India’s current Health care access and the Out of Pocket Expenditure on Health spending-2018 under an Universal coverage.

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Abstract: Universal Health Coverage (UHC) is gaining in importance across the world. UHC enables everyone to access the services high quality health care substantially improves many health outcomes, including infectious diseases and many non-communicable diseases. Out-of-pocket payments are those made by people at the time of getting any type of service (preventive, curative, rehabilitative, palliative or long-term care) provided by any type of provider. Key findings: India’s healthcare access and quality (HAQ) index has increased by 14.1, up from 30.7 in 1990 to 44.8 in 2015. In 2018 the UHC service coverage index of India (SDG 3.8.1) is 56. In India the proportion of population with household out-of-pocket health expenditure greater than 25% of total household expenditure or income is 3.9% and the proportion of population with house hold out-of-pocket health expenditure greater than 10% of total household expenditure or income is 17.3%. According to NFHS IV, about 44.5% people utilized public sector and 51.4% widely followed private health care sectors for their health needs. Conclusion: However, despite improvements, enormous challenges in the health care sector mainly as the out of pocket expenditure are need to be addressed and the lacunae has to be fulfilled to attain Universal health coverage. Recommendation: In India to improving access to healthcare lies in expanding the network of public sector facilities at all levels. The Out of pocket expenditure of the each person should be reduced by increasing the health spending expenditure by the government to attain the general policy of Universal Health coverage.

Keywords: Universal health coverage, Health care access, Out pocket expenditure.

Background
Universal Health Coverage (UHC)
Universal Health Coverage (UHC) is gaining in importance across the world. WHO defines UHC as “ensuring that all people can use the promotive, preventive, curative, rehabilitative and palliative health services they need, of sufficient quality to be effective, while also ensuring that the use of these services does not expose the user to financial hardship” (1). India has made significant progress in improving key health indicators. Life expectancy has doubled in the years since independence, but India remains well behind comparable to other countries in achieving health outcomes

(2) While many countries have achieved UHC to a large extent, others are still on the path India being one such country. We have a glimpse of current health situation in India, and out of pocket expenditure trends show a quantum improvement in past two decades in (3)

Need of UHC
UHC enables everyone to access the services high quality health care substantially improves many health outcomes, including infectious diseases (e.g., tuberculosis and measles), maternal and neonatal disorders, several cancers (e.g., testicular, skin, and cervical cancers) and many non-communicable diseases (NCDs) such as cerebrovascular disease (stroke), diabetes, and chronic kidney disease. Consequently, assessing mortality rates from these conditions, which are considered amenable to personal health care, can provide vital insights into access to and quality of health care worldwide.

Achieving UHC is one of the targets the nations of the world set when adopting the Sustainable Development Goals in 2015.

Sustainable Development Goal (3.8)
SDG Target 3.8 on achieving UHC has two indicators: (3.8.1) on coverage of essential health services and (3.8.2) on the proportion of a country’s population with large household expenditures on health relative to their total household expenditure.

To achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all.

Out pocket expenditure
In India the government bears less than a fourth of health spending this the lowest among the world.

Globally, the average national percentage of total government expenditure devoted to health was 11.7% in 2014, ranging from 8.8% in the WHO Eastern Mediterranean Region to 13.6% in the WHO Region of the Americas. (6) Out-of-pocket payments are those made by people at the time of getting any type of service (preventive, curative, rehabilitative, palliative or long-term care) provided by any type of provider. They include cost-sharing (the part not covered by a third party like an insurer) and informal payments (for example, under-the-table payments), but they exclude insurance premiums.

Methods
The data were reviewed from WHO Universal health coverage data portal and from HAQ index published in Lancet journal, World bank data, the National Health Profile and from the NFHS IV data.
In the Lancet journal 2017, the HAQ index, based on death rates for 32 diseases that can be avoided or effectively treated with proper medical care, also tracked progress in each nation compared to the baseline year from 1990 to 2015. India’s healthcare access and quality (HAQ) index has increased by 14.1, up from 30.7 in 1990 to 44.8 in 2015. The health care access and quality index of India is about 45 (4) but India rates poorly on even the basic healthcare indicators when benchmarked against not only the developed economies but also the other BRIC nations. This is evidence of the fact that a significant portion of the Indian population is unable to access healthcare services. (9) According to WHO Universal Health coverage data portal 2018 the UHC service coverage index of India (SDG 3.8.1.) is 56. (the index by WHO is coverage of essential services based on tracer interventions that include reproductive maternal newborn and child health infectious disease, non – communicable disease and service capacity and access among the general and the most disadvantaged population). By the World Bank’s data 2018 based on the income group categories Low middle income country India’s health care access is 25.5% it ranges from (22.8 – 28.3); (10)

