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Critical Analysis Of Sustainable Healthcare System In India

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Abstract

India's health system faces the ongoing challenge of responding to the needs of the most disadvantaged members of Indian society. Despite progress in improving access to health care, inequalities by socioeconomic status, geography and gender continue to persist. This is compounded by high out-of-pocket expenditures, with the rising financial burden of health care falling overwhelming on private households, which account for more than three-quarter of health spending in India. Health expenditures are responsible for more than half of Indian households falling into poverty; the impact of this has been increasing pushing around 39 million Indians into poverty each year. In this paper, we identify key challenges to equity in service delivery, and equity in financing and financial risk protection in India. These include imbalanced resource allocation, limited physical access to quality health services and inadequate human resources for health; high out-of-pocket health expenditures, health spending inflation, and behavioral factors that affect the demand for appropriate health care. Considering the sensitivity of emerging health care system of the country, we argue for the application of certain principles in the pursuit of equity in health care in India. These are the adoption of equity metrics in monitoring, evaluation and strategic planning, investment in developing a rigorous knowledge-base of health systems research; development of more equity-focused process of deliberative decision-making in health reform, and redefinition of the specific responsibilities and accountabilities of key actors. The implementation of these principles, together with strengthening of public health and primary care services, provide an approach for ensuring more equitable health care for India's population.

Keywords-*Sustainable Health Care, Public Health Care, Private Health Care, Health Expenditures, etc.*

Introduction:

'Health is Wealth' and Good health of population is the 'Wealth of Nation'. Economists often think of available resources in terms of their utilization costs and cost effectiveness. Human resource of a country has to be analysed on the basis of these two concepts. Human resource in India is in abundance. What lacks is Good health. This makes this (human) resource a burden rather than a productive factor contributing to India's growth and development. Each child born in a country is human resource who will add to the productivity and prosperity of a nation. However, the responsibility of converting this latent resource in to active workforce lies with the Government, private sector and NGOs. A child suffering from poor health lacks attendance in the school. Workers who suffer from childhood malnutrition are less productive than healthy workers. India has one of the youngest populations in the world still it is unable to reap the economic benefits because there are always many more mouths to feed than hands working.

India is experiencing high growth since a decade. The sustainability of this high growth rate requires huge investment in education and health care of the population. Healthcare in India consists of a universal health care system run by the respective State Governments. The Constitution of India charges every State Government with 'raising of the level of nutrition and the standard of living' of its people and 'the improvement of public health' as among primary duties. The National Health Policy was endorsed by the Parliament of India in 1983 and updated in 2002.1 Although, both these policies aimed to achieve "Health for All" within a specified time frame, the reality is different after decades of their implementation. In the absence of a proper policy framework, there is a heavy burden on government sector hospitals which are generally understaffed and underfinanced. Poor services at state-run hospitals force many people to visit private medical practitioners and private clinics and hospitals.

Significance of the Study:

In this first decade of the 21st century, immense advances in human well-being coexist with extreme deprivation in many parts of the world. Inequities in availability, accessibility and affordability of health care have increased, between as well as within populations the world over. Access to appropriate healthcare is increasingly being acknowledged as a human right through international instruments such as the United Nations Human Rights Commission, Millennium Development Goals (MDGs) and the World Health Organization (WHO). The role of healthcare in improving a nation's wealth and spurring economic growth is well established. India is among the fastest growing economies in the world and is poised to become the second largest economy in the world according to a recent report from the PricewaterhouseCoopers International Limited (PwCIL).12 India's Human Development Index score, weighed down by poor healthcare indicators is, however, poor at 0.519, ranking India at 119 out of 169 countries just ahead of Timor-Leste and Swaziland. Several factors that contribute to poor healthcare indicators in India are:

(1) India's healthcare infrastructure is inadequate to meet the burden of disease. India has just 90 beds per 100,000 population against a world average of 270 beds.
(2) India also has just 60 doctors per 100,000 population and 130 nurses per 100,000 populations against world averages of 140 and 280 respectively.
(3) Public spending on healthcare has also been less than 1% of GDP since independence.
(4) India's healthcare financing mechanisms are poor with 66% of healthcare expenditure being out of pocket.

