



Health care system of India and healthy ageing: A critical analysis

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Abstract

The elderly population of aged 65+ and above is increasing worldwide very swiftly. The elderly population affects the social, economic and health structure of all countries whether developed or developing countries. The elderly population of developed countries is increasing continuously since the need of 20th Century, however in most of the developing countries the social issues becomes a growing concern for governments from last few decades. The elderly population of world is growing on a large scale due to declining world's fertility and mortality rate and increase in the life expectancy. Today, the people are living long and healthy lives than in the past. In increasing life expectancy and growing elderly population today's advanced medical science and health care is playing an important role. Health care system of any country directly affects the lives of its citizens. This research paper has focused on the health care delivery system of India which is delivered at three levels i.e. primary health care, secondary health care and tertiary health care. However, the health is come under the domain of the State governments within India but the Central Government through "Ministry of Health and Family Welfare (MoHFW)" is also playing an important role towards providing the adequate and quality health care to its citizens including the senior citizens. But despite the various combined efforts of Central and State governments, the health care delivery system of India is plagued with numerous deficiencies which have been discussed through this paper.

Keywords: Health care system, India, senior citizens, various efforts, deficiencies

Introduction

In the Constitution of India, the matters of public health have given place under entry number 6 of the State list- list II of 7th scheduled as "Public health and sanitation; hospitals and dispensaries" [1]. As per the Constitution, in India, the primary responsibility to provide proper health care to the public is of the State governments. However, by formulating health care policies and schemes, the "Union Ministry of Health and Family Welfare (MoHFW)" also regulates the health care delivery in India and assists the State governments to provide adequate healthcare within their territories to all citizens of India.

Role of the "Ministry of Health and Family Welfare (MoHFW)" to Promote Healthcare System of India

Though, the Constitution of India imposes the primary duty on the State governments regarding the proper health care delivery. But the MoHFW also plays an important role to improve health care system of India through various schemes, policies and funding to medical institutions like AIIMS, research foundations like Indian Council of Medical Research and States also. The Ministry has launched the "National Health Mission (NHM) in 2013 to promote universal access to quality, affordable and equitable healthcare within the country"; "Pradhan Mantri Ayushman Bharat Infrastructure Mission (PM-ABHIM)"; "Pradhan Mantri Swasthya Suraksha Yojana"; "Pradhan Mantri Jan Arogya Yojana (PM-JAY)", "National Health Policy, 2017" etc. are the key health policies launched by the Ministry to protect the health right of the all citizens. Instead of the above, the Central Government has also launched various policies for the health care of senior citizens of India e.g. "Ayushman Bharat (AB PM-JAY) for senior citizens", "National Programme for the Health Care of the Elderly (NPHCE)", "Atal Vayo Abhyuday Yojana (AVYAY)",

"Integrated Programme for Senior Citizens (IPSRc)", "Central Government Health Scheme (CGHS)", etc [2].

Three-Tier Health Care Delivery System

In India to provide proper health care to people, the health care services are provided at three levels i.e. Primary health care, secondary health care and tertiary health care [3]. At primary health care level consultations with doctors, general maternal and child and public health care, treatment of injuries and common diseases are treated at Sub Centres (SCs), Primary Health Centres (PHCs) and Community Health Centres (CHCs). However, at secondary and tertiary level the treatment of serious diseases is provided at district hospitals and specialised hospitals.

Weakness and Challenges to Health Care Delivery System in India

Despite the launch of various general health care policies and specific geriatric health care policies, India's health care delivery system is facing many challenges in achieving the target of Universal Health Coverage (UHC) set by the Government under its "National Health Policy (NHP), 2017" strategy [4].

Low Government Spending on Health Care

However, the public health care spending of Central and State governments (combined) is increasing continuously, still it is very low then the spending recommended by NHP, 2017 for the year 2025 i.e. 2.5% of country's GDP as in 2021-22 the combined total public health care spending in India was only 1.8% of country's GDP. The year 2025 has already over but till now, the Government of India has become fail in achieving the target of 2.5% public spending of countries GDP set by the NHP, 2017 [5].

