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EDITORIAL

Health care reforms: Where do we stand among the other developing nations

Minu Bajpai¹, Abhijat Sheth² and M. Srinivas³

¹*Dean (Academics), Professor & Head, Departments of Paediatric Surgery, All India Institute of Medical Sciences, New Delhi - 110029, India*

²*Senior Consultant, Cardiothoracic Surgeon & C.E.O., Apollo Hospital, Ahmedabad & President, NBEMS*

³*Professor, Department of Paediatric Surgery & Director, AIIMS, New Delhi*

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Improving population health is crucial for the development of a society, especially in some developing countries with vulnerable healthcare systems. In the past decade, there has been a growing recognition of the need for healthcare system reforms, particularly targeting the poor and disadvantaged groups who face financial barriers and are at risk of falling into the medical poverty trap. Empirical evidence and lessons from past experiences play a vital role in informing future health policy-making. By understanding what strategies and

interventions have proven effective, policymakers can design and implement more efficient and equitable healthcare systems.

Some key areas where evidence-based interventions can contribute to better health policy-making includes, Universal health coverage, Primary healthcare strengthening, Health financing reforms, Health workforce planning and development, Health information systems and digital health.

*Corresponding author: Minu Bajpai
E-mail address: bajpai2b@gmail.com

The out-of-pocket expenditure is the dominant source of health financing in India, as is the case in many other developing countries in the world [1]. In India, a significant portion of healthcare costs is paid directly by individuals at the point of service, leading to financial burden and potential barriers to accessing healthcare for many people.

The reliance on out-of-pocket expenditure can have several implications. Firstly, it can lead to financial hardship and push individuals and families into poverty, especially when faced with high healthcare costs. Secondly, it can create disparities in access to healthcare, as those with limited financial means may forego or delay seeking necessary medical treatment.

To address these challenges, the Indian government has taken various initiatives to expand health insurance

coverage and reduce the reliance on out-of-pocket payments. For instance, the implementation of the Ayushman Bharat scheme, which includes the Pradhan Mantri Jan Arogya Yojana (PMJAY), aims to provide health insurance coverage to vulnerable and low-income populations. Through PMJAY, eligible individuals can access cashless hospitalization for specified medical conditions, thus reducing the financial burden (Figs. 1a, b and c).

Under the PMJAY, another scheme Pradhan Mantri Aarogya Mitra (PMAM) has been launched. The aim of this scheme is to create a cadre of certified frontline health service professionals who will be primary point of facilitation for the beneficiaries to avail treatment at the hospital and thus, act as a support system to streamline health service delivery (Fig. 2).

