



Revolutionizing India's Healthcare

This editorial is based on “[Health regulations need a base to top approach](#)” which was published in The Hindu on 07/06/2024. The article brings into picture the rise of India’s gaming sector and challenges associated with it.

For Prelims: [Clinical Establishments \(Registration and Regulation\) Act of 2010](#), Bhore Committee Report, [National Medical Commission](#), [Pre-Conception and Pre-Natal Diagnostic Techniques Act, 1994](#), [Drugs and Cosmetics Act, 1940](#), [National Health Policy, 2017](#), [Non-Communicable Diseases](#), [Telemedicine, 2022](#) [cough syrup tragedy in Gambia](#).

For Mains: Framework of Healthcare Regulation in India, Major Challenges Related to India’s Healthcare System.

[India's healthcare system](#) is a vast and intricate network, juggling public and private facilities to serve its massive population. While the private sector shoulders a substantial burden of delivering care, recent incidents like the **fire at a Delhi Nursing home** highlights a critical issue in India's healthcare system: the **failure of [health-care regulations](#)**.

This tragedy is not isolated but symptomatic of systemic flaws in regulatory frameworks. Despite having numerous regulations, the Indian healthcare system struggles with implementation due to **unrealistic standards and bureaucratic inefficiencies**. For instance, the [Clinical Establishments \(Registration and Regulation\) Act of 2010](#) and the **Indian Public Health Standards**, despite their high aspirations, are often impractical and under-adopted. The result is a complex regulatory environment that fails to ensure safety and quality effectively.

To address these issues, India needs a pragmatic approach to healthcare. This involves harmonizing multiple regulations, simplifying approval processes, democratizing healthcare facilities and reforming basic health services.

What is the Framework of Healthcare Regulation in India?

- **Historical Context**
 - **Colonial Times:** Characterized by fragmented, colonially influenced regulations (e.g **Madras Public Health Act, 1939**).
 - **Bhore Committee Report (1946):** Called for integration of preventive, promotive and curative health services and establishment of **Primary Health Centres** in rural areas
 - [Economic Liberalization \(1991\)](#): Sparked the **growth of private healthcare**, creating a need for updated regulations.
- **Key Related Bodies:**
 - **Ministry of Health and Family Welfare (MoHFW):** Responsible for overarching

healthcare policies.

- [National Medical Commission \(NMC\)](#): Regulates medical education and licensing.
 - The NMC Act, 2019, replaced the Medical Council of India to enhance transparency.
- **Others:** Include the **Nursing Council, Pharmacy Council.**
- **Major Regulatory Laws and Policies**
 - [Pre-Conception and Pre-Natal Diagnostic Techniques Act, 1994](#): Aims to prevent female foeticide.
 - **Clinical Establishments (Registration and Regulation) Act, 2010**: Mandates registration and **standard treatment guidelines**.
 - [Drugs and Cosmetics Act, 1940](#): Regulates pharmaceuticals.
 - **Consumer Protection Act, 1986**: Applies to healthcare as a service.
 - Consumer Protection Act, 1986 did not include the word “healthcare” with the definition of the term “service”.
 - However, the Supreme Court in **Indian Medical Association vs. V.P. Santha & Ors 1996** held that the language used in the Act was wide enough to cover the services rendered by the doctors as well.
 - [National Health Policy, 2017](#): Outlines a vision for universal health coverage.

What are the Major Challenges Related to India's Healthcare System?

- **Inadequate Public Health Expenditure:** Despite being the world's [fifth-largest economy](#), India's healthcare expenditure remains one of the lowest globally at **2.1 % of GDP in FY23**
 - Also, while India supplies 20% of the world's generic drugs, its own citizens face a **47.1% out-of-pocket expenditure**, signaling a critical gap in public health provisioning.
- **Urban-Rural Healthcare Divide:** India's healthcare infrastructure disproportionately favors urban areas, creating a **'two-tier' system**.
 - Despite **65% of Indians living rurally**, these areas have only 25-30% of hospitals within reach.
 - This is not just a resource issue, it is a fundamental challenge to **India's constitutional promise of equality**.
- **Silent Epidemic of [Non-Communicable Diseases \(NCDs\)](#):** While India battles infectious diseases, NCDs silently claim 64% of the disease burden in India (WHO, 2021).
 - India's diabetes burden (**77 million in 2019, projected 134 million by 2045**) exemplifies this crisis.
 - As India's economy grows, so does its **NCD burden, a byproduct of lifestyle changes**. Yet, public health strategies remain disproportionately focused on communicable diseases, creating a growing, unaddressed health burden.
- **Mental Health Blind Spot:** India's [mental health crisis](#) is a glaring oversight. **With just 0.75 psychiatrists per 100,000 people** and only **0.05% of the health budget for mental health**, India grapples with **36.6% of global suicides**.
- **Digital Divide in Telemedicine:** [Telemedicine](#), hailed as a panacea during Covid-19, exposed India's digital divide.
 - In India, despite having the **second-largest number of internet users in the world**, rural penetration lags behind the urban.
 - This gap **turns telemedicine from a solution into another layer of inequity**, disproportionately benefiting the urban while leaving rural areas behind.
- **Climate Change- The Overlooked Health Determinant:** Climate change is more than an environmental issue, it is a health crisis.
 - **1.67 million deaths** were attributable to [air pollution](#) in India in 2019, accounting for 17.8% of the total deaths in the country (WHO).
 - The **2022 heat waves** impact on crop yields directly links climate to nutrition.
- **Governance Conundrum:** India's health challenges are exacerbated by governance disparities. Many states have over **50 approvals under various regulations**, creating a bureaucratic nightmare for facilities.
 - Also, some states often prioritize **large corporate hospitals**, neglecting the needs of **smaller clinics and nursing homes**.
- **Pharmaceutical Paradox:** India, the "[pharmacy of the world](#)," faces a credibility crisis.
 - The [2022 cough syrup tragedy in Gambia](#) highlights that the **industry's global reputation and its domestic healthcare efficacy** are at stake.

