



**ENVISAGING A SYSTEM OF UNIVERSAL
HEALTH COVERAGE IN INDIA:
ON THE LINES OF THE UNITED
KINGDOM'S NHS AND SOUTH KOREA'S
NHIS**

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ABSTRACT

With the large-scale rise in globalisation and urbanisation, and intensive growth of population, a need for quality health care accessible to all sections of a society has become the essential. However, equity in such access is largely absent and still impossible in many countries around the world. Individuals and families are being pushed into extreme stages of poverty due to such cost burdens. The situation in India is no less. Several thousands of Indian families are either over-burdened with exponentially rising health care costs or voluntarily move towards a fatal end out of fear of such burden. In this regard, the need for a nation-wide accessible Health Coverage scheme is of the highest importance.

INTRODUCTION

“In a welfare state the primary duty of the Government is to secure the welfare of

the people. Providing adequate medical facilities for the people is an essential part of the obligation....”¹

‘Health care for all’ has for long formed a fundamental basis of goals for any democratic welfare state. While this aspect of health care for all is and has not been achievable in its fullest sense, the underlying objective for most nation-states today is towards an all-accessible health care system in function. This is all the more evident from the third Sustainable Development Goal² agreed upon by the members of the United Nations in 2015 to work for all-round health care development.

In India, much has been done to ensure an accessible and adequate standard of health care, however it is observed that we are far from achieving a complete blanket cover for all Indians and people of India in the delivery of health care. It can never be denied, that in spite of this slow evolving system, the necessity for it has always been felt and reiterated both Constitutionally and later judiciously.

Article 47 of the Constitution of India³ states that, “The State shall regard the raising of the level of nutrition and the standard of living of its people and the improvement of public health as among its primary duties....” Although this provision as a part of the Directive

¹Paschim Banga Khet Mazdoor Samity v. State of West Bengal, (1996) 4 SCC 37 (India).

²Goal 3: Ensure healthy lives and promote well-being for all at all ages,

<http://www.un.org/sustainabledevelopment/health/> Accessed on 03/01/2018.

³INDIA CONST. art. 47.



Principles of State Policy is not enforceable, it has always put on a certain form of expectation in this regard from the Government and has paved the way for several necessitating opinions on this issue. The apex court in a case⁴ read together Articles 47 and 21 and has culled out therefore from the obligation on the State to provide better health services to the poor⁵. The Supreme Court further observed in a case⁶,

”.... Maintenance and improvement of public health have to rank high as these are indispensable to the very physical existence of the community and on the betterment of these depends the building of the society of which the Constitution makers envisaged. Attending to public health, in our opinion, therefore is of high priority – perhaps the one at the top.”

It is with these landmark observations that it is right to envisage an India with a guarantee of universal health delivery, and in so obtaining it, keeping with the spirit of our Constitution-makers, due understanding and guidance of successful models in other nations can be further helping in understanding a perfectly suitable system for India.

UNIVERSAL HEALTH COVERAGE (UHC)

UHC as per the explanation provided by the World Health Organisation (WHO) is that all

individuals and communities receive the health services they need without suffering financial hardship. It includes the full spectrum of essential, quality health services, from health promotion to prevention, treatment, rehabilitation, and palliative care.⁷ The UHC is a fundamental development from the 1948 WHO Constitution which declared health a fundamental human right and committed to ensuring the highest attainable level of health for all.

As is a scenario often seen in India, the large financial burden generally associated with diseases pushes people into extreme poverty as a consequence of shelling out most of their life savings into medical costs. The WHO, as an aspect of the UHC aims to prevent this risk by protecting all people with a health coverage. It has been estimated that nearly 100 million people⁸ are pushed into such ‘extreme poverty’ every year all over the world owing to the incurrance of large medical costs. To battle this, as seen earlier, the UN member states assumed the UHC as an SDG to be achieved by the year 2030.⁹

One primary aspect of emphasis is that a UHC system in any country does not attempt to cover all health interventions regardless of costs, as it would be impossible to do so on a long term sustainable basis.

