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The Rise and Risks of Health Insurance in India

Context

- The **idea of Universal Health Care (UHC)** has long been **central to the vision of human development in India.**
- The **gap between aspiration and reality** has led to increasing reliance on health insurance schemes as a perceived route to UHC.
- Yet, this approach, dominated by the **Pradhan Mantri Jan Arogya Yojana (PMJAY)** and various **State Health Insurance Programmes (SHIPs),** raises **significant concerns about equity**, efficiency, and sustainability.

The Expansion of Health Insurance in India

- In recent years, **health insurance has emerged as the primary strategy** for expanding access to health care in India.
- **PMJAY, launched in 2018 under Ayushman Bharat,** and its state-level counterparts offer annual coverage of up **to ₹5 lakh per household,** focusing exclusively on in-patient hospitalisation.
- **By 2023–24, PMJAY covered nearly 58.8 crore individuals** with an annual budget of ₹12,000 crore, while SHIPs together accounted for another ₹16,000 crore.
- **Despite forming only a fraction of India's total health expenditure**, these schemes have grown rapidly, with budgets expanding by up to 25% annually in some states.
- **While insurance has provided some relief to patients facing overcrowded** or underperforming public facilities, **its structural weaknesses threaten to deepen the fault lines** of India's health-care system.

Structural Weaknesses of the Insurance Model

- **The Idea of Profiteering**
    - One of the most serious problems with insurance-led health care is the **promotion of for-profit medicine.**
    - Evidence shows that **about two-thirds of the PMJAY budget flows to private hospitals,** many of which operate with minimal regulation.
    - Instead of correcting the dominance of profit-seeking providers, health insurance reinforces it.

- This **commercialisation is particularly troubling because the pursuit of profit often conflicts with patient welfare** and leads to unnecessary or inflated treatments.

- **Distortion of Health Priorities**

  - Insurance schemes **disproportionately channel resources toward hospitalisation** and tertiary care, while neglecting primary and outpatient services.
  - For a country where many citizens still struggle with basic access to preventive and community-level care, this **imbalance risks worsening inefficiency and inequity.**
  - The **inclusion of all elderly citizens in PMJAY,** while seemingly progressive, could further skew expenditure toward costly hospital care at the expense of essential services.

- **Utilisation Challenges**

  - Although **official figures claim coverage for nearly 80% of the population**, surveys show that only about one-third of insured patients successfully use their benefits.
  - **Lack of awareness, bureaucratic hurdles**, and discouragement by hospitals **reduce the practical impact of insurance.**
  - **Consequently, out-of-pocket spending remains high**, undermining the schemes' core purpose of financial protection.

Some Other Problematic Aspects of Targeted Health Insurance

- **Inequities and Discrimination**

  - Targeted health insurance also creates **new forms of inequality.**
  - **Private hospitals often prefer uninsured patients** who can be charged higher fees, while public hospitals favour insured patients who bring additional revenue.
  - This **results in discriminatory treatment,** with patients pressured to enrol on the spot or denied services altogether.
  - **Even among the insured, marginalised groups face the greatest obstacles** in accessing benefits, reproducing existing social disparities in health outcomes.

- **Administrative and Ethical Failures**

  - The implementation of health insurance schemes has been **plagued by financial and ethical challenges.**
  - **Hospitals frequently complain of delayed payments**, with pending dues under PMJAY alone exceeding ₹12,000 crore, more than the scheme's annual budget.
  - **This has led many hospitals to suspend services** or withdraw from the programme altogether.
  - Additionally, **widespread fraud and corruption,** from unnecessary procedures to outright denial of eligible treatments, compromise both patient safety and public trust.

- **Weak monitoring and the lack of transparent audit reports** further exacerbate these problems, leaving irregularities unchecked.

The Deeper Crisis: Underinvestment in Public Health

- Ultimately, **the reliance on insurance schemes reflects a deeper structural problem:** chronic underinvestment in India's public health system.
- **At just 1.3% of GDP in 2022, India's public health spending is among the lowest** in the world, far below the global average of 6.1%.
- **No country has achieved genuine UHC without strong public health infrastructure**, and India's continued neglect of this sector undermines any insurance-led strategy.
- **Some states have taken steps to strengthen public services**, with positive outcomes, but **progress remains uneven and insufficient** to meet national needs.

Conclusion

- **Health insurance**, as currently implemented in India, **functions more as a temporary painkiller** than as a cure for the systemic ills of the health sector.
- **While schemes like PMJAY and SHIPs** offer some relief to patients, **they cannot substitute for a robust and accessible public health system.**
- The **over-reliance on profit-driven private providers, the neglect of primary care, barriers to utilisation**, and rampant inefficiencies all **highlight the inadequacy of an insurance-centric approach.**
- For India to move meaningfully toward UHC, **it must confront the underlying deficit in public health investment and reorient its strategy toward equitable, non-profit, and preventive care.**

The Rise and Risks of Health Insurance in India FAQs

Q1. What was the Bhore Committee's vision of Universal Health Care (UHC)?
Ans. The Bhore Committee envisioned UHC as access to quality health care for all citizens, irrespective of their ability to pay.

Q2. How does PMJAY primarily support patients?
Ans. PMJAY provides financial cover for hospitalisation by allowing patients to seek treatment from empanelled public and private hospitals.

Q3. Why is India's reliance on health insurance problematic?
Ans. India's reliance on health insurance is problematic because it promotes profit-driven private care, neglects primary services, and fails to reduce out-of-pocket spending effectively.

Q4. What is a major administrative issue faced by PMJAY?
Ans. A major issue is the long delay in payments to hospitals, with dues often exceeding the scheme's annual budget.

Q5. What must India prioritise to achieve genuine UHC?

