EUROPEAN JOURNAL OF PHARMACEUTICAL AND MEDICAL RESEARCH

HEALTH CARE SYSTEM IN INDIA – A REVIEW

*Preetam Datta, Ashrubindu Bhunia and Dr. Beduin Mahanti

School of Pharmacy, Techno India University, EM-4, Sector-V, Salt Lake, Kolkata-700091, West Bengal.

*Corresponding Author: Preetam Datta

School of Pharmacy, Techno India University, EM-4, Sector-V, Salt Lake, Kolkata-700091, West Bengal.

ABSTRACT

The Indian healthcare system is a various complex network of public and private sectors that provide a broad spectrum medical services to India's about 1.46 billion populations. Although significant changes are going over the years which continues to face multiple challenges. These include inadequate infrastructure, In sufficient healthcare professionals, urban-rural disparities, limited health insurance coverage, insufficient public healthcare funding, and a fragmented healthcare system. India is facing challenges with a growing burden of non-communicable diseases for providing proper healthcare system. However, The Indian government has initiated multiple programs to improve the healthcare system. The National Health Mission improves the availability of medical equipment and supplies. This also promotes community participation and engagement in healthcare decision-making and service delivery. The Ayushman Bharat scheme is a health insurance program that provides coverage of up to INR 5 lakhs per family per year for secondary and tertiary care hospitalization. The Indian healthcare system is also witnessing multiple healthcare innovations, ranging from low-cost medical devices to innovative healthcare delivery models. The country's healthcare regulatory system is evolving to ensure patient safety, promote high-quality care, and control costs. Furthermore, India has emerged as a leading destination for medical tourism due to the relatively low cost of medical procedures, the availability of skilled doctors, and advanced technology. Factors such as cost-effective treatment, advanced technology, a wide range of specialities, alternative medicine, English language proficiency, and ease of travel have contributed to India's growing medical tourism industry. The Indian healthcare system has made significant progress in recent years. The positive transformation of the Indian healthcare system involves a range of changes and initiatives. Despite challenges, the continued investment in healthcare and innovation provides reasons to be optimistic about the future of healthcare in India.

KEYWORDS: public health care, private sector, national digital health mission, indian healthcare system, global healthcare systems.

INTRODUCTION

The health care system in India is a complex and evolving network that provides medical services to one of the world's largest and most diverse populations. It operates through a mixed model comprising both public and private sectors. The government, through various schemes and initiatives, aims to offer accessible and affordable health care, especially to rural and underserved communities. Despite notable progress in areas like life expectancy, disease control, and maternal health, challenges such as infrastructure gaps, unequal access, and workforce shortages persist. India continues to strive for a more inclusive, efficient, and technologically advanced health care system to meet the needs of its growing population.

HISTORICAL BACKGROUND OF INDIAN HEALTHCARE SYSTEM

The Indian healthcare system boasts a rich and lengthy history, evolving through distinct periods:

Ancient Period (Prehistoric - 6th Century BCE)

* Holistic Traditions: The earliest evidence points to holistic approaches to health, emphasizing the balance of mind, body, and spirit.
* Vedic Era: The Vedas, particularly the Atharvaveda, contain hymns and prayers for preventing and curing diseases, showcasing an early understanding of hygiene and potential disease-causing organisms.
* Indus Valley Civilization: Archaeological findings reveal sophisticated urban planning with advanced drainage systems, indicating a focus on sanitation and public health.
* Ayurveda: Around the first millennium BCE, Ayurveda, the "science of life," emerged as a structured medical system. It emphasized natural remedies, diet, lifestyle, and the balance of three fundamental energies or doshas. Key texts like the Charaka Samhita and Sushruta Samhita detailed various diseases, treatments, and surgical

procedures. Sushruta is credited with pioneering surgical techniques like rhinoplasty.
* Yoga: The practice of yoga developed as a means to maintain physical and spiritual well-being.

Medieval Period (6th Century BCE - 16th Century CE)
* Buddhist Influence: During the time of Buddha, monasteries (Viharas) served as centers for healthcare and medical education. King Ashoka established hospitals, demonstrating state involvement in healthcare.
* Unani System: With the advent of Muslim rulers around the 10th century CE, the Unani system of medicine, originating in Greece and further developed in the Arab world, was introduced to India. It emphasizes the balance of four humors and incorporates herbal remedies, diet, and lifestyle modifications.
* Integration and Patronage: Rulers like Emperor Akbar encouraged the amalgamation of Ayurvedic and Unani systems. The Delhi Sultanate and the Mughals patronized Unani physicians and established hospitals (Shifakhanas) to provide free treatment, especially to the poor.
* Emphasis on Practical Application: Over time, there was a shift towards the practical application of medical knowledge, with physicians focusing on observation and the development of new drugs.

Colonial Period (16th Century - 1947)
* Introduction of Modern Medicine: European missionaries and later the British introduced the allopathic system of medicine (modern medicine) in the 16th century.
* Establishment of Hospitals and Medical Schools: The Portuguese established the Royal Hospital in Goa in the early 16th century. The British East India Company and the colonial government subsequently established hospitals primarily for their personnel. The first medical colleges were established in Calcutta (1835) and Madras (1846).
* Public Health Initiatives: The colonial era saw the beginnings of organized public health efforts, mainly focused on preventing epidemics and ensuring the health of British citizens. This included establishing research institutes, enacting public health legislation, and creating sanitation departments.
* Formalization of Medical Education: Medical schools were established, and local governments encouraged the development of dispensaries at lower administrative levels, with provincial hospitals evolving into teaching hospitals.

Post-Independence Period (1947 - Present)
* Government Focus on Public Health: After independence, the Indian government took on the responsibility of ensuring healthcare for all its

citizens. The Bhore Committee Report (1946) laid the foundation for a publicly financed healthcare system.
* National Health Policies: India formulated National Health Policies in 1983, 2002, and 2017 to guide the development of the healthcare system, emphasizing primary healthcare and a referral system.
* Development of Institutions: Key institutions like the All-India Institute of Medical Sciences (AIIMS) were established in 1956, marking a significant step in advancing medical education and research.
* Mixed Healthcare System: India currently has a mixed healthcare system with both public and private providers. The government plays a central role in ensuring access through various programs and regulations.
* Traditional Medicine Integration: Ayurveda, Unani, Siddha, and Homeopathy (AYUSH) systems are recognized and promoted by the government, often integrated into the national healthcare framework.
* Contemporary Challenges: Despite progress, India faces challenges such as inadequate infrastructure, a shortage of healthcare professionals (especially in rural areas), disparities in access, and a growing burden of non-communicable diseases.
* Recent Initiatives: The government has launched initiatives like the National Health Mission and Ayushman Bharat to improve healthcare access and affordability. India has also emerged as a significant destination for medical tourism.

» In summary, the Indian healthcare system has evolved from ancient holistic traditions to the integration of traditional and modern medicine within a complex public-private framework. While significant progress has been made, though ongoing efforts are crucial to address existing challenges and ensure equitable and quality healthcare for all.

