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RESEARCH ARTICLE

UNIVERSAL HEALTH COVERAGE: A COMMUNITY BASED ASSESSMENT IN HIMACHAL PRADESH, INDIA

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ABSTRACT

Background: Universal Health Coverage (UHC) has gained importance all over the world. UHC is not a new concept for India as Bhore Committee in 1946 recommended that Indian health system should be designed to provide health services for everyone who would like to use them and g*et al*l services which they need. Estimates for OOP health expenditure between 1995-96 and 2000-01vary from 80 % to about 70 % of total health expenditure. Further, OOP payments constitute 95 % of private health expenditure with a weak insurance system and other community-based financing still only emerging.

Methodology: A community based cross- sectional study on 2000, > 18 yrs of age, randomly selected, in two districts of Himachal Pradesh was conducted. Current health status, preference to Govt. and private health institutions, health policy and Out of Pocket expenditure details were recorded.

Results: In Kangra district 52 % and in Chamba district 78.3% were male participants and 23.4 % in Kangra, 36.3 % in Chamba rated their current health status very good. Around 30 % in Kangra district preferred Community Health Center, whereas in Chamba 63 % Primary Health Center. Reason for preferring Gov't health facility in both districts was related to less expenditure in Govt. institutions. 56.5% in Kangra and 69.5% in Chamba district spends < 1000 Rs OOP annually on Health.

Conclusion: We observed that in both districts participants use peripheral Health Govt. institutions for basic health services. Majority is heaving govt. sponsored health insurance and majority is heaving Out of Pocket expenditure. Majority of participants wants all drugs and consumables to be provided free of cost in Govt. hospitals.

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INTRODUCTION

Universal Health Coverage (UHC) has gained importance all over the world .As per the World Health Organization (WHO) UHC is defines as "ensuring that all people can use the promotive, preventive, curative, rehabilitative and palliative health services they need, of sufficient quantity to be effective, while also ensuring that the use of these services does not expose the user to financial hardship" (WHO 2017). UHC is not a new concept for India as Bhore Committee in 1946 recommended that Indian health system should be designed to provide health services for everyone who would like to use them and g*et al*l services which they need (Bhore, 1946).

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Although since government trying their level best to provide the health services but only in 1983 they promised the access to universal provision of comprehensive primary health care services (Ministry of Health and Family Welfare, 1983). Government of India launched its main programme in 2005 called National Rural Health Mission (Ministry of Health and Family Welfare, 2005), which mainly focused on strengthening health institutions. Its only after that govt. of India started with various insurance schemes like Rashtriye Swasthya Bima Yojna etc. As 70 % of the population of India lives in rural areas and depend upon public heath institutions but today nearly all countries, regardless of economic development, private facilities including faith-based facilities, non-government non-profit organization and private for-profit facilities including are involved in health services provision (Priyanka Saxena *et al*., 2010). The role of private has sparked controversial debates in low and middle income countries. For

some increasing private provision could lead to gains in efficiency, responsiveness, quality and consumer choice (Bhattacharyya *et al*., 2010). Others have argued that relying on public provision for health care services is the best guarantee for equitable access and for better health outcomes for the whole population (Hollingsworth, 2008). In India health expenditure accounts for less than 5% of the Gross Domestic Product (GDP), with OOP payments constituting the single largest component of total health expenditure. Estimates for OOP health expenditure between 1995-96 and 2000-01vary from 80 % to about 70 % of total health expenditure. Further, OOP payments constitute 95 % of private health expenditure with a weak insurance system and other community-based financing still only emerging (Charu C Garg and Anup K Karan, 2009). Publically funded facilities are often unable to provide a full range of services or provide medicines for free at the point of service and user charges commonly exist despite the efforts of many countries in abolishing them. Moreover, in order to get health care services people have to pay indirect costs such as transportation costs, which are indifferent to the public-private divide (Priyanka Saxena *et al*., 2010). With no literature about the health sector use and affordability in Himachal Pradesh, this study with objective to assess the health care services and their contribution towards universal health coverage was conducted.

MATERIALS AND METHODS

Study Area

This study was carried out in District Kangra and District Chamba of Himachal Pradesh. Kangra the biggest and among best in health indicators, whereas Chamba district is among last in health indicators.

