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Universalization of Health for Social Sector Development: A Meta-Analysis of Literature

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Abstract

The proliferation of health-related studies in recent decades has brought forth a wealth of diverse research, conducted in various temporal and spatial contexts, employing disparate subjects, designs, methods, and tools. This diversity often leads to heterogeneous conclusions, emphasizing the need for systematic reviews and meta-analyses to synthesize information and address complex issues. This article contributes to the burgeoning literature by presenting a meta-analysis focused on the universalization of health and its correlation with social sector development in India. Recognizing that significant problems require a collective body of research, the study employs the PICO framework to break down the complex issue into manageable components. Despite an abundance of stand-alone articles, a noticeable absence of correlational studies is observed in the literature, prompting a comprehensive meta-analysis. The authors gather data from various sources, including Google, Google Scholar, PubMed, Science Direct, Web of Science, Lancet, and Scopus, considering academic literature and policy documents at both global and national levels. The findings reveal a prioritization of universalization of health on the international agenda, influencing national governments, particularly in the second decade of the new millennium. While literature emphasizes the importance of universal health access for social sector development, the analysis underscores a persistent gap between policy pronouncements and practical implementation in India. Structural issues, functional deficiencies, and financial constraints hinder the realization of equitable, accessible, and quality healthcare for all.

Keywords: Universalization of Health, Social Sector Development, Traditional Health System, Human Development Index, policy Pronouncements and Practical Implementation

Introduction

The abundance of studies relating to health has strikingly increased over the last few decades. However, the studies are undertaken in different temporal and spatial contexts, their subjects are different, and the designs, methods, and tools adopted for the study are varied and their conclusions often become heterogeneous. In the field of Health Sociology, a well-conducted systematic review and meta-analysis is a feasible solution for keeping the readers and researchers abreast with the boom of literature and new knowledge. It is well established that a significant problem cannot be solved by single research. In fact, a small sample study won't

even address a micro problem. Therefore, the body of information obtained from numerous investigations serves as the basis of science. (Hunter et al. 1982, p.10) Further by synthesizing data from several studies, systematic reviews seek to inform and streamline this process and provide more effective access to information (Green,2005). In this article, the authors have made an earnest effort to make a meta-analysis of the literature on universalization of health and social sector development. The paper rests on the assumption that universalization of health is a means to an end i.e. social sector development. With this assumption in view, the paper has tried to make a meta-analysis of the articles relating to the two major variables mentioned above and the mediating variables in between. It needs to be clarified from the beginning that the search for articles landed at an observation that there is no such correlational article while standalone articles are in abundance**.**

The Methodology

A large number of academic literature and policy documents related to each of the variables and mediating variables have been considered for this study. Literature has been pooled from Google, Google Scholar, PubMed, Science Direct, Web of Science, Lancet, and Scopus. Studies relating to both global and national scenarios have been analyzed. Based on data quality, focus area, rigorous procedures, and the removal of replicas, appropriate literature was found from various sources, and the ensuing works were examined. The PICO framework has been used to break a problem down into searchable components for the purpose of review and meta-analysis.

Universalisation of Health

The universalization of health refers to comprehensive and equitable access to healthcare services for all individuals, regardless of their socio-economic status, geographic location, or other demographic factors. This concept embodies the idea that healthcare should be a fundamental right and an essential component of human well-being. The goal of universal health coverage is to ensure that every person can receive the necessary health services they require without facing financial hardship.

Universal health coverage involves not only ensuring access to essential health services but also addressing the broader determinants of health, such as social, economic, and environmental factors. This approach aims to create a healthcare system that is inclusive, efficient, and responsive to the diverse needs of populations. Achieving universal health coverage requires the development of robust health systems, adequate infrastructure, health workforce capacity, and policies that prioritize health as a public good.

Countries around the world are increasingly recognizing the importance of universal health coverage as a means to promote social justice, reduce health inequalities, and contribute to sustainable development. Efforts to universalize health often involve policy reforms, increased investments in healthcare infrastructure, and the implementation of strategies to overcome barriers to access, ensuring that health services are available and affordable for

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everyone. This paradigm shift towards universal health is not only ethically imperative but also contributes significantly to sustainable development goals.

One of the pivotal studies supporting the universalization of health is presented by the World Health Organization (WHO) in their report, "Universal Health Coverage: Moving Towards Better Health." The report emphasizes that achieving universal health coverage is not only a moral obligation but also an economically prudent strategy. It argues that a healthy population is crucial for economic productivity and social stability, making the case that universal health coverage is a strategic investment in the well-being of nations.

