

**RISE OF HEALTHCARE INDUSTRY IN INDIA**

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ABSTRACT

The current study work has been centered on the medical services that are available in India. One of the country's weaknesses is that it has subpar medical facilities, despite the fact that it is blessed with a wealth of natural and human resources. It is anticipated that the Indian healthcare industry would reach a value of 280 billion dollars. This makes it one of the sectors with the highest rate of growth. The advantages of receiving medical treatment in India have been the primary emphasis of this research. The operation of the Indian health services market and the cost of medical treatment throughout the years is another topic that has been researched. Spending what is considered to be reasonable amounts on healthcare services in India would unquestionably result in an expansion of the country's Gross Domestic Product (GDP). It has been expounded upon in this article that the Private sector and health services in India, as well as the increase of Per Capita Healthcare Expenditure, are being discussed.

Keywords: healthcare services, healthcare, healthcaresector.

INTRODUCTION

A nation's overall wellness, including its economic development, is inextricably linked to the quality of its population's health. India is a growing country that has a plentiful supply of both natural and human resources. However, the country's socioeconomic backwardness is a direct consequence of the resources being used in an incorrect manner. Both public and private medical treatment are available via the Indian Health Service. However, the nation that has the second biggest population in the world after China has healthcare services that are inadequate. The current study article presents a summary analysis of an investigation of the public and private healthcare systems in India. According to the constitution of India, it is the individual states' responsibility to provide medical care rather than the federal government. In 1983, a recommendation for a National Health Policy was made by the Parliament of India, and it was last revised in 2002. During the year 2017, more work will be done on the National Health Policy, and a draft of the policy will be made available for public input. There are significant gaps in standards of living amongst the states.

When it comes to medical treatment, India is the sixth biggest nation in the world. It is anticipated that the Indian healthcare industry, which is one of the businesses expanding at the highest rate, would advance at a compound annual growth rate of 22.87% over the period of 2015–2020 to reach \$280 billion. Because there is a significant amount of room for improvement in terms of the penetration of healthcare services in India, there is a significant amount of room for the expansion of the healthcare business. It is anticipated that in the future, there will be an increase in demand for healthcare services due to factors such as increasing income levels, an aging population, greater health awareness, and shifting attitudes toward preventative healthcare.

Patients come from all over the globe to get medical treatment in this nation because of the relatively inexpensive cost of medical care there. As a result of its relatively cheap costs associated with clinical research, India has emerged as a center for research and development activities by foreign corporations. The sector has been able to attract private equity, venture capital, and international companies as a result of encouraging policies for promoting FDI (international Direct Investment), tax incentives, and attractive government policies, all of which have been combined with optimistic growth estimates.

Both in terms of income and job opportunities, India's healthcare industry has grown to become one of the country's most important economic sectors. Hospitals, medical devices, clinical trials, outsourcing, telemedicine, medical tourism, medical equipment, and medical insurance are all components of the healthcare industry. The healthcare industry in India is expanding at a rapid rate as a result of improvements made to coverage and services, as well as rising expenditures made by both public and private entities.

The provision of medical care in India may be broken down into its two primary categories: the public sector and the private sector. The public healthcare system, sometimes known as government healthcare, is comprised of a small number of secondary and tertiary care institutions in major cities. Instead, the government's primary emphasis is on establishing primary healthcare facilities, also known as primary healthcare centers (PHCs), in rural regions. The bulk of secondary, tertiary, and quaternary care facilities are owned and operated by the private sector, with a strong concentration in metro areas, tier-I, and tier-II cities.

The enormous number of highly-skilled medical personnel that India has gives it a significant edge over other countries. Additionally, when compared to its counterparts in Asia and western nations in terms of cost competitiveness, India excels. In general, the cost of surgical procedures in India is around one-tenth of what they are in the United States or Western Europe. Patients from all over the globe are choosing to go to this nation for medical treatment as a consequence of the country's rising medical tourism due to the relatively inexpensive cost of medical care. As a result of the country's comparatively cheap costs associated with clinical research, India has emerged as a center for research and development operations for multinational firms.