Study Design: A community based cross- sectional study.

Study Population: Adult >18 years of age were included in the study.

Study Period: The study was carried from September to December 2014.

Sample size: With paucity of time convenient sampling was done. 1000 participants from each district was selected.

Study tool: A semi structured questionnaire which included demographic profile, current status of health, health facility preferred, reasons for preference, Out of pocket expenditure etc was used.

Sampling technique: For completion of 2000 sample size in both districts we used the district bus stands. From morning 8 AM to 6 PM, a team of two members use to approach randomly all those who were above 18 years of age and willing to participate in the study. Data was collected until sample size of 1000 from each district is completed.

Data and Statistical Analysis: Data collected on the variables such as age, gender, along with other independent variables was summarised as proportions.

RESULTS

Socio demographic profile: Mean age of respondents from Kangra district was 40.81±10.32 yrs where as in Chamba district it was 36.03± 13.69 yrs. Female participants were only 21.7 % in Chamba district where as they were almost equal (48 %) in Kangra district. In both districts rural participants were in majority (Table 1).

Table 1. Demographic Profile of Participants

Name of District/Variables		Kangra	Chamba
Age (Mean age yrs ± SD)		40.81± 10.32	36.03± 13.69
Sex	Male (%)	52	78.3
	Female (%)	48	21.7
Location	Rural (%)	80.5	83.3
	Urban (%)	19.5	16.7

Current Health Status and Last Health Facility visited: We asked the participants to rate their current health status and we found that in Kangra district 36.5 % participants ranked their current health good, 33.9% average, 23.4 % very good, 4.8% poor and only 1.4 % very poor. In Chamba district majority 36.3% ranked very good, 29 % average, 25.2% good, 9 % poor and only 0.5 % very poor. We also enquired about their last visit to any health facility and we found that 66.9% in Knagra district visited health facility in last 6 months followed by 22.3 % between 6 months to 1 year. In Chamba district 54.3 % visited any health facility in last 6 months and 24.8 % in last 6 months to 1 year. In Kangra district 74.5 % visited the Govt. health facility followed by others (13.10%) which included chemist, quack and traditional healers and 12.4 % visited private health facilities. Whereas in Chamba district 82.5 % visited Govt. health facility, followed by others (10.4%) and 7.1% visited private heath facility. In Kangra district 37.8 % preferred Community Health Center (CHC), 26.8 % Primary Health Center, 22.3% visited medical college, 10 % Sub center and 3% Distt. Hospital. Where as in Chamba district 70.8% visited PHC, 22.5% CHC, 4.1% Distt. Hospital, 2% medical college and 1 % sub center.

Basic Health Services Preference and reasons for selecting: We found that in Kangra district 30.3 % preferred Community Health Center, followed by Private Ayurvedic 18.6%, Private MBBS 11.1% and 10.1 % preferred for Health Sub center. Whereas in District Chamba, 63.2 % preferred Primary Health Center, 28 % preferred quack and 5.5 % preferred Community Health Center (Table 2).

Table 2. Health Facility preferred for Basic Health Needs

Variables	Kangra (%)	Chamba (%)
Quake	4.9	28
Chemist Shop	3.5	1.8
Private Ayurvedic	18.6	0.5
Private MBBS	11.1	0.3
Priavte Specialist	7.1	0.2
Sub Center	10.1	28
Primary Health Center	2.3	63.2
Community Health Center	30.3	5.5
Distt. Hospital	2.7	0.2
Medical College	9.4	0.2

Reasons for preferring specific Health Facility: In Kangra District 82.6 % preferred Govt. Health Facility, where as in Chamba District 92.8 % preferred Govt. Health Facility. Those who preferred Govt. Health Facility in Kangra, 24.4 % said that they preferred it for less expenditure where as in Chamba 34.4 % preferred for same reason. 13.5% in Kangra District preferred Govt. Health facility because, health staff explained about the disease and course of treatment very well. In

Chamba District, participants gave more weightage to free drugs available in Govt. Health facilities. If we look in to private sector in Kangra District 36.2% preferred for quick service available at private Health facilities, where as in Chamba district, participants preferred private sector due to non-availability of staff in the Govt. Health facilities (Table 3).

