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**