STRUCTURE OF HEALTHCARE SYSTEM IN INDIA
The healthcare system in India is a multi-tiered structure with the following levels:
1. **Primary Healthcare**
* This is the primary level contact between individuals and the healthcare system.
* It covers on health promotion, disease prevention, and treatment of common illnesses.
* It provides social determinants of health and aims for equitable access.
* Infrastructure:
» **ICDS (Integrated Child Development Services)** started at 1975, Gandhi Jayanti with the aim of the holistic development of the child and empowerment of the mother. It encompasses upto the age of 6 year child, Pregnant Women and Lactating Mothers. The Scheme is jointly sponsored by the Indian Government and State Government.
* Sub-Centers (SCs): Managed by Auxiliary Nurse Midwives (ANMs) and male health workers, serving

a population of 5,000 in plain areas and 3,000 in hilly or remote areas. They focus on maternal and child health, immunizations, and health education.

* Primary Health Centers (PHCs): These are larger clinics with doctors and paramedics, serving a population of 30,000 or more in rural areas (20,000 in remote areas). They provide a wider range of services, including referrals from sub-centers, basic laboratory services, and a greater emphasis on preventative measures. State governments fund PHCs.

* Urban Primary Health Centers (U-PHCs): Located in urban areas, catering to a population of around 30,000 to 50,000.

* The Ayushman Bharat Comprehensive Primary Health Care (CPHC) Program is upgrading existing Sub-Centers and PHCs into Health and Wellness Centers (HWCs), now known as Ayushman Arogya Mandirs (AAM). These centers offer an expanded package of care, including screening for non-communicable diseases, mental health support, geriatric care, palliative care, and AYUSH (Ayurveda, Yoga, Unani, Siddha, and Homeopathy) practices.

2. Secondary Healthcare
* This level involves specialized care provided by medical specialists who typically do not have the first contact with patients.
* Patients are usually referred by primary care physicians to secondary care facilities.
* It includes more complex procedures and treatments.
* Infrastructure:
* Community Health Centers (CHCs): These act as a referral center for about four PHCs and serve a larger population (120,000 in urban areas or 80,000 in remote areas). They offer specialist consultations and facilities for obstetric care, newborn and childcare, and blood storage. CHCs are also known as First Referral Units (FRUs). State governments fund CHCs.

* Sub-District Hospitals: Smaller hospitals at the sub-district level providing specialized care.
* District Hospitals: Provide comprehensive care and cater to a larger population within a district. They offer specialized services like obstetrics, gynecology, pediatrics, and internal medicine.

3. Tertiary Healthcare
* This represents the highest level of specialized medical care.
* It involves super-specialized services and advanced treatments for complex diseases.
* Patients are usually referred from secondary healthcare facilities.
* Infrastructure:
* Super-Specialty Hospitals: These hospitals offer advanced treatments for complex conditions such as cancer, organ transplants, and neurosurgery. Examples include the All India Institute of Medical Sciences (AIIMS) and other premier institutions.
* Teaching Hospitals: Often linked to medical colleges and research institutions, providing advanced medical care along with education and research.
* Private Hospitals: A significant part of the tertiary care system, especially in urban areas, offering specialized and super-specialized services.

» The Indian healthcare system has a multi-payer model with funding from public sources (tax-funded government hospitals) and private sources (private insurance and out-of-pocket payments). While the public system is essentially free for all residents (with minor co-payments for some services), the private sector handles a significant portion of healthcare delivery, and a large share of expenses is paid out-of- pocket due to incomplete insurance coverage. The government is working towards universal healthcare coverage and strengthening the public health infrastructure through initiatives like the National Health Mission and Ayushman Bharat.
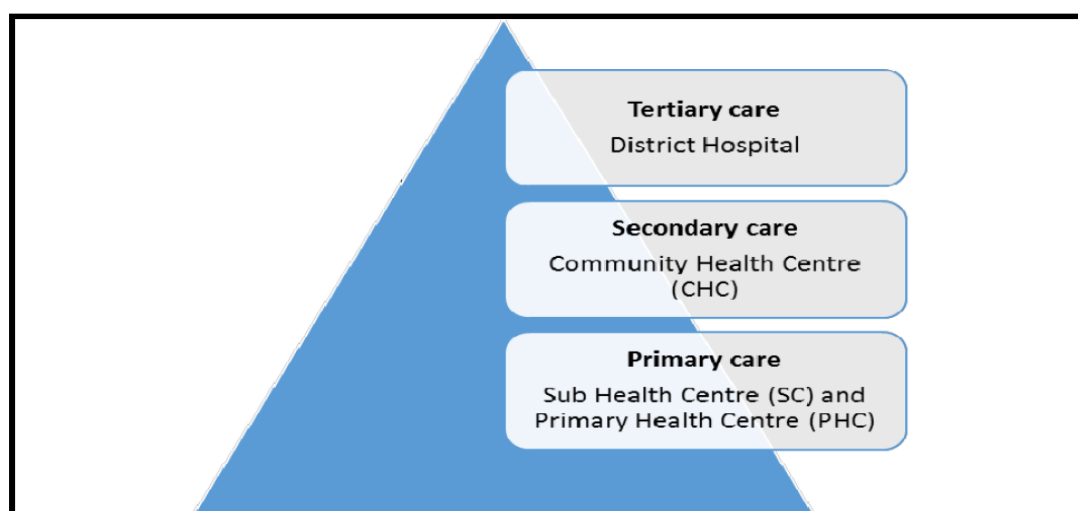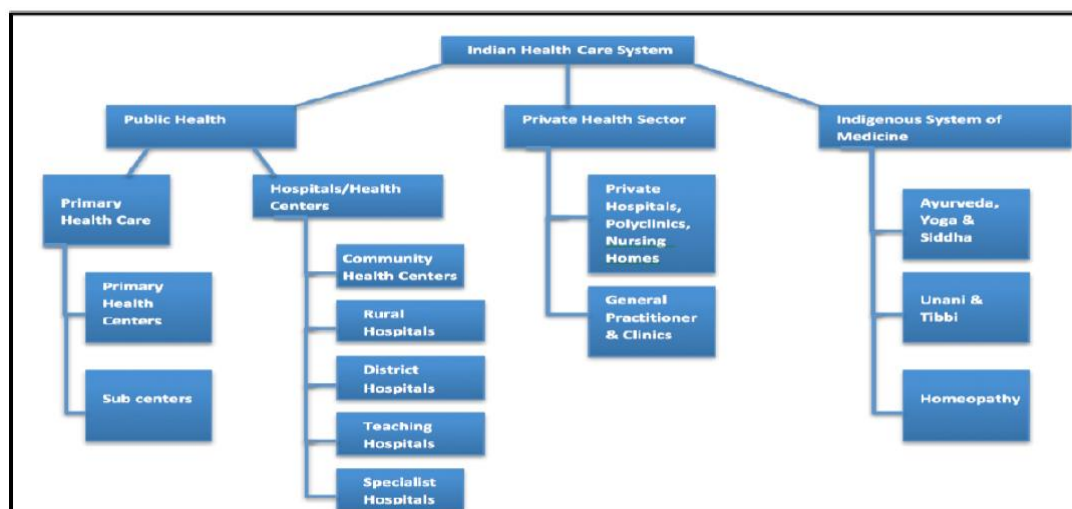

Fig: Indian Healthcare Structure.

Fig: Indian Healthcare System.

