

Unequal Access to Healthcare

What is the issue?

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- While India boasts of having an ultra modern healthcare infrastructure, the masses in India actually aren't even able to afford even basic medical facilities.

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- Our policymakers have shown no real zeal to provide equitable medical care to all citizens cutting across classes.

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What is India's vision in the health sector?

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- The NITI Aayog's 3 year vision document has recommended the government to prioritise preventive care rather than provide curative care.

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- The document has advised the government to focus on the public health as whole and not merely restrict itself to "health care" and hospitals sector.

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- Further, it asks the government to better public health infrastructure to cater to the needy who can't afford private care.

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- Notably, out-of-pocket expenses for medical care are about 70% of all medical expenditure in India currently.

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- While the vision statement spelt out seems ambitious, India's previous track record in health care has resulted in serious scepticism.

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How entrenched is class based exclusiveness in our health care sector?

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- **Divide** - It is a hard reality that not all medical interventions are available to every citizen who may need it due shortage of infrastructure and funds.

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- The major technological leaps in medicine starting from 1980s have only widened the gap between the private sector and the government hospitals.

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- **Failures** - Every government since Independence has stated egalitarianism as its goal in health care, but the reality has been rather different.

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- Many interventions, especially those which are very expensive, continue to be accessible only to those who can pay for them.

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- Notably, costly interventions are provided in a few government hospitals, but these are merely tokenism, and an attempt by governments to appear fair.

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- **Recently** - Even the new “Ayushman Bharat Health Scheme” which covers a whopping 40% of India’s population seems patchy on this count.

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- Notably, the scheme seeks to provide secondary and tertiary care to the economically deprived class, but has a cap of Rs. 5 lakh per family per year.

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- While the beneficiaries can access both private and public hospitals for treatment within that limit, it is unlikely help them access costly treatments.

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- Notably, there are indications that an explicit “negative list” for procedures which will not be covered under the scheme, will be pronounced.

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What are the other flaws in India’s health policy?

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- **Subsidy** - In order to promote investments in health, governments have been giving subsidies to private players in health sector.

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- Notably, it is these subsidies that have aided these private hospitals to cater to foreign clients at rates far cheaper than the western world.

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- As subsidies in a way are taxpayer's money, it is a clear case of taking from the poor to give to the rich private corporate hospitals.
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- **Corporatisation** - Private hospital chains in India have entered every segment of medical care including complex tertiary care, and diagnostics.
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- Most have large investors from abroad and some are effectively controlled by foreign investors, all of whom benefit from the government subsidies.
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- **Privatisation** - Successive governments have been increasingly dependent on the private sector to deliver health care to the masses.
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- The new "Ayushman Bharat Scheme" would only further this dependence and hospital chains are sure to see a significant spike in their profits.
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What is the state of our public health institutions?

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- As health care is indeed costly and out of reach for most citizens, public hospitals continue to be the only resort for the masses.
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- Successive government policies over the year have been favouring private health players over the public sector due to various constrains.
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- Public health sector has been largely under-funded, under-equipped and under-staffed, and its quality and credibility eroded over time.
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- Consequently, even the morale of the doctors and staff in public hospitals has taken a severe beating in comparison to their private sector peers.
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- If public hospitals are to be bettered, coordinated and sustained action is needed on the part of the government, which currently seems lacking.
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Source: The Hindu

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