The effect of poverty on health care—and vice versa—is significant. Studies have shown that the poor in India are disproportionately affected by disease and have limited access to adequate medical services. High illiteracy rates, limited access to safe water, and poor sanitation all contribute to the terrible state of health in which many of the poor live. Although India has made significant strides toward improving the overall health condition of its people, a substantial unmet demand for basic health services remains.

Review of Literature:

Due to intensified competition, government of India have started realizing the significance of improving health system for economic growth. In this context, the present study reviews the literature relating to the study so as to formulate the problem precisely and develop a rationale for its undertaking. The basic

objective is to indicate in a general way the type of work done in this direction rather than to give exhaustive review of all the research work done on the problem. The review of various studies done will provides a broad spectrum about the health system in India which would be helpful to design the appropriate methodology for the present study.

Barro (1996) points out that by increasing longevity; health reduces the depreciation rate of human capital, making investment in education more attractive. It is a well-known fact that India is, next only to China, the second largest country in terms of population in the world. But the health status of a great majority of the people is far from satisfactory as compared to China and other developed countries. However, over the last five decades or so, India has built up health infrastructure and manpower at primary, secondary and tertiary care in government, voluntary and private sectors have made considerable progress in improving the health of its population

(Ray 2003; Bhatt and Babu 2004).Health is also an important entitlement that enhances "capabilities" of the poor people leading to increase in "commodities" and further improvement in health status.

(Dadibhavi and Bagalkoti 1994; Bloom et al 2004). As investment on health increases, the productive capacity of the working population, and hence the level of income tends to rise and to that extent it contributes to a decline in the incidence of poverty.

(Reddy and Selvaraju 1994). With rapid improvement in health, particularly of the poor "vicious circle" of poverty can be converted into "virtuous circle" of prosperity.

(Mayer 1999; Mayer 2000; Bloom et al 2004). Grossman and Rand (1974) treat prevention and cure as separate inputs into the household health production function. They assume that groups with low depreciation rate of the health capital stock demand preventive health care and groups with high depreciation rate of the health capital stock demand curative health care. This allows for prevention and cure to be treated as substitutes by consumers. A higher endowment of health increases demand for health investment, so differences in endowed health are magnified in terms of attained longevity.

Cropper (1977) gets the same results for preventive health care with endogenous length of life and depreciation rate rising with age. In general, since the risks of different illnesses show different lifecycle patterns, the demand for prevention depends on the specific intervention, where intervention is defined as any attempt to intervene or interrupt the usual sequence in the development of a disease. For some preventive actions like exercises, the health benefits are realized much more quickly by older people and so will be not as heavily discounted as when young people consider the intervention. In addition to models that take the human capital approach, models of insurance and behaviour under uncertainty also analyze prevention decisions. Intuitively, health is an irreplaceable commodity given the incompleteness of the technology of cure. Despite insurance for curative care, prevention is attractive because the choice is between completely preventing the illness or incompletely curing it. Many large firms pay healthcare claims of their employees. These firms have an added incentive to invest in prevention for improving employee productivity and reducing absenteeism (Kenkel, 2000)

Objectives:

To examine the status and problems of health services in India;
To study expenditure pattern of Indian Population towards healthcare sector and their inclination towards private or public sector and reasons thereof.
To examines the problems faced by poor people in accessing public healthcare services and their compulsion of using high cost private healthcare services.
To draw attention of policy makers to lacunas in the public healthcare system and make suggestions for the betterment of healthcare infrastructure in India.

Research Methodology:

The present study is based upon secondary data of major states and All India level. Sources of data collection relating to health indicators and health infrastructure collected form Ministry of Health and Family Welfare, Government of India, National Human Development Report, Planning Commission, Government of India and Population Census of India and World Health Statistics. Whereas, data related to socio-economic indicators collected from the Central Statistical Organization.