Ans. India must prioritise greater public investment in health infrastructure, especially in preventive and primary care, to achieve genuine UHC.

Source: The Hindu

Noise Pollution is Rising but Policy is Falling Silent

Context

- **Urban noise pollution** has emerged as one of the most **underestimated public health and environmental challenges** of our time.
- **Across Indian cities, sound levels consistently exceed permissible limits**, especially in sensitive areas such as schools, hospitals, and residential neighbourhoods.
- Far from being a mere inconvenience, **this unchecked rise in decibel levels strikes at the heart of India's constitutional promises of peace, dignity**, and the right to life.
- While regulatory frameworks exist, **systemic apathy, institutional fragmentation, and cultural normalisation of noise have created a crisis** that remains largely invisible and dangerously neglected.

Monitoring without Accountability

- In 2011, the Central Pollution Control Board (CPCB) launched the National Ambient Noise Monitoring Network (NANMN) with the vision of creating a real-time noise monitoring system.
- More than a decade later, however, **the initiative remains a passive data repository rather than an engine for reform.**
- **Sensor misplacement, often installed 25–30 feet high in contravention of CPCB guidelines, undermines the reliability of data**, and even the limited data collected rarely translates into enforcement.
- By contrast, **Europe has used noise-induced health statistics to redesign zoning laws**, impose speed regulations, and **estimate an annual economic cost of €100 billion attributable to urban noise.**
- **India, in comparison, has failed to translate monitoring into meaningful governance**, leaving noise management politically and administratively inert.

Constitutional and Legal Neglect

- The neglect of noise regulation **is not simply environmental**; it verges on constitutional dereliction.
- **Article 21 of the Indian Constitution guarantees the right to life** with dignity, encompassing both mental and environmental well-being, **while Article 48A mandates proactive environmental protection.**
- Yet, in so-called silence zones, **hospitals and schools are routinely engulfed in noise that exceeds World Health Organization (WHO) safe limits of 50 dB(A)** by day and 40 dB(A) by night.
- In practice, **Indian cities record levels as high as 65–70 dB(A).**

- The Supreme Court has reaffirmed that noise pollution constitutes a violation of fundamental rights, notably in its 2024 reference to the landmark **Noise Pollution (V), In Re case.**
- However, **enforcement of the Noise Pollution (Regulation and Control) Rules, 2000, remains largely symbolic.**

Ecological Consequences, Civic Fatigue, and the Politics of Silence

- **Ecological Consequences**
    - The **costs of noise pollution extend beyond human well-being.**
    - A 2025 study by the University of Auckland revealed that just **one night of urban noise and artificial light disrupted the sleep and song patterns**, reducing both vocal complexity and frequency.
    - This **disruption in avian communication is not merely an ecological curiosity but a signal of a deeper environmental breakdown:** biodiversity itself is being robbed of its voice.
    - Such disruptions foreshadow cascading ecological effects, from altered species interactions to diminished urban biodiversity.
- **Civic Fatigue and the Politics of Silence**
    - Urban noise pollution is **not only a technical issue but also a deeply political and cultural one**.
    - **Its invisibility as a pollutant, unlike smog or garbage**, noise leaves no physical residue, contributes to civic fatigue and apathy.
    - Honking, drilling, and late-night construction have been **normalised as unavoidable irritants.** Public outrage is muted, and institutional coordination is lacking.
    - **Municipal authorities, traffic police, and pollution control boards function in silos**, with little inter-agency collaboration.
    - The **absence of a national acoustic policy comparable to air quality** standards perpetuates the problem.

Pathways to Reform

- **Decentralising noise monitoring**: Local bodies must be empowered with real-time access to noise data and corresponding enforcement authority.
- **Linking data to enforcement**: Monitoring systems must be coupled with penalties for violations, construction restrictions, and zoning compliance.
- **Institutionalising public awareness**: Beyond symbolic events such as “No Honking Day,” long-term behavioural campaigns must be embedded in schools, driver training, and civic spaces.
- **Integrating acoustic resilience into urban planning**: Cities must be designed not only for expansion and mobility but also for sonic civility, through zoning reforms, soundproofing infrastructure, and noise-sensitive construction guidelines.

Conclusion

- **Urban noise pollution in India represents a profound failure of governance, cultural awareness**, and constitutional responsibility.
- It **silently erodes public health, disrupts ecological systems**, and undermines civic dignity.
- The **crisis cannot be solved through technology or law alone**; it demands a culture of sonic empathy that redefines silence as an active form of care.
- **Unless India adopts a rights-based framework** that integrates data, enforcement, and civic education, its **urban environments will remain smart only in name,** while unliveable in sound.

Noise Pollution is Rising but Policy is Falling Silent FAQs

Q1. What makes urban noise pollution in India a public health crisis?
Ans. Urban noise pollution exceeds safe limits in most cities, disturbing mental health, sleep, and overall well-being, especially for vulnerable groups like children and the elderly.

Q2. Why has the National Ambient Noise Monitoring Network (NANMN) failed to deliver results?
Ans. The NANMN has become a passive data repository with poorly placed sensors and little connection between monitoring and enforcement.

Q3. How does noise pollution affect ecology?
Ans. Noise disrupts the communication, sleep, and song patterns of birds such as mynas, signaling a broader breakdown in ecological systems.

Q4. What constitutional rights are threatened by unchecked noise pollution?
Ans. Noise pollution undermines Article 21, which guarantees the right to life with dignity, and Article 48A, which mandates environmental protection.

Q5. What key reforms are suggested to tackle urban noise pollution?
Ans. The analysis suggests decentralising monitoring, linking data to enforcement, raising public awareness, and embedding acoustic resilience into urban planning.

Source: The Hindu
