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"Access to Medicine: An Analysis of Healthcare System & Governmental Policies in India"

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Introduction

The phrase "Prevention is better than cure" is self-explanatory when it comes to lead a healthy lifestyle. It is better to control the disease rather than focusing on how to cure it. But how the world had changed after the Industrial Revolution is not a hidden truth. The man has had polluted the nature like never before. Whether it is the Thanes of 1957 or the present Yamuna and the poisonous Bellandur lake, man has always paid the price. It seems prevention has taken a back-seat when it comes to dealing with diseases.

In such a situation it becomes more important for a state to provide its citizens basic health care facility, easy access to medicine, and most importantly a healthcare system to be accessible by all the section of the society, whether rich or poor.

India has not been the exception to this. The Indian Constitution provides the right to health care as a fundamental right under Art. 21. In Pt. Parmanand Katara v Union of India[1] the Supreme Court said that Art. 21 cast a duty upon the state to preserve the life. The National Health Policy, 2017 is a step forward in achieving what the Constitution of India provides for. The government aims for 2.5% of the GDP expenditure on public health care system.[2] One may still raise the question that in a country where majority of the population cannot avail a health care due to financial constraint, 2.5% of GDP expenditure on public health will not serve the purpose, when countries like Cuba spent 11.1% of their GDP and Micronesia spent 13.7% of their GDP in 2014 according to World Bank.[3] The decrease in infant mortality rate in India from 64.9 in 2000 to

[1] Pt. Parmanand Katara v Union of India, AIR 1989 SC 2039.
[2] Ensuring Adequate Investment, Policy Thrust, National Health Policy, 2017
[3] World Health Organization Global Health Expenditure Database, Health Expenditure,Public(% Of GDP), World Bank Group, (Dec 01, 2017, 11:00 IST), https://data.worldbank.org/indicator/SH.XPD.PUBL.ZS?name_desc=false

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39.1 in 2017[4] presents the picture of the brighter side. But hundreds of deaths every year due to dengue, malaria, etc. in cities like Delhi, deaths of children in B. R. D. Medical College shows the mirror to the Indian public health care system. Dr. Ravi Wankhedkar, President of Indian Medical Association, said "only 1.2% of the GDP was being spent on health care and it should be increased to 5%",[5] he also said, "80% of the services delivered are by the private health care system."[6]

In such a situation it becomes necessary to study what went wrong that even after 70 years of Independence, India cannot establish a health care system which is at par with Cuba, the country, whose health care system, in the words of former Secretary General of United Nations Ban Ki-Moon, is "a model for many countries".[7] Is there any deficiency in laws and policies which does not guarantee access to medicine to all or in their implementation.

India's Legal Framework

Constitution of India is the supreme law of the land. Every right of its citizen is bestowed by the Constitution. Art.21 of the Constitution provides for protection of life and personal liberty and it does not deprive of it in any manner except for that procedure which is established by law. It also covers the right to health, in case of Kharak Singh v State of Uttar Pradesh[8] the Supreme Court defined the term life and stated that life does not mean a mere animal existence and it extends to all those limbs and faculties which are necessary for the enjoyment of life. It equally prohibits amputation of any body part or destruction of any body organ. In Sunil Batra v Delhi Administration[9] case, the Supreme Court upheld the judgment of Kharak Singh v State of Uttar Pradesh and held that right to life includes the right to lead a healthy life and enjoy all the faculties of the body in their prime conditions. In the above case of Parmananda Katara v Union of India,[10] the Supreme Court states that the Art.21 of the Constitution imposes an obligation on the state to preserve life not only of an innocent person but also of a criminal who is likely to be punished under the law of the state. The Supreme Court also stated that it is the professional ethics and obligation of every doctor to render his services to every individual irrespective of the fact whether he is criminal or not. To make healthcare facilities available to all those who cannot