Elio Borgonovi , Amelia Compagni (2013) observe Universal Health Coverage (UHC) is a key focus in the policies and recommendations of international organizations. It forms an integral part of the Millennium Development Goals, as redefined by the United Nations. The World Health Report in 2010 prominently addressed UHC, as did earlier reports such as the 2008 World Report on primary care. The Tallinn Charter in 2008 emphasized UHC as a central topic for discussions on health systems, linking health to both prosperity and well-being.

According to the WORLD Bank (2022)health constitutes a vital component of the Sustainable Development Goals (SDGs), exemplified by SDG 3.8, which strives for "universal health coverage (UHC), including financial risk protection, access to quality essential health care services, and availability of safe, effective, quality, and affordable essential medicines and vaccines for all." Furthermore, SDG 1, dedicated to "ending poverty in all its forms everywhere," faces jeopardy without UHC, as nearly 90 million individuals are pushed into poverty annually due to health-related expenses.

The bedrock of UHC lies in providing accessible and affordable primary healthcare of high quality. Despite this principle, numerous individuals worldwide encounter challenges in meeting their fundamental healthcare needs. Mental health, often overlooked, emerges as a crucial aspect of UHC, significantly influencing people's capacity to lead productive lives.

In recent times, the global momentum behind the UHC movement has surged, culminating in the inaugural UN High-Level Meeting on UHC in September 2019. Member states unanimously adopted a Political Declaration, underscoring their high-level political commitment to UHC and delineating essential actions. The Global Action Plan for Healthy Lives and Well-being for All (GAP) was concurrently launched by twelve co-signatories, including the World Bank Group (WBG), to collaboratively assist countries in achieving SDG3 targets.

Kaltenborn(2020) quotes the Committee on Economic, Social and Cultural Rights, which through General Comments No. 14 and 19, has outlined the specifics of the rights to health and social security. The challenges in implementing these rights have been a focus of major international initiatives and partnerships. The 2030 Agenda significantly contributes to defining these rights, mandating the implementation of social protection floors and universal health protection by the international community.

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Furthermore, the research conducted by Savedoff and de Ferranti (2019) in their book, "Universal Health Coverage: The Third Global Health Transition?" explores the historical transitions in global health and advocates for the third transition towards universal health coverage. The authors present compelling evidence that universal health coverage is feasible and can be achieved through effective policy interventions and international collaboration.In conclusion, the universalization of health is a critical step towards achieving global health equity and sustainable development. The evidence presented by WHO and scholars like Savedoff and de Ferranti underscores the urgency and feasibility of adopting universal health coverage as a cornerstone of health systems worldwide.

A comprehensive analysis by Ooms et al. (2018) in their article, "Five Dimensions of the Universal Right to Health," sheds light on the multifaceted nature of achieving universal health. The authors argue that beyond financial accessibility, UHC must also address dimensions such as availability, acceptability, and quality of health services, emphasizing the importance of a holistic approach to health system strengthening.

Additionally, the study by Kutzin et al. (2019) in "Health financing for universal coverage and Health System Performance: concepts and implications for policy" explores the financial aspects of UHC. The authors delve into the challenges related to health financing and advocate for innovative funding mechanisms to ensure the sustainability of universal health coverage initiatives.While UHC has the potential to address health disparities, critics argue that the feasibility of its implementation varies across diverse socio-political contexts. The research by Barroy et al. (2020) in "Assessment of health system challenges and opportunities for possible integration of non-communicable diseases in post-conflict health system strengthening: a qualitative study in Northern Uganda" highlights the need for context-specific strategies in post-conflict settings to overcome unique challenges in achieving UHC.In conclusion, while the universalization of health is a noble goal, addressing the multifaceted challenges and adopting context-specific strategies are essential for successful implementation. The works of Ooms et al., Kutzin et al., and Barroy et al. contribute valuable insights to the ongoing discourse on achieving universal health coverage.

The recognition of a basic right to health care access is indeed a significant aspect of many developed societies. This perspective is rooted in the belief that access to healthcare is not just a privilege but a fundamental right that contributes to the well-being and dignity of individuals within a society. Norman Daniels, a prominent bioethicist, has contributed significantly to the discussion of health care rights.

