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## Universal Healthcare in India: where are we?

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*The concept of universal healthcare and, in a much broader sense, the right to healthcare is not a new one. We have been striving to achieve it both nationally and internationally since the 1970s after the formation of the World Health Organisation. It has been the duty of the state to promote the welfare and livelihood of every citizen, a notion that has been enshrined in the Constitution of India, under its fundamental rights and DSPs. The difficulty we have faced essentially boils down to two main schools of thought on how to achieve the right to healthcare for all. The debate is between the capitalistic mode of governance which seeks to alleviate the individual to a position where they themselves can access healthcare and the socialist-welfare mode which seeks to make healthcare a state led initiative. This paper examines exactly how we have worked towards this goal and whether we are anywhere near achieving it and what we can do to improve our current situation.*

**Keywords:** *universal healthcare, rural healthcare, right to health.*

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### INTRODUCTION

In September of 1978, India was part of the Alma Ata Conference. A meeting of countries and states to determine the global healthcare initiative and goals for the coming years. It boldly stated that the world at large should focus on the “attainment by all peoples of the world by the year 2000 of a level of health that will permit them to lead a socially and economically

productive life”<sup>1</sup>. Now of course we have not attained this to its complete fruition, but significant steps have been taken to improve the general livelihood of the peoples of India. There is still, however, much to be done in terms of securing the right to health for all the peoples of India. To begin with, we need to examine what health means in a broad sense, so we know what it is we are trying to achieve.

**The World Health Organisation’s constitution states:**

“Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition.”<sup>2</sup>

After India gained independence, it was largely committed to providing its citizens with quality education and healthcare, and the establishment of a welfare state, however as time passed the complexities of the situation widened along with a rapidly growing population<sup>3</sup>. India began to adopt a neo capitalistic approach that prioritised a ‘horse and oats’ approach, where the focus was on developing growth in the economy so that individuals in the state could provide for themselves<sup>4</sup>. This particular theory focused on concentrated points of wealth, with the belief that it would eventually spill over to the rest of society, it is commonly referred to as the ‘trickle-down theory. This was a drastic shift from attempting to create a welfare state as it prioritised economic growth rather than policy planning to ameliorate the conditions of the rural sector. What happened was a growth of the economy from a rate of 2.8 percent in the 1960s to 5.7 percent in the 1980s<sup>5</sup>. The issue was that this growth was concentrated in metropolitan areas and rural areas were overlooked.

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<sup>1</sup> World health organization, 'Declaration of Alma-Ata' (*World Health Organisation*, September 1978) <[https://www.who.int/docs/default-source/documents/almaata-declaration-en.pdf?sfvrsn=7b3c2167\\_2](https://www.who.int/docs/default-source/documents/almaata-declaration-en.pdf?sfvrsn=7b3c2167_2)> accessed 12 June 2021

<sup>2</sup> World health organization, 'Constitution of The World Health Organisation' (*World Health Organisation*, October 2006) <[https://www.who.int/governance/eb/who\\_constitution\\_en.pdf](https://www.who.int/governance/eb/who_constitution_en.pdf)> accessed 12 June 2021

<sup>3</sup> Imrana Qadeer, 'Healthcare Systems in Transition III India, Part I' [1999] 22(1) *Journal of Public Health Medicine* 25-32

<sup>4</sup> *Ibid*

<sup>5</sup> *Ibid*

## THE EMERGENCY

Then in 1976 when the National Emergency was declared, more forceful methods were adopted to deal with the national healthcare crisis, specifically relating to population control<sup>6</sup>. The government focused on forced sterilization as a method to control population growth without regard to an individual's own choice. This was a clear violation of Article 21, as has been recently reaffirmed in the case of *Devika Biswas v. Union of India & Others*<sup>7</sup>. This reactionary response has largely been the reason for the lack of policy and infrastructure in the Indian healthcare system. Coupled with the move to capitalistic economic models it only served to further alienate the rural sector of the population. What is surprising is that during the 1980s India experienced an unprecedented level of development regarding primary healthcare, abiding by most of the standards set by the WHO. It established many Primary Healthcare Centres (PHCs) which allowed treatment to be given to a larger number of people<sup>8</sup>.

Post the 1980s the private sector of healthcare began to dominate the field and policies were enacted in accordance with their standards. This created a rift between the upper and middle class, and the lower middle and poverty-stricken classes<sup>9</sup>. This in turn led to a major shift in medical research which focused on high-end healthcare with advances in technology, while the diseases in the rural sector were largely ignored. There was a dip in communicable diseases but not a complete eradication, so diseases like malaria and polio still plagued the rural population, many of which persist today<sup>10</sup>. By further alienating the lower classes leads to a compromised workforce and has a detrimental effect on productivity<sup>11</sup>. All of which inadvertently affect the overall economy and quality of life in the country.

