Policy Paper

GOVERNMENT HEALTH INSURANCE SCHEMES FOR DIFFERENTLY ABLED – A SWOT ANALYSIS

ABSTRACT

Background:Health schemes and policies are not a post independence phenomena, they have been in our Indian histories since 1946. Despite advancements in health care systems, India still faces the problem of health inequality seen commonly among the underserved population. One such population which suffers the agony of both health and oral health problems are the disabled population.

Methodology- SWOT analysis done

Results- Only two government health schemes are available for differently abled population, among these two, only one (Niramaya Scheme) offers insurance for oral health

Conclusion- There is an urgent need to evaluate these two schemes and bring about an appropriate integrated health scheme for the differently abled.

Keywords- disability, health care, SWOT, schemes.

INTRODUCTION

Health schemes and policies are not a post independence phenomena. In fact, the most comprehensive health policy and plan document ever prepared in India was on the eve of Independence in 1946. This was the `Health Survey and Development Committee Report' popularly referred to as the Bhore Committee [1]. Since then,

several committees have been developed to provide health care for various ethnic populations in India [2]. Literature studies quote the fact that healthcare industry has always been a growing field with advancements in mode of delivery of treatment and payments [1]. Health insurances are one such method to finance healthcare. In more simple way, people who have the risk of a certain event contribute a small amount (premium) towards a health insurance fund, in a health insurance programme. This fund is then used to treat patients who experience that particular event (e.g. hospitalization). The health insurance sector has also undergone cycles of nationalization and privatization during the past years as reported by Nayak & Bagchi [3] .

In recent years, there has been a liberalization of the Indian healthcare sector to allow for a much-needed insurance market to emerge. The policy of liberalization of the Indian economy has been so far the most significant development which has affected the health insurance business. Due to liberalization and a growing middle class with ample spending power, there has been an increase in the number of insurance policies issued in the country [4].

Despite this field being an emerging one, the dream of achieving "Accessible and affordable health for all" among high risk population is still questionable. One such disadvantaged group of people who enjoy the least of the benefits cropped up from these health insurance schemes are the differently abled population [5].This is because affordability of health services provided by the private agencies have higher charges with less coverage and the non-governmental organizations (NGOs) do not provide any insurance schemes rather they work in making health care at affordable

costs [1]. This can be explained with an example – NGO's provide medicines at lower cost to the needy people.[5]

In a developing country like India, sustenance of such organization require more costs to maintain. Since source of income for NGO depends on money from beneficiaries who do not benefit from its activities, continuous flow is difficult. Hence they develop various other contacts from individual and institutions to continue their services. This not just requires miney but also a lot of manpower involvement to proceed.[6,7] Since India being a middle income country, work of such organizations hardly have an overwhelming reach among the differently abled. Therefore, to combat this situation, government of India has launched two health schemes namely Swavlamban and Nirmaya for the differently abled. Since a success of a program depends on its strengths and the opportunities it provides we planned to conduct a SWOT (Strengths, Weaknesses, Opportunities, and Threats) analysis on the health schemes as it would help us to identify improvements needed to make a better integrated health schemes and thus making health care affordable and accessible for all.

METHODOLOGY

Since there are no research articles on health schemes for individuals with disabilities , the literature search was done in official government website namely, National health portal of India – Disabilities and Department Of Empowerment Of Persons With Disabilities. National health portal of India is an initiative by the Ministry

of Health and Family Welfare, Government of India in pursuance to the decisions of the National Knowledge Commission, to provide authenticated health information for citizens, students, healthcare professionals, researchers and to serve as a single point of access for consolidated health information. The National Health Portal achieves the above vision by collecting, verifying and disseminating health and health care delivery services related information for all citizens of India (National Health Portal of India, https://www.nhp.gov.in/).

The Department Of Empowerment Of Persons With Disabilities envisions an inclusive society where equal opportunities are provided for the growth and development of persons with disabilities to lead a productive, safe and dignified life. To this end the Department strives to create an accessible barrier free environment for differently abled persons and also for their empowerment through legislation, policies, programmes and schemes. Financial assistance for creating a barrier free environment under Scheme for Implementation of Rights of Persons with Disabilities Act (SIPDA) Scheme; Financial assistance for purchase of aids and appliances for differently abled under Assistance to Disabled Persons for Purchase / Fitting of Aids and Appliances (ADIP) Scheme; Research and Development for technological advancement; Educational empowerment; Social empowerment; Development of rehabilitation professionals/personnel; Advocacy and awareness generation are steps taken in this direction.

