

Chapter 11

Framework of Indian Healthcare System and its Challenges: An Insight

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ABSTRACT

India, one of the oldest civilizations and second most populous country is ethnically, linguistically, geographically, religious, and demographically diverse is poorly ranked due to complex public health-care system, which suffers from insufficient funding, poor management. Poor health intertwined with poverty, affordability, accessibility, burden of infectious and non-communicable affecting lives of most Indians. Healthcare ecosystems are complex and still evolving, investments in service delivery system, infrastructure, and technology, are still being experimented and explored. India's booming population; increasing purchasing power; rising awareness of personal health and hygiene; and significant growth in infectious, chronic degenerative, and lifestyle diseases are driving the growing market. In this chapter we will explore accessible and affordable healthcare system, state of public healthcare, healthcare reforms, governance (Constitutional Provisions, Law, and Policy framework) in healthcare delivery, and Opportunity offered by market drivers.

INTRODUCTION

India is a highly heterogeneous country in ethnicity, religion, and language. It is also diverse in its demographics, given the presence of an extremely large rural population. The country covers only a little over 2 percent of the earth's land surface, yet its population is approaching 20 percent of the world total. Because of its scale, strengths, and vulnerabilities, the future of India and its ability to safeguard the health and wellbeing of its citizens raises issues of importance to the entire world community. The growing demand for quality healthcare and the absence of matching delivery mechanisms pose a challenge as well as opportunity for healthcare service providers, to design and engineer a sustainable healthcare system with customizable delivery formats to benefit demanding and health conscious Indian population (Sreenu, 2011).

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The relationship between health and poverty or health and development is complex, multi-faceted and multidirectional. Notwithstanding sixty-eight years of existence as an independent republic, large sections of the Indian population do not as yet have reliable and affordable access to good quality healthcare. This is because of poverty, which in its various dimensions could be a manifestation, as well as a determinant of an individual's health. In its most basic form — as a state of food deprivation and nutritional inadequacy — poverty has a direct bearing on the morbidity and longevity of people.

Defining health has become more complex and diversified than ever before as it does not have much to do with the state of having a disease, or absence of it, but it is to do with a person's integrated ability to perform and function efficiently with a productive value conducive to the well-being of self, his family, and society at large. This notion also correlates with the definition of health given in preamble of constitution of World Health Organization (WHO), which states that “*Health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity*” (WHO, 1948a). Attainments on other dimensions of human development, especially educational and economic wellbeing, reinforce the transition towards better health and longevity.

Further the idea of integrating health to a duo of a disease free state and a sound social, psychological, and spiritual combination was recognized as early as 2000 years ago, when Sushruta who lived between 600 to 1000 BC (a surgeon and teacher of Ayurveda) compiled the medical treatise “Sushruta Samhit-ain” containing multiple detailed references to diseases and medical procedures in Vedic Sanskrit. He is also considered to be the ‘Father of Surgery’ who defined health as a physiological balance added with psycho sensual happiness (Shasthri, 2007). Sushruta goes further to state that health is also affected by one's moral, social, and spiritual values. Ayurveda holds that Dharma (spiritual gains), Artha (monetary gains), Kama (sensual gains), and Moksha (liberation), the four primary objectives of human life, are possible only for a healthy human being. This is possible when ideal healthcare system as defined by Ayurveda is one which cures a disease without causing or precipitating other illnesses (Tripathi, 1983). In today's era, healthcare covers not merely medical care but also all aspects -preventive care too. Nor can it be limited to care rendered by or financed out of public expenditure within the government sector alone but must include incentives and disincentives for self-care and care paid for by private citizens to get over ill health.

STRUCTURE AND RESOURCES OF HEALTHCARE SYSTEM

The structure of India's healthcare system is multifaceted, consisting of various types of providers practicing in different systems of medicine and facilities, and within federal structure. There are about 600000 hospital beds in more than 13550 Hospitals; 27400 Dispensaries; 717860 Registered Medical Practitioners; 295000 Nurses; 227000 Auxiliary Nurses; and Midwives. This includes multi-layered rural healthcare system having District hospitals usually with bed strength of over 300 beds located at district headquarters, Sub-district hospitals usually with bed strength of 100-300 located at divisional headquarters in each district, Community Health Centre (3043 in no.) is a 30 bed hospital, acts as a referral unit for four Primary Health Centres (PHCs), and each Primary Health Centre (22842 in no.) is a referral unit for six sub-centres has around 4-6 beds. Sub-centre (137311 in no.) is the most peripheral contact point between the PHC and the community.

The central government policies, though well-intentioned, have mostly failed to deliver intended outcomes, as under the Indian Constitution, health and family welfare has been identified as a State

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