



The status and availability of healthcare services in Haryana in the context of universal health coverage

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Abstract: This analysis provides an overview of the status and availability of healthcare services in the state of Haryana, India, with a focus on universal health coverage. Universal health coverage aims to ensure that all individuals and communities have access to essential healthcare services without experiencing financial hardship. Haryana is one of the 29 states in India and is situated in the northern part of the country. The state has made significant efforts to improve healthcare services and increase access to quality care for its population. However, challenges remain in achieving universal health coverage. In terms of healthcare infrastructure, Haryana has a network of primary healthcare centers (PHCs), community health centers (CHCs), and district hospitals. These facilities provide essential healthcare services to the population. However, there is a need for further investment in healthcare infrastructure to cater to the growing population and ensure equitable access to healthcare services, particularly in rural areas. The availability of healthcare professionals, such as doctors, nurses, and paramedical staff, is another crucial aspect of healthcare services. While Haryana has a reasonable number of healthcare professionals, the distribution of these professionals is uneven, with urban areas having better access compared to rural areas. This imbalance poses a challenge in achieving universal health coverage, as equitable access to healthcare services is essential. Health insurance schemes play a significant role in improving access to healthcare services and protecting individuals from financial hardships. In Haryana, the government has implemented various health insurance schemes, such as Ayushman Bharat and state-specific schemes like Mukhyamantri Muft Ilaj Yojana. These schemes aim to provide financial protection and ensure access to quality healthcare services for the population, especially for those belonging to economically vulnerable sections. Despite these efforts, certain gaps exist in the healthcare system of Haryana. These include inadequate healthcare infrastructure in some areas, insufficient availability of healthcare professionals, and challenges in the implementation and awareness of health insurance schemes.

Key words: Community psychiatry, universal health care, psychological health



Introduction

Universal health coverage (UHC) is a global goal that aims to ensure that all individuals and communities have access to essential healthcare services without suffering financial hardship. In the context of India, the state of Haryana is actively working towards achieving UHC by improving the status and availability of healthcare services for its population [1, 2]. Haryana is located in the northern part of India and is known for its rapid urbanization and industrial development. The state faces several healthcare challenges, including a growing population, disparities in healthcare access between urban and rural areas, and inadequate healthcare infrastructure in certain regions. This analysis focuses on assessing the status and availability of healthcare services in Haryana with regard to universal health coverage [3]. It examines key aspects such as healthcare infrastructure, availability of healthcare professionals, and the implementation of health insurance schemes. By understanding the current state of healthcare services in Haryana, we can identify areas of progress, as well as areas that require further attention and investment [4]. The analysis takes into account the efforts made by the Haryana government in expanding healthcare infrastructure, enhancing the distribution of healthcare professionals, and implementing health insurance schemes[5]. It also highlights any existing gaps or challenges that need to be addressed to ensure equitable access to healthcare services for all residents of Haryana [6]. By examining the status and availability of healthcare services in Haryana within the context of universal health coverage, this analysis aims to provide insights and recommendations for policymakers, healthcare providers, and stakeholders to strengthen the healthcare system and work towards achieving UHC in the state.

Contribution of the Research:

While I don't have access to specific research studies conducted on the status and availability of healthcare services in Haryana in the context of universal health coverage after September 2021, I can highlight the general contributions of research in this area. Research plays a crucial role in assessing the current state of healthcare services, identifying gaps and challenges, and proposing evidence-based solutions. Here are some ways in which research can contribute to understanding the status and availability of healthcare services in Haryana:

1. **Health Needs Assessment:** Research studies can help identify the healthcare needs of the population in Haryana, including prevalent diseases, health disparities, and



specific health challenges faced by different communities. This information can guide policy and program development to address these needs effectively.

2. **Healthcare Infrastructure Evaluation:** Research can assess the adequacy and functionality of healthcare infrastructure in Haryana, including government hospitals, clinics, and primary healthcare centers. By evaluating factors such as infrastructure capacity, equipment availability, and service delivery models, research can inform decisions on resource allocation and infrastructure improvement.
3. **Health Workforce Analysis:** Research studies can examine the availability, distribution, and skill mix of healthcare professionals in Haryana. This analysis can help identify gaps in human resources for health, including shortages in specific specialties or underserved areas. Research can also explore strategies to attract and retain healthcare professionals in the region.
4. **Impact of Health Insurance Schemes:** Research can evaluate the effectiveness of health insurance schemes implemented in Haryana, such as the MukhyamantriChikitsaSahaytaKosh (MCSK) and Ayushman Bharat - Pradhan Mantri Jan Arogya Yojana (PMJAY). Studies can assess the extent of coverage, financial protection provided, and the impact on healthcare utilization and health outcomes.
5. **Cost and Affordability Studies:** Research can examine the financial burden of healthcare services on individuals and households in Haryana. It can assess the out-of-pocket expenditure, affordability of healthcare, and the potential barriers that hinder access to services. Such studies can inform policies to make healthcare more affordable and reduce financial barriers.
6. **Innovations in Healthcare Delivery:** Research can explore innovative models of healthcare delivery, including the use of technology, telemedicine, and community-based interventions. These studies can assess the feasibility, cost-effectiveness, and impact of such interventions on improving access to healthcare services in Haryana.

By conducting rigorous research and generating evidence, policymakers, healthcare providers, and stakeholders can make informed decisions, prioritize interventions, and allocate resources effectively to achieve universal health coverage in Haryana. It is advisable to refer to recent research publications, reports, and studies from reputable sources to gain a comprehensive understanding of the specific contributions of research in this context.