Source: WHO Universal Health coverage updated - 2018

**Essential Health care services**

According to the WHO Health worker density 2018, In India the Density of hospital beds per 10,000 population in 2011 was 7 (7(10.000)) and this ratio was increased to 12/10,000 in 2015. The number of physicians density per 1000 population in 2000 is 0.527 and this was increased to 0.758 in 2016. From National health Profile (NHP) India 2017 the nursing and midwifery which includes Auxiliary Nurse Midwives, Registered Nurse and Registered Midwives, Lady Health Visitor was 1.169 in 2000 and that has been hiked to 2.094 and also little much increase in dentistry to 0.149 in 2016. The community and traditional health workers density in WHO region South East Asia 2016 is 0.581. There was no Information related to environmental and public health worker. Median availability of selected generic medicines in public facility is 2.8 % based on survey in New Delhi. The compliance with International Health Regulations (IHR) the average of 13 crore capacity scores between 2010-2016 in India showed improvement from 73% at 2010 to 98% in 2016. (10)

**Current Out of pocket Expenditure spending for Health**

In India the proportion of population with house hold out-pocket health expenditure greater than 25%of total household expenditure or income is 3.9% and the proportion of population with house hold out-pocket health expenditure greaterthen 10 % of total household expenditure or income is 17.3%. In 2011, total spending on health care both public and private, was about 4.1% of GDP; about 30% of that went to publicly funded care. As of March 2014, only 17% of the population had health insurance. (11) As per the Global Burden of Disease Health Financing Collaborator Network 2017 India’s total health spending per capita$ is 253. The total health expenditure per GDP was 4.5% and the Out of Pocket spends per total health spending was 65.6%. (12)

**Use of public sectors and private sector access for primary health care**

According to NFHS IV 2015-2016 data people who lived both in rural and urban utilize private health sector mostly for their basic health needs. About 44.5% people utilized public sector and 51.4% widely following private health care sectors for their health needs. Percentage of households that do not generally use government health facilities due to the perception of poor quality of care in public sectors is 48.1% and the health sector facility has not been located nearby places is 44.6% then it took much more time to get treatment is about 40.9%. (13) Percentage of pregnant women with any contact with a health care worker was 23.9%, Percentage who had received at least three antenatal care 64.6%. The households who had covered by health scheme or health insurance is about 28.7% (13)

**Discussion**

World Bank Group and the World Health Organization, have made the achievement of universal health coverage a priority for both the institutions. Part of that commitment is this joint 2017 UHC Global Monitoring Report revealed that at least half the world’s population still lacks access to essential health services. (9) In 1990, life expectancy at birth in India was 58.3 years for males and 59.7 years for females. By 2016, life expectancy at birth increased to 66.9 years for males and 70.3 years for females. (14) In total the life expectancy for both sexes is 68.8. The healthy life expectancy at birth is 59.3(years). (6) India has made substantial progress in improving the life expectancy at birth. From worldwide HAQ report, India had an improved status in health care access from years 1990-2015. Despite India’s HAQ index increasing from 31 in 1990 to 45 in 2015, India is still ranked 154th position among 195 countries. (4) In India there are international standards of expertise and health care facilities in prominent institutes in urban areas, but a substantially poor health care delivery system in the remote rural areas. Among the BRIC nations, India has 7 hospital beds per 10 000 people, compared with 23 in Brazil, 38 in China and 97 in Russia. In addition, India has 7 physicians per 100 population, compared with 19 in Brazil, 15 in China and 43 in Russia. For India to move towards UHC, the first step should be to provide financial protection against medical expenses. Although there are currently many subsidized health insurance schemes for poor people, they do not address the main source of Out Of Pocket payments, which is the ambulatory care and
The government spends 1.3 percent of GDP on health, though some estimates put it at 2 percent. The New Health policy wants to improve this to 2.5 percent of GDP by 2025 while the global average is 6 percent. Only a small fraction of Indians participating in any health insurance or risk pooling program.(2) With a small risk pool, these schemes can only provide limited cost coverage to subscribers. Government-funded social insurance schemes do increase access to advanced care. But they have not been shown to provide financial protection as they cover only part of the hospitalisation cost and none of the expenses of prolonged outpatient care which forms a higher percentage of out-of-pocket spending.(15) Furthermore, some 800 million people spend more than 10 per cent of their household budget on health care, and almost 100 million people are pushed into extreme poverty every year because of out-of-pocket health expenses.(9) Healthcare delivery is highly inequitable and unaffordable for most of the people. With the higher level of prices, particularly in the private sector and for pharmaceuticals, nearly forty million people are forced into poverty every year as a result of health expenditures. (2) The Migrant workers in the major cities of Mumbai, Pune, Ahmedabad, Delhi and Bangalore seemed to prefer private health services over the largely free services offered by the government hospitals as it involved less waiting time. In the government hospitals, long waiting could cost them a day’s wages, which they could ill afford. Such lack of access to public healthcare services often drives poor migrants to access services from the private healthcare settings that result in high out-of-pocket expenditure.(7)

Conclusion
India attained greater improvement in health care system. The Life expectancy of Indian’s has increased. India’s immunization coverage is almost good according to the current status. However, despite improvements, enormous challenges in the health care sector mainly as the out of pocket expenditure are need to be addressed and the lacunae has to be fulfilled to attain Universal health coverage.

Recommendations
The pathway to improving access lies in expanding the network of public sector facilities at all levels. This means for higher levels of public financing, investment in training and incentivised placements of more health personnel and improved management through the creation of a public health management cadre. The Out of pocket expenditure of the each person should be reduced by increasing the health spending expenditure by the government to attain the general policy of Universal Health coverage.

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