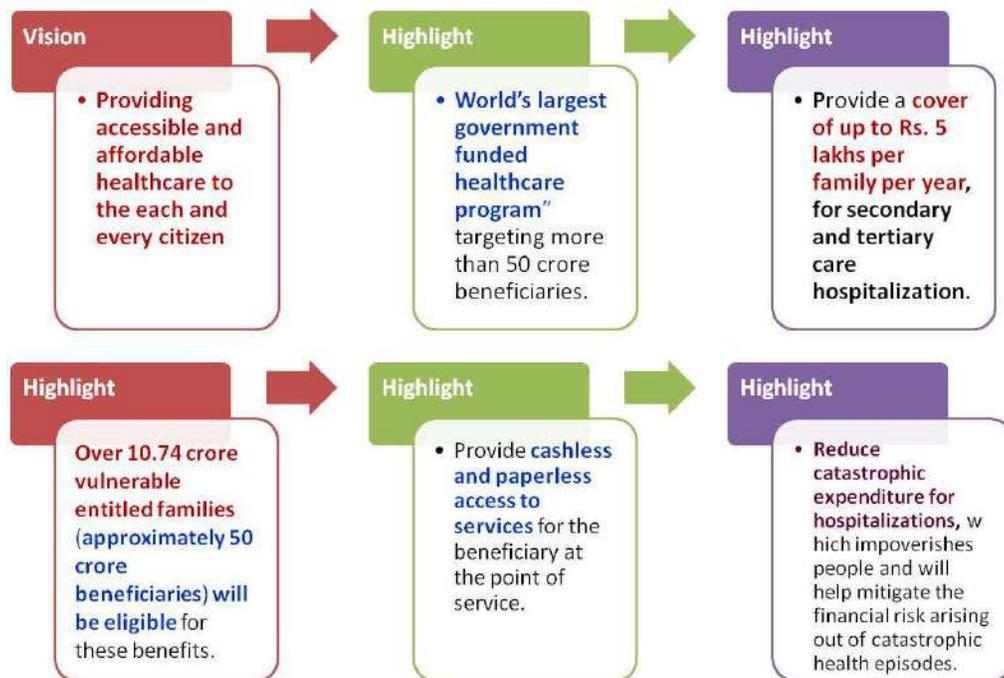


Fig. 1a. Highlights of Pradhan Mantri Jan Arogya Yojana (PMJAY)