In Daniels' work, particularly in his 1998 book "Just Health: Meeting Health Needs Fairly," he introduces the concept of "fair equality of opportunity." This principle emphasizes the importance of ensuring that individuals have a fair chance to lead a healthy life, irrespective of factors like socio-economic status or other arbitrary conditions. In this context, access to healthcare is seen as a means to achieve this fair opportunity. The idea that healthcare is a positive welfare right implies that it is not just a freedom from interference but an entitlement to certain goods or services. This is in contrast to negative rights, which focus on non-

interference and freedom from external constraints. Positive rights, like the right to health care, require the provision of resources and services to ensure individuals can lead healthy lives. The perspective that access to healthcare is an expression of human dignity aligns with the notion that individuals have inherent value and should be treated with respect. The argument here is that denying people access to essential healthcare can compromise their dignity and infringe upon their basic human rights.

In plural and secular societies, the recognition of the right to health care is often seen as a reflection of shared values that prioritize the well-being of all citizens. The pluralistic nature of these societies recognizes and respects diverse perspectives on ethics and morality. In such contexts, the right to health care can be considered a universal principle that transcends specific cultural or religious beliefs. Moreover, viewing health care as a civilization-based right suggests that it is a marker of a society's level of development and its commitment to the welfare of its citizens. As societies progress, there is an increasing acknowledgment of the importance of providing basic services, including healthcare, to ensure the overall health and prosperity of the population.

However, it's important to note that while there may be a broad consensus on the importance of the right to health care, the specific policies and mechanisms for delivering healthcare services can vary widely among developed societies. Debates often revolve around issues such as the role of the state, the extent of public versus private provision, and the allocation of resources. Nevertheless, the recognition of the right to health care remains a key element in the ongoing discourse on social justice and human rights in many developed societies.

Yi, et.al.(2017) examine policy lessons from eight emerging economies, emphasizing that achieving universal health care is primarily a matter of politics, institutions, and policies, rather than just financial resources. Universal health coverage (UHC) has been a longstanding topic in development discussions. Since the late 1970s, neoliberalism has diminished collective health institutions, transferring regulatory roles from public to private sectors. Despite this, recent global and national health dialogues have revived universalism, especially in the context of UHC.

Marten, et.al.(2014) examine the progress and challenges faced by the BRICS countries (Brazil, Russia, India, China, and South Africa) in achieving universal health coverage (UHC). The commitment of these nations to work nationally, regionally, and globally for UHC is notable given their significant combined population. However, a review of health indicators, such as life expectancy and child mortality rates, reveals that each country has a considerable distance to cover before achieving UHC. Common challenges across the BRICS countries include insufficient public spending on health, the management of mixed private and public health systems, ensuring equity in healthcare access, addressing the shortage of human resources, managing changing demographics and disease burdens, and tackling social determinants of health.The analysis emphasizes the need for increased public funding as a key strategy for accelerating progress toward UHC. While all BRICS countries have allocated more resources to health, China stands out with the most significant increase, likely

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fueled by its rapid economic growth. Surprisingly, India, despite being the second-highest in economic growth among the BRICS nations, has shown the least improvement in public funding for health. Understanding the reasons behind such variations in health sector prioritization among these countries could be a valuable area for future research.The role of strategic purchasing in engaging with powerful private sectors, the impact of federal structures on health policies, and the consequences of investments in primary healthcare are highlighted as areas for further exploration. Overall, this analysis sheds light on the complex and interconnected challenges that the BRICS countries face on their path to achieving universal health coverage.

The paper authored by Nagarajan,et.al. (2023) provides a comprehensive exploration of the theme centered around the trajectory towards achieving Universal Health Coverage (UHC) in countries with diverse health systems. The author adeptly identifies and discusses three key features characterizing this journey: political processes involving regulatory changes for simplified access, increased health spending, and a shift towards pooled spending rather than out-of-pocket payments.

One of the notable strengths of the paper is its emphasis on the provider-purchaser relationship of governments in the pursuit of UHC reforms. This aspect is crucial in understanding how various nations navigate the complexities of healthcare delivery and financing. The author supports their analysis by conducting extensive secondary research across both developed and developing economies. By evaluating experiences in financing mechanisms, management arrangements, governance, and health outcomes, the paper offers a well-rounded perspective on the challenges and successes associated with achieving UHC.

The inclusion of diverse country examples, such as Italy, the UK, Germany, Australia, Japan, Canada, China, the USA, and Brazil, adds significant value to the paper. These examples represent different models on the spectrum, allowing readers to gain insights into various approaches and the unique challenges faced by each nation. This comparative analysis enhances the paper's applicability and relevance for a broad audience interested in global health policy. Furthermore, the discussion in the paper underscores the importance of well-defined service packages, supplementary insurance for additionalities, and a mixed model sustained through a well-regulated ecosystem and clear stakeholder roles. The emphasis on governments primarily acting as regulators in shaping policy and direction is a noteworthy takeaway, as it highlights the crucial role of governance in the successful implementation of UHC reforms.