[4] Press Information Bureau, Ministry of Health And Family Welfare, Government Of India, (Dec 01, 2017, 14:54 IST)
[5] Government spends only 1.2% of GDP on healthcare in India, The Times Of India, (Dec 6,2017, 08:36 IST) https://timesofindia.indiatimes.com/city/chandigarh/govt-spends-only-1-2-of-gdp-on-healthcare-in-india/articleshow/60963195.cms
[6] Government spends only 1.2% of GDP on healthcare in India, The Times Of India, (Dec 6,2017, 08:36 IST) https://timesofindia.indiatimes.com/city/chandigarh/govt-spends-only-1-2-of-gdp-on-healthcare-in-india/articleshow/60963195.cms
[7] Rich Warner, Is the Cuban healthcare system as great as people claim? , The Conversation, (Dec 06, 2017, 09:00 IST) , https:// http://theconversation.com/is-the-cuban-healthcare-system-really-as-great-as-people-claim-69526
[8] Kharak Singh v State of Uttar Pradesh and Ors., AIR 1963 SC 1295.
[9] Sunil Batra v Delhi Administration and Ors., AIR 1980 SC 1579.
[10] Pt. Parmanand Katara v Union of India, AIR 1989 SC 2039.

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afford it, the National Consumer Dispute Redressal Commission in the case of Pravat Kumar Mukherjee v Ruby General Hospitals and Others.,[11] held that it is the duty of the hospitals to accept and treat victims and patients in critical condition and cannot deny treatment to them merely because they not financially viable to pay the treatment costs.

The Acts in India which derives its legal sanctity from the Constitution provides for regulation of drugs and, easy and safe access to drugs to all. Drug can be broadly classified into two heads:-

1. Narcotic Drugs- A drug which if taken in moderate doses decreases the capacity of the senses, act as a pain reliever but if taken in excessive dosage may cause coma or even death. A narcotic drug is generally opium or morphine or a by-product of opium or morphine.
2. Non-Narcotic Drugs- All the drugs other than Narcotic drugs fall under this category. These are used for medicinal purposes.

Drug has been defined under Sec. 3(b) of the Drugs and Cosmetic Act, 1940.[12] It says-

(i) Any kind of medicines or ointments used by human being or animal for treating any ailment or disease or which helps in the diagnosis and prevention of any ailment or disease is a drug.[13]
(ii) Substance, except food which may be used to affect the function of human body or its structure or used to kill such insects which are harmful or causes diseases in human body.[14]
(iii) All materials used in the process of manufacturing of drug, even empty Gelatine.[15]
(iv) Any medical instrument used in diagnosis, treatment, mitigation or prevention of disease or disorder in human beings or animal.

Drug as described under section 3(b)(i) of Drugs and Cosmetic(Amendment) Act, 1982 is an inclusive definition. It includes every kind of medicine, components of drug, instruments and devices used to cure disease in human beings and animals, as stated by the Hon'ble court in Langamurti v State of Orissa.[16] This definition of drug will also include water which is used to dissolve medicines or is given to a person during medical treatment, as stated in the case of R. C. Sundarka v State of West Bengal.[17] Under the above definition blood can also be regarded as a drug as it is used to cure disorders and in treatment and operations in human bodies, such as the total blood transfusion treatment for a patient suffering from blood cancer.

[11] Pravat Kumar Mukherjee v Ruby General Hospitals and Others, 2005 (2) C.P.C 1
[12] Drugs and Cosmetic (Amendment) Act, 1955, No. 11, Act of Parliament, (1955).
[13] Drugs and Cosmetic (Amendment) Act, 1982, No. 68, Acts of Parliament,(1982).
[14] Drugs and Cosmetic (Amendment) Act, 1964, No. 13, Acts of Parliament, (1964).
[15] Drugs and Cosmetic (Amendment) Act, 1982, No. 68, Acts of Parliament,(1982).
[16] Langamurty v State of Orissa, (1973) 1 CWR 368.
[17] R. C. Sundarka v State of West Bengal, 1971 CriLJ 1369.

