Key challenges of the Indian healthcare sector; and suggested solutions

The three major issues

Access

Access to readily reachable, trustworthy and affordable health care is a major challenge before poorly served rural areas and overcrowded urban areas.

Government institutions of advanced care suffer from low budgets and a lack of managerial talent.

Quality

There is an inadequacy of organised primary health services.
In addition to it, the intermediate level of care in many district hospitals and nursing homes is insufficient and unsatisfactory.
While corporate hospitals boast of high quality advanced care and compete with each other for a significant share of medical tourism, they are mostly inaccessible to the rural population and the urban poor.

Cost

Cost of care is a major challenge in a system where patients and families have to bear the burden. High out-of-pocket spending on health care leads to unacceptable levels of impoverishment.
With high levels of poverty and a very large segment of the working population in the informal sector, both private insurance and employer provided insurance can cover only small population segments.
Government-funded social insurance schemes do increase access to advanced care have not been shown to provide financial protection as they cover only part of the hospitalisation cost and not the expenses of prolonged outpatient care which forms a higher percentage of out-of-pocket spending.
These issues need to be addressed in and integrated manner, not in isolation. Why?

Implemented in isolation, these three areas of action will yield only limited results as access alone cannot assure appropriate or affordable care and cost subsidy will be meaningless if there is limited access or undependable quality.

How to resolve these issues?

Solutions have to be those that fit into a common system architecture, or a system best designed and delivered as Universal Health Coverage (UHC), now enshrined in the Sustainable Development Goals.

How to improve access to healthcare?

Expanding the network of public sector facilities at all levels
Higher levels of public financing
Investment in training
Incentivised placements of more health personnel
Improved management through the creation of a public health management cadre.
These measures have been envisaged in the National Health Policy, 2017 and need urgent and earnest implementation.
Health-care providers in the private and voluntary sectors should be empanelled to fill the gaps through carefully crafted contracting mechanisms that best serve public interest.
How to improve quality of health care in India?

Quality of care is determined by the extent to which appropriate care is provided in each clinical context.
There must be an emphasis on the benefit and safety of tests and treatment.
Ensuring that satisfaction levels of patients, families, care providers in the nature of institutional processes as well as human interactions are met.
This requires ensuring conformity to accepted scientific and ethical standards.
The Clinical Establishments Act is a good beginning;

in moving health-care facilities towards registration
ensuring compliance with essential standards of equipment and performance
adopting standard management guidelines
grievance redress mechanisms
and respecting encoded patient rights.

Managing cost

The solution lies in doubling the level of public financing to at least 2.5% of GDP by 2019, rather than 2025, as proposed in the National Health Policy
By pooling tax funding, all Central and State insurance schemes and employer-provided health insurance into a "single payer system".
That can be managed by an empowered autonomous authority which purchases services from a strengthened public sector and, as necessary, from empanelled private health-care providers.
Quality is promoted through audited insistence on implementation of standard management guidelines by all service providers who enter this system, and cost is controlled by the negotiating power of the single payer.
Since the risk pool is very large, there is a high level of cross-subsidisation of the sick by the healthy, the poor by the rich and the elderly retired by the young employed. The burden on an individual is greatly minimised.
Way forward

The UHC provides the framework in which all three elements can be integrated. The cry for stronger regulation of quality and cost is justified but regulation will fail to deliver needed health care to all if the health system architecture does not adopt UHC. Similarly, the success of UHC depends on effective regulation. Now, there is a disconnect between these two in ongoing health system reforms. It is time to bridge that gap if tragic tales of terrible health care are not to cause recurring lament.