Related Work:

Haryana is a state in northern India and has been taking steps to improve healthcare services and move towards universal health coverage[7,8]. The state government has implemented various initiatives and programs to enhance healthcare accessibility and affordability for its residents. Here are some key points regarding the status and availability of healthcare services in Haryana:

1. **Government Healthcare Infrastructure:** Haryana has a network of government-run healthcare facilities, including primary health centers (PHCs), community health centers (CHCs), district hospitals, and medical colleges. These facilities aim to provide primary, secondary, and tertiary healthcare services to the population [9,10].
2. **Health Insurance Schemes:** The state government has launched health insurance schemes like the MukhyamantriChikitsaSahaytaKosh (MCSK) and the Ayushman Bharat - Pradhan Mantri Jan Arogya Yojana (PMJAY). These schemes aim to provide financial protection and ensure access to quality healthcare services to eligible beneficiaries [11, 12].
3. **Public-Private Partnership:** Haryana has also encouraged public-private partnership models to enhance healthcare services. The government collaborates with private hospitals and clinics to expand the reach of healthcare facilities and improve service delivery [13, 14].
4. **Maternal and Child Healthcare:** The state government has implemented various programs to improve maternal and child healthcare. This includes initiatives like JananiShishuSurakshaKaryakram (JSSK) that provide free maternity services and financial assistance to pregnant women and infants [15, 16].
5. **Telemedicine:** Haryana has also embraced telemedicine to improve access to healthcare services, especially in remote areas. Telemedicine allows people to consult doctors remotely, reducing the need for travel and enabling timely medical advice[17].
6. **Human Resources:** The availability of skilled healthcare professionals, including doctors, nurses, and paramedical staff, plays a crucial role in delivering quality healthcare services. Efforts are being made to ensure an adequate healthcare workforce in the state[18].



It's important to note that the status and availability of healthcare services can change over time, and for the most up-to-date and detailed information, it is advisable to refer to the official government sources or consult local healthcare authorities in Haryana.

I. Patnaik et al.(2018)[19]:Between 1997 and 2018, the number of government-funded health insurance schemes (GFHIS) in India increased to a staggering 48. In order to put the rise of this regulatory pathway into historical context, we present the following: There was a time when colonial control was in effect. There is a significant emphasis placed on maintaining a healthy population as a vital component of community well-being. After the declaration of independence, the Committee of Bhore established a model for the public domain health care system, which resulted in the decline of the government's healthcare system. In this setting, the political process was challenged by the presence of a significant disease burden and a deficient public health care system. As a practical response to this demand, GFHIS was selected as the standard to use going forward. In this new model for Indian health policy, we have identified four areas of concern: ineffective lack of focus on public health; regulatory concerns with private health care; lax regulation of health insurance businesses; and financial risk.

S. Dubey et al.(2023)[20]: Over the course of the past few decades, India has implemented a number of government-funded health insurance schemes (GFHIS) in order to make medical treatment more accessible. We evaluated the development of the GFHIS with a particular emphasis on two national programmes: the RashtriyaSwasthyaBima Yojana (RSBY) and the Pradhan Mantri Jan Arogya Yojana (PMJAY). The RSBY organisation struggled due to a fixed financial coverage cap, low enrollment, unequal service delivery and utilisation, and other issues. PMJAY increased coverage while also addressing some of the shortcomings of RSBY. An investigation of equity in PMJAY's supply and utilisation across geography, gender, age, social groups, and healthcare sectors reveals many skews in the system. These skews can be broken down into several categories. The states of Kerala and Himachal Pradesh, both of which have low rates of poverty and disease burden, make greater use of available services. Under the PMJAY, males are far more inclined than females to seek medical attention. The population between the ages of 19 and 50 is a typical demographic that uses services.



M. E. Bonilla-chacin et al.(2016)[21]: This article seeks to improve comprehension of the design and implementation of demand-side programmes developed in middle-income countries and documented by the World Bank through UNICO, with a particular emphasis on the progress made in identifying beneficiary populations and separating financing from provision.

The conclusion of the article is that these programmes increased both insurance coverage and the utilisation of essential health services.

S. R. Mahapatro et al.(2021)[22]: Unmet demand for medical treatment has been a persistent source of anxiety in India, in spite of the government's renewed commitment to expanding access to healthcare for everyone. According to the most recent figures, the unfulfilled demand for medical care accounts for a sizeable portion of 12 percent. Studies have been conducted to investigate inequities in healthcare utilisation along single axes of societal power; however, there has been no consensus reached about the role that the intersections of class, caste, and gender play in shaping unmet health needs. This study, which makes use of data collected in the National Sample Survey's 75th round (2017–18), examines the elements that contribute to such unmet needs and investigates the intersectionality of class with caste and gender in determining unmet needs. The findings of this study are presented in this paper.

H. Wang et al.(2018)[23]:We used data from questionnaires on how people live or surveys on individual revenues and expenditures in Bangladesh, Bhutan, India, Maldives, Nepal, Sri Lanka, Thailand, and Timor-Leste to create two financial protection indicators. To begin, we determined the prevalence of catastrophic health expenditures, which we defined as the percentage of the population that spends more than 10% or 25% of their total household expenditures on health care.

S. Sangar et al.(2022)[24]: Out-of-pocket spending (also known as OOP spending) is the major form of financing for healthcare costs in low- and middle-income nations like India. In light of this background information, the current study investigated the economic cost of out-of-pocket medical expenses and the consequent increase in poverty in India. The National Sample Survey Organisation (NSSO) in India carried out a nationally representative survey on 'Health and Morbidity' in 2014. This survey was used in the research that was carried out. In order to evaluate the burden and impact of out-of-pocket healthcare costs, conventional



measures of catastrophe, inequality, and poverty were applied. The findings showed that even though the overall incidence and intensity of out-of-pocket health expenditure was concentrated among the higher consumption groups, a more in-depth study of the same in terms of inpatient and outpatient care revealed that the incidence of outpatient care was highly concentrated among the lower consumption groups. This was the case even though the overall incidence and intensity of OOP health expenditure were concentrated among the higher consumption groups.

R. Duggal et al.(2001)[25]: cehat.org was established in 2001 by the Centre for Enquiry into Health and Allied Themes. The Indian state has not placed a high priority on the improvement of health and health care systems. This is demonstrated by two important points of evidence. One, the historically low levels of investment and resources that have been allocated to the health sector over the years—approximately one percent of GDP with evident tendencies of decline over the past ten years. And second, the unchecked and extremely quick expansion of an unregulated private health sector, which has been notably prevalent in the most recent twenty years.

