E-ISSN: 2664-603X
P-ISSN: 2664-6021
IJPSG 2023; 5(1): 113-117
www.journalofpoliticalscience.com
Received: 17-12-2022
Accepted: 16-01-2023

Pinki
Ph.D. Research Scholar, Department of Political Science, Sharda University, Noida, Uttar Pradesh, India

Corresponding Author:
Pinki
Ph.D. Research Scholar, Department of Political Science, Sharda University, Noida, Uttar Pradesh, India

India's political economy in health and transformation of healthcare sector

Pinki

DOI: https://doi.org/10.33545/26646021.2023.v5.i1b.211

Abstract
The revolutionary changes in Indian health policy show how committed the government is to the welfare and health of its people, as well as how well-versed it is in political economy. By promptly identifying and acknowledging the problems, significant progress has been accomplished during the past seven years. To find workable policy solutions and policies, an analytical and problem-solving methodology is applied. Once produced, these solutions and policies are accompanied by an enabling environment to ensure sustainability. The policy is then introduced when there is a political opportunity, creating a platform with clear political attention pathways. In current political and economic issues, this narrative study critically examines the Government of India's (GoI) progressive attempts to provide effective, equitable, accessible, inexpensive, and high-quality healthcare. In this paper we analysis of the effects of political and economic forces on improving healthcare systems, infrastructure, service delivery, policy recommendations and interventions, offering financial risk protection, and economic implications has been done in order to discuss the claims made in the previous sentence.

Keywords: Political economy, healthcare sector, welfare state, Yojna, India

Introduction
The Indian healthcare sector has made significant strides in the last few decades. Challenges in the Indian healthcare sector. The nature and structure of the Indian healthcare system makes it particularly difficult for patients who are coping with the disease to find their way around. A poor government healthcare system, a lack of significant formal financial protection, and almost no information about provider quality or performance mean that people are entering a fragmented, underperforming private market by paying for services with no continuity of patient care. Treatment. Despite India's continued demand for higher healthcare budgets, as well as the potential economic benefits of investing in healthcare, healthcare budgets remain disastrously low, lower than many other countries in South and Southeast Asia. Healthcare is provided by myriad organizations, institutions, and arrangements in India without any coordination and often with contradictory incentives. The public sector is vertically fragmented across primary, secondary and tertiary care, and across disease categories, with no integration. The private sector is fragmented with solo practitioners and independent clinics comprising 95 percent of the private ambulatory market is the mixed and heterogeneous nature of healthcare provision has resulted in an extremely fragmented, disorganized, and disaggregated ecosystem, resulting in gaps in access, quality, and affordability, where patients are left to fend for themselves and seek treatment from multiple service providers without any continuity in service provision.
The Indian healthcare system also witnesses horizontal fragmentation with low levels of coordination between the public and the private sectors. With almost 70 percent of inpatient care and 80 percent of ambulatory services being provided by the private sector, the Government has had minimal experience leveraging the private sector effectively, with significant regulator and accountability challenges. service provision, health financing in India is fragmented in terms of both revenue sources and risk pooling. 64 percent of healthcare expenditure in India comes from out-of-pocket expenditure, higher than the average in lower middle-income countries (57 percent), low-income countries (44 percent), the other BRICS (Brazil-28 percent, Russia-36 percent, China-32percent, South Africa-8

percent), and OECD countries (14 percent), with the government in India spending 1.1percent of the GDP on healthcare (NITI Aayog, 2018; PRS, 2020); divided between the Centre and the States.

The Political Economy of Health is the "analysis of causes of disease distribution that requires attention to the political and economic structures, processes and power relationships that produce societal patterns of health, disease, and wellbeing via shaping the conditions in which people live and work". Consequently, the perceptions regarding the severity of the health problem, the responsibility for dealing with the problem, and affected populations play a critical role in influencing political response. The response may vary from incremental policy change to comprehensive reform based on fiscal constraints and the capacity of political institutions to assimilate and understand the long-term effects of public health concerns. Therefore, understanding the political economy of health provides valuable insights to the stakeholders on the evolution of health priorities over time and facilitates agenda setting.