## HEALTH IN INDIA

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<sup>6</sup> *Ibid*

<sup>7</sup> *Devika Biswas v Union of India & Ors* AIR 2016 SC 4405

<sup>8</sup> Qadeer (n 3)

<sup>9</sup> *Ibid*

<sup>10</sup> Ashok Patil and others, 'Current Health Scenario in Rural India' (*University of Pennsylvania*, 2002) <<https://www.sas.upenn.edu/~dludden/WaterborneDisease3.pdf>> accessed 14 June 2021

<sup>11</sup> Robert Rubin, 'Why Hurting The Poor Will Hurt The Economy' (*Washington Post*, 2017) <[https://www.washingtonpost.com/opinions/the-anti-poverty-programs-congress-wants-to-cut-are-crucial-to-the-economy/2017/03/10/5359b7e0-0509-11e7-b1e9-a05d3c21f7cf\\_story.html](https://www.washingtonpost.com/opinions/the-anti-poverty-programs-congress-wants-to-cut-are-crucial-to-the-economy/2017/03/10/5359b7e0-0509-11e7-b1e9-a05d3c21f7cf_story.html)> accessed 14 June 2021

The WHO's definition of health is a good framework, but it lacks specificity and clear outlines which would be important for a state when framing policies. Therefore, the concept has been debated in courts, whether the right to healthcare and in a much larger sense life, simply means the preservation of life or something more. In the case of *Kharak Singh v. State of Uttar Pradesh*, it was J Subba Rao who reiterated that "By the term 'life' as here used something more is meant than mere animal existence"<sup>12</sup>. The right to life and the right to healthcare are inseparable concepts for to deny the latter would mean to deny the former. This would be a constitutional violation of one of the most sacred of fundamental rights, Article 21. This notion was concretized in the case of *Paschim Bangal Khet Mazdoor Society v. State of West Bengal* where the court stated that "Failure on the part of the government hospital to provide timely medical treatment to a person in need of such treatment results in violation of his right to life guaranteed under Article 21"<sup>13</sup>. In the Indian context of a right to healthcare Article 21 must be read with Article 47, a directive state policy that makes it the duty of the government to improve the standard of living and the wellbeing, and health of all the citizens of India<sup>14</sup>.

There were a few ways in which the government tried to do this post the 1990s, mainly the implementation of the Compulsory Rural Medical Scheme (CRMS) and the Bachelor in Rural Medicine and Surgery (BRMS). Both of which were met with some resistance from the Indian Medical Association and medical students, and both having been rejected. The CRMS was contended to be a violation of the students' right under Article 19(1)(g) the freedom to carry out any profession within the republic of India<sup>15</sup>. They further contend that the issues that rural areas face are a product of systemic issues and that the CRMS scheme will not help alleviate these problems<sup>16</sup>. The BRMS on the other hand has been met with some resistance by the IMA, namely that it would authorize ill equipped individuals to practice allopathic medicine<sup>17</sup>. Internationally however similar schemes to the BRMS have been an astounding

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<sup>12</sup> *Kharak Singh v State of Uttar Pradesh* AIR 1963 SC 1295

<sup>13</sup> *Paschim Bangal Khet Mazdoor Society v State of West Bengal* AIR 1996 SC 2426

<sup>14</sup> Constitution of India, art 47

<sup>15</sup> Karthy Nair & Pallavi Sharma, 'Delivering the Right to Health to the Rural Sector' (2011) 4 NUJS L Rev 391

<sup>16</sup> *Ibid*

<sup>17</sup> *Ibid*

success<sup>18</sup>. Yet the government still seems intent on implementing such schemes as it seems to be our best shot at tackling the inadequacies of healthcare in the rural sector<sup>19</sup>.

The contention regarding the BRMS course is influenced perhaps by a conflict between allopathy and Ayurveda. It is no surprise that Ayurveda is a large field in India, and many individuals preach its benefits<sup>20</sup>. The concern for many including the IMA is that with the rise in popularity of Ayurveda, the faith in western medicine declines. This in turn leads to the authorization of unscientific and at times dangerous procedures<sup>21</sup>. This becomes an issue when certain situations that require specific treatment do not get the treatment they need, and loss of life can ensue as a result. Ayurveda certainly has some benefits and it shares some principles with western medicine, it is, however, woefully unequipped to deal with all the complexities of the modern medical world.