High out of Pocket Expenditure

Out of pocket expenditure (OOPE) means “health expenditure made by the households at the point of receiving health care”. From last few years the OOPE has declined continuously from 55% in 2018 to 45% in 2022 [6] still it is very high in comparison to other countries [7].

Countries	Public Spending as % of country’s GDP	OOPE as % of Current Health Expenditure.
India	1.3%	46%
South Africa	5.4%	7%
United States	9.1%	11%
Australia	7.4%	15%
China	3%	34%

Source: World Bank, PRS

As high out of pocket expenditure (OOPE) raises the financial burden on individuals and push them into poverty, it also discourages them in taking timely health care to cure their diseases which highly affect their lives and health in their later age i.e. old age [8].

High Expenditure on Medicines

In India, people spent a lot on the purchase of medicines which increase their out of pocket expenditure. As per the “National Sampling Survey (NSS) 2017-18”, in India medicines covered around 70% of the medical expenditure in non-hospitalisation cases [9] and 17.5% of total population spend more than 10% of their income on health. India is considered as “pharmacy of the world’s because it produces and supply in world around 20% of world’s demand of geriatric medicines. America imports around 40% of its total demanded generic medicines from India as these are available at very low costs. Further, America also provides 100% tariff execution to India’s geriatric medicines but import 100% tariff on branded and patented medicines [10]. But unfortunately, the generic medicines which holds so much value and demand out of India have low availability in India. To reduce medicines expenditure as well as OOPE, the Government of India have taken various steps as in 2015 “AMRIT pharmacy scheme” to ensure the availability of branded medicines at discounted prices [11] and “Pradhan Mantri Janaushadhi Scheme, 2008” under which the Government has opened many Janaushadhi Kendras (as till Nov 2025 total 17,610 Kendras) for easy availability of low-cost generic medicines [12]. But the reality is that such Kendras are very limited in any city so keep generally at huge distance from most of public and secondly all generic medicines also not remain available at such Kendras. Instead of it, due to various reasons, the ratio of health Insurance also remains low as 30% of Indian population do not insured themselves under any health insurance [13].

High Preference of Private Health Care Services

In comparison to public hospitals, the average health care costs in private hospitals generally remains seven times greater in India [14], still the people prefer to take private health care services which directly put impact on their pockets and increase their OOPE. The study shows that in 2017-18, more than 50% of hospitalisation cases were registered in private hospitals. The private health care services are highly preferred by the public due to various reasons connected to Government hospitals such as long waiting time, poor quality care, inconvenient timings, poor sanitation or unhygienic conditions, etc [15].

Low Availability of Beds

As per WHO recommendation, there should be 3.5 hospital beds per 1,000 population and further, the “National Health Policy, 2017” also recommends 2 hospital beds per 1,000 people [16] but it was found that in 2020, there were only 1.4 hospital beds per 1000 people [17] which is very low availability from WHO’s and NHP, 2017 policy’s recommendation.

Shortage of Manpower in Hospital Health Care

when we look towards data related to availability of doctors and nurses, we found that India is facing the shortage of proper man power to provide adequate and convenient health care in hospitals such as WHO has highly recommended the availability of one doctor per 1,000 people and nurses per 300 people. But in India, healthcare human resources do not touch the recommended standard of WHO, as India, as per “Economic Survey 2024-25” has 1 doctor per 1,263 people [18] and one nurse per 476 people. However, the Government of India is continuously making efforts to pace with the standard of WHO [19].

