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Review Article

Trends, enablers and barriers to healthcare utilisation in India

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Abstract

The enablers and barriers to healthcare utilisation determine the trends of the same. This is truer in low- and middle-income settings where there is a greater heterogenicity in the healthcare ecosystem. Adoption of Universal Health Coverage (UHC) policies as the cornerstone post-independence, India has made a considerable progress in improving access, availability, affordability and adequacy to quality healthcare services. Enablers to healthcare utilisation include health schemes like Ayushman Bharat with expanded financial protection, direct benefit transfers in many health related programs to reduce out-of-pocket expenses. Increased awareness, community involvement, improved healthcare infrastructure and digital health innovations have also played a crucial role in enhancing accessibility. Despite all enablers, financial constraints both in terms of government expenditure on healthcare and community's ability to pay for the same coupled with access to health services in fragmented public and private healthcare sectors remain a major hurdle. Sociocultural factors and logistical challenges further limit healthcare utilisation. Addressing these barriers requires a comprehensive approach, integrating policy reforms, financial investments, and community engagement to ensure equitable healthcare access for all.

Keywords: Trends, Enablers, Healthcare, Barriers.

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1. Introduction

Systems that work do not just happen, they need to be planned, designed and built.[1]

The health status of a community is closely linked to the efficiency of its health care delivery system. World Health Organization states that the health care includes all the goods and services designed to promote and protect health. It includes preventive, curative, rehabilitative and palliative interventions which may be directed to individuals or to populations. A robust, resilient and responsive health care ecosystem is needed to cater to the health needs of the masses.

Healthcare systems worldwide are unique in the sense that they share certain commonalities and still are diverse. The commonality shared by all is attainment of universal health coverage for their communities while the diversity lies in the way it is to be achieved. The basic reason for diversity is that the healthcare systems of states are shaped by the felt healthcare needs of their people.

In India, the healthcare delivery system operates with the rigor of an industry in terms of its organizational structure and functioning. Hence, it has been labelled as Health Industry. Each component in this industry is performing a predefined and specific role. The Revenue Department of Government of India has conferred infrastructure status to Indian Health sector under section 10(23G) of the Income Act.[2] Under this status, the Indian Health sector has been classified into six categories namely medical care providers, diagnostic service centres and laboratories, medical equipment manufacturers, contract research organizations, pharmaceutical manufacturers and third party auxiliary and ancillary support service providers.

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2. Organization of Healthcare Delivery System in India

India has a convoluted and overlapping healthcare network of public and private sectors. A comprehensive range of health services is offered by both. The public healthcare system is organized as a three-tiered system with primary, secondary and tertiary levels of healthcare facilities. These are under the financial and administrative control of the central and state governments.

Primary healthcare level of services is provided at sub-centers and primary health centers. The sub-centers are expected to bring about behavioral changes through skillful communication and provide the most basic of health services. The primary health centers largely provide preventive and curative health services through a medical officer along with the auxiliary staff. The latter, also called delivery points, also serve as a referral unit for six subcenters.

Secondary level of health care has community health centers which have four specialists. They are also called first referral units as they offer an emergency obstetric care including caesarian section, care for sick newborns and have a blood bank.

Tertiary healthcare level caters to the demand for more sophisticated and advanced medical services, including specialty and super-specialty services. These are available at the level of medical colleges and teaching hospitals.

The staffing pattern and job specifications for personnel at each level is laid down by the Indian Public Health Standards. The private sector is more heterogenous than the public sector. On one hand, it has multi super-speciality corporate hospitals and on the other end are individual practitioners of various streams.

There is another popular method of providing healthcare to the community. This method works on a public private partnership mode. PPP has many definitions but the most common one is the one given by the World Bank. It defines is a long-term contract between a private party and a government entity, for providing a public asset or service, in which the private party bears significant risk and management responsibility, and remuneration is linked to performance.[3]

3. Healthcare Delivery System Statistics

As per the quarterly management information system report released in 2024, there are 1,67,275 Sub Centers, 26,636 Primary Health Centers, 6,155 Community Health Centers, 759 Districts Hospitals and 970 District level Health facilities other than District Hospital in the country. The health care manpower at these healthcare facilities comprise of almost 2,5 lakh Health Worker (Male + Female) at sub-centers, almost 40,500 Doctors/Medical Officers at primary health centers, 26,280 Specialists & Medical Officers at Community Health Centers and 45,00 specialist doctors at Sub District Hospitals and District Hospitals. They are assisted by almost 50,000 staff nurses each at primary and community health centers and 1.5 lakh paramedical staff at Sub District Hospitals and District Hospitals across the country.[6]