Services Relating to Healthcare Available in India Revenue from healthcare in India is expected to reach \$280 billion by the year 2020; spending is predicted to develop at a CAGR (Compound annual growth rate) of 17% over the period of 2011–20. Rising incomes, better health awareness, lifestyle disorders, and expanding access to insurance will all contribute to growth in the industry. The increase in investments in healthcare infrastructure will help both "hard" (i.e., hospitals) and "soft" (i.e., research and development, educational) infrastructure. Although it ranks 12th in the world in terms of the value of its exports, India is the leading exporter of formulations, with a market share of 14%. Over the following five years, growth of at least ten percent is anticipated. Availability of a sizable pool of medical experts in the nation who have received enough training. When compared to other countries in Asia and the West, India's cost of providing high-quality medical care is far lower than that of its competitors. The Indian government has set a goal of making the country a center of excellence in medical treatment across the world. The help offered by the policy comes in the form of lower excise and customs charge, as well as an exemption from service tax. The establishment of brand-new drug testing facilities and the continuation of ongoing efforts to bolster the current network of 31 state labs are both planned. A working committee dedicated to the formulation of the "Mental Health Policy" has been established.

One kind of institution that is considered to be a knowledge-based organization is a healthcare service delivery facility such as a hospital. It is thought to be an environment that is beneficial to KM, since the very existence of KM is dependent on it. Work at a hospital, whether clinical or connected to other aspects of healthcare, requires a high level of specialization. When it comes to the completion of knowledge-based jobs, a significant amount of reliance is placed on the expertise of personnel who possess high levels of both skill and education. In addition, hospitals are very reliant on having access to complete and accurate information. Competitive silos of ignorance cannot be accepted if an organization wishes to be efficient and productive since they might result in catastrophic outcomes, which is particularly true in the setting of a hospital.

The most up-to-date information, which comes from an infinite number of various settings and sources, is archived in dynamic information technology systems and sent to many levels of an organization. Because of this, the exchange of information and the formation of new knowledge are two of the primary focuses at a hospital. The unprecedented rate of technological progress and innovation in the field of information technology has shown to be a force that is both reflecting and defining, offering the door to both competitive difference and organizational transformation. The ramifications of the development of information technology tools may be compared to those that led to the beginning of the industrial revolution. These changes are comparable in scale to the boom in human communication that followed the invention of the printing press.

They have had a significant impact on how people work, the skills that are necessary for them, and the perspectives that they have on what constitutes worth and prestige. According to some accounts, the Internet and technologies that are enabled for use on the web, in particular, are among the most significant technical, economic, and social forces of the twenty-first century, and their influence can be seen in almost every aspect of people's lives, including their jobs and their personal lives.

OBJECTIVES:

1. To study healthcare services in India.
2. To evaluate public and private healthcare services in India.
3. To enumerate advantages of healthcare services in India

RESEARCH METHODOLOGY.

Secondary data from 15 major states and an all-India level were used to compile the information for this research. The Ministry of Health and Family Welfare of the Government of India, the Planning Commission of the Government of India, the National Human Development Report of the Government of India, the Population Census of India, and World Health Statistics are the sources that were used to gather data pertaining to health indicators and health infrastructure. Includes information obtained from the Central Statistical Organization pertaining to socio-economic indicators.

CURRENT STATUS: -

The healthcare industry is one of the main parts of the service sector in India, both in terms of income and employment, and it is growing at a fast rate. In the 1990s, the healthcare sector in India had growth equivalent to an annual compound growth rate of 16%. At the present time, the whole worth of the industry is more than

\$34 billion. According to India's Health Report 2012, this amounts to \$34 per person or almost 6% of the country's total GDP. It is anticipated that by the year 2013, India's healthcare industry would have grown to approximately \$47 billion. The right to healthcare has not only been acknowledged as a basic right in India, but the country is also under a number of international commitments to work toward achieving 'access and fairness' in this area. In 2009, there were just 1.27 beds available per 1000 inhabitants in India, which is much lower than the average of 2.6 beds per 1000 people seen worldwide. In metropolitan regions, there are 369,351 beds provided by the government, but in rural areas, there are only 143,069 beds.

