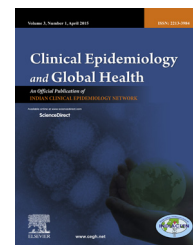


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Original Article

Insurance coverage under different health schemes in Uttar Pradesh, India



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ABSTRACT

Background: Health insurance is advocated as a means for improving healthcare utilization, reducing rising healthcare cost and protecting households against impoverishment by high medical expenses. This study addresses the research question that whether health insurance schemes have been able to provide financial risk protection to a larger segment of the society?

Objective: The study aims to review the status of Health Insurance Schemes in terms of providing financial risk protection to the people in Uttar Pradesh (UP), India.

Data and methods: The present study is drawn from the unit level records of the 71st round of National Sample Survey Office (NSSO). Out of this nationwide survey, we considered only UP for this study. Data were analyzed using STATA 13.0. We used bivariate cross-tabulations to highlight salient feature of insurance coverage with socio-economic and demographic characteristics.

Results: The results reveal that the government funded insurance schemes (Employee State Insurance Scheme (ESIS), Rashtriya Swasthya Bima Yojna (RSBY) and Central Government Health Scheme (CGHS)) and others have succeeded to provide financial support to a very limited population. Only 4.8% population are covered by any health insurance scheme in UP.

Conclusion: Reducing high out-of-pocket expenditure through health insurance coverage is a major concern, and therefore, there is a need to maximize the coverage under different health insurance schemes in UP. Otherwise, growing number of people will keep falling into poverty in the future.

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1. Introduction

Owing to the low level of public spending on healthcare services in India, over 70% of the population is forced to go for high out-of-pocket spending in the private sector.¹ Rising medical expenditures not only prevent Indians from accessing healthcare services but also drag them further into poverty.²

As per the Rangarajan Expert Group Report, 29.5% of the Indian population lives below the poverty line.³ These poor residents are the most underprivileged people with high healthcare needs.⁴ A study carried out by Hooda⁵ shows that 40% of the inpatient spending is met through borrowing (33%) and sale of assets (6%), and the remaining is supported through household income or savings (48%) and help obtained from friends (12%), while 80% of the outpatient spending is financed

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through own income or savings. The study thus suggests that high out-of-pocket spending is covered largely through borrowing; therefore, it becomes important that people, particularly poor, should be protected from it for their health needs.^{5,6}

Due to large-scale privatization, health insurance has become the preferred method for financing healthcare in India today.⁷ Health insurance is advocated as a means for increasing healthcare utilization by removing affordability constraints and protecting households against impoverishment suffered due to high medical expenses.^{5,8} Vishwanathan⁹ suggested that health insurance is one of the measures of social security by which members of the community are assured benefits of both maintenance of health and medical care when they fall sick. Though insurance existed in India in the pre-economic liberalization phase, yet it was only after 1999 when the insurance sector was opened up to foreign investment that it gained ground among the people as a means of financing healthcare expenditure.¹⁰

Uttar Pradesh (UP) is the largest state in India and is also the state with the highest population in the country.¹¹ It also has the unfortunate distinction of having an above average poverty ratio, as 39.8% of its population lies below the poverty line.³ Furthermore, it has the highest disease burden in the country, which greatly increases the demand for affordable healthcare within the state.⁴ Scanty availability of public healthcare services, particularly in the most needed pockets, is responsible for high dependence on private providers to meet the health needs of the state's ailing population.¹² Lack of insurance coverage has been found to be an important reason restricting the individual's access to healthcare services.⁵ Perceiving the need for greater insurance coverage to enhance health service access, both the state and federal governments have introduced several health insurance schemes, such as the Employee State Insurance Scheme (ESIS) and Central Government Health Scheme (CGHS), for its formally employed labourforce.⁸ The CGHS was introduced in 1954 as a contributory health scheme to provide comprehensive medical care to the central government employees and their families. It was basically designed to replace the cumbersome and expensive system of reimbursement. ESIS provides both the cash and the medical benefits. It is managed by the Employees State Insurance Corporation (ESIC).⁸ It was conceived as a compulsory social security benefit for workers in the formal sector. Similarly, in recent years, the central government introduced the *Rashtriya Swasthya Bima Yojna* (RSBY), which is a flagship programme, launched by the Ministry of Labour and Employment, Government of India in 2008 for all Below Poverty Line (BPL) families. It provides coverage for hospitalization costs up to Rupees 30,000 (USD 441) for five members of a family.¹³

Despite having a large disease burden,⁴ UP carries the highest proportion of the population dependent on private sources of healthcare for their health needs.¹⁴ As insurance is being promoted heavily in India to increase affordability and accessibility to health services, this study addresses the research question: whether health insurance schemes have been able to provide the financial risk protection to larger segments of the society? Therefore, the present study reviewed the status of Health Insurance Schemes in terms of providing financial risk protection to the people.

2. Data and methods

2.1. Data source

The present study is drawn from the unit level records of the 71st round of National Sample Survey Office (NSSO) on 'Social Consumption: Health'. This survey was conducted in the country from January to June, 2014.¹⁵ A stratified multi-stage sampling design is generally used in socio-economic surveys undertaken by NSSO. This survey aimed at generating basic quantitative information on the behaviour of the sample households seeking treatment (for ailments) during the past 15 days and hospitalization (as inpatients) during the past 365 days. The information on insurance coverage was collected for both reference periods. This survey offers detailed information on healthcare, including expenditure incurred on treatment for more than 60 diseases, including communicable, non-communicable, reproductive and other illnesses. One of the vital components of the schedule was dedicated to collect information, which was relevant for determination of the prevalence rate of different diseases among various age–sex groups in different regions of the country.

2.2. Variable used

In this phase of survey, respondents were asked “whether they are covered by any scheme for health expenditure support?” If, yes, then they were asked for type of Scheme: (1) Government funded insurance scheme (RSBY, CGHS, ESIS and others); (2) Employer supported health protection (other than government); (3) Arranged by household with insurance companies; (4) Not covered. This allows us to identify the insured and uninsured people under a particular scheme. Table 1 shows the percentage distribution of the study population covered by different types of health insurance schemes in UP. As depicted in the table, 95% of the sampled population was not covered by any type of insurance scheme. Only 3.27% reported using government funded insurance schemes (RSBY, CGHS and ESIS), followed by Employer supported health protection (0.73%).

2.3. Data analysis

In this nationwide survey, overall 47,083 inpatients (who visited hospital during the past 365 days) were surveyed in UP. Out of the total inpatients surveyed, UP carries 10.97% (5470)

Table 1 – Distribution of samples in UP.

Type of insurance	%	N
Government funded insurance scheme (RSBY, CGHS, ESIS and others)	3.27	1612
Employer supported health protection (other than government)	0.73	288
Arranged by household with insurance companies	0.12	123
Others	0.03	56
Not covered	95.8	45,004
Total	100	47,083

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