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ENSURING QUALITY HEALTHCARE FOR ALL

Examining Indian Approach to
Healthcare Post 2014

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Abstract

Globally, the healthcare industry is the focal point of government policy-making. In the Indian context, this includes a complicated web of both public and private service providers. India's healthcare system continues to face obstacles despite substantial changes over the years, due to poor infrastructure, lack of medical professionals, disparities between urban and rural areas, financial limitations, a lack of health insurance, and a rising rate of communicable and non-communicable diseases. For the Indian Government, these are significant challenges as the country is the most populated in the world. Nonetheless, based on both primary and secondary sources, this research contends that India is heading towards greater healthcare access and equity nationwide. Based on available data, India appears to be making great strides toward universal health coverage.

Introduction

The healthcare sector forms the core of the Government's policy-making worldwide. The major issues that grapple with the healthcare ecosystem range from access to primary care to affordable medicines, increasing out-of-pocket expenditure, and occurrences of contagious diseases. For every Government, the core goal is to mitigate these challenges and ensure citizens' health to enhance the nation's productivity. Here comes the role of healthcare policies and initiatives that form the core of a country's healthcare system.

Every country has a healthcare system, but the complexity and effectiveness of these systems vary significantly. Developed countries such as the U.S., Canada, Britain, Singapore, Germany, France, and Australia invest heavily in healthcare and work to meet the basic health needs of their populations (Stoddart & Evans, 2017). In contrast, developing and underdeveloped nations often face challenges in providing effective medical services due to limited resources, including funding and basic healthcare infrastructure (Giplaye, 2019).

India is a middle-income and developing nation, and the growing population has always been a key concern for the Government's attempts to ensure healthcare delivery. Historically, India has a mixed healthcare system, including public and private healthcare service providers. However, most private healthcare providers are concentrated in urban India, providing secondary and tertiary healthcare services. The public healthcare infrastructure in rural areas has been developed as a three-tier system based on population norms. India's healthcare system presents two starkly different realities: In urban areas, modern, high-tech facilities cater to the affluent, while in remote regions, poorly equipped health subcenters struggle to provide basic services, hoping to become a better-off place in terms of health and wellness.

However, based on the primary and secondary evidence collected this paper argues that despite being a developing economy and having the world's largest population, India is on the right track to ensure universal health coverage for all. In the last one decade, on many occasions, the Indian Government has proved that its policies and initiatives are truly aligned with its goals and working towards ensuring a world-class healthcare system for the 140 crore population. The paper is organised into four major sections. The first section briefly examines the Indian healthcare scenario before 2014. The second section briefly discusses the key methodological tools and sources used in the paper. The key findings of this study are elaborated in the third section where major changes in the healthcare policy of India post 2014 have been discussed. The last section of the paper provides a concluding observation.

Brief Overview of Indian Healthcare Ecosystem: Shifting Trends

The Indian healthcare ecosystem is diverse and complex, comprising public and private service providers. This sector has been grappling with many issues despite transforming over many decades. Some major issues are- inadequate infrastructure, shortage of healthcare professionals, urban-rural disparities, financial constraints, lack of health insurance, and growing burden of non-communicable and communicable diseases such as cancer, diabetes, cardiovascular diseases, and others. A shifting trend has been witnessed since 2014 in Indian healthcare policies, which have been able to address healthcare issues to an extent. This section will provide a brief overview of India's healthcare ecosystem since the independence

For India, the National Health Policy constitutes the basis of the Government's approach to mitigating the health issues of its citizens. Although the initial national population program was launched in 1951, India's first National Health Policy (NHP) was only introduced in 1983. This policy aimed to ensure that primary health care was available to everyone by the year 2000. Its key strategies included developing a network of primary healthcare services, utilising health volunteers and simple technologies, creating efficient referral systems, and establishing an integrated network of speciality facilities. The next national health policy, i.e., NHP 2002, prioritises guaranteeing more equal access to healthcare throughout the nation's social and geographic divide. There is a focus on augmenting the total investment in public health using a much higher contribution from the Central Government. Almost after 15 years of waiting, in 2017 the nation saw the release of a new National Health Policy. This policy is more towards achieving universal health coverage and is patient-centric and quality-driven. If we look at the **timeline of the NHP releases, it shows that it took almost 36 years for the Congress government to formulate the nation's first national health policy. Meanwhile, the current government came up with an effective and people-centric policy within three years of forming the government**.

