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## Indian Rural Healthcare in Sorry State

by [Opinion Express 07/09/2018](#) [0 comments](#)



Rural areas in India is reeling under acute shortage of physicians and lack of proper healthcare infrastructure. Only when we learn from our failures can we do a course correction.

As a part of the Sustainable Development Goals (SDG), India committed to achieve Universal Health Coverage (UHC). However, its total healthcare expenditure (under five percent of its GDP) resulted in sub-optimal outcomes. With less spending, India faces a severe shortage of hard infrastructure and talent along with regional imbalances in healthcare delivery. Although rural India accounts for about 70 percent of the population, it has less than one-third of nation's hospitals, doctors and beds, resulting in large disparities in health outcomes across States.

As India's health system faces multipronged challenges, deficiency of doctors has emerged as one of the biggest roadblocks in the making of a new healthcare ecosystem. Currently, there is a shortfall of nearly two million doctors and four million nurses. Moreover, doctors' numbers are also skewed towards a few States. According to NATHEALTH's Aarogya Bharat Report- "India Healthcare Roadmap for 2025", healthcare services are expected to generate demand for 15 million to 20 million new jobs for

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doctors and other health professionals by 2025. In spite of such huge prospects, India continues to face severe shortage.

India has less than one doctor for every 1,000 citizens, which is less than the World Health Organisation (WHO) standard that prescribes a doctor population ratio of 1:1,000. If Ayush practitioners are included, India has 1.3 doctors for 1000 population. A Medical Council of India (MCI) report suggests that in July 2017, there were a total 10,22,859 allopathic doctors registered with the MCI or with state medical councils. As per the Aarogya Bharat Report, the shortfall of doctors is likely to continue till 2039. India is passing through a critical phase, and to deal with the situation, it needs urgent structural reforms.

**National Medical Commission — managing it professionally:** India needs to be in mission mode to bridge the critical gap in available health professionals. The Government is all set to restructure the way India manages the supply side of medical professionals. The National Medical Commission (NMC) Bill, which is expected to be tabled in the Parliament during the monsoon session, will address several issues related to doctors' deficiency. It is promising to note that the Government has carefully dealt with the concerns expressed by the Indian Medical Association (IMA) and other experts and their suggestions were incorporated to modify the Bill, which was approved by the Cabinet early this year.

Issues related to screening tests for doctors with foreign medical qualifications, "bridge course" for Ayush practitioners to practise modern medicine, fees and seats by private institutions have also been resolved. Apart from scope, the constitution of the Commission has also been restructured with number of nominees from States and Union Territories in

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the NMC going up to six from three. To give it a professional character, the NMC will comprise 25 members, of which, at least 21 will be doctors.

**Pride of medical professionals:** The pride and status of medical professionals of all cadres is waning. There is an utter disregard for the attempts to provide basic amenities to doctors in rural areas. Apathetic management for staff and lack of professional protection during healthcare delivery further aggravates the problem. This holds back healthcare providers to take innovative steps suitable for local needs. There is an absence of reward for excellence or punishment for failures in the system. In order to cope up with 'doctors' deficiency' in rural areas, the Governments must develop model villages and blocks. The concept of model group housing at block level or primary healthcare level should be considered, where Government employees of all departments could be provided accommodation and required facilities like school, playground, community centre, supermarket et al could be bestowed in the neighbourhood. This concept would allow holding, retaining and recruiting fresh talent by facilitating their stay and improvising their quality of life comparable with their counterparts in the city.

**The way forward:** Prioritising areas with critical shortage of healthcare professionals especially doctors will be important. Moreover, regulations that enable private participation in medical education need to be created. Exploring public-private partnership (PPP) models to enable a rapid increase in medical education seats needs to be given priority. Focusing on primary care can help reduce hospitalisation rates. And telemedicine and remote monitoring tools can be used to widen the reach of existing doctors and increase their productivity. The implementation of Pradhan Mantri Rashtriya Swasthya Suraksha Scheme under Ayushman Bharat Mission,

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clearly indicates that Prime Minister Narendra Modi, with innovative doable solutions, prefers to act as a radical plastic surgeon rather than the cosmetic one, to change the lives of rural ailing population. 'Doctors' deficiency' remains a big challenge and to fulfil the dream of 'Swasth Bharat' (Healthy India), this has to be taken up by all stakeholders on an urgent basis.

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**Courtesy:** The Pioneer

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