Research Analysis and Discussion

Current Status:-
Healthcare is India‟s one of the largest part of service sector in terms of revenue and employment, and is expanding rapidly. During the 1990s, Indian healthcare grew at annual compound growth rate of 16%. Today the total value of the sector is more than $34 billion. This translates to $34 per capita, or roughly 6% of GDP (India‟s Health Report 2012). By 2013, India‟s healthcare sector is projected to grow to nearly $47 billion.

Not only right to healthcare has been recognized as a fundamental right in India, there are several international obligations for India to pursue 'access and equity' in this regard. In 2009, the number of beds available per 1000 people in India was only 1.27, which is less than half the global average of 2.6. There are 369,351 government beds in urban areas and a mere 143,069 beds in rural areas. The number of qualified doctors in the country is not sufficient for the growing requirements of Indian healthcare. Moreover, rural "doctors to population" ratio is lower by 6 times as compared to urban areas. As of FY10, India had approximately 300 medical colleges, 290 colleges for Bachelor of Dental Surgery and 140 colleges for Master of Dental Surgery admitting 34,595, 23,520 and 2,644 students annually respectively. India needs to open 600 medical colleges (100 seats per college) and 1500 nursing colleges (60 seats per college) in order to meet the global average of doctors and nurses(Indian Health Statistics Report 2011).However the scenario is different as the medical personnel are concentrated in urban areas. Around 74 percent of the graduate doctors in India work in urban settlements which account for only approximately one-fourth of the population. The countrywide distribution of these institutes is also skewed as 61 percent of the medical colleges are in the 6 states of Maharashtra, Karnataka, Kerala, Tamil Nadu, Andhra Pradesh and Pondicherry, while only 11 percent are in Bihar, Jharkhand, Orissa and West Bengal and the northeastern states. In addition, India is a signatory to the Millennium Development Goals. MDGs represent the will of the world's nations to achieve development objectives by the year 2015. The importance of healthcare in the MDGs is highlighted by the fact that providing healthcare to all is the duty of the Central and State Governments. Unfortunately, India is far from providing a universal healthcare coverage. Not only the improvements in health indicators have not only been slow, India lags

far behind in world, including most developing countries and few least developed countries with respect to health indicators. In addition, within India there are large disparities amongst states in achieving health outcomes as well.

Healthcare Sector: Overview

Healthcare comprises hospitals, medical devices, clinical trials, outsourcing, telemedicine, medical tourism, health insurance and medical equipment. The Indian healthcare sector is growing at a brisk pace due to its strengthening coverage, services and increasing expenditure by the public as well private players. Thus healthcare has become one of the key sectors in terms of revenue and employment in India. Indian healthcare delivery system is broadly categorized into two components: public and private. Public delivery system consists of basic healthcare facilities in the form of primary healthcare centres (PHCs) in rural areas, secondary and tertiary healthcare institutions in key towns and cities. Private sector primarily caters to secondary, tertiary and quaternary care.

Challenges in Healthcare Sector

The Indian healthcare market, which is worth around US$ 100 billion, will likely grow at a CAGR of 23 percent to US$ 280 billion by 2020. It offers employment to around 4% of the population. The doctor-patient ratio in India is 1:1,700. India s total healthcare expenditure is 4.1% of its GDP (1.2% public expenditure) which is one of the lowest in the world.

Population: India has the world's second-largest population, rising from 760 million in 1985 to an estimated 1.3 billion in 2015. India added 450 million people over the past 25 years.

Infrastructure: The existing infrastructure is not enough to serve the needs of the growing population. The public healthcare institutions are under-financed and short staffed. The doctor to patient ratio is dismal at 1:1700. India compares unfavourably with China and US in the number of hospital beds and nurses. The country is 81 percent short of specialists at rural community health centres (CHCs), and the private sector accounts for 63 percent of hospital beds.

