Building resilient and responsive health systems for geriatric care in India

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Dear Editor,

Currently, more than 12% of the world’s elderly population lives in India. The demographic trends suggest that between the years 2000-2050, the Indian population in their 60s and above will increase by 326%, while those in the age group of 80+ will increase by 700% – the fastest growing group.1 With this demographic transition, very soon India might become a grey nation. As a consequence, the proportion of disease burden contributed by cancers, cardiovascular conditions, diabetes, musculoskeletal disorders and neurological disorders such as dementia, hearing and vision loss, is expected to increase.2 Therefore, we aimed to do a situational analysis and identify opportunities to build resilient health system for better geriatric care in India.

Overview of the Indian health system

Indian health system is presently struggling with rapidly changing demographics and disease burden. Underfinancing, shortage of skilled human resource for health are one of the greatest challenges to respond to changing priorities.3 Currently, we are passing through a stage of epidemiological mosaic with an unfinished agenda of infectious diseases and maternal, child health problems with an added burden of Non-communicable diseases due to aging population. Indian health system has responded to these changes, but in addition to limited public health infrastructure there are also issues such as geographical vastness, sociocultural diversity and rural-urban differences throughout the nation.4

In addition to infrastructure issues dogging public sector there is a vast private sector in India that caters to more than two thirds of health services. A mixed health care market of public and private providers is a reality as India is an under-resourced country with respect to human resources for health.5 Because of limited access in public sector, formal and informal private providers remain the main source for primary health care services in India.6

Current geriatric care system in India

Geriatrics health care in India is in its nascent stage. Indian Government has focused on rural healthcare since independence and developed a three tier healthcare delivery system to improve access in remote areas by providing primary care at the village level, secondary care at the sub-district and district levels, and tertiary care at the regional level. Medical colleges are developed as apex institutes with specialties. Neither infrastructure wise nor by skilled training of human resources, these three tier system healthcare services are geared for geriatrics care except in few apex institutes. To improve public sector capacity for health services targeted for elderly, the Govt. of India has implemented a national level health program called National Programme for the Health Care for the Elderly (NPHCE) in 2011.7 NPHCE program focused on development of Regional Geriatric Centers (RGC), specific geriatric ward, training of health personnel in geriatric healthcare and conducting research including Postgraduate degree in geriatric medicine in the RGCs.8

Opportunities to build a resilient geriatric care system in India

Currently, Indian health system has a mixed market and there are ample opportunities if private providers are included into the current strategies of planning for universal health care. Unfortunately, for the geriatrics care in reference to NPHCE, there is no concept of public-private mix. We propose that public-private mix could be a potential strategy to improve access to geriatric care with available resources and it could lead to building a responsive health system. We use relevant resilient health system criteria9 to propose strategies to build the same for geriatric care in India.

First, systems awareness: developing an up-to-date map of resources available including private sector and not limiting to RGCs. Mapping would help identify resource gaps in human, physical, and information and help in efficient planning and monitoring.

Second, system diversity: geriatric care services should address a broad range of health services needs starting from curative to preventive services in a comprehensive package for each tier.

Third, systems integration: geriatric care should be integrated with allied sectors like old-age homes, education department etc. As geriatric care requires multidisciplinary

References