This department also provides physical rehabilitation: services like early detection and intervention, counseling and medical rehabilitation through two health

insurance schemes (Department of Empowerment of Persons with Disabilities , http://disabilityaffairs.gov.in/content/).

AVAILABLE HEALTH SCHEMES IN INDIA

Various health insurance companies both in private and public sector cover health plans to underprivileged people and accidental disability,but none of them cover insurance schemes for congenital disability persons. Congenital disability are individuals born with disability, such people are not given health insurance plans since they are under high risk cover. Also health insurers do not differentiate between individuals with disability and non- disabled thereby granting them a valid health policy without any extra baggage or benefits[3]. This leaves behind the lower socioeconomic people with disabilities, thus to provide health care access to these left out population Government of India has framed two exclusive health insurance schemes which mainly targets the below poverty line people with disabilities.

PROFILE OF THE AVAILABLE HEALTH SCHEMES FOR DIFFERENTLY ABLED

1. Swavlamban scheme

This Prestigious Scheme for Persons with Disabilities (As Per PWD Act 1995) was launched by The New India Assurance Company limited, in Association with Ministry of Social Justice, Department of Empowerment of Persons with Disabilities in the year 2015. It was made to provide medical insurance to the seven disabilities mentioned in PWD Act 1995. Over 2000 regional centers across India are targeted under this scheme. The scheme has been designed to deliver comprehensive cover to the beneficiary as well as his family (Patient with Disability - PwD, Spouse & up to two children) with a single premium of Rs 357/- across age band and can be availed by the differently abled aged between 18 years and 65 years. Total amount of Rs 2lacs are provided to the people registered under this scheme. The scheme was

implemented through active participation of National Institutes and regional centers for persons with disabilities. This scheme did not include persons with multiple disabilities. Unfortunately the government has not release any funds for the implementation of this scheme. Hence no reports are available regarding this scheme (Swavlamban Health Insurance Scheme for Persons with Disabilities., 2017).

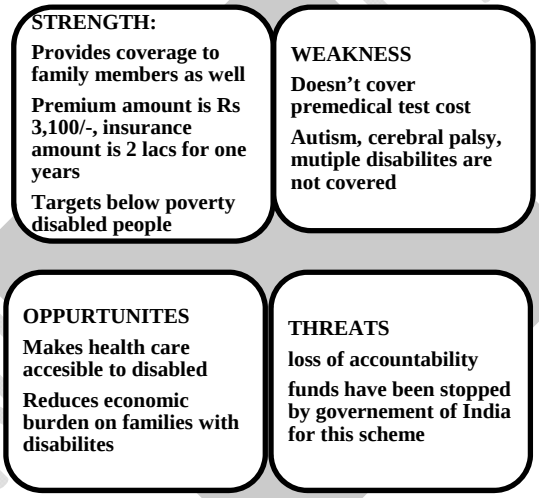
2. Niramaya scheme

Niramaya is a unique Health Insurance Scheme for persons with Autism, Cerebral Palsy, Mental Retardation and Multiple Disabilities, piloted in 2007, for two years in 10 selected districts of equal number of States, subsequently extended to cover the entire country (except the State of J&K). This scheme was introduced in by National Trust in collaboration with ICICI Lombard, a private insurance company. Health insurance coverage of Rs 1 lakh is available under the scheme to persons with disabilities, for a range of medical services from OPD treatment to hospitalization. There is a nominal fee of 'Rs. 250/- per annum for families with income up to Rs. 15,000/- per month and Rs. 500/- for families having income above Rs. 15,000/- p.m. So far, 1.47 lakh beneficiaries have been enrolled under the scheme and an amount of Rs.14.52 crore disbursed as claim settlement to 38512 beneficiaries. This includes enrolment of 50541 beneficiaries and claim settlement of Rs.4.97 crore for 9372 beneficiaries during the period 2014-15. Even though exclusive schemes have been developed by the government, utilisation of these schemes seems to be less (National Trust Annual Report , 2008-09). The decrease in utilisation is because this will require coordinated efforts by ministries, local, district and provincial authorities, and nongovernmental organizations in the different sectors involved in rehabilitation. For the majority of the disabled (70%),