In India, the transformative changes in health policy display the government's dedication to its citizens' health and welfare and demonstrate its understanding of the political economy. In the past seven years, substantial progress has been made by timely recognition and acknowledgement of the issues. An analytic and problem-solving approach is used to identify feasible policy solutions and policies, which, once developed, are complemented by an enabling environment to ensure sustainability. Thereafter, a political opportunity is identified to introduce the policy, providing a platform with defined trajectories for political attention. Achievements of recent interventions such as the Free Drugs and Diagnostics Service Initiative (FDDSI), Swachh Bharat Mission (SBM), Pradhan Mantri Bhartiya Janaushadhi Pariyojana (PMBJP), the four pillars of Ayushman Bharat- i.e., Ayushman Bharat- Health and Wellness Centre (AB-HWC), Ayushman Bharat- Jan Arogya Yojana (AB PM-JAY), Ayushman Bharat- Digital Mission (ABDM) and Pradhan Mantri Ayushman Bharat-Health Infrastructure Mission (PM-ABHIM) and tied grants under the Fifteenth Finance Commission (FC-XV) depict India's progress towards achieving the National Health Policy (NHP) 2017 targets, Sustainable Development Goals (SDGs) and Universal Health Coverage (UHC).

This narrative review critically analyses the progressive efforts made by the Government of India (GoI) in the backdrop of addressing political and economic challenges for providing efficient, equitable, accessible, affordable and quality healthcare. The statements made in the preceding paragraph have been discussed through an analysis of the implications of economic forces on strengthening health systems, reforms in healthcare, infrastructure, service delivery, policy prescriptions and interventions, provision of financial risk protection, and economic implications.

These deficiencies do not necessarily have to be present, as the exact limitations and technical solutions are not known. The Indian health ecosystem has long been analyzed and solutions are presented, although not exhaustively (see NITI Aayog 2018, Planning Commission 2011). There are gaps because, despite knowing the solutions, the political reforms have been minimally and poorly implemented. The challenge of reform and its effective implementation is rooted in the lack of political priority for health care. Health has rarely become a central political agenda, possibly due to political infighting and the prioritization process between competing priorities in the country. This is underscored by the 2021 budget, which despite the pandemic, does not include major health priorities in the allocations through 2020 (see Figures 1) and no systemic reform. Health spending has not increased significantly for several years either by the Union government (as a percentage of GDP or as a percentage of their total budget) or by the central and state governments combined. Investments in healthcare still low; lack of investment in primary health care; lack of reforms to address fragmentation (of supply and funding), quality and accountability, all of this suggests that political attention to health is still low. Health promotion in the country must now focus on the political barriers that stand in the way of prioritizing health care.

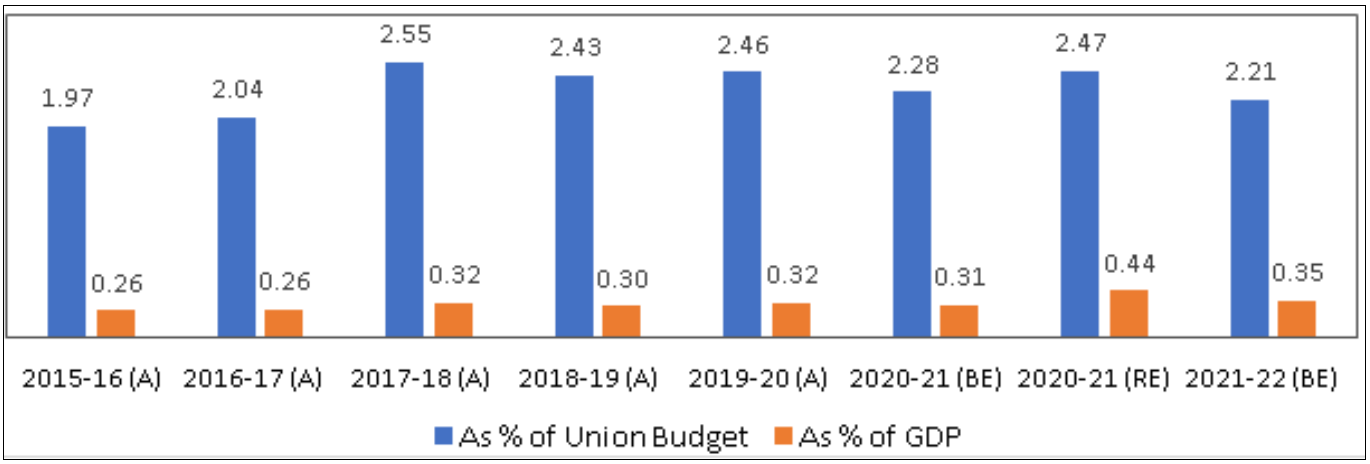

Chart 1: Union Government's Budgetary Spending on Health- Source: CBGA, 2022

Economic Forces Effects on the Improvement of Health Systems

In place of an integrated and horizontal health system, the Alma Ata proclamation of 1978 supported social justice and rights for the masses who got specialised medical care via vertical disease-focused programmes. India, a signatory to the statement, reaffirmed that it was essential to the overall development of the country. Notwithstanding the declaration's support for comprehensive primary health care, the focus was instead placed on a limited number of initiatives that were both cost-effective and had a significant positive impact.