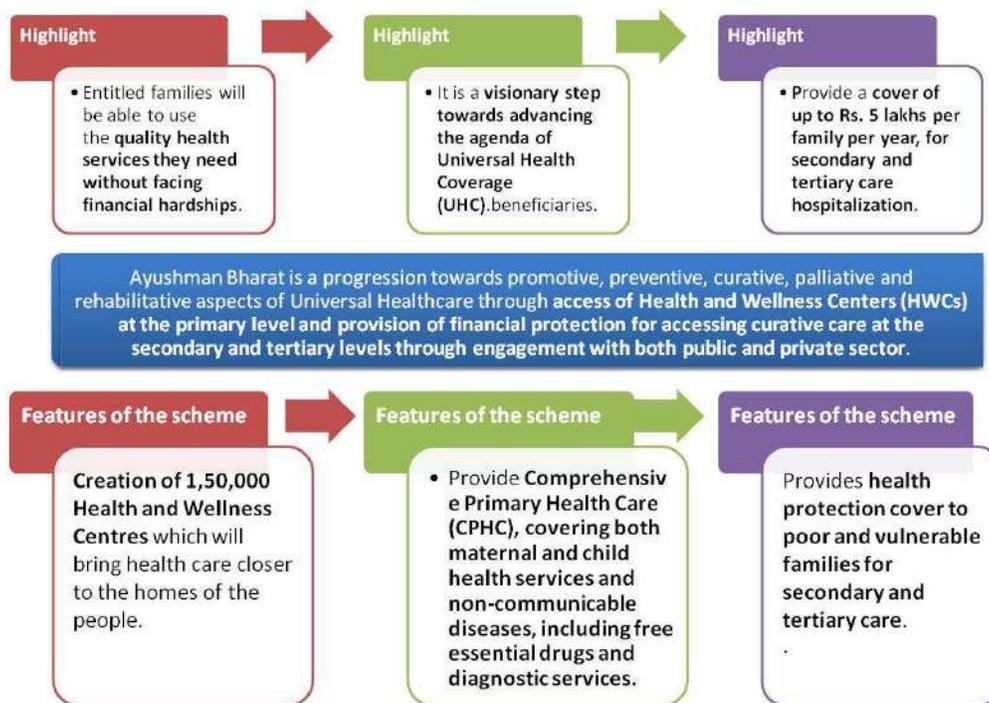


Fig. 1b. Highlights and Features of PMJAY

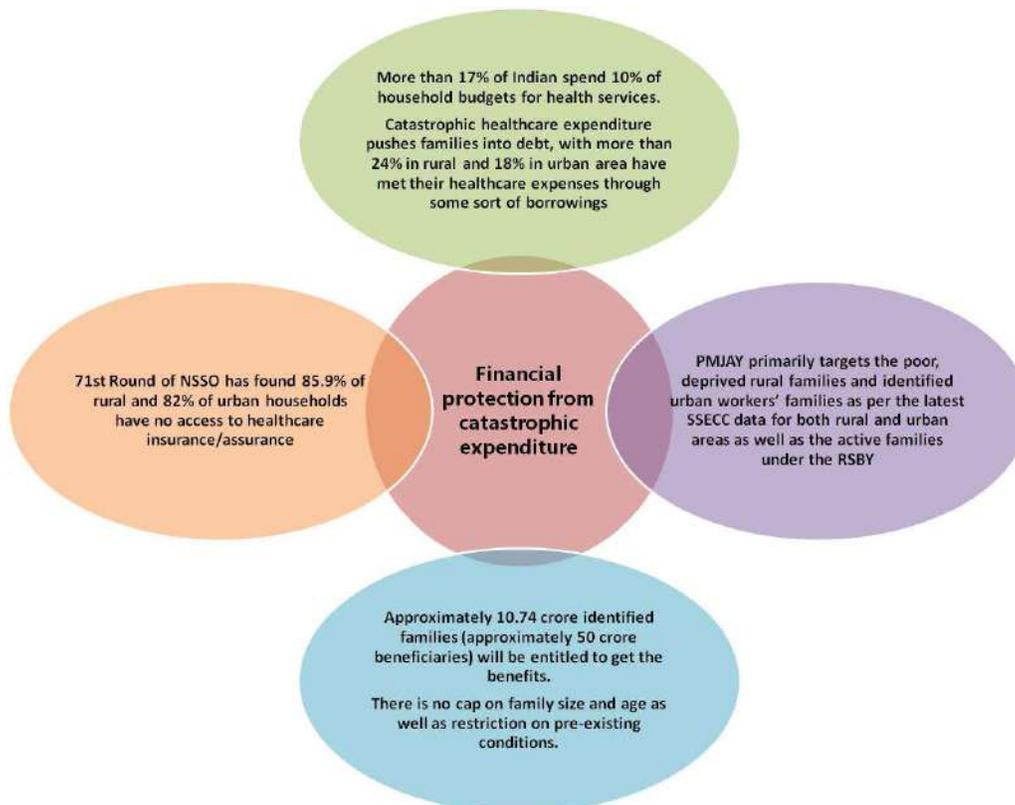


Fig. 1c. PMJAY: Financial protection from catastrophic expenditure

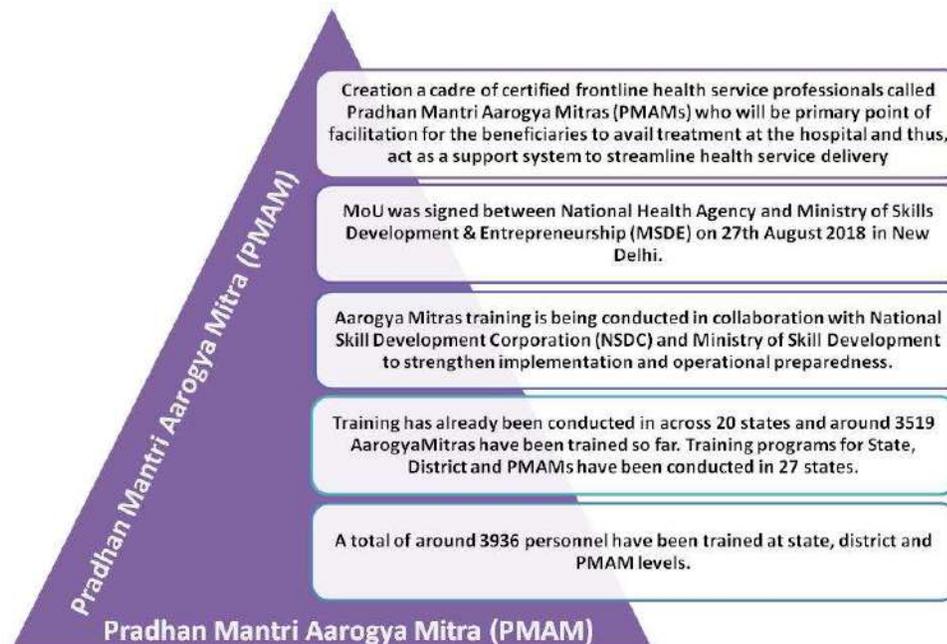


Fig. 2. Highlight and Features of Pradhan Mantri Aarogya Mitra (PMAM)