PUBLIC HEALTHCARE SECTOR
The public healthcare sector in India forms a crucial part of the country's multi-payer universal healthcare model. It operates on a three-tiered structure to cater to the diverse health needs of the population, especially in rural and underserved areas. Here's a detailed overview:

Structure of Public Healthcare in India
* Primary Healthcare: This is the first point of contact between the community and the healthcare system. It focuses on health promotion, disease prevention, and treatment of common illnesses.
* Sub-Centres (SCs): These are the most peripheral units, primarily serving rural areas with a population of around 5,000 (or 3,000 in hilly/remote areas). They are managed by Auxiliary Nurse Midwives (ANMs) and are fully funded by the central government. SCs also play a vital role in health education and creating awareness about healthy habits.
* Primary Health Centres (PHCs): Located in more developed rural areas, catering to a larger population (30,000 or more, or 20,000 in remote areas). PHCs are larger clinics staffed with doctors and paramedics. They handle more complex cases referred from sub-centres. Unlike SCs, PHCs are funded by the state governments and have a stronger focus on preventative healthcare measures.
* Secondary Healthcare: This level acts as a referral point for more complex cases that cannot be managed at the primary level.
* Community Health Centres (CHCs): These are funded by state governments and serve as the first referral units for PHCs, catering to a population of about 120,000 in urban areas or 80,000 in remote areas. CHCs are equipped to provide basic specialist care, including obstetric care, newborn and childcare, and blood storage facilities, operating round the clock.
* Sub-District Hospitals: These are smaller hospitals at the sub-district level, providing a wider range of specialist services compared to CHCs.

* Tertiary Healthcare: This is the highest level of the healthcare system, offering specialized medical care for complex and advanced diseases.
* Government Medical Colleges and Hospitals: These are major institutions at the district, regional, or state level, equipped with advanced medical facilities and specialist doctors. They also play a role in medical education and research.
* Specialty Hospitals: These are specialized hospitals focusing on specific medical disciplines (e.g., cardiology, oncology).

The Indian Public Health Standards (IPHS) documents set the guidelines and standards that these public healthcare facilities are expected to follow. These standards are revised periodically to ensure quality service delivery.

Key Features of Public Healthcare in India
* Largely Free: Public hospitals generally offer services free of charge to all Indian residents, with some minor, often symbolic, co-payments for certain services.
* Government Funding: The central and state governments allocate budgets to fund the public healthcare sector. The combined budgeted expenditure on health reached 2.1% of GDP in FY23 and 2.2% in FY22, up from 1.6% in FY21.
* National Health Mission (NHM): This flagship program aims to strengthen the public healthcare system, particularly in rural areas, focusing on improving infrastructure and service delivery.
* Ayushman Bharat - Pradhan Mantri Jan Arogya Yojana (PM-JAY): While also involving private facilities, this scheme provides free health coverage for secondary and tertiary care to economically weaker sections, aiming to reduce out-of-pocket expenditure.
* Jan Aushadhi Scheme: This initiative provides affordable generic medicines through dedicated stores, making essential drugs more accessible.

Challenges Facing the Public Healthcare Sector in India
* Inadequate Infrastructure: Despite progress, there are still gaps in healthcare infrastructure, especially in rural areas, leading to limited access to facilities. Shortages exist at all levels, from sub-centres to community health centres.
* Workforce Shortages: There is a significant shortage of healthcare professionals, including doctors, nurses, and paramedics, particularly in rural regions, leading to a skewed doctor-patient ratio and overcrowding in public facilities.
* Inequitable Access: Disparities in healthcare access persist between urban and rural areas, as well as among different socioeconomic groups.
* Weak Secondary Care: The public health system has struggled to strengthen secondary-level care, pushing people towards more expensive private hospitals.
* High Out-of-Pocket Expenditure: Despite the presence of a public system, a significant portion of healthcare expenses is paid directly by individuals due to incomplete coverage and reliance on private providers.
* Focus on Curative Care: There has been a shift towards curative services, potentially weakening the focus on preventive and community health initiatives at the primary level.
* Funding Constraints: Although government health expenditure has increased, it is still considered low compared to global standards, limiting the capacity for comprehensive improvements.
* Lack of Awareness: Low levels of health awareness among the population can hinder the utilization of available public health services and impact health-seeking behaviors.

Government Initiatives to Strengthen Public Healthcare
The government has launched various programs and initiatives to address the challenges and improve the public healthcare sector, including:
* National Health Policy 2017: Envisions achieving the highest possible level of health and well-being for all through a preventive and promotive healthcare orientation and universal access to quality services.
* Ayushman Bharat Digital Mission (ABDM): Aims to create an integrated digital health infrastructure to improve efficiency and accessibility of healthcare services. This includes the creation of Ayushman Bharat Health Accounts (ABHA) and a Unified Health Interface (UHI).
* National Digital Health Mission (NDHM): Focuses on developing a national digital health ecosystem to support universal health coverage.
* Janani Shishu Suraksha Karyakram (JSSK): Provides free services to pregnant women and sick newborns in public health institutions.
* Rashtriya Bal Swasthya Karyakram (RBSK): Focuses on child health screening and early intervention.
* Mission Indradhanush: Aims to achieve full immunization coverage for all children.
* National Nutritional Programmes: Address issues like iodine deficiency, anaemia, and malnutrition.
* National Disease Control Programmes: Target specific diseases like tuberculosis, leprosy, malaria, HIV/AIDS, and non-communicable diseases.
* Pradhan Mantri Swasthya Suraksha Yojana (PMSSY): Aims to set up new All India Institutes of Medical Sciences (AIIMS) and upgrade existing government medical colleges to improve tertiary healthcare capacity.

» Despite the challenges, the public healthcare sector in India remains a vital lifeline for a large segment of the population, particularly the poor and those living in rural areas. Ongoing government efforts and strategic initiatives are crucial for strengthening this sector and ensuring equitable access to quality healthcare for all.

PRIVATE HEALTHCARE SECTOR
The private healthcare sector in India is a significant and rapidly growing component of the country's overall healthcare system. Here's a detailed overview:

Size and Scope
* The private sector constitutes a substantial portion of India's healthcare infrastructure, accounting for approximately 62% of all health infrastructure.
* As of November 2019, India had 30000 private hospitals with 1.1 million beds. At present India has around 38000 private hospitals and 1.3 million beds.
* It is estimated that the private sector provides around 70% of healthcare services in India, catering to urban, semi-urban, and rural populations.
* The sector encompasses a diverse range of providers, including individual clinics, small and large hospitals, corporate healthcare chains, chemists, pharmacies, and practitioners of the indigenous AYUSH & modern systems.

Growth Drivers
* The Indian healthcare sector has experienced a Compound Annual Growth Rate (CAGR) of over 22% since 2016.
* Several factors fuel this growth:
* An aging population.
* A growing middle class with increased disposable incomes and a greater willingness to pay for quality healthcare.
* The rising prevalence of lifestyle diseases.
* An increased emphasis on public-private partnerships.
* The accelerated adoption of digital technologies like telemedicine.
* A growing medical tourism industry due to relatively lower costs and quality treatment.
* Increasing foreign investment in the healthcare sector.

