

OVERVIEW

- India has Public and Private insurers, with the private sector being the main supplier.
- WHO:** World Health Organization system performance Ranking 112 (2019).
- GDP:** 3.53% (2015–16).

(Kasthuri, 2018; World Health Organization, 2019)



PUBLIC HEALTH INSURANCE

- Public clinics are free and are funded through taxes

Approximately 75% of healthcare is paid for by the citizens. The majority of healthcare costs are covered by the public sector. The public healthcare sector is perceived as unreliable, of indifferent quality and generally is not the first choice, unless one cannot afford private care.

(Kasthuri, 2018)

PRIVATE HEALTH INSURANCE

- Employers provide health insurance to employees via two policies:
  - A group health policy.
  - Employers help employees seek private health insurance from insurance companies.

Profitable health insurances are provided by private entities. Non-profit health insurances are funded by the county. The majority of India's population is insured through the private sector. Private insurances only cover inpatient costs with an annual limit.

(Dubey, 2020)

INDIA’S HEALTHCARE	
Total Population	1, 324, 171, 000 (2017)
Per Capita GDP (2019)	\$2,000
Population Household Income Expenditure on Healthcare > 25%	3.9%
Under 5 Months Mortality rate (2019)	61.27%
Population % With Basic Sanitation Services	59.54%
Tuberculosis Treatment Coverage	57.50%
Approximate % of Obese Adults (2017)	20-25%
Suicide Rate per 100, 000 (2019)	>10
Life Expectancy M/F (in years) (2016)	69/72
Hospitals per 1,000 (World Data Bank, 2017)	0.53
Healthcare Providers per 10,000 (World Data Bank, 2017)	20
(World Health Organization, 2019)	

HEALTH FINANCING

- The government budget allocates around 80% funds to the hospital
- Balance from the union government
- Local government
- Out of pocket financing

(Kumar & Sohal, 2018)

PRODUCTION & CHOICE	
PRODUCTION	CHOICES
<u>Government Health Care Market</u> Rashtriya Swasthya Bima Yojana (RSBY) Created to help the public (150M insures)	<u>Public Sector</u> <ul style="list-style-type: none"><li>Assigned physicians, lack of choices due to decreased employed physicians</li></ul>
<ul style="list-style-type: none"><li><b>Primary</b> Community health center Primary health center Sub-center (only 37% of population has access)</li><li><b>Secondary</b> District Hospital (82 hospitals across 21 states)</li><li><b>Tertiary</b> Medical college (For specialty needs)</li></ul>	<u>Private Sector</u> <ul style="list-style-type: none"><li>Better physicians selection and plans due to Better profits for all employees</li></ul> <p>(Reddy, 2020; Khetrpal et al., 2019)</p>
<u>Private Health Care</u> <ul style="list-style-type: none"><li>For-profit</li><li>Nonprofit</li><li>Owns 63% of Hospitals</li><li>Employs 80% of physicians</li></ul> <p>(Reddy, 2020; Khetrpal et al., 2019)</p>	

CHALLENGES

India’s most populous state is home to 200 million people

- 60 million are poor and can't afford healthcare

Lack of Health Awareness

- Poor education levels
- Poor Knowledge on how the systems work (20%)

Healthcare Access

- Majority of the population living in rural areas with poor access to basic needs (37%)

Lack of Healthcare Workers

- Majority of healthcare workers live in densely populated areas (>50%)

Cost of Healthcare

- 75-80% of healthcare expenditure comes out-of-pocket.

(Kasthuri, 2018)

REIMBURSEMENT

**Government facilities**

- The government or insurance pays public health care providers through the system of reimbursement.

**Private facilities**

- Private hospital health care providers negotiate their reimbursements rate with providers and hospitals.

(Dang et al., 2021)

REFERENCES

Dang, A., Dang, D., & Vallish, B. (2021). Importance of evidence-based health insurance reimbursement and health technology assessment for achieving universal health coverage and improved access to health in India. *Value in Health Regional Issues*, 24, 24-30. <https://doi.org/10.1016/j.vhri.2020.04.007>

Dubey, N. (2020). Post lockdown employers must mandatorily provide medical insurance to employees. <https://economictimes.indiatimes.com/wealth/insure/health-insurance/post-lockdown-employers-must-mandatorily-provide-medical-insurance-to-employees/articleshow/75263595.cms?from=mdr>

Kasthuri, A. (2018). Challenges to healthcare in India - the five a's. *Indian Journal of Community Medicine : Official Publication of Indian Association of Preventive & Social Medicine*, 43(3), 141–143. [https://doi.org/10.4103/ijcm.IJCM\\_194\\_18](https://doi.org/10.4103/ijcm.IJCM_194_18)

Khetrpal, S., Acharya, A., & Mills, A. (2019). Assessment of the public-private-partnerships model of a national health insurance scheme in india. *Social Science & Medicine (1982)*, 243, 112634–112634. <https://doi.org/10.1016/j.socscimed.2019.112634>

Kumar, D., & Sohal, S. (2018). Overview of health care expenditure & healthcare payment methods in India. *Health Economics & Outcome Research: Open Access*, 04(02). <https://doi.org/10.4172/2471-268x.1000154>

Reddy, K. (2020, June 30). *It's time to transform the Indian healthcare system*. Medium. <https://medium.com/@DKupendraReddy/its-time-to-transform-the-indian-healthcare-system-2f557a3bf65>

World Data Bank. (2017). *Hospital beds (per 1,000 people) -India*. <https://data.worldbank.org/indicator/SH.MED.BEDS.ZS?end=2017&locations=IN&start=1960&view=chart>

World Health Organization. (2019). *Global health observatory (GHO) data. India; country and statics*. <https://www.who.int/data/gho/data/countries/country-details/GHO/india?countryProfileId=e150dd37-4c59-4743-8c1d-e90c1d4a545f>