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Providing accessible/affordable rural healthcare ecosystem in India is need of the hour

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Ajoy Khandheria, Founder, Gramin Healthcare shares his views on Providing accessible/affordable rural healthcare ecosystem in India

For all the gratified talk about India's health sector and the medical tourism hub it has turned India into, the truth remains that our healthcare system is highly inequitable. Even today, a large section of our population has to travel more than 100 km to access basic healthcare. Data collected by NSSO in 2010 found that 86% of all trips taken for medical purposes were by rural Indians. According to estimates, urban centres are home to almost 70% of the doctors and almost 65% of the country's hospital beds despite having less than 30% of the total population. Government estimates suggested that as on March 31, 2017, only 4,156 posts for specialists were filled in Community Health Centres as against a requirement of 22,496. From lack of access to high cost of services, rural patients face several hurdles to healthcare that limit their ability to avail the care they need.

Pradhan Mantri Jan Arogya Yojana or Ayushman Bharat programme which promises to benefit 10.74 crore poor and deprived rural families, has raised much hopes. However, establishing an affordable and accessible healthcare ecosystem in India requires a wider approach that includes creating the required human resource and raising awareness among rural Indians.

Barriers to affordable healthcare access in rural areas

Low Health Literacy

Poor health literacy disables a patient's ability to comprehend health information and instructions from their healthcare providers. Sometimes, due to the low health literacy, rural residents get reluctant to visit a healthcare facility as they don't have confidence of communicating with a healthcare professional. At the same time, it also translates into low awareness about chronic diseases and symptoms that must be taken seriously. It is important therefore to have a functioning primary healthcare service closer to the doors of rural people.

Long distance commutation

According to a NATHEALTH-PwC report released in 2017, 50% of beneficiaries travel more than 100 kms to access quality medical care as about 70% of India's healthcare infrastructure is concentrated in the top 20 cities. The requirement of long distance commutation increases costs and inconvenience and often results in discontinuation of treatment. For people living with chronic diseases such as hypertension diabetes, heart disease etc who require frequent visits to outpatient healthcare facilities, this can have serious consequences on health.

Workforce Shortage

India faces a shortage of doctors and allied healthcare professionals and this shortage is even more glaring in rural areas where it severely limits access to healthcare and negatively impacts health outcomes. Poor medical infrastructure in rural India also acts as an impediment in attracting qualified and trained health professionals. The government's ambitious Ayushman Bharat scheme which envisages establishing of 150,000 health and wellness centres cannot succeed without addressing the human resource gap in rural areas.

The Way Forward

Human resource creation

Ways have to be found out to generate trained human resource to provide healthcare services in rural areas. This can be done by commissioning new medical colleges in rural areas, providing monetary and non monetary incentives to doctors to work in rural areas, improving working conditions for healthcare professionals and provide them with ancillary infrastructure to carry out basic duties.

Taking trained AYUSH practitioners on board and equipping them with the ability to diagnose and refer conditions at primary level can also temporarily fill the human resource gap.

Re-skilling primary healthcare doctors

Doctors in rural areas should also be constantly reskilled and upgraded to make them abreast with the latest developments in medical field. With growing and improving understanding of diseases and treatments, modern healthcare system demands constant upgrading of skills and continuous medical education. The doctors in primary healthcare setup must be updated and able to cope with evolving disease patterns and epidemics and make right diagnosis and provide quality treatment. It is important therefore to make CMEs mandatory for them.

Innovative approaches to healthcare

To bypass the problems of human resource and infrastructure shortage, we need to create innovative and low cost solutions and technologies that can enable us bring healthcare closer to the homes of the rural populations. Rural ambulances, mobile check up vans, healthcare kiosks and use of telemedicine are ways to achieve this.

Gramin Health Care has opened more than 100 operational kiosks across 6 states that provide basic healthcare services to villagers every day. These kiosks are digitised healthcare clinics that use telemedicine to help under-served communities get access to doctors. These kiosks have a nurse who conducts a physical examination and connects with the online doctor by live audio or video feed through a technology backed platform. The services are provided at subsidized rates.

We need many more such disruptive initiatives and platforms to further the goal of universal healthcare.