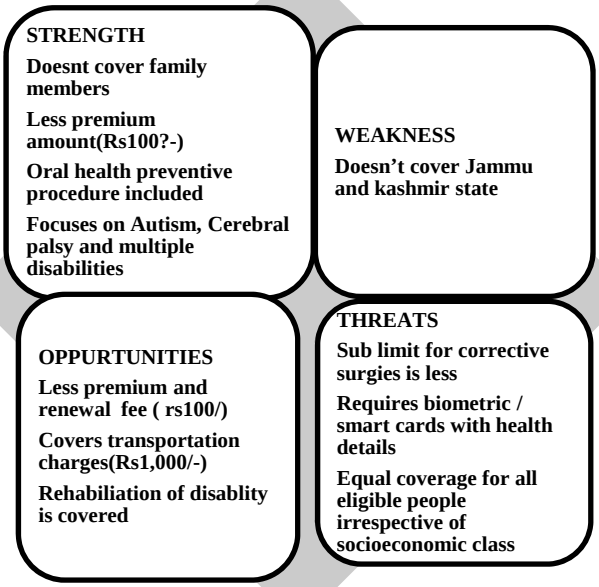
interventions can be done effectively at the community level by local supervisors/school teachers.[8] Prioritization of resources like finance, manpower, and materials will be another important issue to be considered. [9]Non-availability of evidence-based facts, lack of co-ordination between the Government and NGOs, the absence of a coherent community level strategy, limited competence and capacity of decentralizing services, limited models of good practices are the other lacunas in the system[10]

RESULTS

Though there are various schemes available in our country to serve the disadvantaged population. There are only two health insurance schemes exclusively for the disabled which are operated by the public sector. A SWOT analysis of the two schemes is shown in figure 1



SWOT analysis of SWAVLAMBAN health scheme



SWOT analysis of NIRAMAYA Health scheme

DISCUSSION

Thus with above mentioned SWOT analysis, it is clearly seen that there is only one health scheme exclusively available to make health care accesible to persons with disabilities(NIRAMAYA SCHEME), also wide range of socioeconomic class is covered under the schemes, thus distribution of funds for treatment becomes difficult. Cashless payment is a growing technology, thus its use in both schemes may prove to be futile in under developed regions of our country.[11]. The private sectors claim to be more accountable and provide better quality of treatment for their high charges, but the the same was disproved ina recent systematic review which stated no difference between private and government sector[12]. Also private companies provide insurance to disabled population with higher premium amount and no extra benefits given.[13]

Whereas in the current available disability health scheme, insurance covers both the underlying disability condition as well as other health conditions associated with it. With

growing strategies implemented across globe to promote oral health, it is evident from the analysis that least importance is provided to oral care for this population despite the fact poor oral health reduces the quality of life of such patients; though one health scheme (NIRMALAYA) provides an amount of Rs, 7, 500 for preventive dental procedure [14]. Amount allocated for both schemes seems to be very less when compared to the budget allocated for disability rehabilitation which accounts to 368 Crores ($517076)[15].

In India, this health insurance sector is operating purely on the basis of governmental policies and there are hardly any private insurance which provides health insurance at nominal rate. The NGO's play vital role in increasing the utilisation of health services by providing health care at affordable rates but fail to provide any insurance policies[1]. The available health scheme also contributes to particular sector of disability and fall short in making health services available to all disability types. Also disability is a phenomenon seen across all socioeconomic categories; higher end of such population utilizes the insurance schemes provided by private sectors. To add on to this situation inadequate awareness on the exclusive health schemes for disabled makes the utilisation of current government health schemes among this population less. The opportunities for health insurance will only increase with adequate awareness campaign conducted amongst the differently abled populations, enlargement of existing schemes with integration oral care services with general health, increased coverage of disability type and also the age catered using the present service. The private health insurance companies have been aggressive in targeting the rural population and under privileged but fail to make it cost effective to them [16] . It is to be hoped that the weaknesses persisting in the

schemes will be removed over time by making appropriate policies in efficient manner so as to reach the high risk populations with an objective of bringing maximum population under the existing health insurance.