On the other hand, the government has been working towards strengthening primary healthcare and promoting affordable and accessible healthcare services. Initiatives like the establishment of more primary health centers, the availability of essential drugs at subsidized rates, and the expansion of free or low-cost healthcare services for specific groups aim to improve access and reduce the need for out-of-pocket expenditure.

Major challenges

Any healthcare system among the developing nations faces several challenges that impact its effectiveness and accessibility. Here are some of the key challenges such as accessibility to quality healthcare services particularly in rural and remote areas, maldistribution of healthcare facilities, shortage of healthcare professionals, inadequate access to essential healthcare services for a significant portion of the population. While efforts have been made to

expand health insurance coverage, achieving universal coverage and reducing the reliance on out-of-pocket payments remains a challenge [2].

Uneven distribution of healthcare workforce between urban and rural areas risks exacerbation of access gap. Strengthening quality assurance mechanisms, enhancing healthcare provider accountability, and promoting standardized protocols are essential for improving the quality of care.

India faces a double burden of communicable and non-communicable diseases. Effective prevention, early detection, and management of these diseases are critical challenges. Adequate health information systems for data collection, analysis, and monitoring are vital for evidence-based decision-making and policy formulation.

The current focus of the Government is on strengthening healthcare infrastructure,

expanding access to quality care, enhancing healthcare financing mechanisms, investing in human resources for health, and improving the overall quality and efficiency of the healthcare system for addressing these challenges and improving healthcare delivery in India.

Pradhan Mantri Jan Arogya Yojana (PMJAY) was launched in 2018. India faced a significant health challenge during the COVID-19 pandemic, as a result, the government implemented various measures, including expanding testing and healthcare infrastructure, launching vaccination campaigns, and providing financial support to affected individuals and businesses.