In an attempt to transform 112 of most under- developed districts across the country, Government of India launched the Aspirational Districts Program (ADP) in 2018 and to improve the overall quality of life in 500 Blocks in 27 States and 4 Union Territories, the Aspirational Blocks Program (ABP) was launched in 2023).[7]

Under Ayushman Bharat, a comprehensive health protection program, launched in 2018, Ayushman Bharat Health and Wellness Centres (AB- HWCs), now re-nomenclatured Ayshman Aarogya Mandirs,[8] were established As of 2024, 1,70,242 AAMs have operationalized.[9] These AAMs not only provide a wide range of comprehensive primary healthcare services but also have integration of Yoga and AYUSH as appropriate to people's needs.

In the last fifteen years, eleven new AIIMS have been opened in addition to the existing eight AIIMS taking the total to nineteen. The locations include Bilaspur, Bibi Nagar, Bhatinda, Deoghar, Gorakhpur, Guwahati, Kalyani, Nagpur, Mangala giri, Rajkot and Vijaypur, Five more AIIMs are in pipeline at Awantipora, Bengaluru, Darbhanga, Madurai and Rewari.[9]

The number of registered allopathic doctors stands at almost 13 lakhs, registered AYUSH doctors at almost 8 lakhs and registered nurses at approximately 36 lakhs in 2022.

The pathbreaking Ayushman Bharat Digital Mission launched in August 2020 is host to the Health Professionals Registry (HPR). The latter is a veritable repository of registered modern and traditional healthcare practitioners. The registered health care professionals are issued a unique login and identification number. The platform helps the professionals to renew their certificates on, participate in teleconsultations, access electronic health records of the patients, issue downloadable medical certificates with digital signatures and connect to other health care professionals in a secure ecosystem. More than 2.96 lakh healthcare professionals have been registered on HPR till March 2024.[9]

4. Health Indicators in India

It is the responsibility of the state to provide relevant health services to all its subjects without discrimination in their lifespan. The quality of services provided by the state and accessed by the community are assessed in proxy by the various health indicators.

India has posted a crude birth rate of 16.1 and a crude death rate of 9.1 per 1000 midyear population as per NFHS 5. The population growth rate is a very modest rate of 0.8% per

annum. The sex ration of the country improved to 1020 females per 1000 males. The mortality data for almost all age groups shows positive trends.

In NFHS-5, the under 5 mortality rate is 41.9 child deaths, Neonatal Mortality Rate is 24.9 neonatal deaths and infant mortality rate is 35.2 infant deaths per 1000 live births as compared to 50/1000 live births, 30/1000 live births and 41/1000 live births for the same parameters in NFHS-4.[4]

Perinatal mortality rate is defined as the number of fetal deaths at ≥ 28 weeks of gestation and deaths of infants < 7 days of age per 1000 live births. An improvement has been observed in this rate. Mortality rate has decreased from 36 to 32 deaths per 1000 live births. This improvement can be attributed to improvement in postnatal check-ups of newborns within 2 days of delivery at 82% as compared to 27% in NFHS-4.

Registration of pregnancy stands at 94%. The Mother and Child Protection (MCP) card was received by 95.9% of the registered pregnancies. At least one antenatal visit in the first trimester was received by 70% mothers. 58% of the mothers had at least 4 antenatal care visits. Iron and folic acid supplementation for at least 100 days was received by 44.1% pregnant women. The National Family Health Survey-5 (NFHS-5) in India (2019-2021) also revealed that institutional deliveries increased to 88.6%.[4]

Post natal care was received from a health care professional within 72 hours by 78% of the mothers. The median out of pocket expenditure per institutional delivery was about Rs. 4000. In the private health care setting, this OOPE had a steep median of Rs. 25000 while it was about Rs. 2000 per delivery in a public health facility according to NFHS-5.

The percentage of 12-23 month old children who are fully immunized has increased from 62% to 77% in NFHS-5. However, India shows a consistent trend in terms of burden of disease for non-communicable diseases and their risk factors. The four major NCDs are cardiovascular diseases (CVDs), cancers, chronic respiratory diseases (CRDs) and diabetes share four behavioural risk factors –unhealthy diet, lack of physical activity, and use of tobacco and alcohol which are also on the rise.[5]

The proportion of deaths due to Non-Communicable Diseases (NCDs) in India have risen from 37.9% in 1990 to 61.8% in 2016.