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For a legal system like India, which has such a wide definition of drug, is bound to have strong pharmacy regulations to assure to its citizen access to quality drugs at medical stores. Like most other countries, only persons attaining a minimum standard of professional education is permitted to practice the profession of pharmacy. Section 10 of the Pharmacy Act, 1948 provides for the educational regulations of individuals dealing with drugs. Section 10(2) of the Pharmacy Act, 1948 states the nature and period of study and training needed by an individual to be qualified for examination, the standard of examination, equipment and facilities provided to students enrolled in an approved course. To improve the educational regulation with the advancement in technology, Section 10(v) of the Pharmacy Act, 1948 cast the duty upon the executive committee, formed under Section 9 of the Pharmacy Act, 1948, to submit a report from time to time to the central council, constituted under Section 3 of the Pharmacy Act, 1948, on the efficiency of the educational regulation and the changes needed in it. Section 31 of the Pharmacy Act, 1948 provides for the qualification of an individual who intends to get him registered in the list of the first register.[18] Section 31(a) of the above mentioned act states that a person should have degree or diploma in pharmacy or pharmaceutical chemistry or chemist or druggist from a registered university. Sec 31(b) of the Pharmacy Act, 1948 states that a person who does not hold any degree can be eligible for registration in the first register list if he has been engaged in compounding of drugs in a hospital where drugs are regularly dispensed on prescriptions, for a period of not less than 3 years. Section 31(c) of the above mentioned Act states that a person is qualified to be registered in the first register list if he had passed an examination recognised by the State Government as adequate for compounders and dispensers. Section 31(d) of the Pharmacy Act, 1948 qualifies a person for entry on the first register if he has been associated with the compounding of the drugs in hospital or in other such places on the prescription, for a period, not less than 5 years. The Pharmacy Act, 1948 provides for penalties for a person who falsely claims to be registered. Section 41(1) of the aforesaid Act[19] have provisions for a fine of Rs. 500 on the first conviction and a fine of Rs. 1000 maximum or imprisonment for 6 months or with both on subsequent conviction.

The narcotics and the medicine market of India are largely regulated by the Narcotic Drugs and Psychotropic Substance Act, 1985 and Drugs (Control) Act, 1950 respectively. Under section 4 of the Drugs (Control) Act, 1950, the Chief Commissioner's office is responsible to notify in the official gazette, the maximum selling price of medicines and the amount of medicines which a dealer or producer can possess and dispose off or sell to one person for every transaction. Section 5 of the aforesaid Act more specifically cast limitations on dealer or producers to sell the certain amount of drugs as specified under section 4.[20] Easy and affordable access to medicines can be achieved only when buyers, sellers and the Government act in accordance with each other. The

[18] Pharmacy(Amendment) Act, 1959, No. 24, Acts of Parliament, (1959).
[19] Pharmacy Act, 1948, No. 8, Acts Of Parliament, 1948
[20] Drug (Control) Act, 1950, No.26, Acts of Parliament,(1950)

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Drug (Control) Act, 1950 serves the exact purpose, Section 6 of the Act prohibits an individual from possessing a certain drug above the certain limit at a particular period of time as notified by the Chief Commissioner. This Act also guarantees that every person shall avail the medicines in accordance to the Section 6 of the Act, as the act cast a duty on the seller or dealer that they cannot refuse to sell medicines to any person in accordance with section 4 and 5 of the Act.[21] This duty on the seller, to not to refuse, is cast under section 8 of the aforesaid Act.[22] Section 13 of the Drugs (Control) Act, 1950 state the penalties for the offender. A person who is proved to have acted in contravention to any provisions of this act shall be punishable for the term of 3 years or fine or with both, under clause (2) of the above mentioned section, the court may order the Government to forfeit a part or whole stock of the drugs in question. If the offender under this act is a company or organisation, every person associated with the management of the organisation shall be punished, under section 14 of the Act, unless he proves that the act was done without his knowledge.[23]