In the Indian context, health becomes a burden due to excessive out-of-pocket expenditure as the majority of the population used to have no health insurance. In such a situation, women are the worst sufferers as they used to keep on postponing their health concerns. Along with women, children were the worst sufferers and the infant mortality rate was high. However, in the last decade, the solution-based policies and initiatives adopted by the Indian government have started showing results on many levels. For example-India's **Maternal Mortality Rate fell from 384 in 2000 to 103 in 2020**. While the global average annual reduction in MMR from 2000 to 2020 was 2.07%, India's MMR decreased at a higher rate of 6.36%.

Methodology

This study provides an analytical and empirical examination of the Indian Government's strategies for addressing healthcare challenges in the country. It utilises both primary and secondary sources to offer a comprehensive overview. Primary sources include reports from major health organisations such as the WHO, newspaper reporting, and data from various government ministries related to healthcare schemes. Secondary sources comprise opinion pieces and academic journal articles. By synthesising these diverse sources, the paper aims to deliver a broad and cohesive interpretation of the Government's approach and summarise key findings. One potential limitation of this methodology is the possibility of bias and varying reliability in the sources. To address this, the study will focus on presenting results and outcomes that are consistent across both primary and secondary data sources, thereby minimising bias and enhancing reliability.

Research Findings and Discussion

The major findings are divided into four key areas based on primary and secondary sources. They are as follows-

Solution-Based Approach to Healthcare: Paradigmatic Shift in Post-2014

This section is broadly divided into **five parts**-. Each part deals with key pillars of the solution-based approach of the Indian Government towards health care since 2014. Here, each part deals with how the Government has changed the healthcare ecosystem and made it people-centric by making public health the core of it.

Affordable Healthcare

The first component of a solution-based approach to Indian healthcare is making healthcare products and services affordable for vulnerable sections of society. It has been a fact that buying medicines and bearing the cost of diagnosis have been two major sources of people's expenditure in terms of healthcare. They are the key drivers of out-of-pocket expenditure. To address this problem, many policies and initiatives have been curated by the Indian Government, especially after 2014.
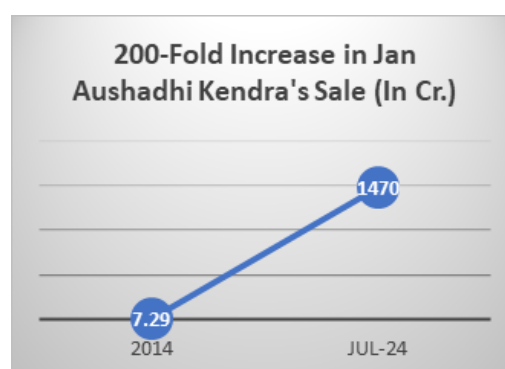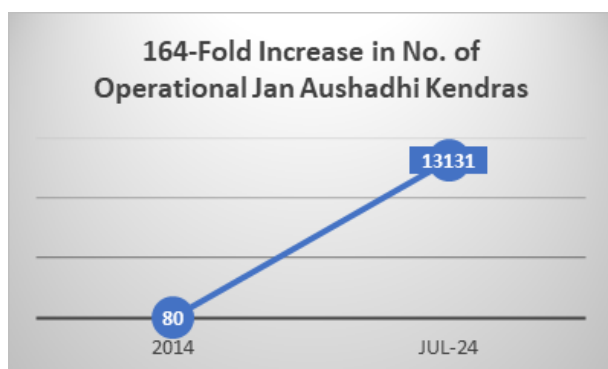
In this direction, the most remarkable one is the **Jan Aushadhi Kendras**. These Kendras provide quality generic medicine at affordable prices to citizens. These are part of PM Jan Aushadhi Pariyojana. Since its launch in 2008 to 2024, the number of Jan Aushandi Kendras has increased manifolds. As of July 2024, 13113 Janaushadhi Kendras are functional across the country. From just 80 such kendras between 2008 and 2014 to over thirteen thousand in

2024, a 164-fold increase is witnessed in one decade. Moreover, the above figure shows a drastic rise in no. of operational Jan Aushadi Kendras and their sale over the last ten years. The product basket of PMBJP comprises 2047 drugs and 300 surgical items. The price of Jan Aushadhi medicines is cheaper at least by 50% and in some cases, by 80% to 90% of the market price of branded drugs available in the market.

Comparison of Medicine Prices: Market vs. PMBJP

| Medicines/Procedures	Market price	With PMBJP
Diabetes	148	24
Paracetamol	50	10
Orthopaedic Knee Implants	1.58 – 1.81 lakh	4,090- 62,770
Drug-Eluting Stents	1,21,000	35,834
Bare Metal Stents	45,000	9,841
Dialysis (PM Dialysis Yojana)	2,000+	1,100

In terms of its impact, through these kendras patients have saved over Rs 28,000 crore since 2014, by offering medicines and devices at discounted rates. On average, 10–12 lakh people visit these Kendras daily, benefiting significantly. Additionally, the Pradhan Mantri Bhartiya Janaushadhi Pariyojana (PMBJP) has created sustainable employment for over 21,000 educated youth, providing them with a steady income through this initiative.