The NSS report by Ministry of Statistics and Program Implementation on burden of disease treatment shared on outpatient basis by type of healthcare service provider revealed that 30.1% burden was taken by government /public hospital, 23.3% by private hospitals, 1.1% by charitable/trust/NGO-run hospitals, 42.5% by private doctor/ in private clinic and 3.0% by informal health care providers.

It also revealed preference of hospitalization. 42% favoured the public health care facility, 55.3% favoured the private health care facility and for 2.7% charitable/trust/NGO-run hospitals were the first choice for admission.

The share of public and private sector in healthcare utilisation also remains stagnant at public sector (from 45% to 50%) and private sector (from 51% to 48%). Even the reason stated for non-utilisation of government facilities remains same as poor quality of care followed by long waiting times and non-availability of nearby government facilities. However, the healthcare at the primary level through ASHA has improved from 11% contact with ASHA to 23% in NFHS-5.

5. Enablers of Healthcare Utilisation in India

5.1. Government schemes and policies:

Health being a state subject, the delivery of health care largely rests with the states. The allocation of funds to health sector inter-alia is dependent on the overall resource availability of the central government and competing sectoral priorities. The seven sister states in the east India have a higher proportion of hilly area populated by tribals.

Under the National Health Mission, these states along with the union territories which are directly under the central government get a funding to the tune of 90% as against 75% share contributed in non-hilly and other states. Initiatives like Ayushman Bharat and state-level health programs provide financial support and insurance coverage, reducing the burden of out-of-pocket expenses.

The Ayushman Bharat Digital Mission (ABDM) has been able to increase to of the health schemes to benefit the masses who have little to no access to the quality health services. A unique ABHA (Ayushman Bharat Health Account) can be created by the Indian citizen on the online platform and the latter can be used for sharing personal health data with the health care professionals securely at any time from anyplace. The ABHA card also assures access to quality diagnostic, imaging and treatment services. This people centric approach to health data sharing may ensure more participation from the community in managing their own health. As per the report of MOHFw in Feb 2025, a total of 73.98 crore ABHA have been generated.

5.2. Health literacy and awareness

Health literacy is one variable that massively impacts the health care service utilisation. Health literacy refers to an individual's ability to acquire, communicate, process and comprehend vital health-related information and services.[12] The acquisitor of this proficiency embodies all the four principles of primary health care. The individuals can be active participants in their own health care than be passive recipients of the government’s largesse. It has been proven

by many community-based studies that the health indicators reflecting the health outcomes are far better where the masses are capable of making informed decisions about their health.

5.3. Functional healthcare system

The health care system should be equally capable of delivering quality services to the rural, urban and difficult to reach areas. The health care system should be flexible enough to adapt to the health care needs of these areas. Mobile health clinics, telemedicine and digital health may be the only way forward in some of these areas. The involvement of community health workers and advocacy by the community leaders coupled with political commitment would go a long way in metamorphosing the health landscape of the states.

5.4. Technological advancements

In the past few years, especially post covid era, there has been a tremendous growth in telemedicine and digital health. Wearable technology, remote sensing and global information system have made health of the community monitorable and more responsive to taking action. Artificial intelligence embedded in internet of things has revolutionized the remote health care. Point of care diagnostics are the new normal revolutionizing diagnostics, treatment and patient care, making healthcare more efficient and personalized. India also continues to be the global hub for medical tourism offering quality affordable medical care.

5.5. Health insurance expansion

Out-of-pocket expenditure is one of the most important deterrents to seeking and continuing quality of health care. Universal health insurance is a way of ensuring that no one is denied that access. Universal health insurance is an integral component of universal health coverage. In India, the Ayushman Bharat attempts to bridge the gap between the essential and desirable health by providing a safety net of health insurance in the quest to attain the Sustainable Development Goals.

6. Barriers to Healthcare Utilisation

India's healthcare sector has come up in a big way but there is a long road still ahead. India is committed to achieving Universal Health Coverage (UHC) for all its citizens by 2030.

The Indian Healthcare system is a heterogeneous medley comprising of different systems of practice of medicine adapted and adopted from different parts of the world at different times. This causes the health care delivery to vary in scope and quality. This disparity is exacerbated by the sociocultural and economic disparities across the regions resulting in diverse health outcomes making the attainment of universal health care difficult.