- **Neglect of Preventive and Primary Care:** India's health system is tilted towards curative, hospital-based care, neglecting the foundation of public health - prevention and primary care.
 - The number of doctors at Primary Health Centres has shrunk to **30,640 in 2022**
 - This inverted focus not only escalates costs but also **burdens the system with preventable diseases**, creating a vicious cycle of illness and expenditure.

What Measures can be Adopted to Revamp India's Health Sector?

- **Regulatory Reform with Risk-Based Approach:** Implementing a tiered regulatory system that classifies healthcare facilities based on complexity and risk.
 - This streamlines approvals for **lower-risk facilities (small clinics, nursing homes)** while ensuring **stringent oversight for high-risk facilities (large hospitals)**.
 - Shifting focus from **process-heavy regulations to outcome-based ones**.
 - Measuring success of the facilities by patient satisfaction, infection rates, and adherence to best practices, allowing flexibility in achieving these outcomes.
- **Health-Education-Livelihood (HEL) Campuses:** Establishing integrated campuses in rural areas with **community health centers, skill development centers, and health-tech incubators**.
 - Offering basic accounting public healthcare jobs to graduates of the village to boost healthcare human resources and local economies
- **"Pharma-to-Plate" Integrity Chain:** Implementing a **blockchain-based tracking system** that follows pharmaceutical products from raw materials to patient consumption.
 - Launching a global **"TrackMeds" app** enabling consumers to verify the authenticity of their medications.
 - This initiative **tackles the issue of counterfeit drugs, enhances the reputation of Indian pharma exports**, and ensures high-quality domestic pharmaceutical products.
- **Mental Wealth Initiative:** Reframing the concept of **mental health as a valuable economic asset, termed "mental wealth."**
 - Provide corporate tax breaks for companies that implement comprehensive mental health programs.
 - Integrating mental health modules into all professional courses, extending beyond the healthcare sector.
 - Training local public health providers to offer basic counseling services, **dubbing them "Mind Mitras."**
- **Ayush in Action:** Increasing the numbers of [AYUSH \(Ayurveda, Yoga, Naturopathy, Unani, Siddha, and Homoeopathy\)](#) practitioners within every allopathic healthcare setting.
 - Introducing **"Wellness Wednesdays"** in schools and workplaces, featuring mid-week yoga and meditation sessions.
 - This approach fosters holistic healthcare, **aids in the prevention of non-communicable diseases (NCDs)**, and enhances mental health across the population.
- **Climate Clinics:** Deploying mobile clinics in **climate-vulnerable areas** that also function as weather stations.
 - Upgrading 30% of PHCs into climate-resilient, self-sufficient units with **solar power, water harvesting and drone-delivery readiness**.
 - Utilizing health data to predict climate-related impacts, such as **disease outbreaks following natural disasters like floods**.
 - Training farmers in cultivating climate-resilient and nutrition-dense crops.
 - This initiative leads to proactive climate-health management, improved nutritional outcomes, and enhanced resilience to climate change.
- **Expansion of ABHA:** There is a need for nationwide expansion and advertisement of [Ayushman Bharat Health Accounts \(ABHA\)](#) to rationalize India's healthcare data.
 - Employing artificial intelligence to track hyperlocal public health strategies.
 - The result is **personalized preventive care, data-driven public health initiatives**, and improved overall healthcare outcomes.
- **Women-Led Health Panchayats:** Establishing all-women health councils in every panchayat to audit local health facilities, allocate health funds, and organize health melas.
 - Empowering these councils to improve **local health governance and reward panchayats with the best health indicators** with additional development grants.
 - This initiative promotes women's empowerment, strengthens localized health governance,

and improves rural health outcomes.

Drishti Mains Question:

Discuss the major challenges faced by the healthcare regulatory framework in India. Suggest measures to strengthen the overall healthcare system in India to ensure equitable and efficient healthcare delivery.

UPSC Civil Services Examination, Previous Year Questions (PYQs)

Prelims

Q. Which of the following are the objectives of 'National Nutrition Mission'? (2017)

1. To create awareness relating to malnutrition among pregnant women and lactating mothers.
2. To reduce the incidence of anemia among young children, adolescent girls and women.
3. To promote the consumption of millets, coarse cereals and unpolished rice.
4. To promote the consumption of poultry eggs.

Select the correct answer using the code given below:

- (a) 1 and 2 only
- (b) 1, 2 and 3 only
- (c) 1, 2 and 4 only
- (d) 3 and 4 only

Ans: (a)

Mains

Q. "Besides being a moral imperative of a Welfare State, primary health structure is a necessary precondition for sustainable development." Analyse. (2021)