The **AMRIT pharmacy** chain, which is expanding across the nation, is another important part of the affordable healthcare network. AMRIT pharmacies save millions of customers from having to shop from store to store for their medicines by providing both generic and

branded pharmaceuticals under one roof. Medication and surgical supply costs are half of what they are in private pharmacies. Almost 5,200 medicines, stents, implants, surgical disposables, and other consumables are available at a discounted rate of up to 60% at AMRIT (Affordable Medicines and Reliable Implants for Treatment) pharmacies. Oncology and cardiology are two key health issues for which people are getting benefitted from these pharmacies. More than 300 AMRIT pharmacies are expanding across 28 states/UTs of India. The AMRIT scheme has also contributed to savings of Rs 24,273 crore. These schemes aim to make healthcare affordable for everyone, especially the poor and disadvantaged.

To enhance affordability and reduce import reliance, the current Government has introduced extensive Production Linked Incentives (PLIs) for the pharmaceutical sector. With a total budget of Rs. 15,000 crore, the scheme runs from 2020-21 to 2028-29. Additionally, a Rs. 3,420 crore PLI scheme for medical devices supports domestic manufacturing from 2020-21 to 2027-

Government Health Expenditure and Out of Pocket Expenditure as percent of the Total Health Expenditure
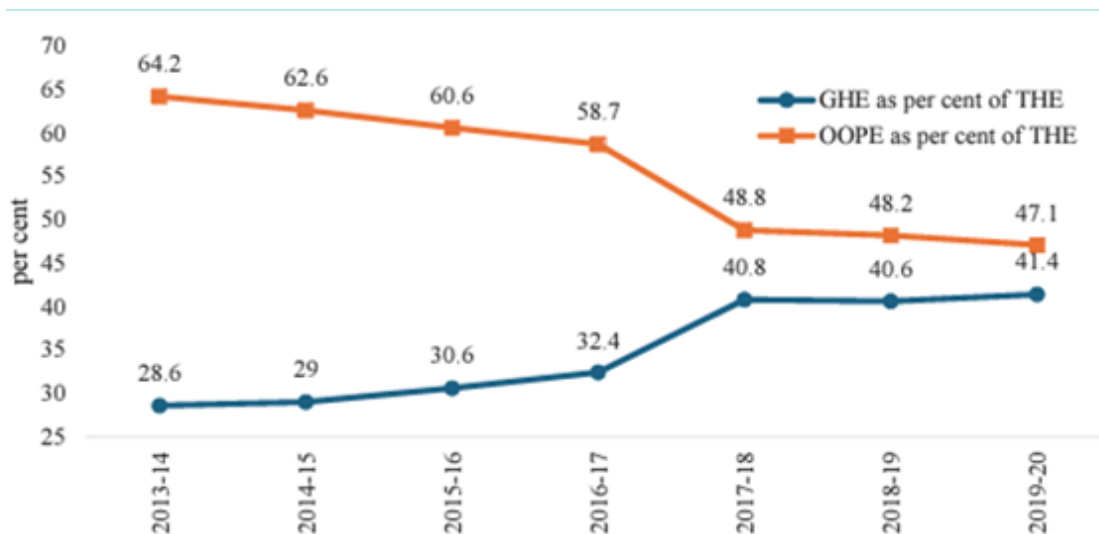
Source: National Health Accounts, 2019-20, MoHFW

All these initiatives resulted in making healthcare affordable for the common public in India. As per the Economic Survey 2023-24, over the years, there was also a decline in out-of-pocket expenditure (OOPE) as a percentage of Total Health Expenditure (THE) between FY15 and FY20. Additionally, these initiatives have been a key driver in lifting 25 crore Indians out of poverty. Without these protective measures, they might risk slipping back into poverty.
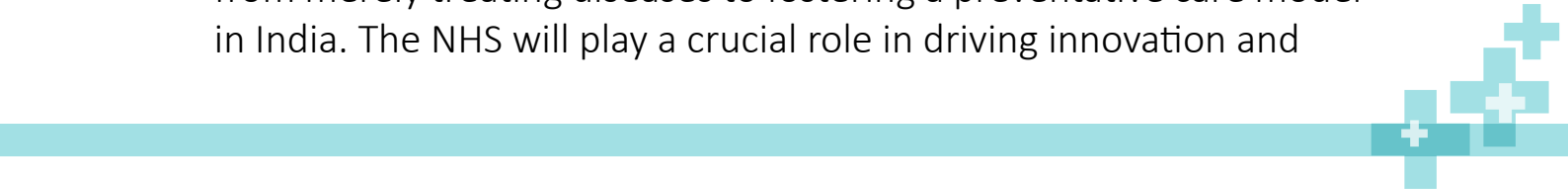
Accessible Healthcare

Since 2014, the Government has been working towards two major directions to make healthcare accessible for all. First is the digitisation of healthcare, and the second is the transformation of healthcare infrastructure by expanding its capabilities and diversifying domains.