Rural-Urban disparity: Rural India accounts for 70% of the population but accounts for only 30% of the healthcare services. This shows a huge demand-supply gap in the rural areas. Private sector is highly concentrated in urban India while PHCs are short of more than 3,000 doctors. Majority of healthcare professionals are concentrated in urban areas.

Low government spending: Public expenditure on health accounts for only 1.2% of the total health expenditure which is abysmally low when compared to WHO recommendation of 5%.

High out of pocket expenditure: Out of pocket expenses account for 62% of the expenditure which is very high when compared to 13.4% in US, 10 percent in UK and 54% in China.

Insurance: 76% of Indians do not have health insurance. Government contribution to insurance is just 32%. Low insurance penetration forces people to spend out of pocket.

Dual disease burden: While the problems of Maternal, infant mortality, communicable diseases still exist lifestyle diseases like hypertension, diabetes are on rise. This situation has been termed as Dual disease burden. Lifestyle diseases accounted to half of all deaths in 2015.

Malpractices in the sector: Selling substandard and counterfeit medicines, unnecessary hospital admissions and exploitation. Adequate attention has not been given to alternative healthcare practices like Homeopathy, Ayurveda, Unani.

Opportunities :

National Health Policy 2017 recommends increasing the public expenditure on health to 2.5%, which should be adhered to.
This could help reduce out of pocket expenses. Focusing of primary care: India needs to shifts focus from secondary and tertiary sectors to primary care. PHCs should be made attractive to doctors by providing incentives and making rural service mandatory for medical students.

Focus should be shifted to preventive healthcare from curative healthcare. Universal immunization helps reduce the incidence of communicable diseases and thus reduce the costs of curative care.
Private investment in educational institutions should be encouraged. This would help increase the number of graduating doctors in a year and address the problem of doctor-patient ratio. NITI Aayog also recommended the same.
Proper implementation of initiatives like Rashtriya Swasthya Suraksha Yojana is needed to increase insurance penetration.

A National Health Regulatory and Development Framework needs to be made for improving the quality (for example registration of health practitioners), performance, equity, efficacy and accountability of healthcare delivery across the country.
It should put out standard treatment guidelines for public and private providers, frame a patients charter of rights, engage with professional associations and civil society, and establish a regular audit system.
The government's National Innovation Council, which is mandated to provide a platform for collaboration amongst healthcare domain experts, stakeholders and key participants, should encourage a culture of innovation in India and help develop policy on innovations.

Establishment of Ministry of AYUSH provides an opportunity to explore alternative medical practices. AYUSH systems should be made mainstream in healthcare along with allopathy. Research and development should be encouraged in these domains and awareness need to be created.

Leveraging the benefits of Information Technology: computer and mobile-phone based e-health and m-health initiatives were launched on World Health Day in 2016. These include the Swastha Bharat mobile application for information on diseases, symptoms, treatment, health alerts and tips; ANMOL-ANM online tablet application for health workers, e-RaktKosh (a blood-bank management information system)

and India Fights Dengue. Leveraging the benefits of information technology helps in enhancing the quality of service delivery.

Investment from Startups: Start-ups are investing in healthcare sector from process automation to diagnostics to low-cost innovations. Policy and regulatory support should be provided to make healthcare accessible and affordable. Data Analytics: Big data analytics could be used in tracking patient data, treatment prescriptions, etc. Spreading awareness about non-communicable diseases like hypertension, diabetes. Healthy lifestyle should be promoted with yoga, meditation.

Active participation and campaigns helped the eradication of polio. Success was achieved in reducing the incidence of HIV AIDS by providing information and spreading awareness. Similar strategies can be used for containing the spread of diseases like Tuberculosis, dengue.

Working towards Universal Health Coverage (UHC): India should take cue from other developing countries like Thailand to work towards providing UHC. UHC includes three components: Population coverage, disease coverage and cost coverage.