In India, structural adjustment programmes coexisted with selectivity as public health expenditures gradually decreased (SAPs). The SAPs made them comply with the required economic measures even though they had promised to provide directions to improve the operation of the health system. The IMF/World Bank's loan conditionality further weakened the state's influence relative to the private sector, opened the economy, encouraged market competition, and required the implementation of user fees.

The SAPs implemented through the Eighth (1992-97) and Ninth Five Year Plan (1997-2002) influenced the economic and social determinants of health and resulted in insufficient gains among the vulnerable groups. The endorsed privatization process heavily constrained access to tertiary care by escalating costs, and the use of inappropriate and unsustainable technologies exposed the poor to the mercy of a shrinking public sector.

With several shortcomings, some advantages were also realized. For instance, the Ninth Five Year Plan increased intersectoral coordination and the involvement of voluntary, private organizations and self-help groups, empowered the rural local bodies, namely the Panchayati Raj Institution (PRIs), and utilized local and community resources to strengthen healthcare.

The recommendations of the National Commission on Macroeconomics and Health, the Tenth (2002-07) and Eleventh Five Year plans (2007-12) paved the way for reforms at the primary, secondary and tertiary levels. The plans emphasized mechanisms for providing near-universal coverage through reorganization and restructuring of healthcare infrastructure, human resource development and horizontal integration of vertical programs facilitated by the formation of a single health and family welfare society at all levels. Efforts were also made to build an effective system of disease surveillance.

The National Rural Health Mission (NRHM), now known as the National Health Mission (NHM), was launched in 2005 to achieve universal access to equitable, affordable, and high-quality health care. Previously, NHM focused on Reproductive and Child Health and Communicable diseases, especially among vulnerable groups. Acknowledging major gains, a significant shortcoming of NHM was in delivering an essential package of services with the selective primary care approach. The evolving needs of the population due to changing demographic and epidemiological profiles could no longer be addressed with a selective package. This was true especially with the growing burden of mortality and morbidity due to non-communicable diseases.

Policies, Recommendations, and Actions

The GoI has stimulated fundamental policy level changes and interventions to ensure health equity. The National Health Policy (NHP) 2017 is a prescription to address the existing and emerging socio-economic and epidemiological challenges as a crucial step towards UHC. Aligned with the goals of NHP 2017, the GoI established Ayushman Bharat (AB) with two important components marking a transitional shift in prioritizing policies and programs for achieving UHC. The AB- Health and Wellness Centers (AB-HWCs) function as a platform to deliver Comprehensive Primary Health Care (CPHC) with linkages to referral hospitals. Although AB-HWC reflects the government's efforts to convert policy articulations to budgetary commitment to bring services closer to communities, some challenges remain, there is a need to strengthen intersectoral convergence for effective coverage and penetration of health services within relevant non-health departments. Another component of AB, the Pradhan Mantri Jan Arogya Yojana (PMJAY) provides financial protection to the bottom 40 percent of the population. The scheme has been implemented across 33 States and Union Territories, including the most underserved regions. Nevertheless, the linkages between the services under primary healthcare and the financial provisions under PMJAY need to be bolstered.

The National List of Essential Medicines (NLEM 2015) now includes an additional 376 drugs along with coronary stents in ceiling prices. The Medical Device Rules 2017 provides risk-based classification, licensing and regulation of medical equipment, while the amendment in 2020 ensures quality assurance and encompasses commonly used medical items. Due to important amendments, essential devices like cardiac stents are now approximately 85percent lower than the market rates in 2017. Notwithstanding, the increase in domestic manufacturing and reducing costs need to be supplemented by effective implementation of the Production Linked Incentives (PLI) schemes. The amendment of the Maternity Benefits Act in 2016 to extend the maternity leave period from 12 to 26 weeks serves as a good example of inclusivity. Another example is the Mental Healthcare Act 2017, which champions a rights-based statutory framework to receive optimum care and to live with dignity and respect. However, to materialize the vision, a more citizen-centric approach is needed to ensure mental health care services at the primary and community level with established bi-directional referral and follow-up linkages at higher levels of care.