Ayushman Bharat Digital mission is the cornerstone of India's journey towards digitisation of health care services. The flagship scheme was launched with an outlay of ₹1,600 crore for five years, from 2021-2022 to 2025-2026, to bridge the digital gap between different healthcare ecosystem stakeholders. Till August 2024, over 66 crore ABHA Accounts were created, nearly 42 crore health records were linked, and 2.33 lakh health facilities were verified. 49% of ABHA beneficiaries are women.

In terms of impact, ABDM has already started showing tangible, marking a significant shift in how healthcare services are delivered and experienced. Gone are the days when people had to stand in long queues to do their OPD registration. Using the ABHA Scan and Share facility, 3 Crore OPD registrations were made nationwide as of June 2024.

The current government has introduced a novel approach to healthcare by implementing the National Health Stack (NHS) within the healthcare system. This platform is designed to shift the focus from merely treating diseases to fostering a preventative care model in India. The NHS will play a crucial role in driving innovation and
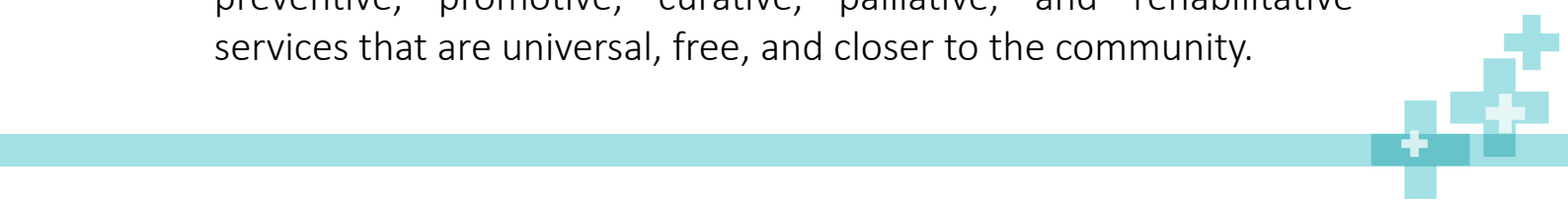
advancing the healthcare sector over time. By offering policymakers, researchers, and public health officials valuable insights into population health trends, disease outbreaks, and healthcare usage patterns, the NHS will support more targeted interventions and strategic resource allocation. This data-driven approach is expected to enhance health outcomes and improve overall population health management.

The Digital India program has brought tremendous changes to India's healthcare sector. Initiatives like CoWIN App, Aarogya Setu, e-Sanjeevani, and e-Hospital have made healthcare facilities and services available to every nook and corner of India. The eSanjeevani - the National Telemedicine Service has evolved into the world's largest documented telemedicine implementation in primary healthcare. As of September 2024, nearly 29 crore patients have been served through this platform.

This platform has become a blessing for people in rural areas where it was harder to access care for many. It's encouraging to see that more than 57% of eSanjeevani beneficiaries are women, while approximately 12% are senior citizens. This also **reduces the out-of-pocket expenditure as now people in rural areas do not have to travel to faraway places for availing primary healthcare. Additionally, it leads to diminishing rural-urban disparity in terms of healthcare**.