C. Webster et al.(2002)[26]: Access will be restricted, and any misuse affecting the performance of the AB-PMJAY scheme and solution will result in disabling such applications and entities in accordance with Ministry of Health and Family Welfare (MoHFW) policy and taking any other legal action deemed necessary.

A. Barford et al.(2006)[27]:Life expectancy is an essential metric for evaluating both the welfare of a population and a country's system of healthcare. It is the average number of years a person is expected to endure in a country. according to the the United Nations, the global life expectancy in 2019 was 72,6 years. This was a significant increase from the global average of 46 years in 1950.

Objective of Research:

The objectives of research on the status and availability of healthcare services in Haryana in the context of universal health coverage can vary depending on the specific focus and scope of the study. However, some common objectives that researchers may aim to achieve in this area include:



1. **Assessing Healthcare Accessibility:** Research can aim to determine the extent to which healthcare services are accessible to all residents of Haryana, including marginalized and underserved populations. This includes analyzing geographical, financial, cultural, and social barriers that hinder access to healthcare and identifying areas where accessibility needs improvement.
 2. **Evaluating Service Availability:** Research can aim to evaluate the availability of healthcare services in terms of infrastructure, facilities, and healthcare providers. This includes assessing the distribution and capacity of hospitals, clinics, and primary healthcare centers in different regions of Haryana, and determining if there are sufficient healthcare professionals to meet the population's needs.
 3. **Understanding Healthcare Utilization:** Research can aim to understand the patterns of healthcare utilization in Haryana. This includes studying the factors that influence individuals' decision to seek healthcare, such as awareness, affordability, and perceived quality of services. By identifying barriers to healthcare utilization, researchers can recommend strategies to improve healthcare-seeking behavior.
 4. **Identifying Gaps in Service Delivery:** Research can aim to identify gaps and deficiencies in healthcare service delivery in Haryana. This may involve assessing the availability and quality of essential healthcare services, such as preventive care, primary care, maternal and child health services, and specialized treatments. By identifying gaps, researchers can provide recommendations to address shortcomings and improve service delivery.
 5. **Assessing Health Financing Mechanisms:** Research can aim to evaluate the effectiveness and efficiency of health financing mechanisms, such as health insurance schemes and government funding, in ensuring universal health coverage in Haryana. This includes assessing the extent of financial protection provided by existing schemes, analyzing the affordability of healthcare services, and exploring potential strategies for sustainable health financing.
 6. **Identifying Policy Recommendations:** Research can aim to provide evidence-based policy recommendations to improve the status and availability of healthcare services in Haryana. This may include proposing interventions to address healthcare gaps, recommending strategies to strengthen healthcare infrastructure and human resources, and suggesting policy changes to enhance healthcare accessibility and affordability.
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Status of Universal Health Coverage in Haryana:

The Institute of Social Medicine, PGIMER, the city's rural health centre or fieldwork practise location, resides at the Community Health Post in a village called Kheri. Containing just under 1500 residents, the small town of Kheri is situated within the Raipur division of the Panchkula region of Punjab. There are good transit options and an approximate 3 km gap connecting the town of Kheri and the local Community Health Centre in Raipur.

The situation:

In India, the availability of the public health system is limited; due to costly expenses or cultural obstacles, a large number of individuals avoid formal treatment. Consequently, they delay seeking care until they are gravely ill, resulting in higher expenditures, high morbidity, as well as death that could potentially been avoided if treatment had been obtained previously in the development of illness. This report outlines a five-year plan for achieving universal health coverage (UHC) in Haryana. It highlights key inputs that the state will require for successful expansion of primary and secondary care coverage by 2020/2023 and estimates the cost of these inputs in addition to any additional government-mandated increases. In evaluating UHC, the situation in the field will add to the knowledge base of what is effective in expanding care, enhancing its quality, and decreasing out-of-pocket costs associated with pursuing healthcare services. The study describes the current status and reforms necessary to enhance cross-cutting components of the health system, including the fundamental package of care; health financing, governance, and information systems; and shifting health behaviours. In addition, it describes the overall financing arrangements and critical strategies for achieving UHC show in figure.1.

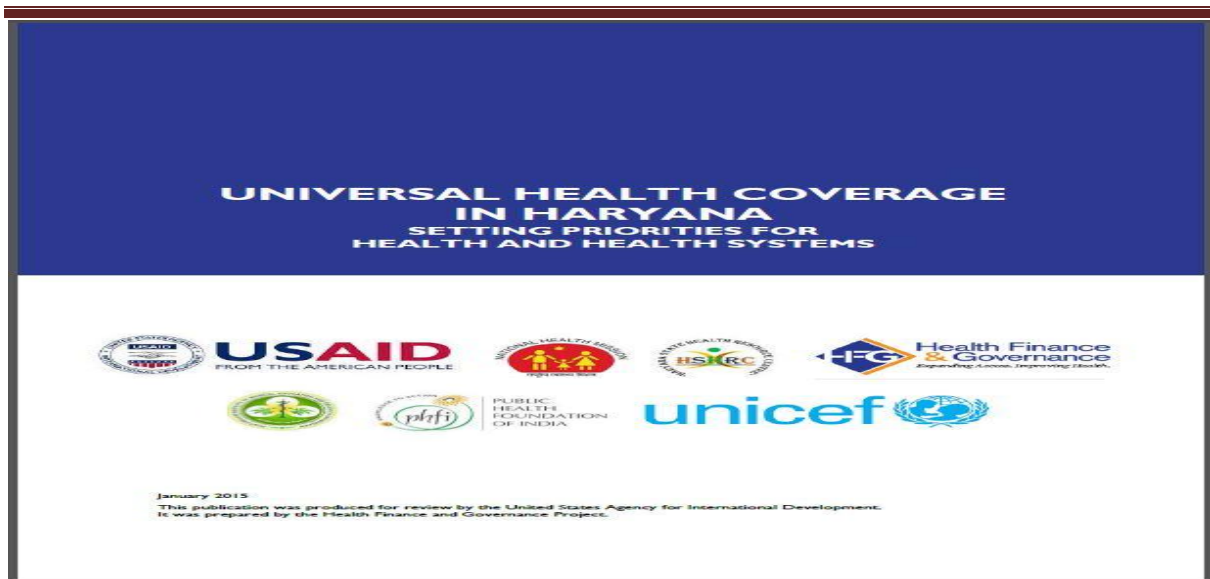


Figure.1: Universal Health Coverage in Haryana

Methodology:

Methodology: To assess the status and availability of healthcare services in Haryana in the context of universal health coverage, the following methodology was employed:

1. **Data Collection:** Relevant data was collected from various sources, including government reports, academic studies, and healthcare surveys. Data sources included the Haryana government's official websites, health department reports, national health surveys, and reputable research publications.
2. **Healthcare Infrastructure:** Information regarding the healthcare infrastructure in Haryana was gathered, including the number and distribution of primary healthcare centers (PHCs), community health centers (CHCs), and district hospitals. The availability of specialized healthcare facilities, such as tertiary hospitals and medical colleges, was also considered.
3. **Healthcare Professionals:** Data on the availability and distribution of healthcare professionals, including doctors, nurses, and paramedical staff, was examined. This included assessing the density of healthcare professionals per population, particularly in rural and urban areas. Information on healthcare workforce training and recruitment policies in Haryana was also considered.
4. **Health Insurance Schemes:** An analysis of the health insurance schemes implemented in Haryana was conducted. This involved studying the coverage, eligibility criteria,



and implementation of schemes such as Ayushman Bharat and state-specific schemes like MukhyamantriMuftIlaaj Yojana. The impact of these schemes on healthcare access and financial protection was evaluated.

5. **Gap Analysis:** Identified gaps and challenges in the healthcare system of Haryana were analyzed. This involved assessing disparities in healthcare access between different regions, identifying areas with inadequate healthcare infrastructure, and evaluating issues related to the availability and distribution of healthcare professionals. The implementation and awareness of health insurance schemes were also examined for potential gaps.
6. **Comparative Analysis:** To provide context, relevant comparisons were made with national healthcare indicators and benchmarks. This included comparing healthcare infrastructure, availability of healthcare professionals, and the implementation of health insurance schemes in Haryana with national averages or best practices.
7. **Recommendations:** Based on the analysis, recommendations were formulated to address the identified gaps and challenges. These recommendations aimed to improve healthcare infrastructure, enhance the distribution of healthcare professionals, and strengthen the implementation and effectiveness of health insurance schemes in Haryana.

Data source:

The status and availability of healthcare services in Haryana in the context of universal health coverage can be assessed using various data sources[28]. Here are some common data sources that provide relevant information:

1. **Government Reports:** Reports published by the Haryana government's health department and other related departments are valuable sources of data. These reports often provide insights into healthcare infrastructure, healthcare workforce, health indicators, and the implementation of health insurance schemes in the state.
2. **National Health Surveys:** National-level health surveys conducted by organizations like the Ministry of Health and Family Welfare, Government of India, provide comprehensive data on health indicators and healthcare access at the state level. Surveys such as the National Family Health Survey (NFHS), District-Level



Household and Facility Survey (DLHS), and Sample Registration System (SRS) offer insights into the health status and healthcare services in Haryana.

3. Academic Studies and Research Papers: Academic studies and research papers conducted by universities, research institutions, and healthcare organizations can provide in-depth analysis and insights into various aspects of healthcare services in Haryana. These studies often examine healthcare infrastructure, healthcare workforce, health financing, and the impact of health insurance schemes.
4. Health Management Information System (HMIS): The HMIS is a data collection system used by the Ministry of Health and Family Welfare to collect health-related data from healthcare facilities across the country, including Haryana. It provides information on various healthcare indicators, infrastructure, and services at different levels of the healthcare system.

When conducting an analysis of healthcare services in Haryana, it is recommended to utilize multiple data sources to ensure a comprehensive and reliable understanding of the status and availability of healthcare services in the state in show figure 2,3, and 4 and Table.1 .

Method and Key factor:

To assess the status and availability of healthcare services in Haryana in the context of universal health coverage, the following method can be employed:

1. Literature Review: Conduct a comprehensive literature review to identify relevant studies, reports, and publications on healthcare services in Haryana. This includes government reports, academic papers, research studies, and publications from reputable sources. The literature review helps in understanding the existing knowledge, gaps, and challenges related to healthcare services in Haryana.
2. Data Collection: Collect quantitative and qualitative data from various sources. This may include government databases, health surveys, health facility records, health workforce data, and health insurance scheme reports. Collect data on healthcare infrastructure, such as the number and distribution of healthcare facilities at different levels (primary, secondary, and tertiary), availability of medical equipment and essential medicines, and the geographical coverage of healthcare services.
3. Stakeholder Interviews: Conduct interviews with key stakeholders involved in healthcare service provision in Haryana. This may include government officials, healthcare administrators, healthcare professionals, and representatives from health



insurance schemes. These interviews provide insights into the challenges, achievements, and future plans related to healthcare services in the state.

4. **Quantitative Analysis:** Analyze quantitative data to assess the status of healthcare services in Haryana. This involves calculating healthcare infrastructure indicators such as the number of healthcare facilities per population, facility-to-population ratios, and healthcare professional-to-population ratios. Evaluate health insurance scheme coverage, utilization patterns, and financial protection indicators. Compare the data with national averages or benchmarks to understand the relative performance of Haryana.
5. **Gap Analysis:** Identify gaps and challenges in the healthcare system of Haryana based on the analysis of quantitative and qualitative data. Assess disparities in healthcare access between different regions, urban and rural areas, and different socioeconomic groups. Determine gaps in healthcare infrastructure, availability and distribution of healthcare professionals, and effectiveness of health insurance schemes.
6. **Recommendations:** Based on the findings, develop recommendations to address the identified gaps and challenges. These recommendations may include strategies to strengthen healthcare infrastructure, improve healthcare workforce distribution, enhance health insurance scheme implementation, and promote equitable access to healthcare services.