India also eliminated maternal and neonatal tetanus in May 2015 before the set target of December 2015. Regarding communicable diseases, it passed the HIV & AIDS Act 2017 to end the HIV/AIDs epidemic by 2030 in accordance with the target SDGs. Additionally, it has implemented a National Strategic Plan to eliminate Tuberculosis (TB) by 2025. Yet, the nation must undertake strategic efforts to overcome the lag induced by the pandemic to achieve the target.

Enhancing the Infrastructure

Several breakthroughs in infrastructural reforms have been created under the NHM. The rollout of AB-HWC involves upgrading existing healthcare infrastructure at the primary level. Recently, the Fifteenth Finance Commission (FC-XV) recommended grants for specific health sector components to the tune of Rs. 70,051 crores to strengthen the existing infrastructural system at the grass-root level. To ensure effective planning and utilization of funds, local bodies in both rural and urban areas must be actively involved throughout the implementation process. Additionally, the Ayushman Bharat Digital Mission (ABDM) was launched to develop and support the integrated digital health infrastructure of the country, which intends to bridge the existing gap among stakeholders.

The GOI recently launched the biggest Pan-India infrastructure scheme known as Pradhan Mantri Ayushman Bharat- Health Infrastructure Mission (PM-ABHIM) to strengthen the country's health infrastructure, disease surveillance, and health research. However, the success of the initiative relies on both the centrally sponsored (CSS) and central sector (CS) components to work together

synergistically.

Addressing Service Delivery Lapses

In addition to strengthening primary and secondary health care, gaps in service delivery have been consistently addressed. The Indradhanush Mission has provided impetus to improve immunization coverage by introducing new vaccines as part of routine immunizations. The 1985 universal immunization program turned vaccination into a grassroots movement. Since 2014, many additional vaccines have been provided as part of routine immunization services to reduce the burden of infectious diseases in the country. However, sustained efforts are needed to even out disparities in immunization uptake, particularly in states that are seeing declines in national surveys and nationwide facility reports.

With the outbreak of the SARS-CoV-2 pandemic, the nation's economic activities came to a prolonged standstill. In order to mitigate the externalities of the pandemic and restore normalcy to both life and the economy, an expedited vaccine rollout was identified as India's strategy. The leadership had to navigate through supply-side constraints on vaccine manufacturing and demand-side constraints imposed by vaccine hesitancy, digital gaps, vaccine wastage, and vaccine equity in rural and urban India. Nevertheless, the initiation of the drive leveraging existing and additional capacities posited the nation and its economy to be better equipped to manage the impending waves.

Other noteworthy mentions that follow the 12th Five Year Plan refer to the Pradhan Mantri National Dialysis Program, the Pradhan Mantri Bharatiya Janaushadi Kendras, the AMRIT pharmacies and the Regional Organ & Tissue Transplant Organization (ROTTO) networks.

Initiatives Addressing Social Determinants of Health and Promoting Health

The Swachh Bharat Mission, Pradhan Mantri Ujjwala Yojana (PMUY), and the Jan Aushadhi Scheme attend to the overarching aim of NHM even though they are not under the purview of the Ministry of Health. An ongoing evaluation of PMUY in selected states of India demonstrated an evident influence of LPG connection with the general health of the primary cooking person and other family members in the preliminary analysis. Future studies need to be conducted on the environmental benefits of PMUY in the community.

The POSHAN Abhiyaan was launched to tackle malnutrition through multi-modal interventions. Still, convergent planning as envisioned remains a multi-sectoral governance challenge, which needs collaborative and distributive leadership to bring all actors out of their 'silos'. The Digital India campaign and e-Health initiatives are envisaged to redress inaccessibility issues. The Swachh Bharat Mission launched in 2014 doubled the country's rural sanitation coverage from 38 percent to over 83 percent in four years since its inception.

Impacts on the Economy of Strengthening and Reforming the Health System

The National Health Accounts Estimates for India 2017-18 (NHA 2017-18) demonstrate significant changes in India's economic profile. It indicates an increase in the share of government health expenditure (GHE) in the total GDP of the country from 1.15 percent (2013-14) to 1.35 percent in (2017-18). The GoI now aspires to increase health spending to 3 percent by 2022.

Moreover, the share of GHE (40.8 percent) in total health expenditure has also increased from 28.6 percent over time. GHE as a share of Total Government Expenditure has increased from 3.78 percent (2013-14) to 5.12 percent (2017-18), denoting the increasing importance of health in the country. The share of primary healthcare in the current GHE has also increased from 51.1percent (2013-14) to 54.7percent (2017-18). The share of social security expenditure on health has also increased from 6percent (2013-14) to around 9 percent (2017-18) as a percent of the Currently, out-of-pocket expenditure (OOPE) as a share of THE is 48.8 percent, and Current Health Expenditure is 55.1 percent. In 2013-14, the share of OOPE in the was 64.2 percent, and Current Health Expenditure was 69.07 percent.