The other component of accessible healthcare involves transforming healthcare infrastructure. In this direction, transforming existing Sub-Health Centres (SHC) and Primary Health Centres (PHC) in rural and urban areas into **Ayushman Arogya Mandirs** has been a key step. A total of 1,73,881 Ayushman Arogya Mandirs have been established and operationalised as of July 2024. These centres expanded the range of comprehensive primary healthcare services with 12 complete packages, including preventive, promotive, curative, palliative, and rehabilitative services that are universal, free, and closer to the community.
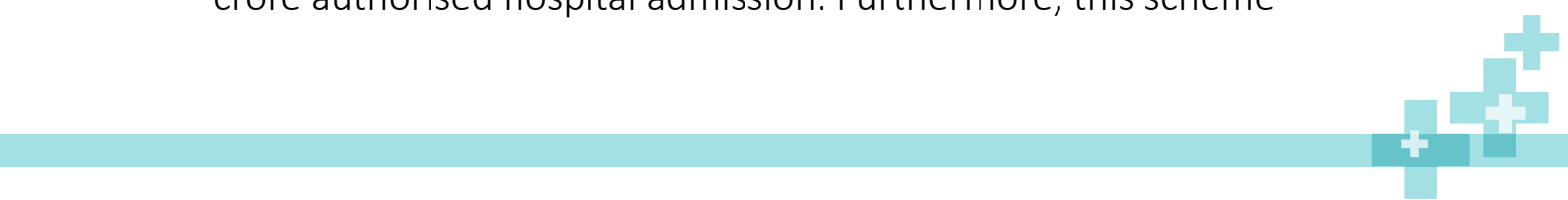
The impact of these centres is evident from the high number of services accessed and the footfalls recorded, reflecting their reach in both rural and urban areas. As of July 2024, these AAMs have registered a total of 317.34 crore footfalls. Specifically, there have been 84.28 crore hypertension screenings, 74.18 crore diabetes screenings, 49.88 crore oral cancer screenings, 22.87 crore breast cancer screenings, 15.13 crore cervical cancer screenings, 3.98 crore Wellness Sessions, including Yoga, and 26.39 crore teleconsultations. Such screenings **lead to earlier detection of many non-communicable diseases**.

According to the National Sample Survey (2017-18), improved access has led to increased use of government facilities, particularly for inpatient care and institutional deliveries. Key factors contributing to this rise include free ambulance services, enhanced government secondary and tertiary care, and the Pradhan Mantri National Dialysis Programme, which has provided over 2.87 crore free dialysis sessions since 2016. These initiatives play a significant role in reducing out-of-pocket expenses (OOPE).
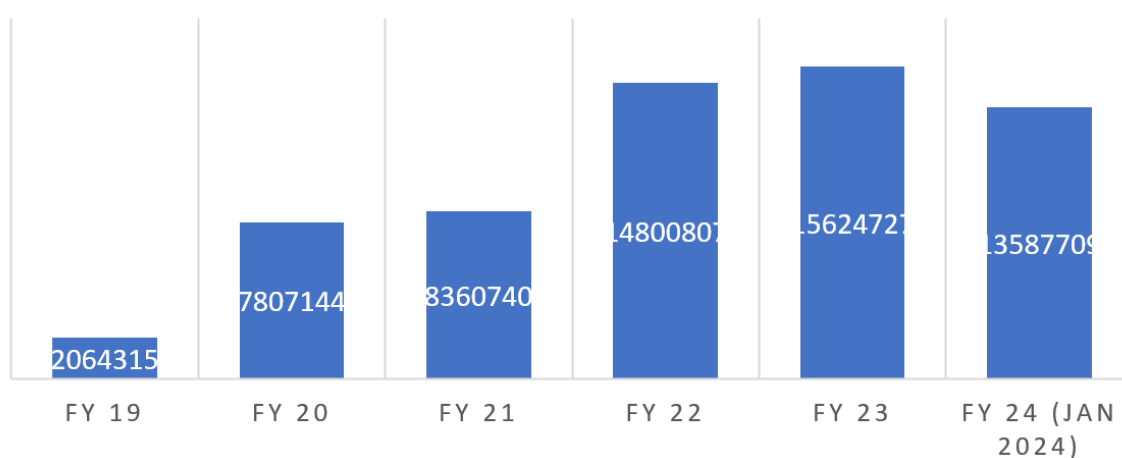
Insuring Health Against Future Odds