The number of competent medical professionals working in the nation is insufficient to meet the expanding needs of the Indian healthcare system. In addition, the proportion of medical professionals to the total population in rural regions is six times smaller than it is in metropolitan areas. India has roughly 300 medical colleges, 290 institutions for Bachelor of Dental Surgery programs, and 140 colleges for Master of Dental Surgery programs as of the fiscal year 2010, each of which admitted 34,595, 23,520, and 2,644 students on a yearly basis accordingly. According to the Indian Health Statistics Report 2011, in order for India to reach the worldwide average number of physicians and nurses, the country needs to establish an additional 600 medical schools with 100 seats each and an additional 1500 nursing institutions with 60 seats each. However the scenario is different as the medical personnel are concentrated in urban areas. Although metropolitan areas make up just about a quarter of India's total population, they are home to around 74 percent of the country's graduate physicians. The countrywide distribution of these institutes is also skewed as 61 percent of the medical colleges are in the 6 states of Maharashtra, Karnataka, Kerala, Tamil Nadu, Andhra Pradesh and Pondicherry, while only 11 percent are in Bihar, Jharkhand, Orissa and West Bengal and the north- eastern states.

In addition, India has put its name on the Millennium Development Goals as a signatory. The Millennium Development Goals (MDGs) express the collective desire of the countries of the globe to reach certain development goals by the year 2015. It is the responsibility of both the Central and State governments to ensure that everyone has access to medical care, which is a fact that serves to underscore the significance of the healthcare component of the MDGs. Regrettably, India is a long way from achieving its goal of providing universal healthcare coverage. In terms of health indicators, India trails substantially behind the rest of the world, including the majority of developing nations and a few of the least developed countries. Not only have advances in health indicators been gradual, but India also ranks among the world's least developed countries. In addition, there are substantial differences amongst the states of India in terms of the health results they have been able to achieve.

Table 1 Health Indicators in India, 1951-2011

Indicator/year	Birthrate	Deathrate	Infant Mortality Rate	Maternal Mortality Ratio	Total Fertility Rate
1951	40.8	25.1	148	1321	6
1961	38.7	20.6	129	1180	5.9
1971	36.9	14.9	120	853	5.2

1981	33.9	12.5	110	810	4.5
1991	29.5	9.8	80	424	3.6
2001	23.8	7.6	58	254	2.9
2011	21.7	6.9	44	197	2.5
AAGR	-1.103***	-2.246	-2.016	-3.386	-1.577

Table2 SelectedHealth StatusOutcomesinMajorIndianStates

State	LifeExpe ctancy	Neonat alMorta lity	Infant Mortali tyRate	Underfive Mortality Rate	Totalf ertilite yRate	Underwei ghtchildre n(%)
AndhraPradesh	63.53	40.3	49	63.2	1.8	42.7
Assam	57.9	45.5	61	85	2.6	46.5
Bihar	60.8	39.8	52	84.8	3.9	55.6
Gujarat	63.4	33.5	48	60.9	2.5	51.7
Haryana	65.2	23.6	51	52.3	2.5	45.7
J&K	61.3	19.6	49	54.6	3.4	48.8
Karnataka	64.5	28.9	41	54.7	2.0	24.5
Kerala	73.5	11.5	12	16.3	1.7	50.0
Madhya Pradesh	56.9	44.9	67	94.2	3.3	46.3
Maharashtra	66.2	31.8	31	46.7	2.8	45
Odhisa	58.5	45.4	67	93.8	2.7	36.7
Punjab	68.5	28.8	38	52.8	1.9	43.7
TamilNadu	65.2	19.5	28	35.5	1.7	30.9
UttarPradesh	59.1	47.6	67	96.4	4.2	56.8
WestBengal	63.9	37.6	33	59.6	1.9	44.6

Source: Indian Health Statistics Report 2012

On the basis of many health indicators, Table 2 presents the current condition of health in a few different states. All of the states have life expectancy values that are more than 57 years, with Kerala having the greatest value, followed by Punjab with values of 73.5 and 68.5 years, and Assam having the lowest value, with 57.9 years. Kerala's life expectancy value is the highest of any state in India. The state of Uttar Pradesh has the highest neonatal mortality rate, with 47.6 deaths per 1,000 live births, followed by the state of Odisha, which has 45.4 deaths per 1,000 live births. With 11.5 deaths for every 1000 births, the rate of neonatal mortality in Kerala is the lowest in the world. There are also significant rates of neonatal mortality in other states, such as Andhra Pradesh, which had a rate of 40.3 per every 1000 births.