CONCLUSION

Health insurance schemes developed, in many ways, marks a major milestone in the financing of health care in India. The schemes launched so far are from the public sector which covers the medical expense of certain disabilities in our country. Nevertheless inadequate attention is provided to oral care of these patients. Therefore, these schemes already have limited effectiveness in providing financial protection to differently abled persons. The financial sustainability of the government-sponsored schemes for these people is a major concern for all stakeholders. It is unlikely that the schemes can sustain themselves financially without government support. The risk pool for the scheme comprised of the below poverty line (BPL) population with least ability to pay leading to segmentation of the society. If the same schemes are extended with collaboration of multiple private agencies, the pools will become bigger and more financially sustainable attaining health care at subsidized rates for the under privileged.

RECOMMENDATIONS

The current health systems operate only under public sector with hardly any private companies playing a role. Improvement in th system could be attained by intergration and expansion of oral care procedures along with general health; since oral health is

said affect the physical, social and psycological aspect of general health [8]. Free distribution of basic oral hygiene aids to scheme holders would motivate the caregivers or the insurers to maintain good oral hygiene. Incorportaion of these schemes across all primary health centers and encouraging third party payments in corporate dental clinics would uplift the emerging public private patnership concept thus multiplying the usage of health services among the differently abled persons. Provision of disability certificate should be accompanied by oral health certificate thus making oral care a mandate for these people.[17]

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References

1. Duggal R.Evolution of Health Policy in India. Cehat publications, New Delhi, India. 2006
2. Park K. Preventive and social medicine. Bhanarsidas Bhanot publishers ,India . 2017
3. Nayak A, Bagchi KK, Nayak CR. Healthcare Finance, Health Insurance and Healthcare Administration for the Poor and Elderly People in India – Scope of Public-Private Partnership. SIT Journal of Management. 2012; 1(1):106-121.

4. Anita, J. Emerging health Insurance in India. Presented at 10th Global Conference of Actuaries, Mumbai(India), Feb 2008.
5. Dhingra R.NGOs AND HEALTH INSURANCE SCHEMES IN INDIA. - Perspectives and Issues.2001; 24(4): 206-217
6. Kumar SG, Das A. Are the disability data in India appropriate? Natl Med J India. 2009;22:278.
7. NHA National Health Accounts Estimates for India 2013-14, National Health Systems Resource Centre, Ministry of Health and Family Welfare, Government of India.2016
8. Ganesh Kumar S, Avinash S, Unnikrishnan B, Kotian MS. Effect of psychosocial intervention on quality of life and disability grading of mentally disabled adolescents. Curr Pediatr Res. 2011;15:127–31
9. Das N, Kumar R. Role of Non-Governmental Organizations in Healthcare Sector of India. (2016) Health Economics Division Public Health Foundation of India (PHFI) Plot Number 47 ,Sector 44 (Institutional Area) Gurgaon 122 002 Delhi NCR India
10. S. Ganesh Kumar, Gautam Roy, Sitanshu Sekhar Kar J Family Med Prim Care. 2012 Jan-Jun; 1(1): 69–73. doi: 10.4103/2249-4863.94458
11. Maru DS, Sharma A, Andrews J, Basu S, Thapa J, et al. Global health delivery 2.0: using open-access technologies for transparency and operations research. PLoS Med . 2009; 6: e1000158. doi:10.1371/journal.pmed.1000158.
12. Basu S, Andrews J, Kishore S, Panjabi R, Stuckler D . Comparative Performance of Private and Public Healthcare Systems in Low- and MiddleIncome Countries: A Systematic Review. PLoS Med 2012; 9(6): e1001244. doi:10.1371/journal.pmed.1001244

13. Sengupta A, Nundy S . The private health sector in India. BMJ 2005; 331: 1157–1158.
14. National Trust Annual Report.(2008-09). The national trust for the welfare of persons with autism, cerebral palsy, mental retardation and multiple disabilities,Government of India, Ministry of Social Justice & Empowerment.
15. Vozza I, Cavallè E, Corridore D et al. Preventive strategies in oral health for special needs patients . Annali di Stomatologia ,2015; VI (3-4):96-99.
16. Central Bureau of Health Intelligence ,1998. Health Information of India [Brochure]. Ministry of Health and Family Welfare, New Delhi.
17. Dörfer C, Benz C, Aida J, Campar G. The relationship of oral health with general health and NCDs: a brief review. International Dental Journal. 2017; 67(S2): 14-18