



State of Healthcare in Rural India 2024

For Prelims: [Health Insurance](#), [Pradhan Mantri Jan Aushadhi Kendras](#), [Waste into Compost](#), [Out-of-Pocket Expenditure \(OOPE\)](#), [Auxiliary Nurse and Midwife \(ANM\)](#), [Doctor-Patient Ratio](#), [Ayushman Bharat](#), [Telemedicine](#), [Mobile Health Clinics](#), [Swachh Bharat Mission](#)

For Mains: Challenges in Providing Healthcare to Rural India and Suggestions to Improve them.

[Source: TH](#)

Why in News?

Recently, the “**State of Healthcare in Rural India, 2024**” report was released by NGO **Transform Rural India** and **Development Intelligence Unit**.

- The survey covered **21 States** including Andhra Pradesh, Bihar, Maharashtra, Tamil Nādu, and Uttar Pradesh.
- The sample achieved included **52.5% male** respondents and 47.5% female respondents.

What are the Key Highlights of the Report?

- **Health Insurance Coverage:** Only about **50%** of rural households in the country have [government health insurance](#), while **34%** lack any **health insurance coverage** at all.
 - **61%** of surveyed households do **not** have [life insurance](#).
- **Access to Diagnostic Facilities:** It revealed that there is a **lack of diagnostic facilities** in the rural areas mostly because of **shortage of trained personnel**.
 - Only **39%** of respondents have access to a **diagnostic facility** within commutable distance.
 - **90%** of respondents do not undergo **routine health checkups** unless recommended by a doctor.
- **Access to Subsidised Medicines:** Only **12.2%** of households have access to subsidised medicines from [Pradhan Mantri Jan Aushadhi Kendras](#).
 - Only **26%** respondents had access to a **government medical store** located within the premises of a health facility that provides **free medicines**.
 - **61%** have access to a **private medical store** within commutable distance.
- **Drainage Systems:** **20%** of the households reported **no drainage system** in their villages and only **23%** had a **covered drainage network system** in their villages.
 - **43%** of households did not have any scientific system of [waste disposal](#) and they ended up with dumping their waste everywhere.
 - Only **11%** burn the dry waste and convert their [wet waste into compost](#), while **28%** reported that the local panchayat has made plans to **collect household waste**.
- **Elderly Care:** **73%** of the households with elderly members need **constant care** and the **majority (95.7%)** prefer [family caregivers](#), predominantly female (72.1%), highlighting the need for caregiver training on home-based care.

- Only **3%** of households have engaged in **paid external caregivers**.
- **10%** rely on **neighbourhood support** in the absence of family caregivers.
- **Caregiving for Pregnant Women:** Majority of caregivers for **pregnant women** include **husbands (62.7%), mothers-in-law (50%), and mothers (36.4%)**.
 - The report emphasises the need for **strong social networks**, supportive environments, and capacity building for family caregivers.
- **Mental Health Disorders: 45% of the respondents** across gender most of the time have **anxiety and worry** that impacts their state of mind.
 - Anxiety and worry impact mental health much more among the older population than the younger ones.

What are the Reasons for Poor Healthcare Infrastructure in Rural India?

- **Out-of-Pocket Expenditure:** According to the **National Health Accounts Estimates for India (2019-20)**, **out-of-pocket expenditure (OOPE)** constitutes **47.1%** of the total health expenditure.
 - In **Orissa**, 25% of households that had any healthcare costs, and 40% of households that experienced a hospitalisation, had to take out **loans or sell assets** to pay for healthcare costs.
- **Qualified Personnel Shortage:** India suffers from a severe lack of qualified healthcare professionals in rural areas.
 - Among the states, **Chhattisgarh** has the highest vacancy of doctors (**71%**), followed by **West Bengal (44%)**, **Maharashtra (37%)**, and **Uttar Pradesh (36%)** in Primary Healthcare Centers (PHCs).
 - The overall vacancy for **Auxiliary Nurse and Midwife (ANM)** in the country is 5%.
- **Doctor-Patient Ratio:** The **doctor-patient ratio** in India is approximately **1:1456**, which is below the **World Health Organization (WHO)** recommended ratio of **1:1000**.
 - The **situation is worse in rural areas**, where the ratio is significantly higher due to a shortage of doctors.
- **Low Public Health Spending:** Government expenditure on health remains low at around **1.28% of GDP**. Rural health infrastructure often receives a smaller share of this budget, leading to **underfunded facilities**.