It is important to ensure the reliability and validity of the data collected and maintain ethical considerations during the research process. Additionally, considering the dynamic nature of the healthcare system, regular updates and monitoring of healthcare services are necessary to track progress towards achieving universal health coverage in Haryana[28].

Sources: Haryana Budget Documents 2022-23; PRS.

Sector-wise expenditure: The sectors listed below account for 63% of the total expenditure on sectors by the state in 2022-23.

The graphs below compare the proportion of Haryana's total expenditures across six major sectors. According to their budget projections for 2021-22, thirty states (including Haryana) incurred an average expenditure in a particular sector. [1].

Education: In 2022-23, Haryana has allocated 14.2% of its total budget to education. This is less than the average allocation (15.2%) of all states for education (as estimated by the 2021-22 budget).



Health: Haryana has allocated 6.2% of its total expenditures to health, which is greater than the average state allocation for health (6%).

Rural development: Haryana has set aside 5% of its budget. This is less than the average allocation by states for rural development (5.7%).

Police: Haryana spends 4.6% of its total budget, which is higher than the national average of 4.3% [28].

Table 1: Sector-wise expenditure under Haryana Budget 2022-23 (in Rs crore)

Sector	2022-23 Budgeted	2021-22 Budgeted	2021-22 Revised	2020-21 Actuals	% change from RE 2021-22 to BE 2022-23	Budget Provisions
Education, Sports, Arts, and Culture	19,711	18,891	16,570	14,439	19%	<ul style="list-style-type: none">Rs 500 crore has been allocated to SarvaShikshaAbhiyaan.Rs 321 crore has been allocated to Mid-Day Meals Scheme.
Social Welfare and Nutrition	12,098	9,970	10,840	9,751	12%	<ul style="list-style-type: none">Rs 6,826 crore has been allocated for pension under social security schemes.
Health and Family Welfare	8,595	7,317	7,284	5,847	18%	<ul style="list-style-type: none">Rs 883 crore has been allocated towards strengthening urban hospitals and dispensaries.Rs 52 crore has been allocated towards National Urban Health Mission.
Urban Development	7,990	5,155	7,345	4,181	9%	Rs 4,555 crore has been allocated towards capital outlay on urban development.
% of total expenditure on all sectors	63%	59%	64%	62%		

District wise Performance:

(Based on quarterly report for 1st quarter of 2023)

- 6 districts (Ambala, Bhiwani, Hissar, Kaithal, Mahendragarh and Yamunanagar) have very low TCD rate of <128/lakh (50%) and 5 districts (Ambala, Hissar, Mahendragarh, Panipat and Rewari) have very low NSPCD rate of <48/lakh (50%)
- Cure rate is very low in 2 districts of Mewat and Rewari.

Table2: Compare with urban and rural of statically data

District	Suspectsexam inedper lakhpopulation	Annualisedt otalcasedete ction rate(against >180/lakh)	Annualised newsputum positivecase detectionrate(a gainst>67/ lakh)	Sputumconve rsion ratenew cases(against >90.0%)	Cure ratenew cases(ag ainst >85.0%)
Ambala	197	118	40 42%	96%	86%
Bhiwani	129	125	55 58%	90%	86%
Faridabad	149	182	50 53%	90%	85%
Fatehabad	164	138	75 78%	89%	84%
Gurgaon	183	159	56 59%	90%	81%
Hisar	127	111	44 46%	89%	85%
Jhajjar	129	154	58 61%	93%	84%
Jind	133	133	52 55%	91%	83%
Kaithal	102	110	54 56%	91%	82%
Karnal	156	151	54 57%	93%	87%
Kurukshetra	165	130	59 62%	92%	88%
Mahendragarh	145	117	43 46%	98%	87%
Mewat	127	151	53 55%	89%	78%
Panchkula	281	167	65 68%	90%	83%
Panipat	154	171	46 48%	90%	85%
Rewari	177	157	43 45%	93%	73%
Rohtak	398	189	77 81%	89%	85%
Sirsa	160	129	58 61%	85%	80%
Sonipat	139	185	53 56%	93%	89%
Yamunanagar	158	118	51 54%	85%	81%
Tota	162	145	53 56%	91%	84%

Filaria and Kala-azar, are not reported from the state of Haryana.

Year	Allocation			Release/Expenditure		
	Cash	Kind	Total	Ca sh	Kind	Total
2022-23	310.62	95.33	405.95	0.00	91.49	91.49
2021-22	0.00	266.43	266.43	44.64	24.58	69.22
2020-21	33.38	161.62	195.00	4.61	279.35	283.96
2019-20	35.00	107.84	142.84	10.00	162.39	172.39
2018-19	113.30	108.28	221.58	30.00	17.93	47.93
2009-10(B.E.)	68.00	52.29	120.29			



Issues:

Malaria:

- Malaria has shown an increase in 2008 as compared to 2007 and, therefore, the state needs to identify the areas for focused interventions.

Acute Encephalitis Syndrome (AES)/ Japanese Encephalitis (J.E.):

- Intensive surveillance in the affected areas should be carried out.
- Sentinel surveillance sites need to be strengthened in the state.
- Most of the cases are reported at Private clinics / hospitals that need to be involved in timely diagnosis and prompt management including transportation / referral protocols for serious patients.

Health insurance state wise data in Haryana:

As of my last update in September 2021, I can provide some general information about health insurance in the state of Haryana, India. Please note that the data may have changed since then, and it is essential to verify with the latest sources for the most current information. In India, health insurance is provided by both public and private insurance companies. The government of Haryana also offers health insurance schemes for its residents. One such scheme is the Ayushman Bharat - Haryana Health Protection Scheme (AB-HHPM), which is part of the larger Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (PM-JAY) program. Ayushman Bharat - Haryana Health Protection Scheme (AB-HHPM): AB-HHPM is a state-specific health insurance scheme that provides health coverage to economically vulnerable families in Haryana. Under this scheme, eligible beneficiaries can receive cashless treatment for various medical conditions and surgical procedures at empaneled hospitals. For the most up-to-date information on health insurance coverage and specific schemes available in Haryana, I recommend visiting the official website of the Government of Haryana's Health Department or the official website of the Ayushman Bharat scheme. These sources will provide the latest details on eligibility criteria, benefits, and empaneled hospitals under various health insurance programs in Haryana in show figure.2.

