

RAPID HEALTH SYSTEM PERFORMANCE ASSESSMENT

Framework: WHO Health System Performance Framework (2000)

1. Why This Framework?

The **WHO 2000 Framework** was selected because it:

- Links **health system functions** (financing, service delivery, stewardship, resource generation) to **core system goals**
- Explicitly evaluates:
 - Population health
 - Responsiveness
 - Financial protection (fairness in financing)
- Allows equity analysis — essential in India's diverse federal context
- Suitable for macro-level policy review using secondary data

This makes it appropriate for a rapid national-level desktop assessment.

2. Methods & Data Sources

Approach: Rapid desktop review of secondary data and policy documents.

Key Sources:

- National Family Health Survey
- National Health Accounts
- WHO Global Health Observatory
- World Bank Data
- NITI Aayog Health Index
- Global Burden of Disease

Assessment structured under four performance dimensions:

1. Population health
2. Health service outcomes
3. Responsiveness

4. Financial protection

PERFORMANCE FINDINGS

1 Population Health

Status

- Life expectancy ~69–70 years (steady improvement)
- Maternal and infant mortality declining
- Expanded immunisation coverage
- Rising burden of non-communicable diseases (NCDs)
- Persistent child malnutrition

Challenges

- Major interstate and rural-urban inequalities
- Double burden: communicable + NCDs
- Ageing population pressures

Assessment: Overall improvement, but inequitable progress.

2 Health Service Outcomes

Progress

- Expansion of Health & Wellness Centres
- Ayushman Bharat increases access to hospital care
- Improved institutional deliveries

Challenges

- Shortage and maldistribution of health workforce
- Quality variation across states
- Overburdened tertiary hospitals
- Weak referral coordination

Assessment: Service expansion achieved; quality and integration require strengthening.

Responsiveness

(WHO domains: dignity, prompt attention, communication, choice)

Strengths

- Increased insurance coverage for vulnerable populations
- Digital Health Mission improving health information systems

Gaps

- Long waiting times in public facilities
- Infrastructure limitations in rural areas
- Limited patient-centred care practices

Assessment: Moderate responsiveness; strong private-public disparity.

Financial Protection

Current Situation

- Out-of-pocket expenditure ~45–50% of total health spending
- Catastrophic health spending remains significant
- PM-JAY covers ~500 million beneficiaries

Challenges

- High spending on medicines
- Limited outpatient coverage
- Fragmented pooling across states

Assessment: Major reform progress, but financial risk remains high.

Opportunities

- Strengthen primary healthcare to reduce hospital burden
- Increase public health expenditure (towards 2.5–3% of GDP)
- Expand drug and outpatient coverage
- Improve rural workforce incentives

- Strengthen quality regulation in private sector
 - Expand digital integration for accountability
-

Key System Challenges

- Persistent inequities across states
 - Rising NCD burden
 - High out-of-pocket payments
 - Workforce shortages
 - Fragmented governance between Centre and States
-

Policy Recommendations

1. Increase pooled public financing to reduce catastrophic spending
 2. Expand primary care investment and prevention services
 3. Strengthen regulation and quality assurance mechanisms
 4. Improve equity monitoring using disaggregated state-level data
 5. Expand outpatient and essential medicine coverage under insurance schemes
-

Conclusion for Policymakers

India has made significant progress toward Universal Health Coverage. However, performance gaps persist in:

- Financial protection
- Equity
- Quality and integration of care

Strategic investment in **primary healthcare, financial pooling, and governance reform** is essential to maximise system performance and long-term sustainability.