⁴Kirloskar Brothers v. Employees State Insurance Corp., (1996) 2 SCC 682 (India).

⁵MP JAIN, INDIAN CONSTITUTIONAL LAW 1435(Lexis Nexis 7th Ed.2014).

⁶Vincent PanikurLangara v. Union of India, (1987) 2 SCC 165 (India).

⁷Fact Sheet on Universal Health Coverage (UHC) by WHO as updated in December 2017, <http://www.who.int/mediacentre/factsheets/fs395/en/> Accessed on 04/01/2018.

⁸Supra note 7.

⁹Supra note 2.



Further the WHO provides several aspects as to cover UHC funding and its implementation. However, a better understanding of a working UHC system can be seen in the models of the National Health Services (NHS) in England and the National Health Insurance Service (NHIS) in South Korea).

NATIONAL HEALTH SERVICES (NHS) – ENGLAND

While the NHS system exists all over the United Kingdom as four organs NHS Wales, NHS Scotland, Health and Social Care in Northern Ireland and NHS England, studying the model of application is England provides a comprehensive view. The NHS traces its roots back to the period immediately following the Second World War. It has been believed that the people during the war-time were so used to complete governmental control in every aspect of their lives that it felt natural for a complete control over health care too.

The seedling for the NHS can be seen in the Beveridge Report of 1943 which deliberated on several matters for post-war recovery, in an intent to establish the UK to a ‘welfare state’. The Report envisaged a social insurance system from ‘cradle to grave’¹⁰. It proposed that all working people would pay a weekly

¹⁰ The Welfare State, http://www.nationalarchives.gov.uk/pathways/citizenship/brave_new_world/welfare.htm, Accessed on 04/01/2018.

contribution to the government, and this fund would in turn be utilised for all persons of the society. This system was formulated on the basic tenet that no person would fall below a minimum acceptable standard of living. Although the evolution of this system shows strains of communist values, the government and social mood during that period was largely towards the development of a welfare state, which provided welfare for all.

The NHS system with the exception of a few services such as prescriptions, optical and dental service remains free ‘at the point of use’ for all residents of the UK, which estimates to almost 67.6 million people.¹¹

The funding for the NHS is mainly from general taxation and National Insurance contributions. As said earlier, the few services that are charged to the patient contribute very small amounts to the fund. In 2015, the patient charges constituted on 1.1% of the total fund¹²

NATIONAL HEALTH INSURANCE SERVICE (NHIS) – SOUTH KOREA

The system of UHC in South Korea can be exemplary in many aspects, the first being that in a short span of 12 years after introducing ‘social health insurance’, a state of complete health

¹¹ About the NHS, <https://www.nhs.uk/NHSEngland/thenhs/about/Pages/overview.aspx>, Accessed on 04/01/2018.

¹² Annual Accounts and Reports, Dept. of Health, 2016, as presented to the House of Commons (UK)



coverage could be achieved. The beginning of an intent to roll out a UHC system can be observed in the 1963 Social Security Act enacted by the then military government. However, no implementation was seen until the 1970's. One aspect of great interest is that implementation of a social insurance was initiated at the industrial level. In 1976, all corporations with 500 or more employees had to undertake the task of ensuring that all of them had an insurance. This process slowly was inculcated in other corporations finally coming down to even the self-employed and the unemployed, as a part of Medicaid. In this aspect, all sections of the society were brought under the ambit of the UHC.

Contrary to popular belief, it has been observed that in South Korea, the existence of an authoritarian political regime aided in the development of the NHIS rather than the Western idea of labour parties or class struggles and revolution for change, which in fact was non-existent in South Korea¹³

Until 2000, where are insurance schemes were merged into one common NHIS, the insurance categories could be viewed as three, first being for government employees and organisations with large number of employees, and teachers; second being for self-employed individuals and employees of small businesses, generally less than 5

members, this division for small members came as a result of preventing excessive burden on the small business owners. Finally, came the government-aided Medicaid form of insurance for the poor and unemployed. Contribution to the insurance schemes were generally wage-based.