Another important and good policy that has recently been implemented is the National Commission for Allied, Healthcare Professions Bill. What this bill does is seek to establish a control body that monitors the quality of education and healthcare in the medical field. It also requires that this controlling body would research into effective policies and recommend them to the centre and the state<sup>22</sup>. It also demands registration for practice, which would improve accountability. Apart from this, compulsory rural service is being demanded from doctors in some states<sup>23</sup>. Some healthcare experts are also demanding that senior doctors are also

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<sup>18</sup> KK Sharma, 'China's unique body of barefoot doctors evolve a cure for most ills' (*Indiatoday*, 2015) <<https://www.indiatoday.in/magazine/special-report/story/19780615-chinas-unique-body-of-barefoot-doctors-evolve-a-cure-for-most-ills-818589-2015-01-16>> accessed 14 June 2021

<sup>19</sup> Aarti Dhar, 'Barefoot Doctors' (*The Hindu*, 12 May 2013) <<https://www.thehindu.com/news/national/barefoot-doctors/article4707107.ece>> accessed 14 June 2021

<sup>20</sup> PricewaterhouseCoopers, '77 percent Indian Households use Ayurvedic Products' (*Economic Times*, Nov 23, 2018) <<https://economictimes.indiatimes.com/industry/healthcare/biotech/healthcare/77-percent-indian-households-use-ayurvedic-products-pwc-report/articleshow/66773295.cms?from=mdr>> accessed 14 June 2021

<sup>21</sup> Press Trust of India, 'IMA announces petition movement against govt's move allowing ayurveda doctors to perform surgery' (*The Hindu*, 14 February 2021) <<https://www.thehindu.com/news/national/ima-announces-petition-movement-against-govts-move-allowing-ayurveda-doctors-to-perform-surgery/article33834861.ece>> accessed 15 June 2021

<sup>22</sup> Press Trust of India, 'Parliament passes National Commission for Allied, Healthcare ' (*Times of India*, 24 March, 2021) <<https://timesofindia.indiatimes.com/india/parliament-passes-national-commission-for-allied-healthcare-professions-bill/articleshow/81675682.cms>> accessed 15 June 2021

<sup>23</sup> Mustafa Plumber, 'Compulsory Rural Service: Karnataka High Court Issues Notice On MBBS Graduates' Plea Against Govt Notification ' (*Live Law*, 16 June 2021) <<https://www.livelaw.in/news-updates/compulsory-rural>>

required to serve in rural areas for a period of time or their licenses would be revoked<sup>24</sup>. This specific idea will need a lot of refinement as it demands service from professionals who have spent years researching and working in their fields and may be less able to adapt to rural situations especially if it implies taking a significant pay cut.

## WHAT WE SHOULD BE FOCUSING ON

A universal healthcare policy is necessary for several reasons. First, it is integral to a preventative method of healthcare, the more that we can prevent disease and deterioration the more we increase wellbeing<sup>25</sup>. Second, it puts less of a strain on society, economically and socially, there are numerous diseases that are still undiscovered by the world, and having a concrete healthcare system that can reach every member of society is vitally important to combat them<sup>26</sup>. Finally, it also prevents people who have been detrimentally impacted by medical expenses from going into poverty because of this<sup>27</sup>.

Moving on to what it is exactly that we can do in order to improve the overall healthcare of the country. First is an increase in the budget allocated to healthcare, in 2020 it was 1.1 percent of the GDP<sup>28</sup>. This actually decreased in terms of a percentage of the total GDP in 2021, from 1.1 percent to 0.34 percent of the total GDP<sup>29</sup>. It is recommended that the budget be increased to 25

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[service-karnataka-high-court-issues-notice-on-mbbs-graduates-plea-against-govt-notification-175811](#)> accessed 17 June 2021

<sup>24</sup> Garima, 'All MMBS Doctors Should Do Compulsory 3-Year Rural Service' (*Medical Dialogues*, 16 March 2021) <<https://medicdialogues.in/news/health/doctors/all-mbbs-doctors-should-do-compulsory-3-year-rural-service-violation-should-lead-to-deregistration-ban-on-medical-practice-parliamentary-committee-75576>> accessed 17 June 2021

<sup>25</sup> United nations, 'Universal Health Coverage' (*United Nations*) <[https://in.one.un.org/task-teams/universal-health-coverage/#:~:text=Universal%20health%20coverage%20\(UHC\)%20has,go%20to%20school%20and%20learn.](https://in.one.un.org/task-teams/universal-health-coverage/#:~:text=Universal%20health%20coverage%20(UHC)%20has,go%20to%20school%20and%20learn.)> accessed 17 June 2021