Contribution of the Private Sector
* Expanding Healthcare Infrastructure: The private sector has played a crucial role in expanding healthcare infrastructure, especially in areas where public facilities struggle to meet demand.
* Improved Access: It offers greater accessibility and shorter waiting times, particularly in urban areas.
* Specialized Treatments: Private hospitals often provide specialized treatments, reducing the need for patients to seek medical care abroad.
* Advanced Technology: They are quicker to adopt advanced medical technologies and invest in modern equipment.
* Quality of Care: Private healthcare is generally associated with higher quality care due to better infrastructure, specialized treatments, and skilled professionals.
* Employment Generation: The growth of this sector has created significant employment opportunities for healthcare professionals.
* Economic Development: It attracts both domestic and foreign investments, contributing to infrastructure development and job creation.

Challenges Faced by the Private Healthcare Sector
* Lack of Regulatory Oversight: The absence of a robust regulatory framework can lead to inconsistencies in the quality of care.
* High Cost of Services: Private healthcare can be expensive, making it unaffordable for a significant portion of the population, especially those from low-income backgrounds.
* High Capital and Operating Costs: Establishing and maintaining healthcare facilities requires substantial investment and incurs soaring operational costs.
* Shortage of Healthcare Professionals: Like the public sector, the private sector also faces a shortage of qualified medical personnel.
* Limited Access to Technology in Smaller Facilities: Some private providers, especially smaller ones, may struggle to afford the latest medical technologies.
* Public Perception: There can be negative perceptions regarding the cost and ethical practices within the private sector.
* Urban-Rural Divide: Accessibility to quality private healthcare is often skewed towards urban areas.
* Inadequate Monitoring: Regulatory oversight is often insufficient, leading to potential lapses in service quality and safety.

Impact on the Indian Healthcare System
* Increased Accessibility (for those who can afford it): The private sector provides more options and reduces waiting times for those who can pay or have insurance.
* Higher Quality of Care (in many cases): Private hospitals often offer better facilities, technology, and specialized services.

* Reduced Burden on Public Facilities: By catering to a large segment of the population, the private sector alleviates some pressure on public hospitals.
* Medical Innovation and Research: Private institutions often collaborate internationally and invest in research and development, contributing to advancements in medical practices.
* Increased Out-of-Pocket Expenditure: The dominance of the private sector contributes to high out- of-pocket expenses for healthcare due to the cost of private services and incomplete insurance coverage.
* Potential for Inequality: The focus on a fee-for-service model can exacerbate health inequalities, as quality care becomes less accessible to the poor.

"HEALTH FOR ALL BY 2000 A.D."
The goal of **"Health for All by 2000 AD"** was a resolution adopted by the World Health Assembly in 1977, with the aim of achieving a level of health for all people in the world that would allow them to lead socially and economically productive lives by the year 2000. This ambitious goal emphasized primary health care as the key strategy, focusing on making essential healthcare universally accessible, affordable, and community-participatory. India was a signatory to the Alma-Ata Declaration in 1978, which formalized this commitment.

India's Efforts and Challenges
India incorporated the **"Health for All by 2000 AD"** goal into its national health policies and planning. The first National Health Policy in 1983 explicitly aimed to achieve **"Health for All"** by the stipulated year, emphasizing the establishment of a comprehensive primary healthcare system to reach all parts of the country, including remote areas.

However, achieving this ambitious goal by 2000 faced significant challenges in India
* Socio-economic disparities: Widespread poverty and inequality resulted in unequal access to healthcare services, with a large segment of the population, especially in rural areas and marginalized communities, facing significant barriers.
* Inadequate infrastructure: The healthcare infrastructure, particularly at the primary level, was often insufficient and unevenly distributed. Rural areas suffered from a lack of health facilities, equipment, and trained personnel.
* Limited resources: Public health expenditure remained low as a percentage of GDP, constraining the ability to expand and improve healthcare services adequately.
* Population growth: Rapid population increase put immense pressure on the existing healthcare system, making it difficult to keep up with the growing demand for services.
* Disease burden: India continued to grapple with a

high burden of communicable diseases, and non-communicable diseases were also on the rise, creating a "triple burden" of disease.
* Implementation challenges: Poor implementation of public health programs, weak management, and lack of effective inter-sectoral coordination hindered progress.
* Focus on curative care: A disproportionate allocation of resources towards expensive curative care in urban areas often overshadowed the need to strengthen primary and preventive healthcare.

Outcomes and the National Population Policy 2000
While India made some progress in health indicators during the period leading up to 2000, the overarching goal of "Health for All by 2000 AD" was not fully realized. Significant disparities in health outcomes and access to care persisted across different regions and socio-economic groups.
In 2000, the Government of India introduced the National Population Policy 2000 (NPP 2000). While not directly focused on the "Health for All" agenda in the same way as the 1983 policy, NPP 2000 aimed to address population stabilization and improve reproductive and child health. Its immediate objectives

included addressing unmet needs for contraception, healthcare infrastructure, and health personnel, and providing integrated service delivery for basic reproductive and child healthcare. The policy also emphasized achieving universal immunization, promoting delayed marriage for girls, increasing institutional deliveries, and preventing the spread of communicable diseases.

» The **"Health for All by 2000 AD"** initiative served as a crucial framework for directing attention towards primary healthcare and health equity in India. Although the ambitious target was not fully met by the deadline, it spurred significant efforts in developing health infrastructure and policies. The challenges encountered highlighted the complexities of achieving universal health access in a large and diverse country like India, paving the way for subsequent health policies and programs aimed at strengthening the healthcare system and improving health outcomes for all its citizens. The National Population Policy 2000 represented a shift in focus towards population stabilization and reproductive health within the broader context of public health in India.

DIFFERENCE BETWEEN RURAL & URBAN HEALTHCARE

Factor	Urban Healthcare	Rural Healthcare
Infrastructure	Well-developed, high-tech	Underdeveloped, limited facilities
Availability of Doctors	High concentration	Severe shortage
Access to Medicines	Readily available	Often unavailable or delayed
Affordability	Expensive private services	Mostly government-run, affordable
Quality of Care	High-quality in private hospitals	Varies, often substandard
Health Awareness	Higher awareness levels	Low awareness and health literacy

RECENT REFORMS AND DEVELOPMENTS
The healthcare system in India has been undergoing significant reforms and has witnessed several key developments recently. These efforts aim to improve accessibility, affordability, and quality of healthcare services across the nation. Here are some of the recent reforms and developments:

Key Initiatives and Developments
* Ayushman Bharat Yojana: This flagship scheme, also known as the Pradhan Mantri Jan Arogya Yojana (PM-JAY) or Modicare, aims to provide free access to health insurance coverage for low-income earners. It covers approximately the bottom 50% of the population, offering a cover of ₹5 lakh per family per year for secondary and tertiary care hospitalization in empanelled public and private hospitals.
* Expansion to Senior Citizens: In a significant move in September 2024, the scheme was expanded to cover all senior citizens aged 70 and above, regardless of their income. This is expected to benefit around 4.5 crore families, including 6 crore senior citizens. They will receive a distinct Ayushman card and a top-up coverage of ₹5 lakh per

year, even if their families are already covered under the scheme.
* Ayushman Arogya Mandir (Health and Wellness Centers - HWCs): The government is establishing 150,000 HWCs by transforming existing Sub Centres and Primary Health Centres. Over 1.7 lakh such centers were operational across India as of February 2025. These centers provide comprehensive primary healthcare, including maternal and child health services, management of non-communicable diseases, and free essential drugs and diagnostics, bringing healthcare closer to people's homes, especially in rural areas.
* The "1 rupee insurance" refers to the **Pradhan Mantri Suraksha Bima Yojana (PMSBY)**, a government-sponsored accident insurance scheme in India. It offers a small premium of just 1 rupee per year to provide financial protection against accidental death or disability.
* Ayushman Bharat Digital Mission (ABDM): This mission aims to create an integrated digital health infrastructure in the country. It includes the creation of Ayushman Bharat Health Accounts (ABHAs) for citizens and the digitalization of health records, which can improve efficiency and access to

healthcare information.

