

Health Sectoral Policies in India: Addressing Access, Equity, and Systemic Challenges

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Introduction

Health is a fundamental human right deeply linked to socio-economic development and quality of life. In India, health sectoral policies have undergone significant transformation since independence, aiming to ensure equitable access to quality healthcare services for its vast and diverse population. The adoption of policy instruments such as the National Health Policy (NHP), Ayushman Bharat initiative, and multiple vertical programs reflects the Government of India's commitment to universal health coverage (UHC) (Ministry of Health and Family Welfare [MoHFW], 2017).

Despite these robust frameworks, India continues to face critical health system challenges, including inadequate public health financing, workforce shortages, disparities between urban and rural areas, and systemic inefficiencies (Patil & Singh, 2020). These challenges have profound implications for access, equity, and the overall performance of the health system.

This paper explores how health sector policies in India address issues of access, equity, and systemic challenges. It reviews the evolution of health policy, evaluates their implementation, identifies prevailing gaps, and recommends ways to strengthen the health system.

Literature Review

Evolution of Health Policies in India

The evolution of health policies in India has been driven by socio-economic transitions, demographic shifts, and epidemiological challenges. The first formal health policy was introduced in 1983, emphasizing primary healthcare and equitable access, inspired by the principles of the Alma-Ata Declaration (World Health Organization [WHO], 1978). The National Health Policy (2002) reaffirmed a commitment to primary health care and introduced measures to enhance healthcare financing.

The most recent **National Health Policy (2017)** provides a roadmap to achieve the Sustainable Development Goals (SDGs), particularly UHC, by emphasizing preventive care, health systems strengthening, and increased health financing (MoHFW, 2017). It set the target of increasing public health expenditure to 2.5% of GDP by 2025.

Health Financing and Insurance Schemes

Public health spending in India has historically been low compared to global averages. According to the World Bank (2021), public health expenditure hovered around 1.3% of GDP, which is insufficient to address systemic needs (World Bank, 2021). The launch of **Ayushman Bharat** in 2018, which integrates Health and Wellness Centres (HWCs) and the Pradhan Mantri Jan Arogya Yojana (PM-JAY), aimed to expand access to preventive services and provide financial protection against catastrophic health expenditures.

Research by Prinja et al. (2019) suggests that PM-JAY has increased hospital utilization among lower socioeconomic groups, indicating some progress toward reducing financial barriers to care (Prinja et al., 2019). However, other studies reveal challenges related to

provider empanelment, quality regulation, and awareness among beneficiaries (Kumar & Al-Shamsi, 2021).

Access and Equity Disparities

Equity in access to healthcare remains a core concern. Rural populations, Scheduled Castes, and tribal communities face systemic barriers due to poor infrastructure, lack of adequately trained professionals, and social determinants like poverty and education (Rao et al., 2018). The urban–rural divide is stark: urban districts have higher densities of healthcare providers and specialized facilities, whereas rural areas suffer acute shortages (NITI Aayog, 2019).

Gender disparities also persist. Women are more likely to experience barriers to care due to socio-cultural constraints and lower financial autonomy (Balarajan et al., 2011). Maternal and child health indicators show progress, yet inequities persist across states and social groups.

Systemic Challenges

Systemic issues in India’s health sector include fragmented service delivery, limited integration of data systems, and workforce deficits. A study by Garg and Karan (2009) highlighted that fragmented financing and supply-side constraints have hindered effective service coverage. Additionally, the absence of robust regulatory frameworks leads to quality variability among private providers, who dominate healthcare delivery in many regions (Srinivas et al., 2022).

Methodology

This research adopts a **qualitative systematic review approach**. Primary data sources included policy documents such as the National Health Policy (2017), Economic Survey of India reports, and program evaluations. Secondary sources comprised peer-reviewed journal articles, government reports, and health economics databases. Studies were selected based on relevance to access, equity, and systemic challenges in India’s health sector. The review synthesizes findings to present an integrated understanding of policy effectiveness and existing gaps.

Findings and Discussion

Effectiveness of Health Policies

National Health Policy 2017

The NHP 2017 represents a holistic policy framework focusing on preventive, promotive, and curative care with an emphasis on achieving universal health coverage by 2030. Its strengths lie in normative clarity and alignment with global health goals (MoHFW, 2017). However, actual increases in public spending have been modest, limiting the policy’s transformative potential. Public health expenditure rose slowly and fell short of the 2.5% GDP target (World Bank, 2021).

