Challenges in Making India Healthier

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Abstract

Fit India Movement is a nation-wide movement in India to encourage people to remain healthy and fit by including physical activities and sports in their daily lives. It was launched by Prime Minister of India Narendra Modi at Indira Gandhi Stadium in New Delhi on 29 August 2019 (National Sports Day). Fit India was founded by Shri Suparno Satpathy in year 1993 and it was incorporated as a company in year 2000. The campaign has a "Fitness Pledge" that reads

I promise to myself that I will devote time for physical activity and sports every day and I will encourage my family members and neighbors to be physically fit and make India a fit nation.

A committee has been formed to advice government on this campaign. It is composed of various government officials, members of Indian Olympic Association (IOA), national sports federations, private bodies and fitness promoters. As per union HRD department directive states and union territories can request for funds as per guidelines to procure listed fitness items for children studying in government schools. The equipment purchased from the grants are to be maintained in workable condition by the authorities concerned. It is also mandated to keep record of working, repairable and damaged beyond repair equipment. The schools are also allowed to include their traditional and regional games. But there are some challenges which create problems on the success of this mission. If these challenges are tackled constructively, the health of India will take a new pace. In this article, the author has made an effort to throw a light on such challenges.

Introduction

Our country began with a glorious tradition of public health, as seen in the references to the descriptions of the Indus valley civilization (5500–1300 BCE) which mention “Arogya” as reflecting “holistic well-being.” The Chinese traveler Fa-Hien (tr.AD 399–414) takes this further, commenting on the excellent facilities for curative care at the time. Today, we are a country of 1,296,667,068 people (estimated as of this writing) who present an enormous diversity, and therefore, an enormous challenge to the healthcare delivery system. This brings into sharp focus the WHO theme of 2018, which calls for “Universal Health Coverage-Everyone, Everywhere.”

While there are many challenges, which are as follows;

- **Awareness or the lack of it**: How aware is the Indian population about important issues regarding their own health? Studies on awareness are many and diverse, but lacunae in awareness appear to cut across the lifespan in our country. Adequate knowledge regarding breastfeeding practice was found in only one-third

of the antenatal mothers in two studies.[5,6] Moving ahead in the lifecycle, a study in urban Haryana found that only 11.3% of the adolescent girls studied knew correctly about key reproductive health issues. A review article on geriatric morbidity found that 20.3% of participants were aware of common causes of prevalent illness and their prevention.

- **Access or the lack of it**: Access (to healthcare) is defined by the Oxford dictionary as "The right or opportunity to use or benefit from (healthcare)" Again, when we look beyond the somewhat well-connected urban populations to the urban underprivileged, and to their rural counterparts, the question "What is the level of access of our population to healthcare of good quality?" is an extremely relevant one. A 2002 paper speaks of access being a complex concept and speaks of aspects of availability, supply, and utilization of healthcare services as being factors in determining access. Barriers to access in the financial, organizational, social, and cultural domains can limit the utilization of services, even in places where they are "available."

- **Absence or the human power crisis in healthcare**: Any discussion on healthcare delivery should include arguably the most central of the characters involved – the human workforce. Do we have adequate numbers of personnel, are they appropriately trained, are they equitably deployed and is their morale in delivering the service reasonably high? A 2011 study estimated that India has roughly 20 health workers per 10,000 population, with allopathic doctors comprising 31% of the workforce, nurses and midwives 30%, pharmacists 11%, AYUSH practitioners 9%, and others 9%. This workforce is not distributed optimally, with most preferring to work in areas where infrastructure and facilities for family life and growth are higher. In general, the poorer areas of Northern and Central India have lower densities of health workers compared to the Southern states.

- **Affordability or the cost of healthcare:** Quite simply, how costly is healthcare in India, and more importantly, how many can afford the cost of healthcare? It is common knowledge that the private sector is the dominant player in the healthcare arena in India. Almost 75% of healthcare expenditure comes from the pockets of households, and catastrophic healthcare cost is an important cause of impoverishment. Added to the problem is the lack of regulation in the private sector and the consequent variation in quality and costs of services. The public sector offers healthcare at low or no cost but is perceived as being unreliable, of indifferent quality and generally is not the first choice, unless one cannot afford private care. The solutions to the problem of affordability of healthcare lie in local and national initiatives. Nationally, the Government expenditure on health must urgently be scaled up, from <2% currently to at least 5%–6% of the gross domestic product in the short term. This will translate into the much-needed infrastructure boost in the rural and marginalized areas and hopefully to better availability of healthcare– services, infrastructure, and personnel. The much-awaited national health insurance program should be carefully rolled out, ensuring that the smallest member of the target population is enrolled and understands what exactly the scheme means to her.

