



Civils Cafe

IAS Study Circle

Lead by IAS, IPS, IAS officers

PUBLIC HEALTH

MOST IMPORTANT NOTES FOR MAINS

SCAN TO EXPLORE



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GS 2-PUBLIC HEALTH

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“It is health that is real wealth and not pieces of gold and silver”-

Mahatma Gandhi

HEALTH

The **WHO defines health** as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.

The determinants of good health are: access to various types of health services, and an individual’s lifestyle choices, personal, family and social relationships

India’s Health Care System

Health status of any country crucially depends on the **available health infrastructure in general and human resources for health.**

- Despite improvements in healthcare access and quality, **India continues to underperform** in comparison to other Low and Lower Middle Income (LMIC) countries.
- On quality and access to healthcare, India was ranked 145th out of 180 countries (Global Burden of Disease Study 2016).
- As health is a state subject in India, spending on healthcare by states matters the most when examining government healthcare spending. According to National Health Accounts, 2017, 66% of spending on healthcare is done by the states.
- While the share of public institutions has increased both in hospital and outpatient care, the **private sector dominates in total healthcare provision in India.**

Challenges of Indian Public Health System

1. Accessibility

- **Deficient health Infrastructure:** 22% Shortfall in Primary

health centers (PHCs), Poor patient to bed ratio of 1:1800, Medical equipments etc

2. Shortfall in Health personnel: India faces a shortfall of 6 lakh doctors and 20 lakh nurses according to a recent US study. According to **WHO Aggregate density of health workers to be 44.5 per 10,000 population** and an adequate skill- mix of health workers to achieve composite SDG tracer indicators index by 2030 but India it is near the lower threshold of 23 health workers per 10000 population.

3. Inadequate healthcare services: Non communicable disease comprise 65% of the death burden, but there are inadequate services provided for its care, especially by the public sector.

- **At 3-4 % the hospitalisation rates in India are among the lowest in the world;** the average for middle income countries is 8-9% and 13-17% for OECD countries (OECD Statistics). Low hospitalisation rates reflect lower access and utilisation of healthcare in India.

4. Affordability

- **High out of pocket expenditure (OOPE):** According to WHO, 60% of Health expenditure in India is out of pocket
- India has one of the **highest levels of OOPE in the world.**
- Around 74% of outpatient care and 65% of hospitalisation care is provided through the private sector in urban India.
- **Expensive Private hospitals:** which make it impossible for poor people to access services of private sector
- **Low Insurance Penetration:** of Just 44% of the population, making healthcare costly and even unaffordable for many people.

5. Availability

- **No proper healthcare services in rural areas:** especially tertiary care.
- **State-level variations** in the density of health workers and the skill mix reflects that while **Kerala and Jammu and Kashmir have a high density of doctors**, states like Punjab, Himachal Pradesh and Chhattisgarh have a larger number of nurses and midwives but a very low density of doctors.

6. Low Budget Allocation

- **India ranks 179th out of 189 countries in prioritization** accorded to health in its government budgets (consolidated union & state government).

7. Unregulated private enterprise can create significant negative effects. For example: Mortality rate for neonatal procedures is much higher in private hospitals than in public hospitals, 3.84% and 0.61% respectively.

Way Forward

1. Accessible Health Care

- In conjunction with Ayushman Bharat, the **emphasis on National Health mission (NHM) should continue**, as NHM has played a critical role in mitigating inequity in healthcare access.
- **Empowering Local Bodies:** Local bodies must be empowered for a decentralised approach to health access.

2. Incentivising Public Health: Only 10% of graduates join public hospitals, incentives to medical students upon joining the public sector can narrow the public-private sector gap.

3. Treatment Costs

- Ayushman Bharat:** Leveraging the coverage and funds from Jan Arogya Yojana can reduce expenses for poor sections

- b. **Price Regulation:** Regulation the inflating cost of care in private hospitals, via excessive use of consumables or through needless procedures and investigations.
- c. **Insurance Penetration:** Currently only 35% covered under any form of health insurance, increasing penetration is a key requirement.

4. Governance

- a. **Implementation Bottlenecks:** Bottlenecks in various healthcare schemes must be removed to make it more equitable and consolidated
- b. **Special Focus:** Upon weaker and vulnerable sections like elderly and children, pregnant women.
- c. **Policy Focus:** Focus should be shifted to preventive health care from curative healthcare.

5. An increase in public spends from 1 per cent to 2.5-3% of GDP – envisaged in the National Health Policy 2017 – can decrease the OOPE from 65% to 30% of overall healthcare spend.

6. PPP: Collaborated approach that combines the welfare aspect of the government and the quality of the private sector.

7. As a bulk of the healthcare in India is provided by the private sector, it is critical for policymakers to **mitigate information asymmetry in healthcare**, which creates market failures and thereby renders unregulated private healthcare sub-optimal. Therefore, information utilities that help mitigate the information asymmetry can be very useful in enhancing overall welfare.

- The **Quality and Outcomes Framework (QOF)** introduced by the **National Health Service (NHS)** in the United Kingdom 2004 provides a good example in this context.

8. **Dedicated emergency response:** In line with 911 in the US and 999 in the UK for robust emergency systems
9. Both **Central and the State governments need to invest in telemedicine** on a mission mode to complement the government's digital health mission and thereby enable greater access to the masses.

CONCLUSION

The recent COVID-19 pandemic has emphasised the importance of healthcare, whereby a healthcare crisis transformed into an economic and social crisis. Considering the same and in striving to achieve the SDG target of Universal Healthcare Coverage, India must take steps to improve healthcare accessibility and affordability in the country.



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THE UNBEATABLES 2023

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