* National Health Mission (NHM): Launched in 2013, the NHM integrates the National Rural Health Mission and the National Urban Health Mission. It aims to provide universal access to equitable, affordable, and quality healthcare services, especially to vulnerable groups.

* Focus on Strengthening Public Health Systems: NHM supports states and union territories in strengthening their healthcare systems, improving infrastructure, augmenting human resources, and enhancing service delivery in both rural and urban areas.

* Response to Health Emergencies: NHM played a crucial role in the COVID-19 pandemic response, utilizing its network for vaccine administration and other essential services. Over 220 crore COVID-19 vaccine doses were administered through this framework between January 2021 and March 2024.

* Quality Improvement Initiatives: NHM focuses on improving the quality of healthcare facilities through initiatives like the National Quality Assurance Standards (NQAS). As of March 2024, 7,998 public health facilities have been certified under NQAS, with over 4,200 receiving national certification.

* Telemedicine and Digital Health: India has witnessed a significant surge in telemedicine services, especially after the COVID-19 pandemic. The e-Sanjeevani platform by the Ministry of Health and Family Welfare enables remote consultations, reducing the burden on physical healthcare facilities. The increasing affordability of internet and mobile connectivity has further facilitated the growth of telemedicine.

* Investment in Healthcare Infrastructure and Technology: The government is increasing investments in healthcare infrastructure, including the expansion of medical colleges and the integration of advanced medical technologies and Artificial Intelligence (AI). AI is being used to improve diagnostics, treatment outcomes, and patient care, including AI-powered medical devices, robotic surgery, and predictive analytics in hospitals.

* Expansion of Medical Education: To address the shortage of healthcare professionals, especially in rural areas, the government has accelerated the establishment of new AIIMS (All India Institutes of Medical Sciences) and medical colleges across the country.

* Focus on Non-Communicable Diseases (NCDs): There is an increasing focus on the prevention and management of non-communicable diseases. For instance, a recent NCD drive (February 20 - March 31, 2025) encouraged individuals over 30 to get screened for hypertension, diabetes, and cancers at their nearest health centers.

* Healthcare Expenditure and Market Growth: India's healthcare sector has been growing rapidly. The market was valued at around $280 billion in 2020 and was estimated to reach up to $372 billion by 2022. Industry consultants predict it could reach $612 billion by 2025. The government has also increased budgetary allocations for the health sector, emphasizing infrastructure development and access to quality care.

FUTURE PROSPECTS & RECOMMENDATIONS
Future Prospects of the Indian Healthcare System

* Technological Advancements: The integration of digital technologies like telemedicine, artificial intelligence (AI), machine learning (ML), the Internet of Medical Things (IoMT), robotics, and 5G is poised to revolutionize healthcare delivery. This includes AI for diagnostics, robotic surgery, remote patient monitoring, and personalized medicine.

* Shift Towards Preventive Care: There's a growing emphasis on shifting from a curative to a preventive healthcare model. This involves increased awareness, regular screenings using affordable and smart devices, and intelligent alert systems for patients and caregivers.

* Digital Health Ecosystem: The Ayushman Bharat Digital Mission aims to create a robust nationwide digital health ecosystem. This will improve efficiency, accessibility, and data-driven decision-making in healthcare.

* Expansion in Underserved Areas: Efforts are underway to expand healthcare infrastructure and services in Tier 2, Tier 3 cities, and rural areas through initiatives like establishing eClinics and satellite centers of reputed hospitals.

* Increased Health Insurance Coverage: The government is aiming to increase budgetary allocations for healthcare and expand the private health insurance sector, moving away from a predominantly out-of-pocket expenditure model.

* Growth in Medical Value Travel: India is becoming a preferred destination for medical tourism due to affordable and high-quality treatments, leading to investments in advanced medical infrastructure and training.

* Public-Private Partnerships (PPPs): Collaborations between the government and private healthcare providers are expected to enhance infrastructure, improve service quality, and offer cost-effective solutions.

* Focus on Holistic Well-being: The definition of health is expanding to include mental, social, physical, and economic well-being, leading to more integrated healthcare approaches.

* Precision and Personalized Medicine: Advancements in biotechnology and genomics will drive the development of precision and personalized treatments.

Recommendations for Strengthening the Healthcare System in India

* Increase Healthcare Spending: The government

should continue to increase its budgetary allocation for healthcare to meet the growing needs of the population and align with global standards.

* Strengthen Primary Healthcare: Reinforce primary health centers (PHCs) and community health centers (CHCs) with adequate infrastructure, human resources, and focus on both preventive and curative care.
* Improve Secondary and Tertiary Care: Invest in upgrading infrastructure and services at secondary and tertiary level public hospitals to reduce the burden on private facilities and ensure affordable access to specialized treatments.
* Address Human Resource Shortages: Increase the number of medical colleges and nursing institutions, especially in underserved areas. Improve the working conditions, pay scales, and provide continuous training for healthcare professionals.
* Enhance Infrastructure: Develop and upgrade healthcare infrastructure, particularly in rural areas, ensuring the availability of essential equipment, supplies, and sanitation facilities.
* Promote Digital Health Infrastructure: Continue to invest in and implement the Ayushman Bharat Digital Mission to create a seamless and interoperable digital health ecosystem. Focus on data security and privacy.
* Strengthen Regulatory Mechanisms: Implement and enforce quality standards across all healthcare facilities, both public and private, through bodies like the National Accreditation Board for Hospitals and Healthcare Providers (NABH).
* Increase Health Awareness: Launch public health campaigns to improve health literacy, promote preventive care practices, and address socio-cultural barriers to accessing healthcare.
* Address Inequitable Access: Implement targeted programs to improve healthcare access for vulnerable populations, including those living in poverty, women, and individuals in remote areas.
* Encourage Localized Healthcare Models: Develop localized referral systems involving both public and private providers at standardized rates, along with robust monitoring mechanisms.
* Focus on Non-Communicable Diseases (NCDs): Implement comprehensive programs for the prevention, early detection, and management of NCDs, which are a major cause of mortality and morbidity in India.
* Improve Mental Healthcare: Increase investment in mental health services and infrastructure, and increase the number of mental health professionals. Integrate mental healthcare with primary healthcare services.
* Enhance Data Collection and Analysis: Strengthen health data collection systems to enable better monitoring, evaluation, and evidence-based policy making.
* Reduce Out-of-Pocket Expenditure: Expand health insurance coverage and implement mechanisms to reduce the financial burden of healthcare on individuals and families.
* Promote Standardization of Care: Develop and implement standardized clinical protocols and guidelines to ensure consistent and quality care across different healthcare settings.

