

## Reconnect Public Health with People's Needs

*Mains: GS - II - Issues relating to development and management of Social Sector/Services relating to Health, Education, Human Resources.*

### Why in News?

Recent health policies in India are shifting from population outcomes to individual well-being, risking unmet needs and weakening institutional mechanisms essential for equitable access to care.

### What is the present status of India's Health sector?

- **Market Growth** - The health sector is currently valued at Rs.31.87 lakh crore and is projected to reach Rs.54.67 lakh crore, with a compound annual growth rate (CAGR) of 17.5-22.5%.
- **Public Spending** - Government expenditure on health remains approximately 1.9% of gross domestic product (GDP).
- **Out-of-Pocket Expenditure (OOPE) Burden** - Out-of-pocket costs constitute approximately 39.4% of total health spending, increasing household vulnerability to financial shocks.
- **Infrastructure Gap** - There are only 1.3 hospital beds per 1,000 population, compared to the World Health Organization (WHO) recommended norm of 2 to 3 beds per 1,000.
- **Workforce Distribution** - The doctor-to-population ratio is 1:1,263, and the predominance of healthcare providers in urban and private sectors results in inadequate coverage in rural areas.

### What are the two key initiatives that illustrate inadequacies in health sector?

#### Ayushman Bharat Health and Wellness Centres

- **Initiated in** - 2018.
- **Objective** - To deliver comprehensive, preventive, and curative healthcare closer to people's homes.
- **Identity Alteration** - Grassroots institutions, including Sub-Centres (SCs), Primary Health Centres (PHCs), and Community Health Centres (CHCs), were renamed with the prefix 'Health and Wellness Centre.'
- This renaming has obscured the distinct identities and mandates of these institutions within the district health system.
- **Issue/Challenges with ABHWC**

- **Mandate ambiguity** - The use of a common prefix has led to confusion regarding the distinct roles of Sub-Centres (SC), Primary Health Centres (PHC), and Community Health Centres (CHC).
- **Role ambiguity** - It is challenging to distinguish the specific responsibilities assigned to grassroots health institutions.
- **Shift in focus** - Policy emphasis has transitioned from prioritising population health to concentrating on individual well-being.
- **Collective risk** - This shift undermines broader public health priorities.
- **Evaluation challenge** - Well-being is inherently subjective and therefore difficult to measure objectively.
- **Systemic impact** - The lack of clarity impedes effective assessment of health system performance.

### Ayushman Bharat Digital Health Mission (ABDHM)

- **Objective** - It seeks to create digital health IDs (ABHA card) and registries of facilities/professionals.
- **Supporting Data Registries** - Databases are maintained for the following:
  - Health facilities
  - Healthcare professionals
  - Health insurance information
- **Limitations** - A digital portal by itself is insufficient to resolve inadequate access to healthcare services.
- There is a risk that the initiative may become a purely administrative exercise if ground-level challenges are not addressed.
- **Budget Concerns** - Annual allocation of Rs.300 crore to ABDHM.
- The absence of clearly measurable outcomes raises questions regarding the justification for this expenditure.

### What is the historical context of “concept of wellness”?

- **Early Wellness Concept** - Initially used to denote the absence of disease and was often contrasted with illness. It was also frequently used interchangeably with health.
- **Wellness movement, 1950s** - It popularised the idea of *positive well-being* by conceptualising health beyond its biological dimensions.
- The mental cure model similarly emphasised the *psychological and spiritual aspects* of healing.
- **Definition of WHO** - Health as “not merely the absence of disease,” thereby promoting the concept of positive well-being.
- Over time, wellness expanded beyond physiological health to include mental, spiritual, social and environmental dimensions, offering a more holistic understanding of health.
- Public health priorities shifted towards *health promotion, emphasizing population-based, measurable outcomes linked to social determinants.*

### How “individualisation of health” impacts the public health?

- **Changing wellness narratives** - Policy framing has shifted the focus from population health status to individual well-being.

- **Redefining Health Status Metrics -**
  - **Traditional measures** - Preventive, promotive, curative, and rehabilitative care, along with access to water, nutrition, maternal & child health, chronic disease management, and emergency care.
  - **Shift in focus** - These established measures are increasingly being replaced by an emphasis on individual well-being.
- **Emergence of Wellness Culture** - There has been a notable increase in health coaches and social media messaging that promote individual well-being under the guise of public health.
- **Risk of Unmet Needs** - An exclusive focus on individual well-being risks neglecting unmet health needs at the population level.
- **Narrative Shift in HWCs** - Health and Wellness Centres are increasingly perceived as mechanisms for promoting individual well-being rather than advancing collective health outcomes.
- **Challenges in Measuring Well-Being** - Well-being is inherently subjective and presents significant challenges for measurement.

### What are the key challenges that persist in the health sector?

- **Insufficient Policy Orientation** - Recent public health policies frequently lack an evidence-based foundation and do not ensure even minimal health benefits.
- **Affordability and Quality Disparities** - Limited access primarily results from the unaffordability of private healthcare and the substandard quality of public health facilities.
- **Insufficient Healthcare Infrastructure** - In the absence of robust and affordable healthcare infrastructure, digital health records alone cannot ensure access to care.
- The persistent deficit in healthcare infrastructure remains the primary barrier to achieving equitable healthcare access.
- **Myth of Information Gap** - As data repositories exist; the core issue lies in weak service provisioning and inadequate institutional mechanisms.
- **Neglect of Curative Care** - It has resulted in the sidelining of immediate needs, including emergency services, maternal health, and chronic disease management.
- **Policy Capture** - Policy priorities are increasingly shaped by policymakers and providers, rather than by the actual needs expressed by the population.
- **Institutional fragmentation** - Organizations operate in silos, has weakened the effectiveness of India's three-tier health system.

### What are the Ethical Dimensions?

- **Utilitarian Imbalance** - Changing the focus from broad public health to subjective "individual wellness" ignores the core ethical rule of doing the greatest good for the maximum number of poor citizens.
- **Healthcare as a Right** - Allowing out-of-pocket costs to stay high at 39.4% treats medical care like a luxury item for the rich, rather than a fundamental human right for everyone.
- **Geographic Fairness** - The huge gap in doctor availability between cities and villages creates a severe injustice, leaving rural populations behind with weak medical support.

- **Technology vs. True Need** - Focusing heavily on digital cards instead of fixing the serious lack of hospital beds shows a deep moral failure by ignoring immediate, life-saving needs.
- **Loss of Public Voice** -When healthcare policies are decided only by officials instead of the actual needs of vulnerable communities, democratic fairness and patient trust are broken.

### What lies ahead?

- Access to curative care represents an immediate and pressing need for the majority of individuals.
- Meaningful engagement with preventive and promotive health interventions typically occurs only after basic health-care needs have been addressed.
- Public health policies that do not acknowledge the population's expressed needs risk serving primarily the interests of policymakers and health-care providers, rather than addressing the genuine concerns of the community.

### Reference

1. [THE HINDU | Reconnect Public Health with People's Needs](#)
2. [IBEF | Current Status of Health Sector](#)
3. [National Library of Medicine | Current Status of Health Sector](#)