In conclusion, Nagarajan’s paper is a commendable contribution to the literature on Universal Health Coverage. Its thorough examination of diverse country experiences, coupled with a focus on key features and the provider-purchaser relationship, provides valuable insights for policymakers, researchers, and practitioners in the field of global health. The paper's clarity, well-supported arguments, and practical recommendations make it a compelling read for anyone interested in understanding the complexities of achieving Universal Health Coverage in different health systems.

Chaturvedi, et.al. (2023) study underscores the imperative for achieving Universal Health Coverage (UHC), emphasizing that it entails ensuring all individuals have unfettered access to necessary health services without enduring financial hardship, encompassing the entire spectrum of essential health services. This inclusive approach spans health promotion, prevention, treatment, rehabilitation, and palliative care. The study compellingly argues for the incorporation of indigenous sources of knowledge, particularly Traditional and Complementary Medicine systems, as integral contributors to enhancing acceptability and coverage within the population. The author contends that relying solely on a single health system may not be as effective as integrating diverse approaches. In the context of India, with its rich heritage of traditional health systems like Ayurveda, Yoga, Unani, Siddha, Sowa-Rigpa, and Homeopathy collectively referred to as AYUSH, the study advocates for recognizing and leveraging these systems to advance UHC objectives.

A noteworthy aspect highlighted in the study is the global prevalence of traditional medicines, with 88% of people worldwide opting for these remedies due to their inherent faith in their efficacy. The study posits that the integration of indigenous and modern medicine systems is essential to realizing the universalization of healthcare. This perspective is timely, aligning with the evolving healthcare landscape and the increasing recognition of the value that traditional medicine can bring to comprehensive health coverage.

In conclusion, Chaturvedi's study presents a compelling argument for the integration of indigenous knowledge, specifically Traditional and Complementary Medicine systems, to achieve Universal Health Coverage. The emphasis on the diversity of health services and the global acceptance of traditional medicines adds depth to the discussion. This paper makes a valuable contribution to the discourse on healthcare systems, advocating for a holistic and inclusive approach that incorporates the strengths of both traditional and modern medicine for the overarching goal of universalized healthcare.

Conclusion on Analyses:

As it becomes discernible from the aforementioned literature analyses, universalization of health is more a prioritized agenda before the international organizations which had a trickle-down effect on national governments. Most of the literature boom in this thematic area started at the beginning of the new millennium, particularly in the second decade when national governments made it translated from policy pronunciation into practice orientation. The literature together sums up universalization as increasing the availability, and accessibility of each citizen to healthcare facilities to ensure social justice, equity, and inclusiveness to ensure a better quality of life, wellness, and happiness.

Social Sector Development

Over the years, social sector development has assumed a major concern in development discourses. Increased governmental spending on social services, such as health and education, is essential for a nation that is having difficulty raising its human development index. social

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sector development is a crucial factor for sustained human development and economic growth.

According to Sen (2000), human capabilities form a solid basis for evaluating living standards and quality of life. This implies that focusing on the development of people's abilities and freedoms is essential for overall well-being.

Mooij, (2004) perceives social sectors as encompassing both social and economic services. Under the category of 'social services,' there are areas such as education, art and culture, medical and public health, family welfare, water supply and sanitation, housing and urban development, welfare for underprivileged classes, labour and employment, social security, and other related services. Conversely, 'economic services' pertain to rural development, food storage, and warehousing. The expenditure in these social sectors is directed towards the overarching goal of enhancing social opportunities and elevating indicators like education, health, and nutritional standards among the general population.

Government of India (2011) elaborates on social sector development as oriented towards enhancing livelihood opportunities, providing modern amenities and services for a satisfactory standard of living, both in rural and urban areas with an aim to amplify opportunities for equal economic participation, fostering inclusiveness. The development approach in the social sector within the growth policy centers on human development and welfare, thereby accentuating the inclusive nature of growth.

Thus, it emerges from the aforementioned definitions that the synergy between social sector development and inclusive growth is evident, as heightened investment in the social sector can enhance the well-being of marginalized communities. Elevating expenditure in this area has the potential to uplift the deprived sections of society by augmenting their income, providing equitable access to employment opportunities, and fostering participation in productive activities. Its ultimate aim lies in empowering these marginalized groups to enable them to play an equitable role in the overall growth trajectory. The development of the social sector serves as a mitigating force against poverty, inequality, deprivation, and diseases, thereby fostering inclusivity in the process of development.