COVID-19 IMPACT ON HEALTHCARE

The COVID-19 pandemic has had a profound impact on the healthcare system in India, exposing its vulnerabilities and highlighting areas needing urgent attention. Here's a breakdown of the key impacts:

Overburdened Infrastructure:
* The existing healthcare infrastructure, already facing challenges due to limited resources and a high patient load, was severely strained by the sudden surge in COVID-19 cases.
* Hospitals faced a critical shortage of beds, especially ICU beds and oxygen-supported beds, leading to situations where patients were turned away.
* There was a massive demand-supply gap for essential medical supplies like oxygen cylinders, ventilators, and essential drugs.
* Diagnostic and therapeutic infrastructure was also limited, including testing kits and hemodynamic monitors.

Disruption of Essential Healthcare Services:
* The focus on managing COVID-19 led to a significant disruption in the delivery of other essential healthcare services.
* There was a decline in people seeking healthcare for non-COVID-19 related illnesses due to fear of infection and the prioritization of COVID-19 care in hospitals.
* Routine immunization programs and the treatment of non-communicable and communicable diseases were negatively impacted.
* Maternal and child health services, including antenatal care and institutional deliveries, experienced interruptions in some regions.

Strain on Healthcare Professionals:
* Healthcare workers faced immense pressure due to the overwhelming number of patients, long working hours, and the risk of infection.
* A significant number of doctors and nursing staff themselves became infected, further reducing the available workforce.
* There were reports of staff experiencing extreme fatigue, stress, anxiety, and even facing social ostracization.
* The need for specialized training in managing COVID-19 patients and the use of personal protective equipment (PPE) was critical.

Supply Chain Issues:
The pandemic exposed the fragility of the medical supply

chain.
* There were shortages of essential PPE kits, masks, and sanitizers, especially in the initial stages.
* Disruptions in transportation and border closures further complicated the delivery of medical supplies.

Increased Healthcare Costs:
* The cost of COVID-19 treatment and related care placed a significant financial burden on individuals and the healthcare system.
* Issues with affordability of healthcare services were exacerbated during the pandemic. Regional Disparities:
* The pandemic highlighted the significant quality discrepancies in healthcare facilities between rural and urban areas and between public and private healthcare providers.
* Access to healthcare services was particularly challenging in remote and underserved regions. However, the pandemic also led to some positive developments and lessons learned:
* Telemedicine and Digital Health Revolution: The pandemic accelerated the adoption of telemedicine and digital health solutions, improving access to care, especially during lockdowns.
* Increased Focus on Local Manufacturing: The shortage of essential medical supplies spurred the growth of indigenous manufacturing capabilities for PPE kits, ventilators, and other equipment.
* Collaboration Between Sectors: The pandemic fostered collaboration between various sectors, including technology, healthcare, logistics, and manufacturing, to address challenges.
* Importance of Data and Technology: The use of AI and data-driven decision-making played a crucial role in tracking infection rates, optimizing resource allocation, and vaccine distribution.
* Need for Preparedness: The pandemic underscored the urgent need for better preparedness for future health emergencies, including strengthening infrastructure, ensuring adequate supplies, and training healthcare personnel.
* Focus on Public Health Infrastructure: The importance of a robust public health system with strong primary healthcare centers and effective disease surveillance mechanisms was highlighted.
» The COVID-19 pandemic served as a stress test for India's healthcare system, revealing significant weaknesses but also triggering innovation and highlighting crucial areas for future investment and reform to build a more resilient and equitable healthcare system.
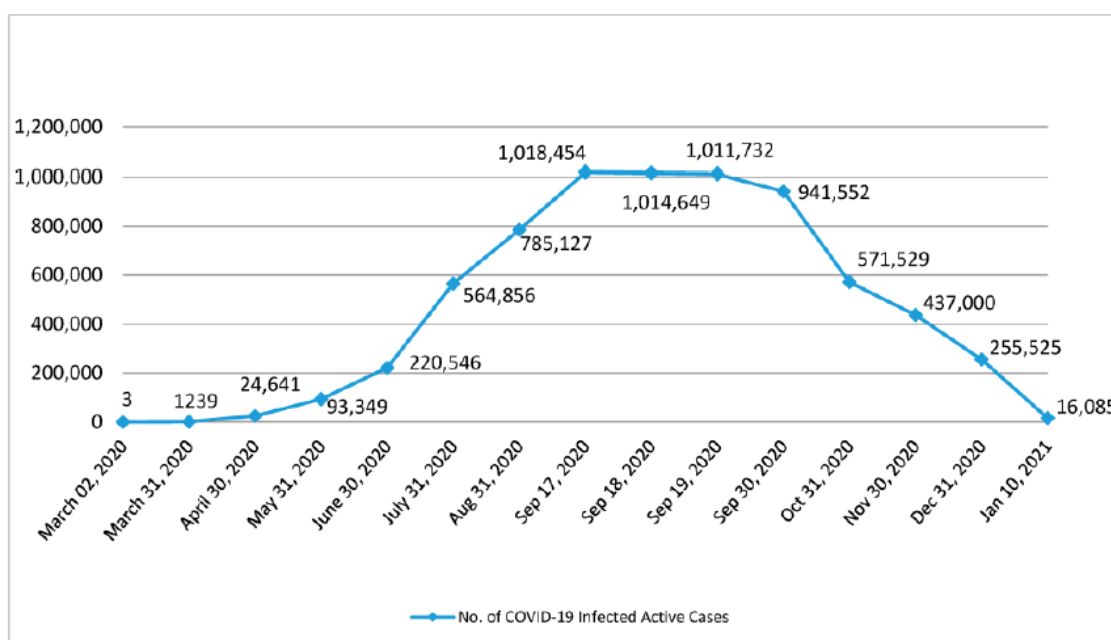
Fig: Number of COVID-19 active cases in India from March 2020–January 2021.

ROLE OF PHARMACY IN INDIAN HEALTHCARE
The pharmacy profession plays a vital and multifaceted role in the Indian healthcare system, ensuring the safe and effective use of medications and contributing significantly to patient care and public health. Here's a detailed look at their diverse responsibilities:
1. Medication Management:

* Dispensing Medications: Pharmacists are responsible for accurately dispensing prescribed medications to patients, ensuring the correct drug, dosage, and formulation are provided.
* Compounding: They prepare customized medications tailored to individual patient needs, such as specific dosages or alternative formulations

not commercially available.

* Ensuring Medication Quality: Pharmacists maintain the quality and integrity of medications, ensuring proper storage and preventing the dispensing of expired or substandard drugs.

2. Patient Counseling and Education:
* Providing Drug Information: Pharmacists educate patients on how to take their medications correctly, including dosage instructions, timing, potential side effects, and drug interactions.
* Improving Adherence: They counsel patients on the importance of medication adherence and provide strategies to help them follow their treatment plans.
* Advising on Self-Care: Pharmacists offer guidance on over-the-counter medications and provide advice on managing minor ailments.
* Promoting Healthier Choices: They engage in health promotion activities, educating the community on disease prevention, healthy lifestyles, and the appropriate use of medications.