- **Accountability or the lack of it:** Being accountable has been defined as the procedures and processes by which one party justifies and takes responsibility for its activities. In the healthcare profession, it may be argued that we are responsible for a variety of people and constituencies. We are responsible to our clients primarily in delivering the service that is their due. Our employers presume that the standard of service that is expected will be delivered. Our peers and colleagues expect a code of conduct from us that will enable the profession to grow in harmony. Our family and friends have their own expectations of us, while our government and country have an expectation of us that we will contribute to the general good. A spiritual or religious dimension may also be considered, where we are accountable to the principles of our faith. In the turbulent times that we live in, the relationships with all the constituents listed above have come under stress, with the client-provider axis being the most prominently affected. While unreasonable expectations may be at the bottom of much of the stress, it is time for the profession to recognize that the first step on the way forward is the recognition of the problem and its possible underlying causes. Ethics in healthcare should be a hotly discussed issue, within the profession, rather than outside it.

- **Healthcare sector;** requires highly skilled human resources from doctors to other medical support staff like nurses, lab technicians, pharmacists, etc. The physicians ratio in India stands at 0.7 per 1000 population while this ratio for countries like China and OECD is at 1.9 and 3.2, respectively. Moreover, majority of the healthcare professionals happen to be concentrated in urban areas where consumers have higher paying power, leaving rural areas underserved. According to a KPMG report, although India meets the global average in terms of the number of physicians, 74 percent of its doctors cater to a third of urban population, or no more than 442 million people. As a consequence, India is 81 percent short of specialists at rural community health centres. The 25,308 primary health centres (PHCs) spread across India's rural areas are short of more than 3,000 doctors, with shortage up by 200 percent over the last 10 years (Salve, 2016).

- **India's health insurance** model excludes a large part of the population with over three quarters of the population having no health insurance. 24 percent of the population that has some kind of medical insurance includes both private and public sector insurance and the central scheme for weaker sections, the Rashtriya Swasthya Bima Yojana. Government contribution to insurance stands at roughly 32 percent, as opposed to 83.5 percent in the UK. India primarily relies on commercial health insurance now. Even as a copy of the U.S. model, commercial health insurance in India is seriously deficient. It almost entirely covers only catastrophic expenditure, such as the cost of highly restricted hospital treatments, which are offered without cost and quality regulation and external audits. Outpatient treatment and prescription medicines are not covered.

There are three critical issues that need to be addressed immediately.

1. **Lack of resources**. Over 60 billion rupees, around $948 million, has been cut from the national health budget. Despite a rapidly growing economy, expenditure on public healthcare has continually contracted. India spends about 1% of its GDP on public health, compared to 3% in China and 8.3% in the United States. The 2013 study from the Lancet Commission on Investing in Health found that India would have to spend $23.6 billion annually over the next 20 years to achieve a convergence with global levels of infectious disease, child and maternal mortality rates. The government can raise these resources in any number of ways, from reallocation of subsidies to optimization of welfare budgets or by working with state governments. But a failure to raise the required funding could have detrimental effects for an entire generation of Indians.
2. **Out of pocket expenditure**. According to the Ministry of Health in India, each year a whopping 63 million people face poverty due to "catastrophic" healthcare expenditure, which neutralizes any gains made due to rising income and various government schemes aimed at reducing poverty. And according to the World Bank and National Commission's report on macroeconomics, only 5% of Indians are covered by health insurance. Unless mechanisms and systems are swiftly put in place to ensure that out-of-pocket expenditure is brought down, healthcare expenditure will undo all the economic progress made by millions of Indians.
3. **Bridging the skills gap**. There is a severe need for skilled medical graduates, especially in rural India, which fails to attract new graduates for a variety of reasons. Investments in training and educating a skilled workforce, competitive pay and attractive living conditions (especially in rural India) will ensure that public health facilities are staffed by qualified people.

Conclusion

The healthcare sector in India is poised at a crossroads where the right policy action is extremely critical in determining the future course of the sector. The industry faces major challenges owing to the changing demographics of the country, the poor state of the public infrastructure, lack of financial resources, paucity of human capital and poor governance. The staggeringly low contribution of the public sector in the healthcare industry sits at the centre of all these problems. All said and done, it may not be very accurate to directly compare the Indian situation with any of the other countries in the world given its huge population, unique demographics and democratic governance. We need our own solutions to our own problems which are best suited to our population and our systems

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