



Mains Practice Question

Q. “India has made phenomenal progress in access and availability of health services, since independence”. Identify the bottlenecks in health service delivery and suggest solutions. (250 words)

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Approach

- In the introduction, briefly elaborate with examples the phenomenal progress made in access and availability of health services since independence.
- In the body part, identify the bottlenecks still pervading India's health service delivery.
- Also, suggest some solutions to remove such bottlenecks.
- Mention some of the examples of government schemes/policies that may help in removing the bottlenecks in health care delivery.
- Conclude by emphasizing on concerted efforts of government with civil society organizations.

Introduction

- Basic health infrastructure in the form of primary, secondary and tertiary health care services, improved a lot in India since independence. It is reflected in its increased number of hospitals and dispensaries, doctors, health care workers, testing laboratories etc.
- India's phenomenal success in the health services can be gauged by looking at various milestones achieved in the last 70 odd years.
 - Indicators such as Maternal Mortality Ratio (MMR-around 140 per 1 lakh in 2020), Infant mortality rate (IMR - 183 in 1951 to 32 per 1000 in 2020), life expectancy (33 years in 1951 and ~70 in 2020) have shown a big improvement.
 - India got success in controlling communicable diseases like Malaria, Tuberculosis, Smallpox, leprosy, polio and AIDS etc. to a vast extent.
 - A near universal immunisation of mothers and children has been achieved.

Body

Bottlenecks pervading the india's health service delivery:

- **Gaps in healthcare infrastructure:** To provide universal access of health care we need to fulfill the health infrastructure gaps.
 - Even if private healthcare caters to around 70% of India's population there are still very low levels of health care facilities- eg. 1.3 hospital beds per 1,000 people in the country.
- **Inadequate Public Funding:** Public health expenditure is still very low in India, at just little more than one percent of GDP.
- **High out-of-pocket expenses:** Poverty is the real issue in India where three fourths of the population live below or at subsistence levels.
 - In such a situation over 80 per cent of ambulatory care is supported through out-of-pocket expenses. And many of the people fall into poverty and debt.

- **Acute shortage of skilled personnel:** Due to double burden of communicable and non-communicable diseases, India will be requiring around twice the number of doctors, triple the number of nurses and quadruple the number of paramedic and support staff.
 - However, we are still far behind the WHO benchmark (1 doctor/1000) and currently have about 0.65 doctors and 1.3 nurses per 1,000 people in the country.
- **Some other bottlenecks:** Non-availability of drugs, lack of advanced laboratory facilities and equipment, a severely constrained health workforce along with poor delivery mechanism for health care are also bottlenecks of Indian healthcare system.

Some steps to be taken to remove these bottlenecks:

- **Universal Health Coverage (UHC):** The UHC in its simplest definition means access to quality, effective and affordable health services for all, without imposing financial burden.
 - The government should **institutionalize UHC** as a way to remove barriers to good health and expand access to quality, affordable care.
 - In the UHC model, all citizens should be entitled to a comprehensive package of healthcare services, and have access to public health and accredited private facilities for attaining services such as diagnostics, medicine, vaccines or surgeries as an entitlement, without having to pay at the point of use.
- **Strengthening primary health care:** Primary health care should be prioritized, since it is the greatest need of the vast majority and, if effectively delivered, will substantially reduce the demand for secondary and tertiary care.
 - Achieving a target of **Ayushman Bharat** to establish some 1.5 crore Health and wellness Centre (HWC) should be a priority.
- **More emphasis on evidence based public health policy and health research:** In India, health research activities do not match with public health priorities, which is necessary for better health outcomes.
- **More spending on health:** Public health financing is pivotal to provide financial entitlement in terms of purchase of services so that the out-of-pocket expenditure is taken care of.
 - It is also needed for creating better infrastructure, expansion of health workforce and provision of essential drugs free of cost.
 - In this context, **National Health Policy 2017** proposes a government expenditure of 2.5% of by 2025. This should become a reality.
- **Human resource for health:** Increasing human resources in the health system is very critical. A national human resource institute for health may be set up for addressing all issues comprehensively in terms of policy guidance and mechanisms.
 - A comprehensive national policy for human resources is essential to achieve universal health care in India.

Conclusion

- The priorities should be changed taking into consideration the health problems affecting the marginalized people and the vulnerable sections of the society.
- The situation demands concerted action from the national and state governments, civil society organizations, People's Health Movements and other concerned groups and movements to radically alter the way the health services are organized and funded.