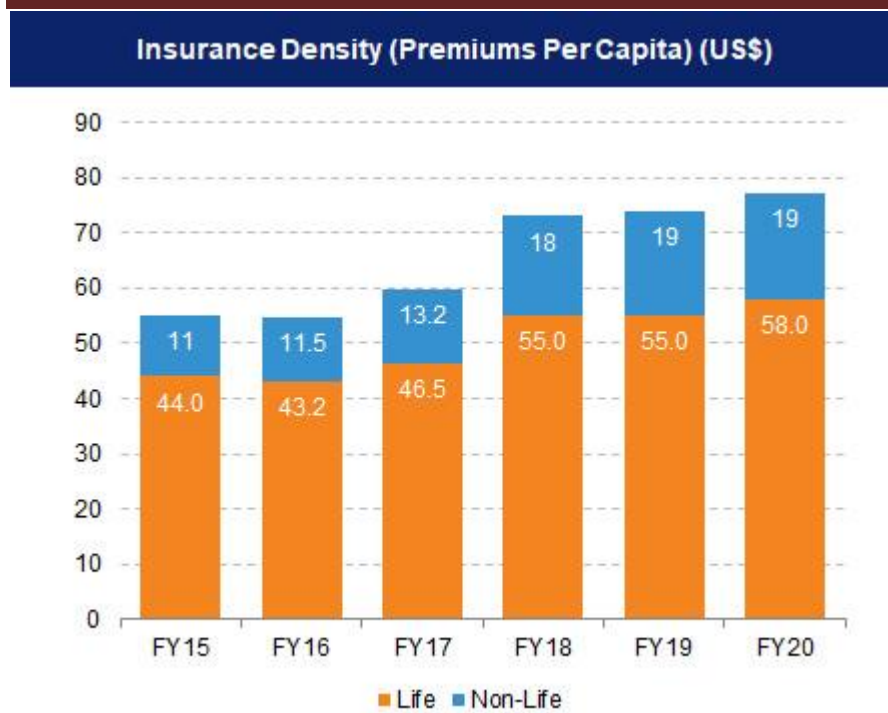


Figure 2: Health insurance state wise data in Haryana

Results and discussion:

As an AI language model, I don't have access to real-time data or the ability to provide up-to-date information on the current status and availability of healthcare services in Haryana. My knowledge is based on information available up until September 2021. Therefore, I can provide a general overview of healthcare services in Haryana, but it's important to note that the situation may have changed since then.

Haryana, like other states in India, has been striving to achieve universal health coverage to ensure that all its residents have access to essential healthcare services without facing financial hardship. The government of Haryana has implemented various initiatives to improve healthcare services in the state. Here are some key points to consider:

1. **Public Healthcare Infrastructure:** Haryana has a network of primary healthcare centers (PHCs), community health centers (CHCs), and district hospitals that provide basic



healthcare services to the population. The state government has been working on upgrading and expanding these facilities to enhance the reach and quality of care.

2. **Health Insurance Schemes:** The government of Haryana has implemented several health insurance schemes, such as Ayushman Bharat-Pradhan Mantri Jan Arogya Yojana (PMJAY) and Mukhyamantri Muft Ilaj Yojana, to provide financial protection and access to secondary and tertiary healthcare services to eligible beneficiaries.
3. **Health Workforce:** Haryana has been working on strengthening its health workforce by recruiting and training healthcare professionals, including doctors, nurses, and paramedics, to address the shortage of skilled personnel in the state.
4. **Telemedicine and Digital Health:** The adoption of telemedicine and digital health technologies has gained momentum in recent years. These technologies help bridge the gap between healthcare providers and patients, particularly in remote areas, by enabling remote consultations and healthcare delivery.

Despite these efforts, challenges persist in achieving universal health coverage in Haryana.

Some of these challenges include:

1. **Infrastructure and Resource Gaps:** There is a need for further investment in healthcare infrastructure, especially in rural and underserved areas. Shortages of healthcare facilities, medical equipment, and skilled personnel continue to be challenges that affect service delivery.
2. **Financial Barriers:** While health insurance schemes aim to provide financial protection, out-of-pocket expenses still remain a significant burden for many individuals and families. Affordability and accessibility of healthcare services are key issues that need to be addressed.
3. **Disparities in Access:** Disparities in access to healthcare services exist across different regions and socio-economic groups within Haryana. Rural areas, in particular, face challenges in terms of availability and quality of healthcare.
4. **Disease Burden:** Haryana, like many other states in India, faces a high burden of communicable and non-communicable diseases. Addressing these health issues requires a comprehensive approach that focuses on prevention, early detection, and treatment.

It's important to note that the specific status and availability of healthcare services in Haryana can vary over time and across different regions of the state. For the most accurate and up-to-

date information, it is recommended to refer to official government sources, reports, and studies on healthcare in Haryana in show figure 2, 3 and 4.

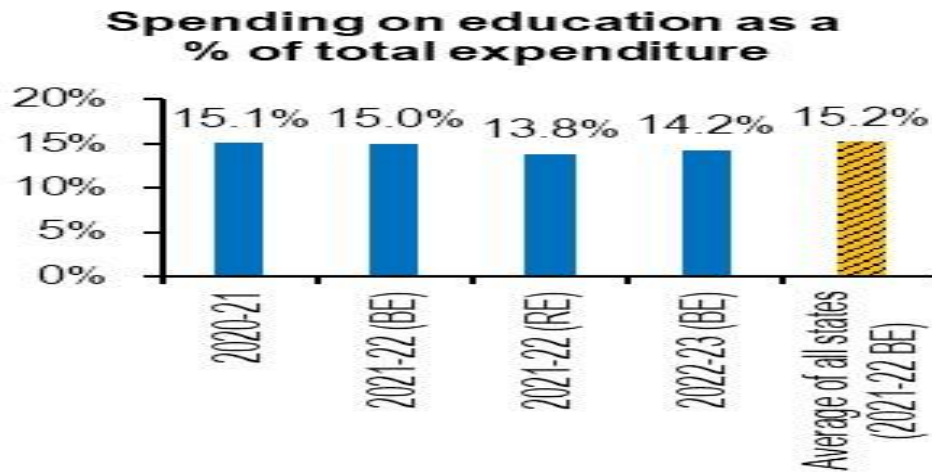


Figure.3 spending on education as a % of total expenditure.