Chaddha (2015) focuses on the impact of social sector development expenditure on reducing poverty and promoting inclusive growth. Key sectors addressed include health, family, human resources development, social justice, labor, employment, social security, housing, road connectivity, water supply, sanitation, and rural/urban development. The overarching goal is to enhance living standards for the poor, emphasizing the pivotal role of these sectors in poverty alleviation and inclusive economic advancement. The works of economists like Romer (1986), Lucas (1988), Rauch (1990), and Grossman (1991), indicate that their theories support the idea that social sector development is a critical component of economic growth. To the aforementioned authors, social sector development is seen as contributing to rising income and employment opportunities, productivity growth, and technological advancement. These factors, in turn, are expected to lead to an improvement in the quality of life for individuals. Thus, they conclude that a well-developed social sector sets the foundation for various positive economic outcomes.

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Coming to the Indian scenario, Joshi (2006) comments that the social sector's performance in India has been deemed unsatisfactory, with potential for significant improvement, as highlighted by Dreze and Sen in 1995. While India's new economic policy has successfully created a conducive environment for rapid economic growth, there has been a lack of sufficient attention to fundamental areas such as healthcare and education. Despite a decade of reforms, a considerable portion of the population continues to experience poor education and health outcomes (Joshi 2006). Although India has shown noticeable improvements in key social indicators related to education and health since the 1980s, the country still ranks low on the human development ladder, standing at 136 out of 187 countries according to the Human Development Index (HDI) in 2013 (UNDP 2013).

Conclusion on Analyses:

The foregoing analyses relating to social sector development clearly indicate that social sector development assumed primacy in the development discourse around the turn of the twentieth century. With the development of the capability approach and the concept of human capital building the term paved its way into the dialogues on development following which literature started cropping up. The literature in this section highlights the role of the social sector in the real growth of a nation and the conceptual clarification of the social sector which includes the creation of opportunities, and welfare services to enrich human resources for increasing productivity and how the social sector is a neglected field in the budgets of nations due to the principles of neoliberalism.

Universalizing Health for Social Sector Development

At the 65th World Health Assembly gathering in Geneva, universal health coverage (UHC) was recognized as a critical necessity for all nations to solidify advancements in public health. But much before this India started her efforts to ensure access to health care for her citizens. In this sense, India is a forerunner in thinking about social sector development. However, due to the colonial grip for years, it could not make many strides towards spectacular social sector development. Health has always been taken as an instrument for social sector development and an index of social sector progress. India’s health sector reforms dates back to the pre-independence era.

While the public health movement had gained a solid footing during the British raj by the end of the 19th century, actively endorsing sanitary services to combat diseases, sanitation efforts in India were not accorded substantial official backing. Instead, these initiatives were primarily restricted to the regions inhabited by the white population, as noted by Qadeer (2005). But, by the late 1930s, a consideration for public health became evident in the Indian national movement. In 1938, the Indian National Congress established the National Planning Committee (NPC) led by Jawaharlal Nehru. Despite its formation, the NPC fell short of outlining the specifics of a national public health care system. This responsibility was delegated to the Health Survey and Development Committee, chaired by Joseph Bhore, commonly known as the Bhore Committee. In 1946, the Bhore Committee presented the

inaugural comprehensive health plan, the "Three Million Plan," inspired by the National Health Service of England. At its core, the Bhore Committee's recommendations emphasized the idea that every individual should access sufficient medical care regardless of their financial capacity, and health services should be easily accessible to the people. The primary thrust of the Bhore Committee's proposal can be distilled into two key recommendations. Firstly, it advocates for the establishment of a robust state-supported national health system designed to provide healthcare to all segments of the population at a subsidized cost. Secondly, it calls for the advancement of an integrated approach that merges both preventive and curative services within a broader public health framework.

Sengupta(2013) records that more concerted efforts for social sector development through the progress in health started at the beginning of the second d decade of the new millennium. The Indian government's draft strategy for universal health coverage (UHC)was released in July 2012. It was realized that a radical transformation of the health system is crucial for India, placing people at the forefront. This transformation should align with the Primary Health Care approach outlined in the 1978 Alma-Ata declaration. While the government's intent to introduce UHC is positive, it must be centered around a robust public system that prioritizes the primary health needs of the majority. The only reliable guarantee for secure access to quality healthcare is a well-funded and accountable public health system. Services with a strong public ethos are essential to prioritize the health needs of vulnerable or marginalized populations, such as women, children, and the elderly, who disproportionately suffer from the denial of health rights due to unique health needs and oppressive social dynamics.