In 2000, a reform to amalgamate all insurance schemes was brought about unifying it into one system under the banner of National Health Insurance Corporation (NHIC) which catered to all sections through a proportionate contribution. It was fully implemented by the year 2004.¹⁴

PRACTICABILITY AND APPLICABILITY OF A UHC SYSTEM IN INDIA

Since the adoption of the Constitution in 1950, and even before, the need to establish India as a welfare state has been stressed upon. As a primary aspect of a welfare state, public health has always been one of high importance. Much has been achieved in scientific and technological advancements paving way to a higher standard of health care, however, India is far from achieving accessible health care for all.

While much has been deliberated on this issue, beginning from the landmark recommendations of the Bhole Committee in 1946 which modelled a complete change to the Indian healthcare

¹³Soonman Kwon, Thirty years of national health insurance in South Korea: lessons for achieving universal health care coverage, *Health Policy and Planning*, Volume 24, Issue 1, 1 January 2009, at 63

¹⁴ National Health Insurance System of Korea, 2014, http://www.coopami.org/en/countries/countries/south_korea/social_protection/pdf/social_protection05.pdf. Accessed on 05/01/2018.



system including integrating all services¹⁵, it can be observed that there has been no concrete development as to this regard.

In 2014, the Modi government announced the establishment of a National Health Assurance Mission with an aim to provide a UHC. A year later, however, the scheme could not be launched due to budgetary issues¹⁶. There has been recent upheaval in this regard with certain states within India attempting to form a particular coverage scheme¹⁷, however, there has been no unified implementation on a national scene.

Before the implementation of any such coverage programmes, it is essential to understand the exact socio-economic and political condition of India. It is a well-known fact that India is home to a large private sector, and the health care service, more aptly 'industry' is no less. Therefore, the application of a nationwide health coverage may face several obstacles on the end of such private hospital corporations. A principle followed in South Korea may be applicable, wherein private hospitals retain their licensing on the basis of following the NHIS guidelines.

Another important issue of concern is that of the economic status of Indians. Over the last few decades, an increased disparity has been observed keeping large gaps between people on the basis of their wealth levels. This disparity makes it largely difficult to introduce a program that will be suitable to all, while keeping the socialist intent of the country intact.

Finally, as aspect of immense importance is of the political scenario. While India follows a strong democracy, it brings about a disadvantage on both ends. The constant change of power makes the implementation of any system difficult on a long term. As seen earlier, the system in South Korea was largely kicked off successfully due to the 'authoritarian political regime'. While such a regime is deterrent, it is necessary that an iron-hand be wield for the establishment of such system. However, on the other hand, the presence of industrialist-supported politicians further hinders the process of unifying all funding and healthcare providers under one system.

CONCLUSION

A lot has been deliberated over the international intent of the Universal

¹⁵ The Bhore Committee Report of 1946, https://www.nhp.gov.in/bhore-committee-1946_pg, Accessed on 05/01/2018.

¹⁶ Modi govt puts brakes on India's universal health plan, 27/03/2015, <https://in.reuters.com/article/india-health/exclusive-modi-govt-puts-brakes-on-indias-universal-health-plan->

[idINKBNOMM2UT20150327](https://www.thewire.in/190444/realising-universal-health-coverage-karnataka/), Accessed on 05/01/2018.

¹⁷ Realising Universal Health Coverage in Karnataka, <https://thewire.in/190444/realising-universal-health-coverage-karnataka/>, Accessed in 06/01/2018.



Health Coverage, and its implementation in countries like the United Kingdom and South Korea. Such successful health care models exist in several other countries including Canada, Denmark, Switzerland, etc that have been able to achieve a sustainable health care system catering to all people. As was begun with, no country can truly call itself a welfare state, without looking out to cover the health care of its citizens and all people within their territories. While no model can be tailor fit to country like India, the necessity of such a system is highly essential with the ever-growing economy and resources of India.