3. Clinical Services and Patient Care:
* Medication Therapy Management (MTM): Pharmacists conduct comprehensive reviews of patients' medications to optimize therapy, identify potential problems, and improve health outcomes.
* Monitoring Drug Therapy: They monitor patients for drug interactions, adverse effects, and the effectiveness of their medications, making recommendations for adjustments when necessary.
* Collaboration with Healthcare Teams: Pharmacists work closely with physicians, nurses, and other healthcare professionals to provide coordinated and comprehensive patient care. This includes participating in ward rounds in hospitals and offering their expertise on drug selection and management.
* Clinical Pharmacy Services: Many pharmacists work in hospitals and clinics, providing specialized pharmaceutical care, including pharmacokinetic monitoring and intravenous drug preparation.

4. Public Health and Regulatory Roles:
* Drug Information Services: Pharmacists provide unbiased and up-to-date information about medications to healthcare professionals and the public.
* Pharmacovigilance: They contribute to monitoring the safety of medications by reporting adverse drug reactions and medication errors.
* Regulatory Affairs: Pharmacists are involved in drug regulation and control, ensuring that pharmaceutical products meet quality, safety, and efficacy standards.
* Formulary Management: They participate in the development and management of hospital and national drug formularies, promoting rational drug use and cost-effectiveness.

5. Research and Development:

* Pharmacists contribute to pharmaceutical research and development, involved in the discovery of new drugs, formulations, and treatment protocols.

HEALTH INSURANCE IN INDIA
Health insurance in India is a growing and essential segment of the country's economy, offering financial protection against rising healthcare costs for a large population. With a healthcare system catering to nearly 1.3 billion potential beneficiaries, health insurance plays a crucial role in ensuring access to medical care without causing financial strain.

Types of Health Insurance Plans Available in India
* Individual Health Insurance: This plan covers a single person, taking care of their hospitalization and medical costs. Premiums are determined by individual factors such as age and medical history.
* Family Floater Insurance: Covering the entire family under a single policy with a shared sum insured, this plan is cost-effective and convenient compared to individual policies for each family member. It typically includes a spouse, children, and sometimes parents or parents-in-law.
* Senior Citizen Health Insurance: Specifically designed for individuals above 60 years, these policies often have higher premiums due to the increased likelihood of claims but may also offer coverage for pre-existing conditions without mandatory screenings.
* Critical Illness Insurance: This plan provides a lump sum amount upon diagnosis of critical illnesses like cancer, heart attack, or kidney failure. Hospitalization is not required to claim the benefit, making it suitable for those with a family history of such diseases.
* Maternity Health Insurance: These policies cover expenses related to pregnancy, including prenatal care, childbirth (normal and C-section), postnatal care, and sometimes newborn care.
* Top-Up Health Insurance: This plan offers additional coverage beyond an existing or base health insurance policy, providing extra financial security once the primary policy's limit is exhausted.
* Group Health Insurance: Typically offered by employers to their employees, it covers all individuals working under the company with uniform benefits for those at the same level.
* Disease-Specific Health Insurance: These plans are designed to cover specific diseases such as diabetes, cancer, or vector-borne illnesses prevalent in certain areas.
* Personal Accident Insurance: This covers disability or death due to accidents.
* Hospital Daily Cash: This provides a daily allowance for each day of hospitalization to cover incidental expenses.

Health insurance plans in India generally operate on two bases

* Indemnity Plans: These plans reimburse the actual medical expenses incurred up to the sum insured. Examples include individual, family floater, and group health insurance.
* Fixed Benefit Plans: These plans pay a pre-determined lump sum amount upon the occurrence of a specific event or illness, regardless of the actual cost of treatment. Critical illness and personal accident plans fall under this category.

Key Benefits of Health Insurance in India

* Comprehensive Coverage: Health insurance covers a wide range of medical expenses, including hospitalization, surgery, diagnostic tests, medication, and doctor consultations.
* Financial Security: It protects individuals and families from the financial burden of unexpected medical emergencies and planned treatments.
* Access to Quality Healthcare: With health insurance, individuals can access better medical facilities and treatments without worrying about the immediate costs.
* Tax Benefits: Premiums paid for health insurance are eligible for tax deductions under Section 80D of the Income Tax Act, 1961.
* Cashless Treatment: Many health insurance policies offer cashless treatment at network hospitals, where the insurance company directly settles the bills.
* Coverage for Pre and Post-Hospitalization Expenses: Most plans cover medical expenses incurred before and after hospitalization for a specified period.
* Coverage for Day-Care Procedures: Modern health insurance plans often include coverage for medical procedures that do not require 24-hour hospitalization.
* Preventive Health Check-ups: Some policies offer free annual health check-ups. Important Factors to Consider When Buying Health Insurance:
* Sum Insured: Choose an adequate coverage amount based on your healthcare needs and potential medical costs.
* Waiting Period: Understand the waiting periods for specific illnesses or pre-existing conditions before coverage begins.
* Network Hospitals: Check the list of network hospitals associated with the insurance provider for cashless treatment options.
* Exclusions: Be aware of what the policy does not cover.
* Co-payment and Deductibles: Understand if you need to pay a portion of the claim amount.
* Renewability: Ensure the policy offers lifelong renewability.
* Claim Settlement Ratio: Check the insurer's claim settlement ratio to understand their efficiency in processing claims.

Some of the Prominent Health Insurance Companies in India (as of April 2025)

* Aditya Birla Health Insurance Co. Ltd.
* Care Health Insurance Ltd.
* HDFC Ergo General Insurance Co. Ltd.
* ICICI Lombard General Insurance Co. Ltd.
* ManipalCigna Health Insurance Co. Ltd.
* Niva Bupa Health Insurance Co. Ltd.
* Star Health & Allied Insurance Co. Ltd.
* TATA AIG General Insurance Co. Ltd.
* Acko General Insurance Ltd.
* Go Digit General Insurance Limited.

GOVERNMENT HEALTH POLICIES & PROGRAMS

The healthcare system in India is a multi-payer model with a combination of public and private health insurance, along with publicly funded hospitals. The government has been actively involved in shaping the healthcare landscape through various policies and programs aimed at achieving universal health coverage.

Key Government Health Policies and Programs in India

* National Health Mission (NHM): Launched in 2013, the NHM integrates the National Rural Health Mission (NRHM) and the National Urban Health Mission (NUHM). Its goal is to provide accessible, affordable, and quality healthcare services, especially to vulnerable populations in rural and urban areas. The NHM supports states and union territories in strengthening their healthcare systems, improving infrastructure, human resources, and service delivery.
* Major Initiatives under NHM:
* Accredited Social Health Activists (ASHAs): Community health volunteers who act as a link between the community and the healthcare system, particularly for women and children in rural areas.
* Janani Shishu Suraksha Karyakram (JSSK): Provides free drugs, diagnostics, blood, diet, and transport to pregnant women and sick newborns.
* Rashtriya Bal Swasthya Karyakram (RBSK): A child health screening and early intervention program.
* Universal Immunisation Programme: Offers free vaccination against preventable diseases.
* National Mobile Medical Units (NMMUs): Provide healthcare services in remote and underserved areas.
* Ayushman Bharat Yojana: A flagship scheme launched to achieve Universal Health Coverage (UHC). It has two main components:
* Health and Wellness Centres (HWCs): Transforming existing Sub Centres and Primary Health Centres to provide Comprehensive Primary Health Care (CPHC), including maternal and child health services, non-communicable diseases care, and free essential drugs and diagnostics. The goal is to establish 150,000 HWCs across the country.

