Universal Health Coverage for India

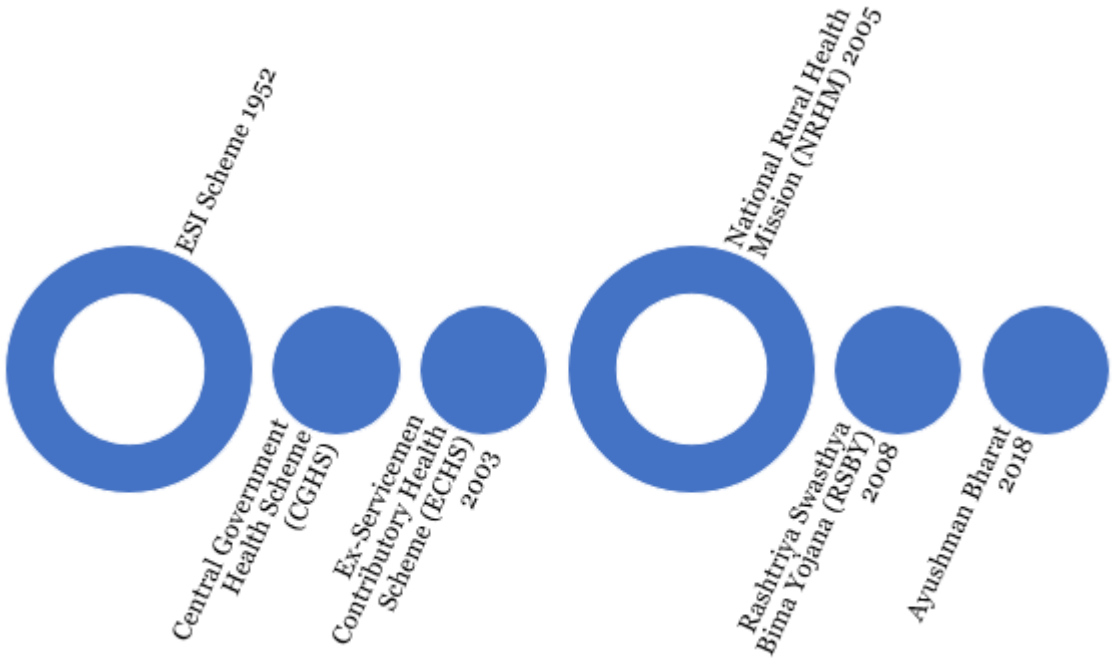
Why in News?

Recently Universal Health Coverage (UHC) Day is observed on December 12.

What is universal health coverage?

- **Universal health coverage** – All people have access to the full range of quality health services they need, when and where they need them, without financial hardship.
- **UHC Principle** - UHC is based on the core principles of quality and equality.
- UHC is central to achieving progress on the Sustainable Development Goal (SDG) 3.
- **Dimensions** – Quality , Access to needed health care and financial protection.
- **Quality** - The degree to which health services for individuals and populations increase the likelihood of desired health outcomes.
- **Origin of UHC in India** - William Beveridge presented a report on Social Insurance and Allied Services to the British government in 1942, which became the basis for its National Health Service (NHS) Act of 1946.
- **Chotta Beveridge** - In India, BP Adarkar, who Sardar Vallabhbhai Patel referred to as 'Chhota Beveridge', was appointed in 1943 to develop a plan for industrial workers.
- **ESI Social Security** - Adarkar presented an integrated plan of health, maternity and employment injuries insurance to the Indian government on August 15, 1944, which became the basis for the Employees' State Insurance (ESI) Act of 1948.

The ESI Scheme (ESIS) was inaugurated on February 24, 1952.



What is the current status of India in UHC?

- **Insurance coverage** - During 2019-21, only 41% Indian households had a usual member covered by a health insurance / financing scheme, ranging from 1.8% in Andaman & Nicobar Islands to 87.8% in Rajasthan (National Family Health Survey [NFHS] 2019-21).
- **Usage of public health facility** - Half of Indian households do not generally use a government health facility—48% of them due to poor quality of care.
- It varies from 17% in Mizoram to 62% in Bihar (NFHS).
- **Accessibility issue** - 60% of Indian women had at least one problem in accessing health care when sick (NFHS).
- **Health worker visit** - 32% of Indian women (15-49 years) had contact with a government health worker over the past three months.
- This figure ranged from 11% in Chandigarh to 54% in Karnataka (NFHS).
- **Health cost** - 49% of the households that sought OPD care and / or hospitalisation faced catastrophic health expenditure (HE) and 15% fell below the poverty line due to out-of-pocket HE.
- HE pushes 32-39 million Indians below the poverty line every year.

What is the need for state specific health coverage plan?

- **Multiple health systems** - Almost every health system type that is seen globally is present in different parts of India.
- **Difference in health expenditure** - Government expenditure (per capita) on healthcare varies significantly from State to State.

Himachal Pradesh, Kerala, and Tamil Nadu spend (per capita) Rs.3,829, Rs.2,590, and Rs.2,039, respectively, while Uttar Pradesh and Bihar spend only Rs.951 and Rs.701, respectively (National Health Accounts — Estimates for India

2019-20).

- **Difference in health status** – Dominant health issues and health parameters of different states are not same.
- Teenage pregnancy rates in low fertility states like West Bengal, Kerala and Himachal Pradesh, respectively 16% (high) , 2.4% and 3.4%(National Family Health Survey-5, 2019-2021).
- **Different health expenditure growth** - West Bengal's government health expenditure has been growing at 11% per annum whereas it is 3% for Andhra Pradesh.
- **Varying trends in non-communicable diseases** - high blood sugar rates and low rates of hypertension is seen in West Bengal, Bihar and Gujarat, suggests high rates of genetically inherited insulin insufficiency.
- In Kerala, Tamil Nadu, and Telangana both conditions are prevalent.
- This necessitates tailored health system strategies and region-specific public health messaging to address the varying trends in non-communicable diseases across different areas.
- Hence, UHC plan for States must be developed considering these very different realities.

What are the challenges in universal health coverage?

- **Ineffectiveness of mere expenditure** - Increasing government health expenditure does not appear to be working to contain a key issue relating to the health burden on citizens.
- **High out of pocket expenditure** – It accounted for more than 50% of health spending not just in poor States such as Jharkhand, Bihar, and Uttar Pradesh, but also in comparatively prosperous States such as Kerala and Punjab.

Out-of-pocket health expenditure of India is 39.4% in 2021-22 as per the National Health Accounts Estimates for India 2020-21 and 2021-22.

- **Inadequate primary health centres** - The primary healthcare system in the State faces enormous challenges in meeting the healthcare needs of its population due to 58% shortfall.
- **Ineffectiveness of blanket solution** – Diverse health issues cannot be addressed by blanket solutions that are unmindful of the uniqueness of the local area health profile, and its deeper relations to history, culture, and ways of working.

What lies ahead?

- A holistic approach is essential, integrating public health initiatives, regional policy adaptations, and climate resilience, to build a robust and equitable healthcare system.
- Focus on the reduction of inequalities in our core health outcomes.
- If our economic aspiration is to be the world's third largest economy, our social aspiration should be to be the healthiest country.

References

1. The Hindu | The challenge of universal health coverage
2. Financial Express | UHC in India