Challenges in Health Industry

Changes in the health policy of a country have to be modified to the needs and prevailing situation. This is best explained when we discuss health reforms in India. India, with its unique demography, diversity, political and social systems and a recent leap in economy can be a challenge to the policymakers. This section discusses the problems in healthcare delivery in India and social, economic and political fundamentals for undertaking reforms in Indian healthcare system. Problems in healthcare delivery in India can be broadly divided into problems of inequality, socio-economic-political problems and unregulated growth of private healthcare.

Problems of Inequality:

The effect of social and economic inequality on health is insightful. Poverty, which is a result of social and economic inequality in a society, is detrimental to the health of population. The outcome indicators of health (mortality, morbidity and life expectancy) are all directly influenced by in-equality in a given population. More so, it is not the absolute deprivation of income that matters, but the relative distribution of income. There is no other country where the distribution of the healthcare resources is abysmally unequal as in India. Only five other countries in the world are worse off than India regarding public health spending (Burundi, Myanmar, Pakistan, Sudan, and Cambodia). The growing inequalities in health and health care are taking its toll on the marginalized and socially disadvantaged population.

Socio-economic problems:

The state of economy has a direct effect on the state of health in a country. The healthcare infrastructure directly depends on the economic strength. The recent changes in the economic policies had a definite effect on the healthcare in India. In 1991 a program of economic policy reforms was launched with a view to attain macroeconomic stability and higher rates of economic growth. Since India's economic reforms were launched in 1991, the Indian economy has sustained an annual average growth rate of over 6 per cent. In 2003-04, GDP growth was around 7.5 per cent. Health Sector policies in India have tended to stress on reducing population growth. Stabilizing growth of population is a matter of importance for a large country like India, as there are links between overall health status of population and population

growth rate. In many of the Indian states where stabilization of population growth is not a priority, their health and social status is among the worst in the world. Diseases of poverty continue to affect more than half the population while environmental degradation; occupational hazards and new contagious diseases such as AIDS have a serious impact on the population. The phenomenon of Urbanization has intensified problems of healthcare. Illiteracy and lack of awareness amongst masses pose constant threat to the fabric of the society, thus tilts the band of health in the wrong direction. Persistence of poverty in the social structure also complicates the health scene. The poor suffer excessively because of the double burden of traditional diseases as well as modern diseases that are caused by industrialization and rapid resource depletion. As a result, social inequalities persist and these affect the health of the poor more severely than it does the more well-heeled groups.

Political will

India is a representative rather than a participatory democracy. Once the elections are over, the politicians who run the federal and state governments don‟t really need to go back to the electorate for every major decision. So, in the five years between one election and another there hardly are any means available to the citizens to voice their opinions on any decision taken by a government. In India, there are numerous gaps left by the government in the development process - sometimes by intention or due to lack of funds and sometimes due to lack of awareness. Most Indian politicians are hesitant to take harsh but healthy decisions as the politics of vote dominates the agenda. In the process, equality and social justice is an unavoidable subject. As in any reforms, a strong political will is of essence in health policy reforms too. The political will should be genuine and continual over a period of at least one to two decades to bring about any appreciable change in the system.

Emergence of private Healthcare

Medical care in India has been in recent past prolific by private healthcare providers. The role of the private sector is getting stronger in view of the government's financial constrains in expanding the health infrastructure and increasing healthcare costs. A rapidly increasing middleclass prefer private medical care. The understandable inadequacy of resources in government-run medical care infrastructure has also shifted the demand towards private concerns. Besides, the emergence of private insurers and increasing spread of medical insurance is also giving a boost to private medical care. The rapid growth of private sector has given rise to some concerns. The necessity, appropriateness and efficiency of care delivered by medical care facilities are increasingly under question. There is a widespread belief that most facilities overcharge by way of unnecessary diagnostic tests and by stretching the patient's length of stay. The problem is exacerbated by lack of regulation and institutional pressure to lower 'cost per illness episode. Inspite of these concerns, the private healthcare sector is growing and becoming stronger. The growth of private healthcare sector has been largely seen as a boon, however it adds to ever-increasing social dichotomy. The dominance of the private sector not only denies access to poorer sections of society, but also skews the balance towards urban-biased, tertiary level health services with profitability overriding equality, and rationality of care often taking a back seat. The increasing cost of healthcare that is paid by „out of pocket‟ payments is making healthcare unaffordable for a growing number of people. One in three people who need hospitalization and are paying out of pocket are forced to borrow money or sell assets to cover expenses. Over 20 million Indians are pushed below the poverty line every year because of the effect of out of pocket spending on health care. In the absence of an effective regulatory authority

