

HS-232 Assignment

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Source: *The Hindu*, 11th Feb. 2020, Tuesday, Page 8:Editorial

Article URL: <https://www.thehindu.com/opinion/op-ed/a-mix-indian-health-care-can-do-without/article30785823.ece>

The article focuses on the impact of health policies in India aimed at improving the health conditions of the poor.

A mix Indian health care can do without

Ayushman Bharat entails diverting limited resources towards wasteful areas, ignoring productive fields in public health

Soham D. Bhaduri

In India, multiple policy amendments happened over the last few years, the result being the implementation of Ayushman Bharat-National Health Protection Scheme (AB-NHPS), which aims to provide insurance cover to nearly 50 crore poor Indians, through strong mechanisms to check insurance fraud. In the scramble to succeed at this, the deleterious emulation of the U.S. example appears to have already set in.

But it is clear that the strong mechanisms haven't worked so far. Recently, 171 hospitals were reported to have been de-empanelled from the AB-NHPS on charges of fraud, which also included the issuance of fake e-cards and the manipulation of claims. This was almost within a year of the programme being launched.

In answer to this, administratively-heavy and technology-driven mechanisms have been implemented, with most of the health-care spending involved in health worker's wages. But we need to know how much money goes into actually improving health? Undoubtedly, very little.

Policy-driven over reliance on private health care, given India's feeble regulatory architecture, is not desirable. Though cutting-edge technology and state-of-the-art systems can be attractive for businesses, the money spent this way raises concerns when basic health needs remain unmet and fundamental resources of health are in shortage.

One persistent habit that has characterised Indian health care since inception is of leaping onto the next, more aspirational position or endeavour before doing sufficient justice with the previous one, thus leaving the basics unattended. The AB-NHPS, in the presence of this vice, can only be another precarious rung in the ladder.