**The grim picture of Indian healthcare system**

From polio eradication to the life expectancy of 70 years, in past few years India has gained a lot in terms of health. Health system and health outcomes also improved significantly, India achieved almost all its targets of Millennium Development Goals (MDGs) related to health. But a lot of problems are still prevalent in the public health sector in terms of lack of manpower, lack of availability of facility, etc. In India there is an estimated shortage of 600000 doctors and 2 million nurses. In government hospitals there is 1 bed for 2239 persons while WHO recommends a minimum of 3 beds per 1000 population (“India’s health workforce crisis,” n.d.). According to National Health Profile 2018 in India average population served by each doctor is 11028 while WHO recommends 1 doctor per 1000 population. And main reason of this pathetic situation is that health is not given the priority by the government, the expenditure on health in India is approximately 1.2 % of its GDP only, on the other hand countries like Sri-lanka spent 2%, Bhutan 2.5%, Nepal 2.3%, Bangladesh 3.4%, and Maldives spent 9.4% of its GDP on healthcare.

In 2015 India also signed the declaration on 2030 Agenda on Sustainable Development and envisaged of achieving a set of health-related targets including ‘universal health coverage’ by 2030. The achievement of UHC and the other targets depend on the healthcare infrastructure and availability of facility. From the year 2005 to 2015 huge investment was made to strengthen the rural health infrastructure through National Rural Health Mission (NRHM), but still the statistics are not satisfactory. According to NFHS-4 report only 42% of urban and 56% of rural population seeks healthcare from public sector. The report also shows that in India healthcare is largely financed through out-of-pocket expenditure (OOPE) which stands at 63% of total health expenditure and the public sector provides 18% of total outpatient care and 44% inpatient care.

Figure 1 Note: The expenditure on healthcare in India in terms of percentage of GDP over past few years.

Source: National Health Profile, 2018 published by Central Bureau of Health Intelligence

**The Situation in rural India**

There is a huge urban-rural disparity in terms of availability of healthcare facilities, the healthcare facilities are highly skewed towards urban areas. There are only 40.8 % of all health workers are in rural areas, where around 70% of the population lives. Consequently, the pressure on government hospitals in rural areas is very high, resulting in high waiting time, low satisfaction among patients and increased private healthcare seeking. According to Rural Health Statistics 2017, there was shortfall of 6104 female and 99572 male health workers at sub-centers, 3027 doctors at PHCs, 4866 surgeons at CHCs and more than 61000 female ANMs (auxiliary nurse midwife) at sub-centers. There 1974 PHCs which are functioning without any doctor and 15700 PHCs functioning with only one doctor. There are 78569 sub-centers functioning without male health worker, 6371 without female health worker and 4243 sub-centers were functioning without both. There was shortfall of 20% in doctors, 60% in nurses, 15% ANM, 61% in male health assistant at PHCs and 81.6 % in specialist doctors, 64.5% in radiographers at CHCs. And the matter of concern is that the percentage of shortfall of most of the public health cadres has increased during 2015-2017.

Table 1

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| s.no. | **cadre** | **Shortfall** |
| 1 | HEALTH WORKER [FEMALE] / ANM AT SUB CENTRE | 6104 |
| 2 | HEALTH WORKER [FEMALE] / ANM AT SUB CENTRES & PHCs | 10112 |
| 3 | HEALTH WORKER [MALE] AT SUB CENTRES | 99572 |
| 4 | HEALTH ASSISTANTS [FEMALE] / LHV at PHCs | 11712 |
| 5 | HEALTH ASSISTANT [MALE] at PHCs | 15592 |
| 6 | DOCTORS+ AT PRIMARY HEALTH CENTRES | 3027 |
| 7 | SURGEONS at CHCs | 4866 |
| 8 | OBSTETRICIANS & GYNAECOLOGISTS at CHCs | 4170 |
| 9 | PHYSICIANS at CHCs | 4760 |
| 10 | Pediatricians at CHCs | 4554 |
| 11 | TOTAL SPECIALISTS AT CHCs | 18347 |
| 12 | RADIOGRAPHERS at CHCs | 3629 |
| 13 | PHARMACISTS at PHCs & CHCs | 7092 |
| 14 | LABORATORY TECHNICIANS at PHCs & CHCs | 12511 |
| 15 | NURSING STAFF at PHCs & CHCs | 13194 |

*Note: Cadre-wise shortfall in Indian rural health infrastructure in 2016-17*

*Source: Rural Health Statistics, 2017*

**What the Other reports say**

The NITI Aayog launched the Health Index Report 2019 which measured the annual and incremental performance in healthcare at the national and state level. The index was calculated using 23 indicators covering key aspects of health sector performance. The average score of index for the year 2017-18 among larger states was 53.22, the value was 52.59 in 2015-16. An increase of just 0.63 in the value of index is showing the slow progress of the nation in the health sector. The report is showing that the Value of health index is varying from 28.61 in UP to 74.01 in Kerala, this displays very wide disparity prevalent among the states in terms of health. The report is also showing that among 21 large states 12 states displayed a positive increment change in their respective health indexes and remaining showed a negative incremental change.

SDG India report 2018, published by NITI Aayog presented SDG India index spanning 13 out of 17 SDGs, for every goal an index was calculated at national and state level. The national index for the third goal of SDGs which is ‘good health and wellbeing’, was only 52. This shows that has to cover a long way in terms of healthcare. The report also depicts that there is a huge variation among the states the value of index varies from 25 for UP to 92 for Kerala. This gap is also one of the reasons for the overall poor performance of India in healthcare.

**The way forward**

There is no doubt that India has been actively working to strengthen the health sector in the country. Currently, more than 20 big schemes are functioning at the national level to improve the health of the nation. From NRHM to AYUSHMAN BHARAT, a lot of intervention has been made, but still the statistics show the pathetic situation of public health sector, especially in rural areas. The main reason of poor health infrastructure in rural areas could be reluctance of health workers to work in rural areas because of poor career prospect, poor working and living condition, less education opportunity for children, transfers, lack of transparency, etc. For this problem government should try to make rural services attractive by introducing incentives and offering better living and working conditions. To do this a significant increase is required in the public expenditure on healthcare from its existing level of 1.2% of GDP.

The reports are showing that there is a wide disparity in terms healthcare among the states. There are some states like UP, Assam, Jharkhand, Bihar, etc. who are continuously underperforming in health sector. These states must come up with a pragmatic plan and effective implication to alleviate the situation.

**References**

India’s health workforce crisis. (n.d.). Retrieved December 4, 2019, from https://www.downtoearth.org.in/dte-infographics/61322-not\_enough\_doctors.html