over the private healthcare sector the quality of medical care is constantly deteriorating. Powerful medical lobbies prevent government from formulating effective legislation. A recent World Bank report acknowledges the facts that doctors over-prescribe drugs recommend unnecessary investigations and treatment and fail to provide appropriate information for patients even in private healthcare sector. Although services offered are excellent but are unaffordable for a common man. This re-emphasizes the role, socio-economic inequality plays in healthcare delivery.

Other Challenges

Many hospitals and healthcare providers are struggling with outdated information technology in India today. A major challenge for our nation and the healthcare industry would be not only to retain the healthcare workforce but also to develop an environment, which would attract those abroad to return (reverse brain drain). The growing demand for quality healthcare and the absence of matching delivery mechanism pose a great challenge. There is an acute shortage of faculty of medical teachers all over the country.

One of the pivotal factors to sustain the projected growth of the healthcare industry in India would be the availability of a trained workforce, besides cheaper technology, better infrastructure etc. Another challenge will be to find good talent in India to provide the ancillary healthcare services; especially the voice based ones which require not only good English communication skills but also very good analytical skills

Policy Recommendations :

It is recommended to reduce regional disparities in the provision of health services. With a view to ensure health services across states, expenditure on basic health services should be State wise. Poor and backward states lagging behind need quantum jump in the level of funding of health services. The expenditure on health services should be stepped up to the level of 5 per cent of State Domestic Product in most backward states like Bihar and Jharkhand and Odhisa.

With a view to reduce rural-urban divide in the provision of health services, the government of India has launched a programme known as National Rural Health Mission (NRHM). The pace of implementation of the Mission is very slow. It must be speeded up so that the access to health services by the rural people in general and poor in particular gets improved. For improving the quality of health services the government on priority basis should fill all the vacant posts of medical personnel particularly doctors and nurses, improve the quality of infrastructure and availability of medicines. Although Private sector has emerged as the major provider of health services in India, but to control sector on account of price, quality of services, unethical practices, it is recommended to draft an effective regulatory mechanism.

Sustainable Health Initiatives:

Accessibility of Health Care and Availability of Health Care

In recent years, issues of assessing the quality and availability of healthcare have been examined by various government-appointed expert groups. Such reviews have pointed to the occurrence of major legislative gaps and highlighted the fragmented and uncontrolled nature of private sector healthcare delivery systems. Ineffective implementation, lack of rules, lack of uniform standards, and non-coverage of laboratories or diagnostic centers are some of the issues that need to be corrected. Also information about the number, role, nature, structure, functioning and quality of care in private hospitals remains inadequate. With no national regulations regarding provider standards and healthcare treatment protocols in place, over-diagnosis, over-treatment, and maltreatment are common.21

Legislative Reforms

The Government has attempted to define standards for healthcare facilities through legislation such as the Clinical Establishment Act, the National Accreditation Board for Hospitals and Healthcare Providers (NABH) and the Indian Public Health Standards (IPHS). Despite these efforts, there is no single authority and unified system in place to ensure that people have access to appropriate and cost-effective care. As health is a State-responsibility, these issues are left for them to manage.