Regarding Punjab and Jammu and Kashmir, the respective figures are 28.8 and 19.6. In contrast to the general trend of increasing infant mortality rates, the states of Madhya Pradesh and Odisha have the highest rates, coming in at 67 deaths per 1,000 live births each. On the other hand, Kerala has the lowest IMR rate in the category, coming in at 12 per 1000 births, making it the top performance in the category. The death rate among children under the age of five is particularly high in the state of Odisha, with a rate of 933.8 per 1000 births; this is followed by Bihar; however, the state of Kerala had a figure of just 16.7 per 1000 births. With a value of 1.7 for total fertility rates, Kerala and Tamil Nadu score well in this category, followed by Punjab, which has 1.9 for total fertility rates. The state of Uttar Pradesh has the highest percentage of children that are underweight, followed by the state of Bihar. As a result, Kerala is an ideal example since it has values and indicators of acceptable quality of life. In the case of states that are not doing very well, such as Orissa, Uttar Pradesh, and Bihar, the health indicators paint a bleak and gloomy image since the values lay much below the thresholds that are considered acceptable.

COMPARISON OF HEALTH STATUS IN INDIA WITH SELECTED COUNTRIES

Indicators of life expectancy and mortality rates are discussed in this section. These include the overall life expectancy at birth, as well as the infant and under-five mortality rates (the probability of dying between birth and 1 and 5 years of age, respectively), and the adult mortality rate (the probability of dying between 15 and 60 years of age). Neonatal mortality, which is defined as one fatality per 1000 live births within the first 28 days of a child's life, is responsible for a significant number of infant deaths in many nations, particularly in low-income countries.

Table 3: Selected Health Indicators

Indicator	India	China	Brazil	Sri Lanka	Thailand	US	Canada	Australia	Pakistan
IMR/1000 live-births	50	17	17	13	12	7	5	4	43
Under 5	66	19	21	16	13	7	6	5	46

mortality/1000live births									
Fully Immunized (%)	66	95	99	99	98	100	100	100	71
Health Expenditure as percentage of GDP	4.2	4.3	8.4	4.1	4.1	9.7	13.8	15.7	3.7
Birth by skilled attendants	47	96	98	97	98	99	98	98	43
Govt. share of total health expenditure (%)	32.4	47.3	44	43.7	74.3	81.8	72.7	81.3	49.8
Govt. health spending share of total Govt. spending (%)	4.4	10.3	6.0	7.9	14.2	16.8	19.7	21.8	12.8
Per capita Spending (in US\$)	122	265	875	187	328	942	886	1012	124

Source: WHO Report 2011

The comparison of India to the other nations is seen in Table 3. It appears extremely unfair to compare India to nations like the United States of America, Canada, Australia, or Brazil due to the fact that India is so far behind on every measure addressing the quality of their health. In terms of the infant mortality rate (IMR)

per 1000 births, India is at the top of the list with a rate of 50, followed by its neighbor Pakistan, which has a rate of 43. Other health measures, such as the proportion of the population that is completely vaccinated, show that India has 66 percent of its population immunized, whereas Pakistan has 77 percent of its population fully immunized, and the United States, Canada, and Australia all have 100 percent immunization rates. The fact that the Indian government invests less money in health care facilities is largely to blame for the dismal state of the country's healthcare system. If we look at the figures of per capita spending, the pattern continues with India trailing behind, followed by Pakistan. In the case of India, the government's share of overall health expenditure is 32.4%, whereas in the case of Pakistan, it is 49.8%.