Geriatric Health Care Conditions in India’s Prevailing Health Care System

The elderly population of India is increasing swiftly. In 2021, the elderly population, which is around 10% of India’s total population, is projected to increase up to 20% of its total population by 2050 and 36% till the end of this century i.e. by 2100. Along with other social and economic implications, elderly population also put impact on health structure of a country. When we see towards India, we found that India is already facing various health care system related deficiencies such as low government spending in total health care expenditure of the country, high out of pocket expenditure, low health insurance coverage, low hospital beds availability, shortage of manpower in hospitals etc. while making effects to overcome all these deficiencies, to take care of health of such increasing number of elderly population and to secure their right to health as provided under Article 21 of the Constitution of India, it’s a very big challenge for the Government of India. Still the government is making continuous effects to provide them proper and affordable health care i.e. Geriatric health care e.g. Indian Government has expended the health coverage of 5 lakh cashless annual coverage provided under the “Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB PM-JAY) to all senior citizens aged 70 years and above also. But still it is challenging task for Government of India to provide proper health care services to achieve the target of “healthy ageing” which is the need of today’s time. Because with the increasing elderly population, the old age dependency ratio is also increasing. The only way to reduce the old age dependency ratio it is necessary to encourage the elderly population to work actively to earn and to contribute in country’s growth and it can be possible only when they remain healthy. Because along with unhealthy ageing the fiscal pressure on Government is also increases. The Government of India, is making many efforts in this direction of “healthy ageing” but still the elderly population is facing health related issues because of many reasons such as lack of dedicated geriatric wards, lack of age-friendly infrastructure, shortage of trained geriatric health care professionals and caregivers, non-availability of home-based geriatric care lack of geriatric specialists, low

awareness about health policies and facilities provided specially to elderly population, high out of pocket costs, insufficient pension amount, dependency on others, non-availability of transportation at remoter and rural areas.

Conclusion

Despite, India having a strong health care system, various studies show that there are many deficiencies in health care system of India such as low governments spending on health care as comparative to other countries even in comparison to neighbor countries e.g. Sri Lanka (3 times more), Bhutan (2.5 times more) and Thailand & Malaysia (10 times more) in 2021, high out of pocket expenditure as comparative to other countries, high costs of medicines, shortage of manpower and adequate hospital infrastructure, low health insurance coverage, deficiencies in Government hospitals facilities and services because of which high preference for private health services, low funding to health related researches, high cost of medical education as “Standing Committee on Health, 2024” has provided that since 2008, the cost of medical education in India is continuously increasing e.g. it has doubled between 2008 and 2018 and ranged between Rs. 6 lakhs to Rs. 1 crore.

Suggestions

To get proper and affordable health care is the right of every citizens of India including senior citizens under Article 21 of the Constitution of India. By understanding the health care system of India and challenges faced by our senior citizens, by taking some initiatives towards elderly health care, the Government can promote “healthy ageing” within the country.

- By promoting “home-based health care market” in India.
- By strengthening “geriatric health care” within existing health care system of India
- By promoting “health education/literacy” among elderly people and their caregivers.
- By increasing nutritional level of elderly population through various nutrition programmes.
- By spreading awareness about government elderly health policies.
- By promoting free of cost consultation-based health treatment for senior citizens in both public and private sectors.
- By promoting “digital literacy” among senior citizens and by promoting “digital health care market” in India such as telemedicine, telehealth, tele-consultation services etc.
- By setting up the geriatric clinics to provide regular dedicated OPD services to the elderly.
- Through free screening camps, daily based yoga and exercise camps for elderly.
- By promoting senior care health insurances.
- Proper implementation of all policies, programmes and targets set to achieve the aim of “healthy ageing”.
- Enhance “functional independence among elderly people” by providing them affordable assistive devices etc.
- As medical education is very costly in India as ranged between Rs. 60 Lakh to Rs. 1 Crore, the Government must start more scholarship based programmes and must find more effective ways to reduce the increasing cost of medical institutions.

- By encouraging geriatric health care and diseases related researches and by providing proper funding for such researches.
- Through age friendly infrastructure of hospitals etc.
- By spreading awareness regarding the generic medicines because their increasing consumption can reduce the out of pocket expenditure. Along with this the Government also must ensure the easy availability of all generic medicines.

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