Table 3. Reasons for preferring specific Health Facility

Govt. Health Facility

Reasons	Kangra (%)	Chamba (%)
24 Hrs Service	2	1
Neat and Clean	0.8	1.8
Qualified Doctors	9.6	8.6
Good Care	10.6	8.2
No fees	9.9	11.1
Better Services	3.3	2.3
Free Drugs	13.3	18.3
Better Quality Drugs	10.2	9.2
Explains properly about disease & treatment	13.5	6.7
Less Expenditure	24.4	30.4
Trust Prescriber	2.4	1.4

Private Health Facility

Reasons	Kangra (%)	Chamba (%)
24 Hrs Service	1.6	1.1
Neat and Clean	4.1	2.1
Qualified Doctors	2.8	7.8
Good Care	5.3	3.3
No fees	8.1	24.1
Better Services	16.3	18.3
Free Drugs	5.7	8.8
Better Quality Drugs	36.2	18.2
Explains properly about disease & treatment	4.1	4.8
Less Expenditure	14.2	8.2
Trust Prescriber	1.6	1.2

Health Policy Status: Particiapnts from both the districts were enquired about the Health Policy if they have any. We found that in Kangra district 32.3 % had health policy where as in Chamba district 61.8 % were heaving health policy. We came to know that this major disparity is due to more no of RSBY users in Distt. Chamba (Table 4).

Table 4. Status of Health Policy

Health Policy available	Kangra (%)	Chamba (%)
Yes	32.3	61.8
No	67.7	38.2
Premium Paid by	Kangra (%)	Chamba (%)
Govt	78	98.7
Owner	2.7	0.6
Self	19.3	0.7

Table 4. Out of Pocket Expenditure

Annual expenditure on health in Rs	Kangra (%)	Chamba (%)
< 1000	56.5	69.5
1000 to 5000	34.7	24.8
5000 to 10000	5.1	3.8
>10000	3.6	1.9
Drugs and medicines expenses represent a significant financial burden for you and your family	Kangra (%)	Chamba (%)
Strongly Agree	17.3	13.8
Agree	25.4	29
Average	34.8	30.5
Disagree	10.3	13
Strongly Disagree	12.2	13.6

Out of Pocket Expenditure and Rating of Current Health System: We also observed that 56.5% participants in Kangra and 69.5 % in Chamba, spend at least Rs 1000 annually out of pocket on Health. Anyhow in Kangra 3.6% participants and in Chamba only 1.6% particiapnts spend more than Rs 10000 annually out of pocket on health. We also tried to find out that expenses on drugs and medicines represent significant burden on family. We found that 17.3% participants in Kangra and 13.8 % in Chamba were strongly agreed to this. When we asked them to rate your district current health system, 31.7% in Kangra and 2.7 % in Chamba, rated the current health system excellent. (Table 4 & 5)

Table 5. Rating of Current Health System of your Area

Current Health System	Kangra (%)	Chamba (%)
Excellent	31.7	2.7
Good	21.1	21.1
Average	34.1	30.9
Poor	9	41
Very Poor	4	9.2

Suggestions by Participants: 46.4 % of participants in both districts were in same opinion that's drugs and consumable prescribed in Govt. health facilities should be provided free of cost. Another point the highlighted is the more no of Health facilities along with required no of health staff to be made available in Rural areas in both districts (29.3%) (Figure 1).