Health Reforms in India

The Indian government introduced the *National Health Policy in 2017* (Fig. 3) &

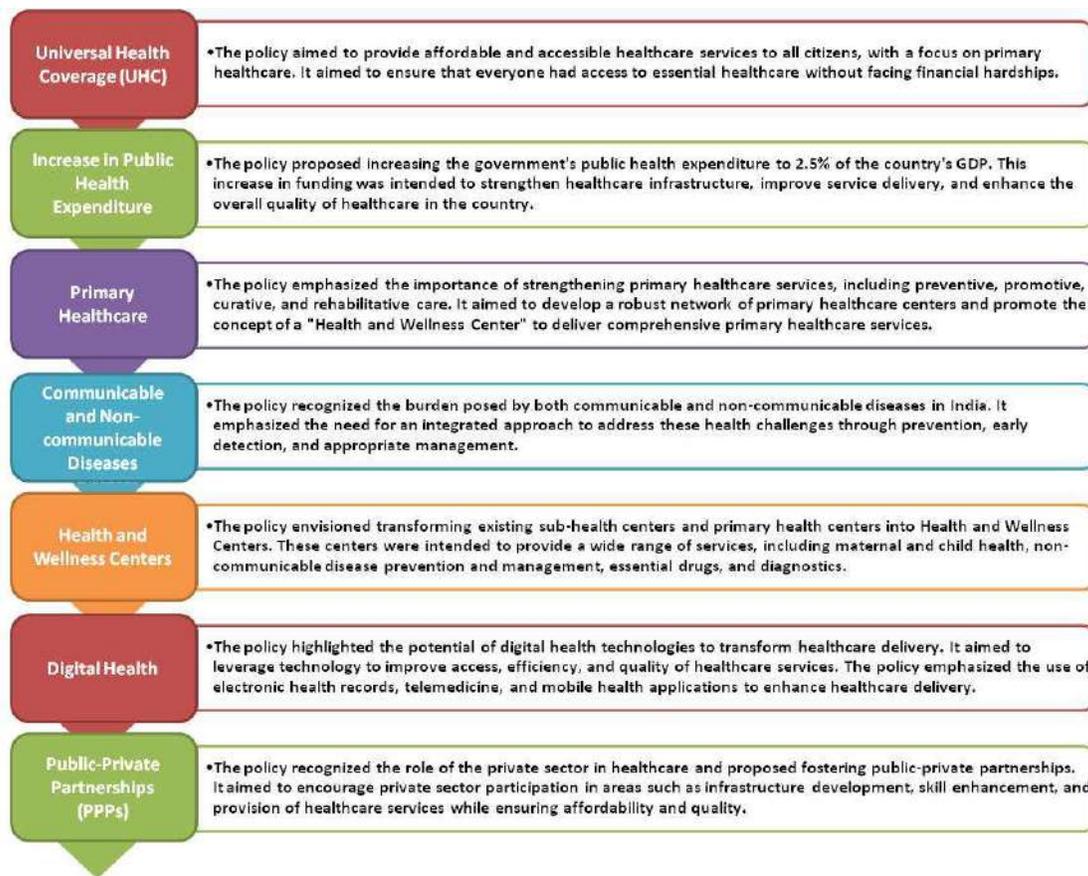


Fig. 3. Some key highlights of the National Health Policy 2017. The National Health Policy 2017 was a significant document that outlined the government's vision and strategies for healthcare in India.

Health Reforms in Other Developing Countries

Healthcare reforms vary across different developing countries. Here are a

few examples of health reforms implemented in some countries during the mentioned period:

Brazil

The Brazilian government implemented the “Mais Médicos” (More Doctors) program in 2013, which aimed to improve access to healthcare services, especially in rural and underserved areas. The program recruited foreign and domestic doctors to work in areas with a shortage of healthcare professionals [3].

The “Mais Médicos” program emphasized primary healthcare services, focusing on preventive care, health promotion, and basic medical services. It aimed to address the broader healthcare needs of communities and improve overall health outcomes. In recent years, there have been modifications to the program, including changes to the participation requirements and increased emphasis on the integration of participating doctors into the Brazilian healthcare system.

South Africa

South Africa introduced the National Health Insurance (NHI) scheme to achieve universal health coverage. The NHI aims to provide affordable healthcare services to all South Africans, regardless of their socioeconomic status, by pooling funds and implementing a single-payer system [4].

It seeks to provide a comprehensive package of healthcare services, including primary healthcare, hospital care, and specialist services. The NHI proposes a single-payer system where healthcare services are funded through a compulsory prepayment system. The funding sources are expected to include general taxes, payroll taxes, and mandatory contributions. The NHI will be governed by a centralized agency

responsible for purchasing and coordinating healthcare services. The NHI places emphasis on strengthening the district health system, which serves as the primary level of care delivery. This involves improving primary healthcare infrastructure, staffing, and service delivery at the local level. Under the NHI, the government will act as the single purchaser of healthcare services. The NHI implementation is planned to occur in phases over several years. Pilot projects and demonstration sites have been initiated to test and refine the proposed NHI models and strategies before nationwide scaling.

Mexico

Mexico implemented a series of health reforms, including the creation of Seguro Popular, a public health insurance program, in 2003. The program aimed to expand access to healthcare services for the uninsured population and reduce financial barriers to care [5].

The program offers a comprehensive package of healthcare services, including preventive care, primary healthcare, hospitalization, medications, surgeries, and treatments for a wide range of conditions. The benefits are designed to meet the basic healthcare needs of the insured population. Seguro Popular aims to protect individuals and families from high out-of-pocket healthcare expenses. The program operates on a contributory basis, where individuals and families contribute to the insurance premium based on their income level. It establishes partnerships with public and private healthcare providers to ensure access to a network of healthcare facilities. Since its inception, Seguro Popular has undergone

various expansions and improvements to enhance coverage and service delivery.