Implementation challenges include inter-state disparities in capacity, varied levels of health governance, and reliance on central schemes without proportionate strengthening of state public health systems (Patil & Singh, 2020). While the policy promotes decentralized planning, actual execution at district and block levels remains uneven.

Ayushman Bharat: PM-JAY and Health and Wellness Centres

Ayushman Bharat’s dual approach addresses both financial protection and primary care strengthening. Evidence indicates improved hospitalization rates among vulnerable populations following PM-JAY implementation, reducing out-of-pocket expenditures for

covered procedures (Prinja et al., 2019). HWCs have expanded preventive and promotive services, particularly for non-communicable diseases (NCDs).

However, challenges persist:

- **Awareness:** Beneficiaries often lack information about entitlements.
- **Provider Capacity:** Many public facilities, especially in rural areas, lack sufficient specialists and diagnostic services.
- **Quality Assurance:** Standardization of care across public and private empanelled hospitals is inconsistent (Kumar & Al-Shamsi, 2021).

Access Disparities

Urban–Rural Divide

The inequity in healthcare access between urban and rural India is well documented. Urban areas demonstrate higher density of healthcare professionals, better infrastructure, and greater service diversity, while rural areas often struggle with basic resource shortages (NITI Aayog, 2019). For example, the doctor–population ratio in rural regions falls well below the WHO recommended standard of 1:1000 (WHO, 2019).

Social Determinants and Equity

Caste, economic status, and gender further mediate access to health services. Scheduled Tribes and Castes often experience limited access due to geographic isolation and socio-cultural exclusion (Rao et al., 2018). Women’s access is compromised by socio-economic dependency, cultural norms restricting mobility, and lower financial autonomy (Balarajan et al., 2011).

Systemic Weaknesses

Health Workforce Challenges

India faces a shortage of trained health professionals, particularly in rural and remote areas. Shortages of nurses, specialists, and allied health workers strain service delivery and limit effective response to public health needs (Sharma & Zodpey, 2013).

Fragmented Health Information Systems

Health data systems in India lack full integration. Multiple vertical programs operate their own reporting mechanisms, limiting real-time monitoring and decision-making. Digital initiatives like the Ayushman Bharat Digital Mission aim to bridge gaps, but adoption remains uneven (MoHFW, 2020).

Quality and Regulation

The rapid growth of private healthcare has outpaced regulatory capacity, leading to variability in quality standards. While Accreditation bodies exist, many private and smaller facilities remain outside regulated frameworks, posing risks to patient safety and quality of care (Srinivas et al., 2022).

Recommendations:

- **Increase Public Health Expenditure**
 - India must prioritize meeting the 2.5% of GDP public health spending target. Enhanced budgetary allocation would support infrastructure development, workforce recruitment, and equitable service distribution.
- **Strengthen Primary Healthcare**
 - Primary healthcare centers (PHCs) and health sub-centers should be equipped with well-trained staff, diagnostic tools, and telehealth capabilities.

Strengthening PHCs can improve preventive care, reduce hospital burden, and promote early treatment.

➤ **Focused Initiatives for Disadvantaged Groups**

- Policies must emphasize targeted interventions for tribal populations, economically backward regions, and women. Mobile health units, community health volunteers, and outreach programs can improve service access for hard-to-reach populations.

➤ **Workforce Development and Retention**

- Incentivizing health workers to serve in rural areas, expanding medical and nursing education, and providing continuous professional development are critical to strengthening human resources for health.

➤ **Integrated Health Information Systems**

- Implement interoperable digital health records and centralized data platforms to ensure seamless information flow across levels of care. Expand the adoption of digital health IDs under the Ayushman Bharat Digital Mission.

➤ **Regulatory Strengthening**

- Enhance regulatory frameworks for private providers, enforce quality standards, and support accreditation programs. Transparent monitoring and grievance redressal mechanisms will foster trust and accountability.

Conclusion

Health sector policies in India reflect a strong commitment to equitable health services and universal coverage. Initiatives like the National Health Policy (2017) and Ayushman Bharat represent significant steps toward addressing access and equity. However, persistent challenges—such as funding shortfalls, rural–urban disparities, workforce gaps, and systemic inefficiencies—hamper policy impact. Addressing these requires sustained political will, increased investment, systemic reforms, and community-centric health planning. Strengthening Primary care, expanding health insurance, and empowering disadvantaged populations are central to achieving a resilient and equitable health system in India.

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