Conclusion on Analyses:

Under the thematic head of universalization of health for social sector developments, literature is univocal about the role of increasing access to quality health services on an inclusive basis as a pathway to social sector development. This section puts the spotlight on the trajectory of universalization of health from the pre-independence period till date. Though universalization of health as a concept emerged long back, it was confined to the papers and was translated into action through implementation in the second decade of the new millennium.

Universalisation of Health in India: Policies, Programmes and Problems

The Planning Commission (2011) notes that the development of Universal Health Coverage (UHC) in India has been guided by ten principles: (i) ensuring universality; (ii) promoting equity; (iii) preventing exclusion and discrimination; (iv) providing comprehensive and rational care of high quality; (v) offering financial protection; (vi) upholding patients' rights, including appropriateness of care, patient choice, portability, and continuity of care; (vii) strengthening public health services; (viii) emphasizing accountability and transparency; (ix) encouraging community participation; and (x) empowering individuals to take control of their health.

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Several policy initiatives have been introduced in India to tackle challenges within the health system. The National Rural Health Mission (NRHM) and its successor, the National Health Mission (NHM), were established with the aim of enhancing state government health systems. However, their efforts have predominantly concentrated on addressing maternal and neonatal conditions, as well as infectious disease control programs. Progress has been uneven across states. Notably, NHM's emphasis on increasing institutional deliveries has significantly raised the percentage of deliveries in health facilities, soaring from 43% in 2004 to 83% in 2018. This shift includes a substantial increase in deliveries within government health facilities, rising from 21% to 53%.

Over the past decade, the implementation of the National Health Mission (NHM) has shifted attention towards addressing social determinants of health and fostering a health system centered on primary care (NRHM, 2019) Investments in the health system have yielded improvements in services and impacted health indicators positively. However, the full potential of NHM remains unrealized(Gupta,2017)] The recently introduced Ayushman Bharat Mission (ABM) initiates insurance coverage for specific medical and surgical procedures for hospitalized patients from socioeconomically vulnerable families, resembling the Rashtriya Swasthya Bima Yojna but with increased coverage(Bharat,2019).

Since the mid-2000s, India has implemented various tax-funded health insurance programs that have significantly expanded in both population and service coverage. These initiatives involve purchasing healthcare services from both public and private facilities and aim to improve access to hospitalization services, particularly for large numbers of people and the economically disadvantaged. In 2018, the Pradhan Mantri Jan Aarogya Yojana (PM-JAY) was introduced, replacing the Rashtriya Swasthya Bima Yojana and integrating health insurance schemes from various state governments. The PM-JAY aims to cover 500 million people, providing an annual benefit package entitlement of INR 500,000 per household. The focus is on inpatient services, with over 1500 packages offered free to patients from marginalized groups. Overall, these programs represent a concerted effort to enhance healthcare accessibility for a significant portion of the Indian population.

During the 14th Finance Commission period (2010–2014) to the 15th Finance Commission period (2015–2019), the share of tax devolution to states increased from 32% to 42%. However, this rise did not result in significant boosts in state-level health funding. State treasuries argued that tax funds should be allocated to other priority areas, diverting health funding through alternative mechanisms like "societies." In the 15th Finance Commission (2021–2026), despite maintaining a similar tax devolution share, an unconditional health grant of 10.3% of the total grant-in-aid was awarded to states.

With a few exceptions, many Indian states have yet to implement the Clinical Establishments Act, 2010, designed to enforce consistent quality standards for diagnosis and treatment by mandating the registration of all health facilities.

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The National Health Policy (NHP) 2017 establishes a clear framework aimed at attaining universal health coverage (UHC). Emphasizing the goal of achieving a high standard of health with a primary focus on prevention and promotion, the policy also underscores the importance of quality healthcare and the provision of affordable and comprehensive primary care. This approach is reassuring in its commitment to improving overall health outcomes.

A sizable pool of around 650 million people are covered by the current insurance models (PM-JAY, Employees' State Insurance Scheme [ESIS], Central Government Health Scheme [CGHS]). The National Health Authority (NHA) is in a strategic position to provide an integrated platform that will enable different insurance programmes to work together(Selvaraj,et.al. 2022).