* Pradhan Mantri Jan Arogya Yojana (PM-JAY): A health insurance scheme that provides a coverage of ₹5 lakh per family per year for secondary and tertiary care hospitalization in empanelled public and private hospitals. It aims to cover over 10 crore poor and vulnerable families (approximately the bottom 50% of the Indian population). Notably, as of September 2024, all senior citizens aged 70 and above are eligible for this coverage, regardless of their income.
* National Nutritional Programmes: Address malnutrition through schemes like:
* National Iodine Deficiency Disorders Control Programme.
* MAA (Mothers' Absolute Affection) Programme for Infant and Young Child Feeding.
* National Programme for Prevention and Control of Fluorosis (NPPCF).
* National Iron Plus Initiative for Anaemia Control.
* Disease Control Programs: Various national programs target specific diseases:
* Integrated Disease Surveillance Programme (IDSP).
* Revised National Tuberculosis Control Programme (RNTCP).
* National Leprosy Eradication Programme (NLEP).
* National Vector Borne Disease Control Programme (NVBDCP).
* National AIDS Control Programme (NACP).
* National Viral Hepatitis Control Program (NVHCP).
* Other Significant Initiatives:
* Central Government Health Scheme (CGHS): Provides healthcare services to central government employees and pensioners.
* Employees' State Insurance Scheme: Offers coverage for illness, disability, and death to insured workers and employees.
* Pradhan Mantri Swasthya Suraksha Yojana (PMSSY): Aims to establish tertiary care capacities in medical education institutions.
* National Digital Health Mission (NDHM): Seeks to create a digital health ecosystem in India.

MAJOR CHALLENGES IN THE INDIAN HEALTHCARE SYSTEM

The Indian healthcare system, despite its advancements, faces several major challenges that hinder its ability to provide quality and accessible care to all its citizens. Here are some of the key issues:

1. Inadequate Infrastructure
* Shortage of facilities: There is a significant shortage of healthcare facilities, especially in rural areas where the majority of the population resides. Many sub-centers and primary health centers (PHCs) lack essential infrastructure, medical equipment, and resources.
* Urban-rural divide: While urban areas tend to have better-equipped hospitals and specialized care, rural areas struggle with inadequate facilities and limited

access to advanced medical services. As of March 31, 2023, India had 1,69,615 Sub-Centres, 31,882 PHCs, 6,359 Community Health Centres (CHCs), 1,340 Sub-Divisional/District Hospitals, and 714 District Hospitals serving both rural and urban areas. However, the distribution and functionality vary significantly.
* Weak secondary and tertiary public healthcare: The public health system has not adequately strengthened secondary-level care, pushing more people towards costly private hospitals for specialized treatments. Tertiary care is also increasingly reliant on the private sector.

2. Shortage of Healthcare Professionals
* Doctor-to-patient ratio: India faces a critical shortage of doctors, nurses, and paramedical staff, particularly in rural areas. This leads to overcrowding in public facilities and inadequate patient care.
* Uneven distribution: Healthcare professionals tend to concentrate in urban areas, exacerbating the scarcity in rural regions.
* Limited training capacity: The capacity of medical and nursing schools to train an adequate number of skilled professionals is a contributing factor to this shortage.

3. Affordability and Out-of-Pocket Expenditure
* High out-of-pocket costs: A significant portion of healthcare spending in India is out-of-pocket, placing a heavy financial burden on households, especially for secondary and tertiary care.
* Limited health insurance coverage: Health insurance is not as widespread in India as in some other countries, leading to delayed or avoided treatments due to financial constraints. While government schemes like Ayushman Bharat are expanding coverage, a large part of the population still lacks adequate financial protection against health shocks.
* Impact on poverty: High healthcare costs can push individuals and families below the poverty line, particularly in cases requiring hospitalization or major treatments.

4. Quality of Healthcare
* Varied quality of care: The quality of healthcare services varies significantly across the country, ranging from world-class facilities to those with unacceptably low standards.
* Public vs. private perceptions: While the public sector offers low or no-cost healthcare, it is often perceived as unreliable with indifferent quality, making private healthcare the preferred choice for those who can afford it.
* Regulation and monitoring: There can be a lack of effective monitoring mechanisms and implementation of quality standards in both public and private sectors.

5. Urban-Rural Disparities

* Accessibility: People in rural areas often face significant barriers in accessing healthcare facilities due to distance, lack of transportation, and the limited availability of services. A 2012 study indicated that only 37% of people in rural India could access inpatient facilities within a 5 km distance.

* Infrastructure and workforce: As mentioned earlier, rural areas have poorer infrastructure and a greater shortage of healthcare professionals compared to urban areas.

6. Focus on Curative vs. Preventive Care

* Neglect of preventive care: In recent years, there has been a shift towards curative care, with preventive healthcare programs taking a backseat.

* Dilution of PHC mandate: The transformation of PHCs and CHCs into Health and Wellness Centres (HWCs) with a curative focus has diluted their original mandate of preventive care and health promotion.

7. Lack of Awareness

* Low health literacy: A significant portion of the Indian population has low awareness regarding important health issues, contributing to poor health-seeking behavior and lower life expectancy.

* Impact of education: Low educational status and prioritization of health knowledge contribute to this lack of awareness.

CONCLUSION

The Indian healthcare system is a vast and intricate network comprising both public and private sectors, striving to cater to the healthcare needs of over 1.46 billion people. While it has made significant strides in certain areas, a comprehensive conclusion necessitates acknowledging both its achievements and the persistent challenges. The Indian healthcare system is at a crucial juncture considering the health budget, which required to be potentially improved to achieve the goal. It has demonstrated the capacity for significant achievements in public health and medical advancements. However, to ensure universal and equitable access to quality healthcare, sustained and focused efforts are required. This includes increased public investment, strengthening primary and secondary care infrastructure, addressing the shortage of healthcare professionals, promoting preventive care, reducing out-of-pocket expenditure, and enhancing health awareness. Leveraging digital health technologies and fostering innovation, while ensuring robust regulatory mechanisms, will be vital in shaping a healthier future for all Indians. The National Health Policy 2017 and schemes like Ayushman Bharat are steps in the right direction, but their effective implementation and continuous strengthening are essential to overcome the existing challenges and realize the vision of "wellness" for all.

REFERENCES

1. Ministry of Health and Family Welfare (MoHFW), Government of India.
2. World Health Organization – India Country Profile.
3. National Health Mission (NHM) Reports.
4. Ayushman Bharat Guidelines.
5. National Health Portal (NHP)
6. National Health Systems Resource Centre (NHSRC)
7. Indian Council of Medical Research (ICMR)
8. National Institute of Health & Family Welfare (NIHFW)
9. Clinical Trials Registry – India (CTRI)
10. Primary health care – India – World Health Organization
11. Health Systems in India – PMC
12. Rural Health Care System in India (health.vikaspedia.in)
13. www.commonwealthfound.org
14. https://en.wikipedia.org
15. www.ibef.org
16. https://pmc.ncbi.nlm.nih.gov