<sup>26</sup> World health organization, 'Zoonotic disease: emerging public health threats in the Region' (*World Health Organization*) <<http://www.emro.who.int/fr/about-who/rc61/zoonotic-diseases.html>> accessed 18 June 2021  
<sup>27</sup> PTI (n 22)

<sup>28</sup> Pavitra Mohan & Sanjana Brahmawar, '8 Ways in Which India's Public Healthcare Can Change for the Better' (*The Wire*, 1 January 2020) <<https://thewire.in/health/primary-healthcare-anganwadi-eggs-workplace-safety-womens-health>> accessed 18 June 2021

<sup>29</sup> Dipa Sinha, 'Explained: Despite Govt Claims, India's Health Budget Only Around 034% of GDP' (*The Wire*, 01 February 2021) <<https://thewire.in/health/primary-healthcare-anganwadi-eggs-workplace-safety-womens-health>> accessed 18 June 2021

percent from the centre and state level<sup>30</sup>. Then there is the renewal of trust between doctors and patients, and especially their families. In recent times this has seen a drastic decrease, leading to violence being committed against doctors on many occasions<sup>31</sup>. Then diet planning and a focus on combatting malnutrition must be prioritized in PHCs and family planning centres, namely that children can avail themselves holistic diets that provide them with the nutrition that they need<sup>32</sup>. Then, primary healthcare centres need to be prioritized, they remain largely underfunded and short-staffed<sup>33</sup>. Insurance companies also can do a lot to alleviate the situation, they need to ensure penetration in the lower classes and poverty-stricken aspects of society<sup>34</sup>. Then of course there needs to be a clear prioritisation on what kinds of healthcare are integral to improving lives. Using other countries like the U.K. and Canada as a framework for this would be a good idea, as they have already managed to universalize healthcare<sup>35</sup>. Then specifically for India, we need to ensure that children and women can avail themselves healthcare and that research into conditions that plague them specifically is funded<sup>36</sup>. Recently deaths in women have seen a huge jump due to NCDs, 60% of all female deaths are attributed to NCDs according to a 2013 study<sup>37</sup>. Currently, most of our spending is on the Military and Defence<sup>38</sup>. This might seem reasonable, but it cannot be at the cost of the general welfare of the citizens of the country.

## CONCLUSION

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<sup>30</sup> UN (n 25)

<sup>31</sup> Kanjaksha Ghosh, 'Violence against doctors: A wake-up call' (*NCBI*, August 2018) <<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6206759/>> accessed 18 June 2021

<sup>32</sup> UN (n 25)

<sup>33</sup> *Ibid*

<sup>34</sup> Pragya Pranjali, 'How can we improve the present health care system in India' (*Smile Foundation*, 29 June 2018) <<https://www.smilefoundationindia.org/blog/how-can-we-improve-the-present-health-care-system-in-india/>> accessed 18 June 2021

<sup>35</sup> New York State Health Department, 'Foreign Countries with Universal Health Care' (*New York State Health Department*) <[https://www.health.ny.gov/regulations/hcra/univ\\_hlth\\_care.htm](https://www.health.ny.gov/regulations/hcra/univ_hlth_care.htm)> accessed 19 June 2021

<sup>36</sup> George Institute, 'Framing Women's Health Issues in 21st Century India - A Policy Report' (*George Institute*, May 2016) <<https://www.georgeinstitute.org/sites/default/files/raming-womens-health-issues-in-21st-century-india.pdf>> accessed 19 June 2021

<sup>37</sup> *Ibid*

<sup>38</sup> Times of India, 'Union Budget 2021 explained in 15 charts ' (*Times of India*, 01 February 2021) <<https://timesofindia.indiatimes.com/business/india-business/union-budget-2021-explained-in-15-charts/articleshow/80631848.cms>> accessed 19 June 2021

The truth of the matter is that there is much work to be done regarding healthcare and universalising it. It is imperative for every democratic society to provide their citizens with quality healthcare which enables one to live the most productive life. India as a country has taken certain steps to improve this concept but we are still only at the inception of it. The protection and security of one's constitutional freedoms is the most important part of the Indian democracy, their interpretations wide and flexible, and their ethos inclusive. Only by actively working towards realistic and effective policy can we hope to achieve any state of well-being that is acceptable in a general sense. As Justice Benjamin Cardozo aptly put it:

“Existing rules and principles can give us our present location, our bearings, our latitude, and longitude. The inn that shelters for the night are not the journey's end. The law, like the traveler, must be ready for the morrow. It must have a principle of growth. As such we are nowhere near the 'journey's end.