Way Forward

- **Strengthening Health Insurance Coverage:** Expand the reach of **government health insurance schemes**, such as **Ayushman Bharat**, to cover the **missing middle** which constitute around **350 million Indians** without access to health insurance.
 - This would reduce **out-of-pocket expenditure** and prevent families from falling into **debt** due to healthcare costs.
 - All factory labourers need to be included under the state sponsored **subsidised health insurance schemes**.
 - **“Missing middle”** consists of **population** groups that are engaged in **informal sector work** and are **not poor enough** to benefit from state **subsidised** contributions to **insurance premiums**.
- **Incentivizing Rural Postings for Healthcare Workers:** Provide attractive incentives such as **higher salaries, better living conditions, and career advancement opportunities** for healthcare professionals willing to work in rural areas.
 - Special **focus** should be given to states with **high vacancy states** like Chhattisgarh, West Bengal, Maharashtra, and Uttar Pradesh.
- **Expanding Medical Education:** Increase the **number of medical colleges and nursing schools in rural areas**, ensuring that students are trained with a **focus on rural healthcare needs**.
 - This would help improve the doctor-patient ratio over time.
- **Leveraging Technology:** Utilise **telemedicine** and **mobile health clinics** to bridge the **gap in doctor-patient ratios in rural areas**.
 - These can help provide **remote consultations** and follow-up care, reducing the burden on existing healthcare facilities.
- **Mobile Diagnostic Units:** Deploy **mobile diagnostic units** that can travel to remote areas,

offering essential diagnostic services and reducing the need for patients to travel long distances.

- **Community-Led Sanitation Programs:** Encourage **community participation** in maintaining sanitation facilities and managing waste.
 - Programs like **Swachh Bharat Mission** should be strengthened and adapted to local needs to ensure sustainable sanitation practices.

Drishti Mains Question:

Q. What are the reasons for poor healthcare performance in rural India? Discuss remedial measures to improve rural healthcare performance.

UPSC Civil Services Examination, Previous Year Question (PYQ)

Prelims:

Q. 'Doctors Without Borders (Medecins Sans Frontiers)', often in the news, is (2016)

- (a) a division of World Health Organisation
- (b) a non-governmental international organisation
- (c) an inter-governmental agency sponsored by European Union
- (d) a specialised agency of the United Nations

Ans: (b)

Q. The endeavour of Janani Suraksha Yojana Programme is (2012)

1. to promote institutional deliveries
2. to provide monetary assistance to the mother to meet the cost of delivery
3. to provide for wage loss due to pregnancy and confinement

Which of the statements given above is/are correct?

- (a) 1 and 2 only
- (b) 2 only
- (c) 3 only
- (d) 1, 2 and 3

Ans: (a)

Q. With reference to the National Rural Health Mission, which of the following are the jobs of 'ASHA', a trained community health worker? (2012)

1. Accompanying women to the health facility for antenatal care checkup
2. Using pregnancy test kits for early detection of pregnancy
3. Providing information on nutrition and immunisation.
4. Conducting the delivery of baby

Select the correct answer using the codes given below:

- (a) 1, 2 and 3 only

(b) 2 and 4 only

(c) 1 and 3 only

(d) 1, 2, 3 and 4

Ans: (a)

Mains:

Q. “Besides being a moral imperative of a Welfare State, primary health structure is a necessary precondition for sustainable development.” Analyse. **(2021)**

Q. In order to enhance the prospects of social development, sound and adequate health care policies are needed particularly in the fields of geriatric and maternal health care. Discuss. **(2020)**

Q. Critically examine the effect of globalisation on the aged population in India. **(2013)**

PDF Reference URL: <https://www.drishtias.com/printpdf/state-of-healthcare-in-rural-india-2024>