Kumar(2020) finds the transformation of subcenters into health and wellness centers remains a focus under NHM. NHM and ABM address primary and secondary care, respectively. Without a cohesive link between these two missions, maintaining a balance becomes challenging. It is crucial for funds allocated to ABM to flow through the primary health-care system on a per capita basis. Empowering primary healthcare providers to make decisions on patient referrals, choice of hospital (public or private), and cost considerations is essential for achieving a cashless health service experience for patients. To operationalize multisectoral public health action in a decentralized manner, the author suggests establishing Arogya Kendra (health centers) in every village or urban ward. These centers would be financed by the state through a dedicated village or ward fund but managed by local volunteers under community guidance. Additionally, a decentralized Integrated Health Information System for Universal Health Care supported by Information Communication Technology (ICT) is recommended for effective coordination. In conclusion, the article emphasizes the progress made by NHM and ABM in enhancing health services but underscores the need for a more integrated approach. The proposed establishment of Arogya Kendra and the utilization of ICT for a decentralized health information system are seen as essential steps toward achieving universal and coordinated healthcare.

Balrajan,et.al.(2011) visualize that in India till date universalization of health care is slow and retarded. No doubt, healthcare access has improved, but, disparities persist due to factors like socioeconomic status, geography, and gender. High out-of-pocket expenses, covering over three-quarters of healthcare costs, bring financial burdens to around 39 million people and push them into poverty annually. Key challenges include resource imbalances, limited access to quality healthcare, high out-of-pocket spending, healthcare inflation, and behavioural factors affecting demand. To address these issues, employing equity metrics, investing in health systems research, enhancing decision-making processes, and redefining responsibilities are crucial. Strengthening public health and primary care services aligns with these principles, promoting a more equitable healthcare system for India's population.

Ara,et.al.(2022) investigate the realities of the health care system in India and establish that public health care is really poor in India. The reason is that public healthcare in India is generally provided at minimal or no cost, yet it faces significant challenges in terms of

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service quality, leading to widespread dissatisfaction among the population. A substantial portion of the population turns to private healthcare services due to the perceived inadequacies of the public health system. The consequence of this disparity is evident in the untreated cases of diseases, which range from 20% to 28%, primarily due to a lack of financial protection.A concerning aspect is the heavy reliance on property sales and loans, accounting for 30% to 47% of inpatient care financing in India. The financial burden on individuals to fund healthcare through such means indicates a significant gap in the country's healthcare system. Expanding insurance coverage is a challenge, exacerbated by the fact that only 7% of the workforce is part of the organized sector, limiting the pool of individuals who can benefit from insurance schemes. As of now, India does not have Universal Health Coverage (UHC). The Government of India's 12th five-year plan (2012-17) aimed to achieve UHC and established a High-Level Expert Group (HLEG) in 2010 to devise a roadmap for UHC by 2022. However, the current state of health insurance in India is rudimentary and caters to a limited group of privileged individuals.A critical issue highlighted in this context is the high unmet need for healthcare in India, with those with the greatest health needs facing the least access to healthcare services. This imbalance underscores the urgency for comprehensive reforms and strategic interventions to bridge the gaps in healthcare accessibility and quality.

Bali and Ramesh's article (2015) article assesses India's progress towards achieving universal healthcare coverage, highlighting the prevailing conditions influencing its contemporary development. The analysis reveals that the country's health system is marked by private provision and financing, fragmented structures, and weak governance, contributing to suboptimal health outcomes. The article contends that these persistent characteristics hinder effective reforms, limiting government intervention. While recent initiatives, such as increased public funding, alleviate out-of-pocket spending, sustainable improvement requires addressing systemic issues. The article emphasizes the importance of enhancing healthcare governance, reinforcing regulatory structures, and government stewardship alongside augmented public spending for ensuring affordable healthcare for the entire population.

Similarly, Darrudi, et.al.(2022)discuss the existing challenges to universal health care. Universalization of health care to the authors is a global issue. On the basis of a broad review of the articles they land upon the conclusion that Inadequate medical facilities, categorized as a resource challenge, can also be viewed as a financing challenge, often stemming from a lack of financial resources. Similarly, the absence of health insurance, classified as a financing challenge, may also be attributed to stewardship issues related to upstream policies. The root causes of these challenges are often linked to weak political commitment and insufficient policy advocacy. Consequently, significant policy changes are imperative, including the revision of poorly designed policies to enhance health coverage.To attain Universal Health Coverage (UHC), there is a need for targeted programs to train and expand human capital, coupled with increased financial allocations. Stakeholder support and a reassessment of the distribution of human and financial resources are crucial. In light of the

ongoing COVID-19 pandemic, many countries face economic challenges, underscoring the urgency for policymakers to implement robust healthcare measures.