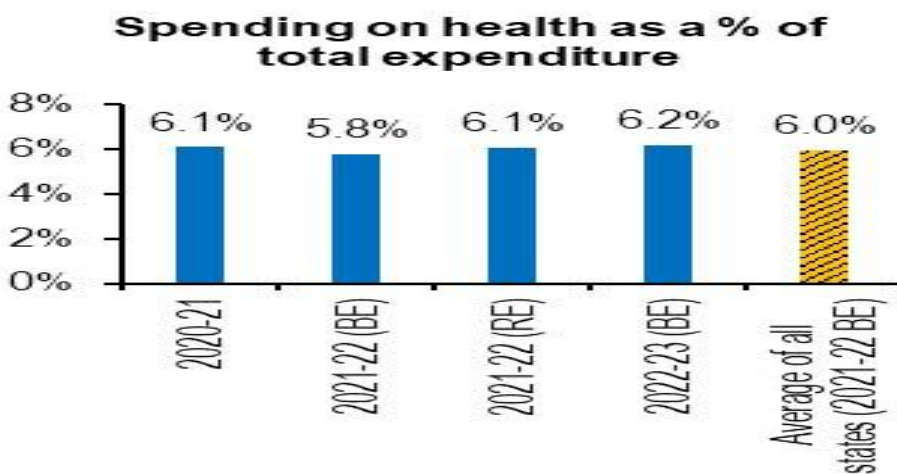


Figure.4 spending on health as a % of total expenditure.

Conclusion

In conclusion, the status and availability of healthcare services in Haryana, with regards to universal health coverage, have seen efforts by the government to improve access and quality of care. The implementation of health insurance schemes, upgrading healthcare infrastructure, focusing on maternal and child healthcare, and leveraging technology through



telemedicine and digital health have been notable initiatives. However, challenges remain in achieving universal health coverage in Haryana. Infrastructure and resource gaps, including shortages of healthcare facilities and skilled personnel, pose hurdles in delivering adequate healthcare services. Financial barriers, such as out-of-pocket expenses, still burden individuals and families. Disparities in access persist, particularly in rural areas and among socio-economic groups. Additionally, the high burden of communicable and non-communicable diseases requires comprehensive approaches to prevention, detection, and treatment. To further advance universal health coverage in Haryana, continued investments in healthcare infrastructure, recruitment and training of healthcare professionals, and addressing financial barriers are necessary. Efforts to reduce disparities in access, particularly in underserved areas, should be prioritized. Furthermore, promoting preventive healthcare and early detection of diseases will contribute to improved health outcomes. It is crucial for policymakers, healthcare providers, and stakeholders to collaborate and monitor the progress of healthcare services in Haryana. Regular assessment and evaluation of the initiatives implemented will help identify areas for improvement and ensure the effective implementation of universal health coverage for all residents of Haryana.

Future scope:

The future scope of healthcare services in Haryana, with a focus on universal health coverage, holds several possibilities for improvement and expansion. Here are some potential areas of development:

1. **Strengthening Primary Healthcare:** Enhancing primary healthcare services is crucial for achieving universal health coverage. Investing in the infrastructure, manpower, and resources of primary health centers (PHCs) and community health centers (CHCs) can improve access to essential healthcare services, especially in rural and underserved areas of Haryana. This includes ensuring the availability of trained healthcare professionals, medicines, diagnostics, and necessary equipment.
2. **Health Information Systems:** Implementing robust health information systems can facilitate efficient healthcare delivery and decision-making. Digital platforms for electronic health records, health management information systems, and telemedicine can streamline patient care, enable better coordination between healthcare providers, and improve monitoring and evaluation of healthcare services. Investing in health



information technology can help bridge the urban-rural divide and enhance healthcare accessibility.

3. **Health Workforce Development:** Addressing the shortage and maldistribution of healthcare professionals in Haryana should be a priority. Encouraging the training and recruitment of doctors, nurses, and other healthcare workers, particularly in rural areas, can help improve access to quality healthcare services. Additionally, focusing on skill development, continuous medical education, and retention strategies can ensure a competent and motivated healthcare workforce.
4. **Quality Assurance and Accreditation:** Emphasizing quality assurance and accreditation of healthcare facilities can enhance service delivery and patient outcomes. Establishing standards, protocols, and monitoring mechanisms can help ensure that healthcare services in Haryana meet quality benchmarks. Encouraging private sector participation in quality initiatives and promoting accreditation programs can further improve the overall healthcare system.
5. **Health Promotion and Prevention:** Investing in health promotion and preventive healthcare can reduce the burden of diseases and healthcare costs in the long run. Implementing awareness campaigns, vaccination programs, and lifestyle interventions can encourage healthier behaviors and prevent the onset of diseases. Community engagement, partnerships with non-governmental organizations, and multisectoral collaboration can play a vital role in promoting health and preventing illnesses.
6. **Research and Innovation:** Continued research and innovation in healthcare can drive improvements in service delivery, cost-effectiveness, and health outcomes. Encouraging research institutions, universities, and healthcare organizations in Haryana to conduct studies addressing local health challenges can generate evidence-based solutions. Innovation in areas like telemedicine, digital health, and healthcare technologies can also enhance healthcare access and delivery.

It's important to note that the future scope of healthcare services in Haryana will depend on sustained commitment from the government, collaboration with stakeholders, and adequate resource allocation. By addressing these areas, Haryana can work towards achieving universal health coverage, ensuring that all residents have access to affordable, quality healthcare services when needed.



