**INDIA'S HEALTHCARE**

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# Introduction

India's healthcare system has been facing several challenges such as inefficient infrastructure, drawbacks of healthcare professionals and their standards, out-of-pocket expenses, and irregular distribution of resources and supplies, which has resulted in poor health outcomes and limited access to healthcare for many citizens on a nationwide scale. The need for healthcare reformation has been a standby issue, with the COVID-19 pandemic upbringing the urgency of the situation at hand. The government had announced several policies, initiatives, set of rules to follow, and lastly aimed at improving healthcare in general, including the Ayushman Bharat Scheme, the National Health Stack, and among others, with a focus on increasing access, improving quality, and reducing costs of healthcare services (Cash and Patel, 2020).

# Discussion

Development of healthcare policies especially in India involves a huge multi-stakeholding path with assets from various government authorised groups, health segment professionals, remedies, civil society organisations or committees, and private sector holders or investors. The policy initiatives are often based on evidence-based research and analysis of healthcare’s daily needs and such. The Indian government has sought in collaborating with multinational organisations, companies and developmental partners to ascend their expertise and resources. The policies are radically developed through a consultative process and are subject to review and revision based on feedback and evaluation from the government sectors related to healthcare (Ajmera and Jain, 2020).

Several political ideologies and whatnot have underpinned the healthcare policy development in India many times in general, including social welfare for the people, neoliberalism by the people, and decentralisation of the people. The government's emphasis on social welfare aims to address inequities, inquiries, complaints and so on, meanwhile providing access to healthcare and ensuring that all citizens have access to basic healthcare services in any region or state at that very moment. The adoption of neoliberalism policies has led to an increased role for the private sector in healthcare to be precise, which has resulted in being controversial due to concerns over equity and quality of care for the people in general. Decentralisation has always been a key component of healthcare policy in India from the very start, with state governments playing a greater role in healthcare delivery and policymaking of each and every state the people are from. However, political ideologies or self absorbed policies from the overzealous leaders or party chairmen are often shaped by various factors such as economic conditions, public opinion, and international trends, and may vary across different political parties and governments resulting in backlash or even as drastic as impeachment of such state ruling party (Pandey and Litoriya, 2020).

Several external factors and phenomena have influenced the development and implementation of healthcare policies in India to be honest. These include the global health trend of solutions and the increasing prevalence of non-communicable diseases, which puts pressure on healthcare systems worldwide on a worldwide scale. India's healthcare policies have also been influenced by international organisations such as the World Health Organization (WHO) and the World Bank, which have provided technical help and assistance when needed and outsource funding for health programs. The COVID-19 pandemic has also had a significant impact on India's healthcare policies, with the government implementing as many measures as possible such as increasing healthcare funding, expanding testing and treatment facilities, and launching vaccination drives and many more to count. Finally, India's demographical portfolio and epidemiologicalistic profile, with a large and diverse population, has shaped healthcare policies to address the specific health needs of different communities and regions in the country on a humongous scale (Baru and Mohan, 2018).

The development and implementation of healthcare policies in India have faced several challenges or backlashes. These include limited or selective financial resources for expenditure, inadequate infrastructure or inefficient medical equipment, shortage of healthcare professionals at the needed times, uneven distribution of resources across regions and communities, and lastly miscommunication between the healthcare unit itself. There have also been conflicts over the role of the privatisation of the sectors in the healthcare department and the extent of decentralisation of healthcare governance under the Indian Government at this very moment. Implementation has been hindered a number of times by bureaucratic inefficiencies and corruption, resistance from vested interests, political or diabolical judgement of the healthcare department in a few cases. Additionally, the COVID-19 pandemic lately highlights the need for urgent execution of actions and rules, which exposed the weaknesses in the healthcare system of the Indian Government, leading to debates over the adequate policy responses and reactions of the healthcare units all over the country. The diversity of the Indian population and the scale of the healthcare challenge have also posed significant implementation challenges over the past decade (Agarwal *et al*., 2018; Singh *et al*., 2019).

Healthcare policies in India are linked to several government priorities which are, poverty reduction, social welfare, economic development and so on. The government has finally recognised that in order to further improve healthcare outcomes is epitome in achieving these broader goals and has therefore prioritised healthcare reformation nationwide. Healthcare policies are also linked to other initiatives such as the Digital India Campaign, which is aiming to help and leverage technological advancements, whilst improving healthcare access and delivery, and the Swachh Bharat Abhiyan, which promotes sanitation and hygiene to prevent the spread of diseases are a few of the major reformation of healthcare sectors, be it privatised or public, has improved on a country wide scale (Nimavat *et al*., 2021).

One case study that can be referred to is the implementation of the Ayushman Bharat Scheme, which aims to provide health insurance coverage to over 100 million vulnerable families in India especially for the financially challenged. This scheme involves the creation of a network of public and private healthcare providers and the use of technology to improve healthcare delivery to the needy and helping them. The implementation of the scheme has faced several challenges, including the identification of eligible families, the capacity of healthcare providers, and the coordination between different levels of government. However, the scheme has also shown promising results in improving healthcare access and reducing out-of-pocket expenses for beneficiaries (Vaitheswaran *et al*., 2020; Prinja and Pandav, 2020).

Several theoretical and conceptual notions underpin healthcare policy in India, including universal health coverage, primary healthcare, and social determinants of health. Universal health coverage aims to ensure that all citizens have access to essential healthcare services without financial hardship. Primary healthcare emphasises the importance of comprehensive and accessible healthcare services delivered at the community level. Social determinants of health theory recognizes that health outcomes are influenced by a range of social, economic, and environmental factors, and calls for interventions that address these underlying determinants of health. These notions are reflected in India's healthcare policies, which aim to promote equity, access, and quality of care for all citizens (Khetrapal and Bhatia, 2020; Garg *et al*., 2023).

# Conclusion

Several factors could prevent the successful implementation of healthcare policies in India. These include limited financial resources, inadequate infrastructure, shortages of healthcare professionals, and resistance from vested interests. Bureaucratic inefficiencies, corruption, and political instability could also hinder policy implementation. The large and diverse population of India, with varying health needs and socio-economic profiles, could pose significant challenges for policy implementation (Whyle *et al*., 2021; Peckham, 2023).

One key recommendation is to prioritise and increase funding for healthcare, especially in rural and underserved areas, to improve healthcare access and quality. Another important consideration is addressing the underlying causes of poor health outcomes, such as poverty, education, and sanitation, to promote health equity. A third recommendation is to strengthen healthcare governance and accountability mechanisms to address issues of corruption and bureaucratic inefficiencies. Healthcare policies should also be developed and implemented in consultation with stakeholders, including healthcare professionals, civil society organisations, and community representatives, to ensure they are culturally appropriate and responsive to the needs of different communities.

Finally, healthcare units can leverage technology and innovation, such as telemedicine and digital health records, to improve healthcare delivery and outcomes by taking a comprehensive and multi-sectoral approach. India’s healthcare can improve their policies and outcomes for a better future. This requires addressing the social determinants of health, increasing funding and resources, improving governance and accountability, and engaging with stakeholders to ensure policies are culturally appropriate and responsive to the needs of different communities.

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