Ranabhat,et.al.(2020) from their research results from 118 countries not only elaborate on the cardinal meaning of and utilities of UHC, but also brings out the formidable obstacles to its implementation. Universal health coverage (UHC) ensures people access to necessary healthcare without financial hardship, emphasizing just resource distribution. Health, a vital human capital investment, supports education and economic growth. Viewing healthcare financing as an investment, not an expense, is crucial. In low- and middle-income countries, misconceptions, attributing illness to individual carelessness, hinder UHC implementation. Such beliefs lead to obstacles, social instability, poor governance, and a lack of transparency, posing challenges to health service quality, population coverage, and financial inclusivity—core pillars of UHC.

Maqbool,et.al. (2019) highlights the growing global emphasis on Universal Health Coverage (UHC), driven by international backing. UHC, a crucial concept, seeks to ensure fair access, quality services, and financial security in healthcare—a critical goal for nations like India, where many faces financial hardships due to out-of-pocket medical expenses. Despite existing health insurance programs, the financial burden persists. The paper advocates for increased healthcare investment in India, with a substantial focus on primary care, augmented funds for medicine procurement, and improved healthcare infrastructure meeting international standards. The study explores the policy and practical dimensions of achieving UHC in India, specifically examining the impact of publicly funded health insurance (PFHI) schemes in Chhattisgarh State. It underscores the importance of comprehensively understanding how PFHI schemes influence equity in healthcare access.

The study of Reich, et.al.(2015)reveals that achieving Universal Health Coverage (UHC) is a challenging yet feasible and achievable process with multiple paths and potential pitfalls. Progress toward UHC requires a sustained policy commitment, combining technical expertise with political acumen. Practical and innovative strategies must complement technical solutions, considering the specific national political and economic context.

The research outcomes of John,et.al.(2011), Paul,et.al.(2011)S, Raj(2011) clearly indicate that several challenges paralyse India's efforts to attain Universal Health Coverage (UHC) by 2022. These include confronting the world's most significant disease burden, tackling reproductive and child health issues, addressing malnutrition concerns, promoting gender equality, addressing the shortage of adequately trained healthcare personnel, fostering research for comprehensive healthcare, navigating commercialized and fragmented healthcare delivery systems, ensuring equitable access to healthcare, rectifying resource allocation imbalances, reducing high out-of-pocket health expenditures, adapting to a growing aging population, addressing social determinants of health such as poverty and illiteracy, managing the impact of natural disasters, and improving inter-sectoral coordination while navigating the diverse political forces and interests influencing healthcare.

Kasthuri(2018) talks about "Arogya" as representing "holistic well-being," which founded a wonderful history of public health in India (Roy,1985.) The Chinese traveller Fa-Hien (tr.

AD 399–414) elaborates on this, pointing out the superior curative care facilities available at the time(James,1991). But today, the dispersed and diverse population poses a significant challenge to the healthcare delivery system. This puts the WHO's 2018 theme, "Universal Health Coverage-Everyone, Everywhere," squarely in perspective. Further, the author tries to identify the ailments in the health system which make universalization a dream in the country. He describes them with five "As'" that mar the universalization of health care in India. They are deficit awareness, absence of adequate health care personnel, lack of access to health care centers, lack of accountability, and issues of affordability for high-cost care services.

Conclusion on Analyses:

The analyses of literature in the foregoing pages clearly establish that India has a plethora of policies and programmes on universalizing health care. They are commendable from the points of their pronouncements. But to date, universalization of health has been a farfetched dream for India. The literature highlights that structural issues, functional lacunae, and financial constraints make the implementation of equity, access, and quality health care unavailable for all.

Overall Conclusion:

The meta-analyses of literature have a drift towards the present millennium when research has swung towards universalization of health and social sector development. The meta-analysis clearly arrives at a conclusion that stand-alone studies are present on each aspect, but correlational studies remain missing in the gamut of literature. But from the foregoing analyses, it is concluded that universalization of health in India is more at the policy level, translated into some flagship programmes and financial allotments. But, the target has not yet achieved due to multiple constraints at different levels. This has rendered social sector development lagging behind in the country. So, a more proactive effort is needed to trigger universalization of health and make social sector development a reality from rhetoric. This will make India's march towards growth and progress faster.

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