Need to Adopt Broader Healthcare Approach

In its 11th Five Year Plan, the central government had outlined seven measurable targets that were to be achieved. The targets focused on Infant Mortality Rate (IMR), Maternal Mortality Ratio (MMR), Total Fertility Rate (TFR), under-nutrition among children, anaemia among women and girls, provision of clean drinking water for all, and improving the child sex ratio for age group 0–6 years. While there have been improvements in many of these areas much more needs to be done. A review of the health indicator IMR for example shows that Uttar Pradesh, Madhya Pradesh and Odisha (Orissa) continue to underachieve. Experts have pointed out that in the 12th Plan the government needs to adopt a broader healthcare approach, while at the same time taking measures to achieve additional progress

Calls for Management and Institutional Reforms

In order to improve the quality of healthcare much focus has been directed at issues of infrastructure. Examples are the numbers of health workers available and the number of hospitals available. As mentioned above, the Indian healthcare system suffers from severe shortages of manpower and this problem needs to be addressed in order to achieve the stated objectives. In addition to strengthening the training of health workers and expanding their numbers, there have been proposals aimed at management and institutional reforms. For example, it has been suggested that in order to strengthen the public sector and allow it to function as a promoter, provider, contractor, regulator, and steward of healthcare, and facilitate quality assessment and quality assurance, there is a need to establish a Public Health Service Cadre at centre and state levels, that would comprise public health professionals with multidisciplinary education. This new group of professionals would be responsible for all public health functions, with the aim to improve the functioning of the health system by enhancing the efficacy, efficiency and effectiveness of healthcare delivery. They would have roles in the public health system, starting at the block level and going up to the state and national level. Similarly, a specialised state level Health Systems Management Cadre has been suggested. Professionals in this group should be given responsibility for managing public sector service provision as well as the contracted-in private sector. Quality assessment

and quality assurance for health facilities will be a major function. These health system managers should take over many of the administrative responsibilities in areas such as IT, finance, human resources, planning, and communication that are currently performed by medical personnel.

The Government has also been advised to establish a National Health Regulatory and Development Authority (NHRDA) tasked with regulating and monitoring public and private healthcare providers. The authority would also be responsible for developing ethical standards for healthcare delivery and the accreditation of healthcare providers and linked to similar state-level institutions. In addition, three sub-units have been suggested:

The System Support Unit which should develop treatment guidelines, management protocols, and quality assurance methods.
The National Health and Medical Facilities Accreditation Unit (NHMFAU) which should be responsible for the mandatory accreditation of allopathic and AYUSH healthcare providers in the private and public sectors, as well as for all health and medical facilities. This unit should be linked with similar state-level agencies.
The National Authority should also include a Health System and Evaluation Unit tasked with evaluating the performance of public and private health services at all levels.

Conclusion:

Every area of trouble gives out a ray of hope; and the one unchangeable certainty is that nothing is certain or unchangeable". These words of John F.Kennedy offer a ray of hope when we look at the healthcare system in India. While considerable progress has been made in improving the health of the Indian population, the current status still portrays a grim picture. This is ironical, considering that India spends a comparatively large share of its gross domestic product (GDP) on health and despite this achievements are not optimal. The responsibility of the government to provide primary healthcare is a part of a larger goal to create „equal society" as repeatedly emphasized in the Preamble and Directive Principles of the Constitution of India. However there have been significant advances in the healthcare system in India over last few decades. Despite these recent strides the health system remains ineffective in providing basic minimum care as promised in the Indian Constitution. The fiscal constraints on the government make it obligatory for the private healthcare providers to take over part of the responsibility. New ways for establishing, strengthening and sustaining the private- public co-operation are essential for rejuvenating the system. With the increasing population and the growth of middle income group, the access of medical services has gained prime importance. With several initiatives taken by government to address the infrastructure requirements the need for technology solutions have grown rapidly. In the absence of technology solutions the healthcare sector cannot achieve its full potential as there would be cases of excess and insufficient capacity of specialized services at various locations. India needs a holistic approach to tackle problems in healthcare industry. This includes the active collaboration of all stakeholders public, private sectors, and individuals. Changing disease patterns from communicable to non-communicable diseases is being witnessed and it expected to only rise in future. Hence a more dynamic and pro-active approach is needed to handle the dual disease burden.

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