Health insurance is the key to ensuring protection against health emergencies. In 2010, only 25 percent of India's population gained access to some form of health insurance. The only government-funded insurance scheme was Rashtriya Suraksha Bima Yojana. Launched in 2008, RSBY has been able to reach 4.13 crore families consisting of more than 13 crore persons. However, in 2018, a significant step was taken when the current Government introduced **Ayushman Bharat-Pradhan Mantri Jan Aarogya Yojana (AB-PMJAY)**. This "world's largest government-funded healthcare program" targets more than 50 crore beneficiaries. Under this scheme, a cover of up to Rs. 5 lakhs per family per year, for secondary and tertiary care hospitalisation. As of September 2024, over 35 crore Ayushman Cards have been created, and over 7.79 crore authorised hospital admission. Furthermore, this scheme
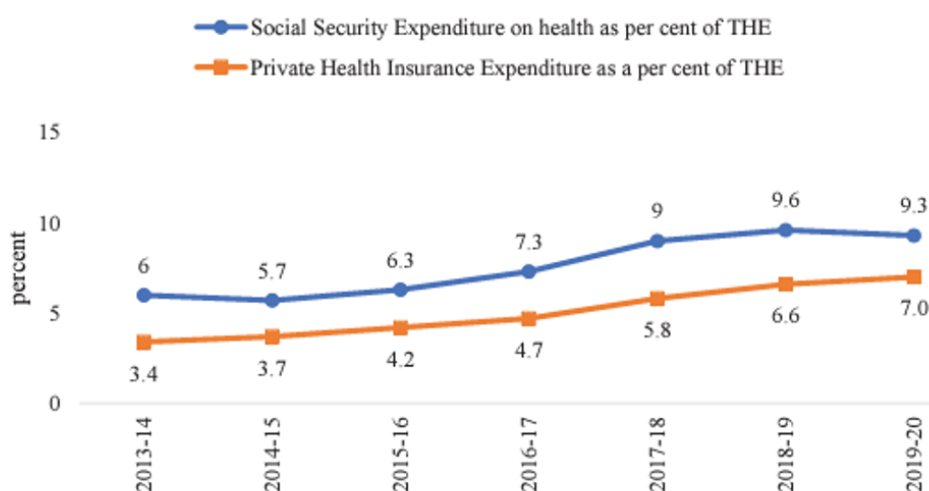
extends free health coverage to all Senior Citizens above 70 years on 11 September 2024, which is set to benefit around 4.5 crore families, including six crore senior citizens. This is a major relief for senior citizens who are now protected against future health odds and will no longer become a financial liability to their families.

HOSPITAL ADMISSION COUNT UNDER AYUSHMAN BAHRAT

			14800807	15624727	13587709
	7807144	8360740			
2064315					
FY 19	FY 20	FY 21	FY 22	FY 23	FY 24 (JAN 2024)

The above data shows the number of authorised admissions under the scheme since its inception.

Chart VII.5(b): Social Security Expenditure and Private Health Insurance Expenditure as per cent of Total Health Expenditure

Legend:
- Social Security Expenditure on health as per cent of THE
- Private Health Insurance Expenditure as a per cent of THE

Social Security Expenditure on health as per cent of THE: 6, 5.7, 6.3, 7.3, 9, 9.6, 9.3

Private Health Insurance Expenditure as a per cent of THE: 3.4, 3.7, 4.2, 4.7, 5.8, 6.6, 7.0

Years: 2013-14, 2014-15, 2015-16, 2016-17, 2017-18, 2018-19, 2019-20

Source: National Health Accounts, 2019-20, MoHFW

In terms of impact, the penetration of government-funded health insurance schemes has improved since 2014. Similarly, the social security expenditure on health, which includes the social health insurance program, Government-financed health insurance schemes, and medical reimbursements made to Government employees, has increased significantly from 5.7 percent in FY15 to 9.3 percent in FY20. The rising GHE and health-related social security expenditure go hand in hand with a decline in out-of-pocket expenditure (OOPE) as a percentage of THE between FY15 and FY20.

Boosting Medical Education

One of the key issues with the Indian healthcare landscape is the shortage of healthcare professionals and the lack of healthcare facilities. Only 4.8 practising doctors per 10,000 population were available in India in 2014. To improve this, the Government has made multiple efforts since 2014. There has been a significant rise in the medical education scenario in India since 2014. There has been an 88% increase in Medical Colleges from 387 before 2014 to 731 in 2024. The number of MBBS seats increased by 118% from 51,348 before 2014 to 1,12,112 in 2024. PG seats increased by 113% from 31,185 before 2014 to 72,627 as of 2024.

No. of Medical College (Per District)	No. of Districts		
	Pre-2014	2023	%
1	143	259	81%
2	46	71	54%
3	15	23	53%
>=4	18	30	67%

The above data shows a significant improvement in medical colleges' number per district before 2014 and in 2023.

Such a rise in medical education significantly improved the doctor-patient ratio. As of June 2022, India has 13.08 lakh registered allopathic doctors and 5.65 lakh AYUSH doctors, leading to a combined doctor population ratio of 1:834, better than the OECD region average of 1 per 1000. This has led to better availability of doctors and better quality of treatment for people. Moreover, the increased number of medical seats led to more jobs for today's aspirational youths of India.

Ensuring Maternal and Child Health for A Stronger Nation

The solution-based approach to healthcare of the current Government deals extensively with maternal and child health. **Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA)** was launched in 2016 to ensure quality Antenatal care to pregnant women along with early identification of high-risk pregnancies. Since inception, more than 4.61 crore antenatal check-ups have been conducted and 49.56 lakh high-risk pregnancies have been identified under PMSMA across States/ UTs till 15 December 2023.