Although the NHA estimates indicate a sturdy move towards comprehensive health care, there is a need to further reduce OOPE, making for nearly 48.8 percent of the total health expenditure. As the current trend indicates an increase in health opportunities, strengthened human resources policies and availability at all levels will further improve health outcomes. The nature of the increase in the Government's Health Sector should continue to emphasize primary healthcare to achieve UHC.

Conclusion

This article showed that the Indian healthcare system is constantly evolving to meet the needs of its citizens in response to changing demographics, disease patterns and policy reforms. The Indonesian government is aware of the complexity of the growing variety of contexts and is strengthening the Indian healthcare system. Targeted actions have been taken to address the challenges of health equity, affordability and accessibility. The GoI government has planned and implemented many initiatives to achieve the 2017 NSP, UHC and Sustainable Development Goals. This has also been reflected in an increase in public health expenditure, which has contributed to the strengthening of the health system and a significant improvement in health indicators. Over the past seven years, we have witnessed several important policy decisions that were backed by political support and would lead to significant changes in the healthcare sector. Given that the success of the political process is also dependent on the capacity of the systems, the designed interventions are made to prioritize linkages and strengthening of health systems to enable effective service delivery and improve health outcomes. The cognizance of the political leaders in India serves as an example of how timely decisions can be made in the policy process while being sensitive to the needs of the population. Fulfilling commitments through intense political intervention reflects the link between political promises and their implementation, and builds strong relationships between citizens and leadership.

References

1. Health Ministry issues a notification for bringing the HIV/AIDS Act, 2017 in force. https://pib.gov.in/Pressreleaseshare.aspx?PRID=1545690
2. Eliminating AIDS By 2030. https://pib.gov.in/Pressreleaseshare.aspx?PRID=1519322

3. Deshpande Rajeshwari, Kailsh KK, Louise Tillin. States as Laboratories. The Politics of Social Welfare Policies in India. India Review. 2019;16(1).
4. Disease Eradication Programmes under Union Health Ministry. https://www.pib.gov.in/www.pib.gov.in/Pressreleaseshare.aspx?PRID=1738154
5. Aggarwal AN, Agarwal R, Dhooria S, Prasad KT, Sehgal IS, Muthu V. Impact of COVID-19 pandemic on tuberculosis notifications in India. Lung India. 2022;39(1):89-91. doi:10.4103/lungindia.lungindia_604_21
6. Broad Guidelines for Private Investments in setting up of Hospitals in Tier 2 and Tier 3 cities subsequent to PMJAY. https://pib.gov.in/Pressreleaseshare.aspx?PRID=1559182
7. Health Sector Grant of Rs. 8,453.92 crore released to Local Bodies of 19 States. Accessed December 8, 2021. https://pib.gov.in/pib.gov.in/Pressreleaseshare.aspx?PRID=1771352
8. ABDM Official Website Ayushman Bharat Pradhan Mantri Jan Arogya Yojana | National Health Authority. https://pmjay.gov.in/ndhm
9. Pradhan Mantri Ujjwala Yojna (PMUY). UMANG.. https://web.umang.gov.in
10. Digitalindia, Digital India Programme, Ministry of Electronics & Information Technology(MeitY) Government of India. Accessed December 9, 2021. https://www.digitalindia.gov.in/
11. Swachh Bharat Mission (Gramin). Published October 15, 2020. https://sbm.gov.in/sbmdashboard/Default.aspx
12. Official Website Ayushman Bharat HWC. https://ab-hwc.nhp.gov.in http://164.100.47.193/Refinput/New_Reference_Notes/English/MISION_INDRADHANUSH.pdf
13. Mental Healthcare Act 2017, The Gazette of India. https://egazette.nic.in/WriteReadData/2017/175248.pdf
14. Campos PA, Reich MR. Political analysis for health policy implementation. Health Systems & Reform. 2019;5(3):224-235.
15. CAG. Report of the Comptroller and Auditor General of {India} on Audit of Preparedness for the Implementation of Sustainable Development Goals. NITI Aayog, Government of India, NewDelhi; c2022. https://cag.gov.in/sites/default/files/audit_report_files/Report_No_8_of_2019_Preparedness_for_the_Implementation_of_Sustainable_Development_Goals_Union_Government_Civil_NITI_Aayog.pdf
16. Center for Budget and Governance Accountability. Budget in the time of the pandemic. An analysis of Union Budget 2022-23; c2022.