In recent years, the Mexican government has undertaken healthcare reforms to transition from Seguro Popular to a new healthcare model called the Instituto de Salud para el Bienestar (INSABI), which aims to further improve healthcare access and quality for the population.

China

China has implemented several healthcare reforms to address issues related to accessibility, affordability, and quality of care [6].

In 2009, China launched a comprehensive healthcare reform plan to improve its healthcare system. The reforms aimed to strengthen primary healthcare services, expand health insurance coverage, and enhance the quality and accessibility of healthcare services across the country. The government has expanded the coverage of the basic medical insurance system, including the Urban Employee Basic Medical Insurance (UEBMI) and the New Rural Cooperative Medical Scheme (NRCMS). These programs provide health insurance to urban employees and rural residents, respectively, and aim to reduce financial barriers to healthcare. China has focused on strengthening primary healthcare services to improve accessibility and ensure that individuals receive appropriate care at the community level. They have embraced digital health technologies to enhance healthcare delivery. This includes the implementation of electronic health records, telemedicine services, and mobile health applications.

It's important to note that the Chinese healthcare system is vast and complex, with variations in healthcare delivery across different regions.

Vietnam

The healthcare system reform in Vietnam has focused on the promotion of social health insurance as a means to address the dominant reliance on out-of-pocket expenditure. Some key points regarding the social health insurance system in Vietnam have been mentioned below [7].

Vietnam established a compulsory social health insurance program called the Health Care Fund for the Poor (HCFP) in 1992. The program targets poor households and selected disadvantaged groups, such as people of merit, the elderly, and war dioxin victims. Eligible individuals for the HCFP are determined based on existing government program lists and household surveys. However, self-employed workers, informal sector workers, and dependents of Comprehensive Health Insurance (CHI) members are not covered under this program. The HCFP is funded entirely by public finance, with contributions from the central and provincial governments. The program adopts a fee-for-service payment method for both outpatient and inpatient care. This payment approach may lead to supply-induced demand for healthcare, potentially resulting in over-treatment by physicians.

Vietnam Social Security (VSS): In 2003, Vietnam Social Security (VSS) was established to administer all social insurance programs, including collecting premiums, issuing health insurance cards, and reimbursing service providers. While the

social health insurance system in Vietnam has expanded coverage and improved access to healthcare services, challenges such as limited financial resources, regional disparities, and issues related to fee-for-service payment methods remain.

Health reforms variation among the countries

The extent and nature of health reforms can vary widely across countries, depending on their specific contexts, healthcare systems, and policy priorities.

The concerns regarding policy design in healthcare reforms

Differences in social development, poverty levels, and population health among regions or target populations can significantly influence the outcomes of healthcare reforms. Addressing these disparities requires tailored policies and interventions to meet the specific needs of different populations. The design of healthcare system reforms plays a crucial role in determining their effectiveness. This includes interventions on both the demand side (such as health insurance coverage and access to care) and the supply side (such as healthcare infrastructure and workforce capacity).

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Regular evaluation and monitoring of the reform's progress can help identify and address any shortcomings or implementation gaps. The selection of the target population and the design of the benefit package under social health insurance reforms are critical considerations.

Taking into account the unique context, population needs, and healthcare system dynamics can lead to more effective and sustainable reforms that address issues of accessibility, affordability, and quality of care [8].

The background differences across countries, such as social development, poverty level, and population health, play a significant role in shaping policy differences and outcomes. Importing policies from other countries without accounting for these differences may lead to unexpected or suboptimal outcomes. Tailoring policies to address the unique challenges and needs of each country is crucial for achieving desired results in healthcare reforms.

Conflicts of interest

The authors declares that they do not have conflict of interest.

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