In addition, **PM POSHAN** also ensures the nutritional quality of pregnant women, lactating mothers, and children. There are 9.98 crore eligible beneficiaries listed in the POSHAN tracker. The impact of dedicated efforts under various initiatives of PM POSHAN is already visible in improving child health. As per the NHHS-5(2019-21) report, the nutrition indicators for children under five years have improved compared to NFHS-4 (2015-16). Stunting has reduced from 38.4% to 35.5%; Wasting has reduced from 21.0% to 19.3%; and Underweight prevalence has reduced from 35.8% to 32.1%. Moreover, the data on the POSHAN Tracker suggested further improvement in the ratio. Around 8.58 crore children under six years were measured, out of whom 35% are found to be stunted, 17 % are found to be underweight, and 5% of children under five years are found to be wasted.

There has been a significant rise in the institutional delivery of women. As per the economic survey of 2023-24, the rate of
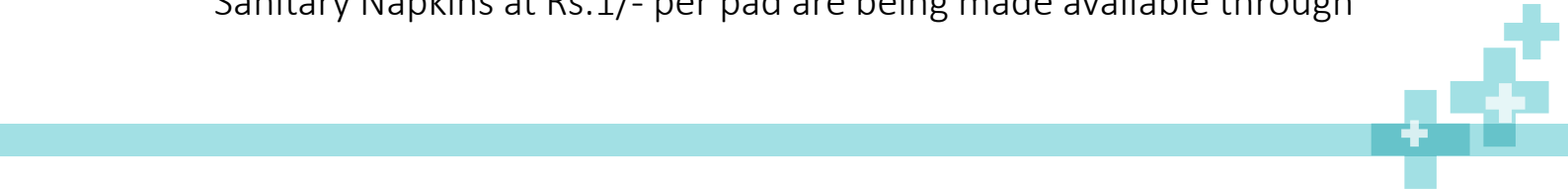
institutional deliveries has risen from 87% in 2014-15 to 94% in 2019-20 due to initiatives like the Janani Shishu Suraksha Karyakram, which incentivises institutional delivery, and the PM Matru Vandana Yojana.

Creating a Healthy Ecosystem by Ensuring Basic Amenities
The Government has created an ecosystem to eliminate the disease due to a lack of basic amenities. Since 2014, the Government has been working towards ensuring toilets, tap water connections, sanitary pads for women, and LPG connections for all. Swachh Bharat Abhiyaan has resulted in the construction of 12 crore household toilets. Only 39% of rural homes had toilets in 2014. This has now been increased to 100%. WHO has estimated that the Swachh Bharat Mission (SBM) Grameen, which has resulted in rural India being open defecation free (ODF), would have averted more than 3,00,000 deaths (due to diarrhoea and protein-energy malnutrition) between 2014 and October 2019. A recent global study by experts revealed that these toilets have contributed significantly to reducing infant and under-five mortality rates across the country – averting 60,000 – 70,000 infant lives annually. Moreover, these toilets also ensure women's dignity as now they do not have to go into fields for defecation, hence reducing assaults against women.

Apart from toilets, nearly 12 crore JJM has changed the lives of millions of women who previously had to go miles to seek clean water for their families. On the other hand, the Ujjwala Yojana provided over ten crore LPG connections, ensuring smokeless kitchens and diverting many heal-related risks.

Moreover, the easy availability of menstrual health services at affordable prices for women through Jan Aushahdi Kendras positively impacted and ensured the hygiene quality of girls and also led to a decrease in girl-child dropout rates. Jan Aushadhi Suvidha Sanitary Napkins at Rs.1/- per pad are being made available through

PMBJKs nationwide. Till December 2023, over 47.87 crore Jan Aushadhi Suvidha Sanitary Pads have been sold through these Kendras.

Health Awareness: The Key to Sound Health

Since 2014, the government has been working towards spreading awareness. In this regard, WHO reported that India recorded the largest number of Tuberculosis cases in 2014, which led to the death of 1.5 million people. Due to consistent efforts by the government under **TB Mukt Abhiyan**, a significant reduction in cases has been noticed. India's efforts have cut TB incidence by 16% in 2022 compared to 2015, nearly twice the global decline rate of 8.7%. TB mortality in India has also decreased by 18% over the same period. **The World Health Organisation has revised global TB mortality rates downward from 4.94 lakh in 2021 to 3.31 lakh in 2022, representing a reduction of over 34%**. During One World TB Summit 2023 in Varanasi, PM Narendra Modi took a pledge to make India TB-free by 2025. Additionally, by promoting the spirit of Jan Bhagidari, the **Niskay Mitra initiative** was launched in 2022, when the PM urged more people to adopt TB patients and provide additional diagnostic, nutritional, and vocational support to those on TB treatment.