The barriers to achieving the same are as follows

1. **Gaps in healthcare infrastructure**: Health care infrastructure is one of the strongest pillars of a robust health care delivery system and gaps in the same are one of the most challenging barriers to health care utilisation. There is a dearth of health care facilities in rural and remote areas. Even in the urban area, the strength is less than desirable. As against the best performer Greenland which has 14.4 hospital beds per 1000 population, India trails with 1.4 beds per 1000 population.[13] The shortage of beds and lack of adequate funding pose a fundamental challenge in providing health and wellness access to the masses.[14] Pradhan Mantri Ayushman Bharat Health Infrastructure Mission (PM-ABHIM) launched to increase investment in public health. Envisages increased investments in public health. It may be done through health and wellness clinics where early detection and treatment can be initiated. Addition of critical care related beds at the district hospital level has been proposed along with strengthening the public health laboratories to bolster investigations.
2. **Deficiency of healthcare professionals:** There is a huge gap in demand and supply of health care professionals in India. This gap runs in most of the strata of health care delivery personnel from community health workers to the professionals engaged in delivering specialist services. Although India has 834 registered medical practitioners as against 1000 mandated by the WHO, the concentration of these professionals is in urban areas only. Similarly, registered nursing personnel stands at 34.3 lakhs, which does not meet requirement of 1/3 doctor-nurse ratio. The quality of healthcare delivered is diluted by the deficiency of manpower.
3. **Regional disparities:** There is a marked disparity in the quality and accessibility of healthcare services between urban, rural and remote areas. Most of the healthcare delivery points and manpower is concentrated in urban areas while the rural and remote areas make do with the most basic of health services with the most rudimentary health manpower severely affecting the timeliness and adequacy of health services.[15] Even within the states, there is a huge disparity between districts in both numbers and levels of health care. This causes delay in access to specialized services and diagnostics and resultant increase in out-of-pocket expenditure. The union territories, which constitute a single administrative unit and the health care is funded directly by the union government tend to have better health outcomes than states.
4. **Financial constraints and health insurance:** The high out-of-pocket expenses for healthcare services can be a major burden for many Indians. Most of the Indians do not have a personal health insurance plan and this is truer for people engaged in unorganized sector of work with irregular remunerations. Essential health care is sometimes delayed for want of funds

resulting in complications and further health issues. Although the government of India launched the health insurance scheme by the name of PM-JAY with procedures and investigations bundling with low ceiling affixation at public and empaneled health care facilities, the package is not comprehensive. Another aspect is the sustainability of this model. Cushioning the health expenditure gap by the public sector health insurance scheme might not be financially viable in the long run. The price affixation also is discouraging to the private sector which is not able to break even.

5. **Growing burden of non-communicable and communicable diseases:** India is currently saddled with triple burden of disease i.e malnutrition, communicable and non-communicable diseases significantly contributing to the morbidity and mortality statistics. The major reason for less than stellar performance in reducing them is that the health care services in India are still dominated by the curative aspect while the preventive and promotive health services are rudimentary. Lack of awareness is also one of the reasons hindering the potential growth of preventive healthcare and health expenditure on it.

7. The Future Beckons

1. Evolution of a responsive health care system which adapts to the felt needs of the community. The range of services offered should encompass the spectrum of promotive to palliative services. A hierarchal vertical referral system should be strictly enforced with upwards and downwards referrals so that the secondary and tertiary level of health care is not inundated with the mundane.
2. Informed decision making by the stakeholders and the community should be encouraged. This is possible only when there is awareness about health among the masses and they have the requisite health literacy to take out the best from what is available. This would also equip them with the knowledge as to when to treat the health problem on their own and when to seek formal health care sector services. It would also help them engage better with the health care provider fully justifying the public health care approach in health communication. This, in turn, would reduce the burden on health care services and help in delivering services to those who need them the most.
3. Cultural sensitivity training: Cultural sensitivity training for healthcare professionals is vital to delivering an impactful health service. The training is based on four pillars of curiosity, clarity, comfort and confidence. It underlines the fact that understanding of difference and diversity of health beliefs and practices in the communities and incorporating and assimilating the good and harmless ones would improve the chances of acceptance of the health care packages being offered. offered.[16]
4. Door step healthcare services: Door to door approach is a personalized approach which offers a patient-centered care. If the health care services are to improve and gain wide spread acceptance, then allowances must be made for transformative world of convenience and flexibility. Such an approach means that the homebound are not missed and it is an opportunity to screen for, diagnose and treat many health problems. Mobile healthcare services are another alternative to bring health care where the people are, the exponential growth in the use of point of care diagnostics are a visible example of this phenomenon.

A dynamic association exists between the health status of the community and its health care service utilisation pattern. Understanding the dynamics between these factors is crucial in delivering effective healthcare interventions.

8. Source of Funding

None.

9. Conflict of Interest

None.

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