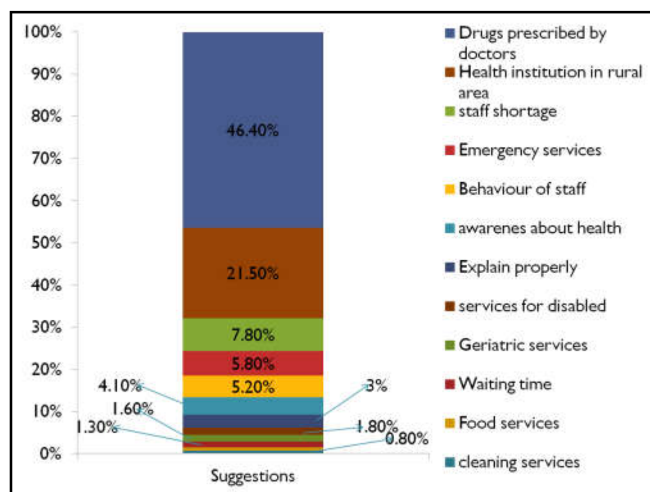

Figure 1. Suggestions by the Participants

DISCUSSION

United Nation (UN) Member States have agreed to try to achieve Universal Health Coverage (UHC) by 2030, as part of the Sustainable Development Goals.[x1] In our observations we found that in Kangra district male to female participation was almost equal, but in Chamba district female participation was just 21%. As this study was conducted at bus stands, from here we can say that as Chamba district is one of the backward district ho Himachal Pradesh, females are either have less freedom to travel or they are very less in number doing job.[x2] When we compare current health state of the participants in both districts, we found almost similar picture in both districts. If we compare last visit to any health facility, we can see that Kangra district participants proportion was slightly more and in Kangra preference to private practioner were slightly high as compare to Chamba, which is due to non-availability to private practioner in Chamba district. Major difference was noticed in

Gov.t health facility visited, as in Kangra Majority 37.8% preferred CHC, where as in Chamba PHC was the first choice with 70.8%. When we compare examination by specialists a big difference can be noticed as in Kangra 42.4% got them self-checked by Specialist as compare to 6.8% in Chamba district. This shows that vide gap in availability of services in Govt. Sector. When we tried to find out the reason for preferring the Govt. health facility, majority in both districts preferred due to less expenditure in Govt. health facilities, but when we tried to enquire why they prefer private institutions, main reason (36.2%) in Kangra district was for quick services, whereas in Chamba it was due to non-availability of health staff in Govt. health institutions. This shows the apathy of Govt. health system in backward areas. Another point of concern was the health policy and 67.7 % in Kangra said no, where as 38.2% in Chamba said no. When we asked about type and who pay premium, results were astonishing that in Chamba 98.7% were those policy holder who were heaving Govt. RSBY for BPL or other covered families as compare to 78% in Kangra district. This shows that in Chamba we have more BPL families as compare to Kangra district.[x2] Around 400 million people globally lack access to one or more essential health services and every year around 100 million people are pushed into poverty and 150 million people suffer financial catastrophe because of out-of-pocket expenditure on health services. Who fact sheet In Kangra district people are spending more Out of Pocket on health as compare to Chamba district. As per the other study conducted by Vikas Bajpai *et al*. average expenditure during hospitalization in Govt. hospital, as per NSS rounds, from Rs 1120 in rural area from 1987 increased to Rs 3238 up to 2004 and in urban areas it increased to Rs3877 from Rs 1348. [x3] On average, about 32% of each country's health expenditure comes from OOP payments. Who fact sheet. In our study also we observed that majority of the participants strongly agree that expenses on health represent a significant burden on their families.

Among the reasons for rising costs of treatment is that consumable such as medicines are often no available and need to be purchased.[x4] Due to long waiting times for diagnostic investigations, patients often need to or prefer to get these done at private diagnostic centers. There is also a tendency to over investigate patients and practice 'defensive' medicine. [x4] We also observed a wider difference when we asked them to rate current health services in their district. We found that in Kangra 31.7% said that they are getting excellent services in Govt. health sector, whereas in Chamba only 2.7%. Majority (41%) in Chamba district said that they are getting poor services. As we saw in our previous results that in Chamba district people are dependent of Primary Health Center and they only prefer private sector due to the non-availability of staff in Govt. health institutions. When we ask them to suggest what Govt. should do to improve the health services , majority (46.40%) participants suggested that all drugs and consumable prescribed by doctors should be available inside the hospital and to be provided free of cost without any user charges. Next majority 29.30 %, suggested that health institutions in the rural area to be opened more in number and all health institutions should be appropriately provided with required staff.

Conclusion and Recommendation

We observed in this study that participants of these two districts depend upon peripheral Govt. health institutions for health services due to less expenditure. OOP expenditure, which have significant pressure on families need to be addressed. Universal health insurance to be started so maximum no of population can be covered.

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