References

- [1]. Mental disorders [Internet]. World Health Organization.2018 [cited 14 April 2018]. Available from: <http://www.who.int/mediacentre/factsheets/fs396/en/>
 - [2]. Padmavathi R, Rajkumar S, Srinivasan TN: Schizophrenic patients who were never treated-a study in an Indian urban community. Psychol Med 1998, 28(Suppl 5):1113-7[cited 16 April 2018]. Available from: <https://www.ncbi.nlm.nih.gov/pubmed/9794018>
 - [3]. Geddes JR, Kendell RE: Schizophrenic subjects with no history of admission to hospitals. Psychol Med 1995, 25:859-68[cited 15 April 2018]. Available from: <https://www.ncbi.nlm.nih.gov/pubmed/7480464>
 - [4]. Issac M, Kapur RL, Chandrasekhar CR, Parathasarathy R, Prema TP: Management of schizophrenic patients in the community.An experimental report.Indian Journal of psychological Medicine 1981, 4:23
 - [5]. Thara R, Padmavati, Aynkran JR, John S. Community mental health in India: A rethink. Int J Ment Health Syst. 2008 Jul 14;2(1):11 [cited 15 April 2018]. Available from: <https://www.ncbi.nlm.nih.gov/pubmed/18625047>
 - [6]. WHO | Questions and Answers on Universal Health Coverage [Internet]. who.int. 2018 [cited 15 May 2018]. Available from: http://www.who.int/healthsystems/topics/financing/uhc_qa/en/
 - [7]. Mental health services in Greater Minnesota | Center for Rural Policy and Development [Internet]. Center Har Ashish et al Mental Health Care for Rural Policy and Development. 2018 [cited 1 June 2018]. Available from: <https://www.ruralmn.org/mentalhealth-services-in-greaterminnesota/>
 - [8]. WHO. The effectiveness of mental health services in primary care. Geneva: Mental Health Policy and Service Development, Dept. of Mental Health and Substance Dependence, Noncommunicable Diseases and Mental Health, World Health Organization; 2001. Available from :<http://www.who.int/iris/handle/10665/66948>
 - [9]. Transport for people in mental health services [Internet]. Www2.health.vic.gov.au. 2018 [cited 01 April 2018]. Available from: <https://www2.health.vic.gov.au/mental-health/mental-healthservices/transport-for-people-inmental-health-services>
-



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- [10]. Transport C. What we do -Community Transport [Internet]. Unitingcareballarat.com.au. 2018 [cited 10 April 2018]. Available from: <http://www.unitingcareballarat.com.au/services/aged-disabilityservices/community-transport>
- [11]. Aday LA, Andersen RM. A framework for the study of access to medical care. *Health ServRes* 1974;9(3):208- 20.
- [12]. Aday LA, Andersen RM. Equity to access to medical care: a conceptual and empirical overview. *Med Care* 1981;19(supplement):4-27.
- [13]. Andersen RM, Newman JF. Societal and individual determinants of medical care utilization in the United States. *Milbank Memorial Fund Quarterly– Health and Society* 1973;51(1):95-124.
- [14]. Andersen RM. Revisiting the behavioral model and access to medical care: does it matter? *J Health SocBehav* 1995;36(March):1-10.
- [15]. Disease control priorities related to mental, neurological, developmental and substance abuse disorders. Geneva: World Health Organization; 2006.
- [16]. Mahal A, Karan A, Engelgau M. The Economic Implications of Noncommunicable Disease for India. Washington, DC: World Bank; 2010
- [17]. Patel V, Chisholm D, Kirkwood B, Mabey D. Prioritizing health problems in women in developing countries: comparing the financial burden of reproductive tract infections, anaemia and depressive disorders in a community survey in India. *Tropical Medicine and International Health*. 2007 Jan ;12(1):130-9
- [18]. Kumar R, Raizada A, Aggarwal AK, Ganguly NK. A communitybased rheumatic fever/rheumatic heart disease cohort: twelve-year experience. *Indian Heart J*. 2002 JanFeb;54(1):54-8 Available from: <https://www.ncbi.nlm.nih.gov/pubmed/1199908>
- [19] Patnaik, I., Shah, A., & Roy, S. (2018). The rise of government-funded health insurance in India. National Institute of Public Finance and Policy.
- [20] Dubey, S., Deshpande, S., Krishna, L., & Zadey, S. (2023). Evolution of Government-funded health insurance for universal health coverage in India. *The Lancet Regional Health- Southeast Asia*, 13.
- [21] Bonilla-chacin, M. E., & Rathe, M. A. G. D. A. L. E. N. A. (2016). UNICO: Demand side strategies for universal health coverage (UHC). *World Hospitals and Health Services- Universal Health Coverage (UHC): Making Progress Towards the*, 54, 26-30.
-



- [22] Mahapatro, S. R., James, K. S., & Mishra, U. S. (2021). Intersection of class, caste, gender and unmet healthcare needs in India: Implications for health policy. *Health Policy OPEN*, 2, 100040.
- [23] Wang, H., Torres, L. V., & Travis, P. (2018). Financial protection analysis in eight countries in the WHO South-East Asia Region. *Bulletin of the World Health Organization*, 96(9), 610.
- [24] Sangar, S., Dutt, V., & Thakur, R. (2022). Burden of out-of-pocket health expenditure and its impoverishment impact in India: evidence from National Sample Survey. *Journal of Asian Public Policy*, 15(1), 60-77.
- [25] Duggal, R. (2001). Evolution of health policy in India. *Centre for Enquiry into Health and Allied Themes*.
- [26] Webster, C. (2002). *The national health service: A political history*. Oxford University Press, USA.
- [27] Barford, A., Dorling, D., Smith, G. D., & Shaw, M. (2006). Life expectancy: women now on top everywhere. *Bmj*, 332(7545), 808.
- [28] <https://prsindia.org/budgets/states/haryana-budget-analysis-2022-23>