bharat Health Infrastructure Mission (PM-ABHIM)** intends to increase disease surveillance, critical care, laboratories and public health infrastructure.
- Medical colleges and health workforce expansion.
- **International Support:**
  - **WHO India** promotes health system strengthening through **Universal Health Coverage (UHC)**, health workforce development, health funding reforms, disease surveillance and emergency preparedness.
  - **Sustainable Development Goal (SDG) 3** is one of the 17 SDGs established by the United Nations General Assembly in 2015.

Prioritizing Better Public Health Spending

- **Better Budget Utilisation:** Timely release of funds, better monitoring of expenditure, accountability of implementing agencies, and better coordination between Union and State governments.
- **Prioritise spending on High-Impact Interventions:** Greater focus should be given to preventive healthcare, immunisation, nutrition, sanitation and hygiene, disease surveillance, health promotion and early screening for NCDs.
  - Public resources should be directed to public goods in areas where market failures exist, such as epidemic control and vaccination, with the private sector offering complementary cheap curative services.
- **Enhance Governance and Efficiency:** Improve public financial management; boost transparency in procurement; digitise the tracking of funds; give district-level health administrations more authority; include frontline health providers in planning and budgeting; and develop flexible budgeting mechanisms for emergencies.

Way Forward: Strengthening Measures

- Increase public health spending to **2.5% of GDP as per the National Health Policy.**
- Promote **primary and preventative health care** rather than excessive curative expenditure.
- Enhance credibility of the **budget, utilisation and results-based financing.**
- Strengthen **Health and Wellness Centres** as the cornerstone of Universal Health Coverage.
- Invest in monitoring, laboratories, digital health and disaster planning to build resilient health systems.
- Strengthen State and local governance and capabilities to promote cooperative federalism.
- Support resource allocation based on evidence of illness burden and health outcomes indicators.
- Grow public-private partnerships while guaranteeing equity and affordability.

Conclusion

- The immediate priority is to **spend existing resources more efficiently** while increasing health expenditure remains essential.
- Better budget execution, strategic planning of resource allocation towards preventative care, and better governance can yield large health gains even in a tight budgetary context.

- Long-term sustained investment and institutional reforms would be key to achieving **Universal Health Coverage (UHC)** and creating a sustainable, equitable and inclusive public health system in India.

Daily Mains Practice Question

[Q] Increasing public health expenditure alone is insufficient to improve health outcomes unless accompanied by efficient governance and strategic allocation of resources. Discuss in the context of strengthening India's public health system.

Source: TH

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