Table4: PerCapitaHealthExpenditure

Member	PerCapitaTotalExpenditure			PerCapitaTotalExpenditure			PerCapitaGovt. ExpenditureonHealththatAverageExpenditure Rate			PerCapitaGovt. ExpenditureonHealththatAverageExpenditure RateinPPP		
	2000	2007	2012	2000	2007	2012	2000	2007	2012	2000	2007	2012
India	20	40	63	66	109	124	5	17	38	16	29	43
China	43	108	123	2516	3900	4400	140	308	4321	177	273	3234
Brazil	267	606	879	506	837	1123	107	252	361	202	348	423
Australia	1728	3986	4345	2263	3357	4897	115	269	3489	151	226	3215
USA	4703	7285	8987	4703	7285	9867	203	331	4567	203	331	4012
Canada	2082	4409	5467	2516	3900	4876	140	308	4087	177	273	3212
Banglad	9	14	45	22	42	65	3	5	9	8	14	31

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Pakistan	15	28	54	48	64	123	3	7	14	10	19	43

Source:WHO StatisticsReport2012

The average amount spent on healthcare by each individual is broken out in Table 4. In the year 2000, India spent twenty dollars on health care; in 2007, that number rose to forty dollars, and in 2012, it reached sixty-three dollars; in contrast, Pakistan spent fifteen dollars, then twenty-eight dollars, and then forty-eight dollars; this presents an unfavorable image of Pakistan's economy. In comparison to other industrialized nations, such as the United States of America, Canada, and Australia, India does not even come close.

HEALTHWORKFORCEAND INFRASTRUCTURE:

The following information is provided on the resources that are accessible inside the healthcare system. These resources include doctors, nurses, dentists, and hospital beds. The active health workforce—that is, those who are presently engaged in the health labor market—is what is meant when estimating the size of the health workforce in terms of both its numbers and its density.

Table5:ComparisonofHealthForce andInfrastructure ofIndia

Country	Physicians		Nurses		Dentists		Hospital density/10 000
	Number	Density/1000	Number	Density/10 000	Number	Density /100000	
Brazil	320013	17	549423	29	217217	12	24
China	18623630	14	1259240	10	136520	1	30
India	643520	16	1372059	13	55344	1	1.8
Canada	62307	19	327224	100	380310	12	38

U.S.A	793648	27	2927000	98	43663	16	31
Australia	19612	10	222133	109	29624	15	39
Pakistan	127859	8	62651	4	15790	1	6
Bangladesh	42881	3	39471	3	2344	<0.5	4

Source:WHO Report2011

The healthcare infrastructure of India is examined in Table 5, along with a comparison to the healthcare systems of many other nations. When compared to international norms, the health care infrastructure in India is woefully insufficient. In terms of both its physical infrastructure and its available workforce, it is much below the average for the rest of the world. In comparison to the worldwide average of 12.3 physicians per 10000 people, India has an average of 16 doctors per 10000 people, which indicates a significant manpower deficit. In comparison to other industrialized nations, the percentage of the population served by hospitals and other medical facilities in India is much lower. The absence of a public health sector that is both effective and responsible has resulted in the growth of a highly variable private health sector, which now amounts for around 68 percent of the total amount spent on health care. This is in spite of the fact that India's economy has been expanding at a pace that is somewhat quicker than the rates at which many other nations' economies have been expanding, and India is only second to China in this respect. When compared to the number of doctors, China is at the top of the list with a density of 14 physicians per 10000 persons, while Bangladesh is at the bottom of the list with a quantity equal to 3 physicians per 10000. China has the largest hospital bed ratio in the world, with 30 beds available per 100,000 people. In comparison, India only has 1.8 bed ratios. Therefore, India is falling behind in all aspects when measured against China, the United States of America, Brazil, and Canada; yet, when measured against other developing nations, such as Pakistan and Bangladesh, India is showing signs of progress.

CONCLUSION.

Every area of concern shines a light on a potential solution, and the only thing that can be said with absolute certainty is that nothing can be guaranteed or immutable. When we consider the state of the healthcare system in India, these remarks said by John F. Kennedy give a glimmer of optimism. Even though there has been significant progress achieved in terms of improving the health of the Indian people, the present position nevertheless paints a bleak image of the situation. In light of the fact that India devotes a relatively significant portion of its gross domestic product (GDP) to health care, it is amusing to note that the country does not fulfill its full potential in this area. According to the Preamble and Directive Principles of the Constitution of India, it is the obligation of the government to offer basic healthcare as a component of a wider mission to establish a "equal society." This objective is stressed several times throughout the document.

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