Another initiative in this direction is the launch of the **Sickle Cell Anemia Elimination Mission in 2023**. This mission prioritises the health of tribal communities in India. As of August 2024, over four crore sickle cell anaemia screenings have been done across 17 states in India. Another similar initiative is **Anemia Mukt Bharat**, launched in 2018 as a part of PM POSHAN. Efforts under this initiative have started showing results as the prevalence of anaemia has reduced. As per NHHS 5 (2019-21), the prevalence of anaemia among women aged 15-49 is 57 percent compared to 53.1 percent in NFHS-4 (2015-16).

Such awareness initiatives will have a long-term impact, freeing India from many life-threatening diseases. It also bears much

significance for generating awareness among the common public, leading to early detection and treatment of these diseases.

Providing Services in Difficult Times: Pandemic Healthcare of India
When the entire world was reeling under the COVID-19 pandemic, India, as a populous nation, also faced its fate. However, the prompt response from the government and coordination between central and state governments have made India rebound from a phase of gloominess. In response to anticipated challenges with healthcare infrastructure, In March 2020, Prime Minister Narendra Modi proposed converting 12,617 trains into mobile healthcare units. These trains, equipped with consultation rooms, medical supplies, ICUs, and pantries, served as "mobile hospitals" to address healthcare infrastructure challenges. In addition, the Indian Government carried out the world's largest voluntary vaccination drive ever by administering more than 220 crore doses.

Since the COVID-19 pandemic began, India has provided medical aid to over 150 countries. Through the **Vaccine Maitri Programme**, launched in January 2021, India has supplied 72.34 million vaccine doses to 94 countries and 2 UN entities by November 2021 via grants, commercial exports, and COVAX.

Conclusion
The findings of the paper demonstrate that the Government of India has been working diligently to develop a world-class healthcare system. Despite numerous challenges, including the COVID-19 pandemic, the Government has effectively addressed many health-related issues through timely and focused efforts since 2014.

Reactive Healthcare Approach → Preventive Healthcare Approach
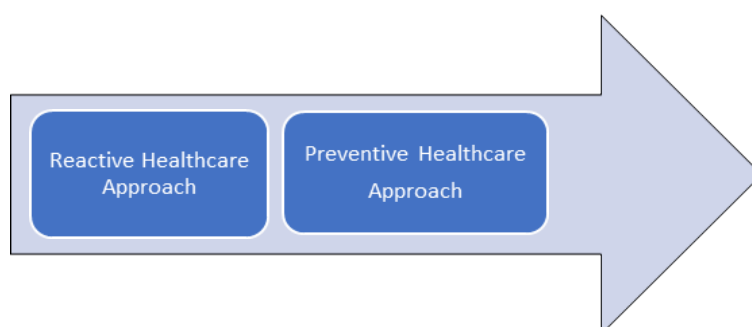
From mainstreaming health insurance to enhancing medical education, the current government's concerted efforts are bringing India in line with many developed nations regarding healthcare facilities and outreach. Furthermore, post-2014, the approach toward healthcare is going to new tangents by reducing the out-of-pocket expenses of common citizens and moving towards an approach imbibing elements of preventive healthcare.

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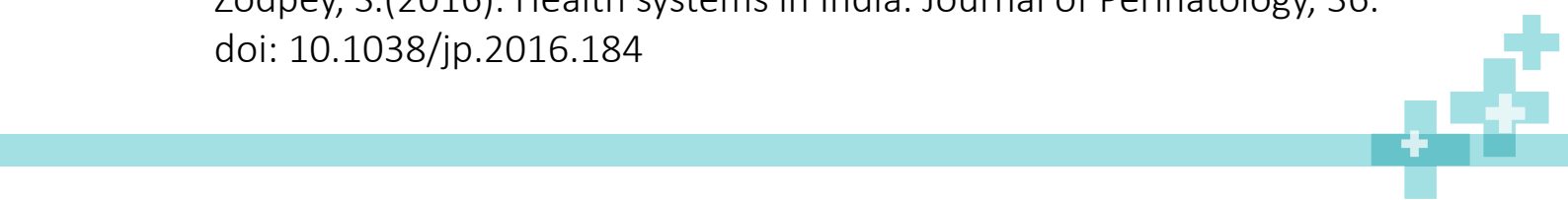
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Reactive Healthcare Approach

Preventive Helathcare Approach