The narcotic and psychotropic substances are utilized for both medical and personal uses. Personal use of narcotic drugs means intoxication, which in other word means abuse of drugs and psychotropic substance. Narcotics which are used for medical purposes are notified by the Central Government under section 2(viii)(a) of The Narcotic Drugs and Psychotropic Substance Act, 1985. The Central Government is empowered to take measures to prevent illicit traffic and abuse of narcotic drug through identification, treatment, education, aftercare, rehabilitation and social integration of the addicts, under section 4 of the Act.[24] To make this a reality section 7A [25]provides for a national fund for the control of drug abuse. To stop the availability of narcotics in market, section 8 of the Act[26] prohibits any person from engaging in any kind of activity relating to coca plant, opium poppy and cannabis plant, however, it does not prohibits the import of poppy straw for decorative purposes. Opium can be used for medicinal purpose and the State Government has the authority to control and regulate production and use of medicinal opium under section 9 of the Act. [27]

Making right drugs available to the masses should not be the only aim of a legal system, moreover, it should also focus on that people are not misguided in this era of advertisement. The Drugs And Magic Remedies (Objectionable Advertisement) Act, 1954 does the same. Section 3 of the Act[28] prohibits the involvement of any person in advertisement, of any drugs, which

[21] Drug (Control) Act, 1950, No.26, Acts of Parliament,(1950)
[22] Drug (Control) Act, 1950, No.26, Acts of Parliament,(1950)
[23] Section 14, Drug (Control) Act, 1950, No.26, Acts of Parliament,(1950)
[24] Narcotic Drugs and Psychotropic Substances (Amendment) Act, 2014, No. 16, Acts Of Parliament,(2014)
[25] Narcotic Drugs and Psychotropic Substances (Amendment) Act, 1989, No. 02, Acts Of Parliament,(1989)
[26]Narcotic Drugs and Psychotropic Substances (Amendment) Act, 1989, No. 02, Acts Of Parliament,(1989)
[27] Narcotic Drugs and Psychotropic Substances (Amendment) Act, 2014, No. 16, Acts Of Parliament,(2014)
[28] Drugs and Magic Remedies (Objectionable Advertisement) Amendment Act, 1963, No. 42, Acts Of Parliament, (1963)

suggests its use for miscarriage, prevention of conception or correction of menstrual order in women, maintenance or improvement of sexual capacity of human beings, and diagnosis, cure , mitigation, treatment or prevention of any disease mentioned under the schedule of the Act. Misleading advertisement is one of the main causes of people taking up wrong medicines. If a person is found to be contravening any of the provisions shall be punished with imprisonment for six months or with fine or both on first conviction and imprisonment for one year or with fine or with both, under section 7 of the Act. If the offender under this act is a company then all the person involved in the management of the company, at the time when the offence is being committed shall be punished according to section 7 of the Act.

The legal framework in India also guarantees that no victims be denied treatment and also that no adulterated drugs are dispensed off. Section 166B of the Indian Penal Code provides punishment for non-treatment of victims, under section 357C of the Code of Criminal Procedure, 1973. Section 357C of the CrPC lists certain acts whose victims shall receive treatment from any hospital free of cost. The acts against the victim are 'acid attacks under section 326A, rape under section 376, death or persistent vegetative state due to rape under section 376A, sexual intercourse with wife during separation under section 376B, sexual intercourse by a person in authority under section 376C and gang rape under section 376D' of IPC. IPC also has provision for a person found dealing with adulterated drugs. If a person is found adulterating a drug under section 274 or its sale, under section 275 of the IPC, shall be imprisoned for six months or a fine of Rs. 1000 or both. Both the sections are important to prevent people from adulterating and selling adulterated drugs. Indian legal system also recognizes the health and safety of an arrested person, under section 55A of the CrPC.[29] With advancement in technology, new instruments and devices have been introduced to save human life. If any person, in possession of such machines, conduct any negligent act with the help of any such machines, endangering human life, can be punished under section 287, for a term of six months or a fine of maximum one thousand rupees or with both. There is a basic difference between civil and criminal liability under this section. For civil wrong, the liability is absolute whereas for the criminal wrong the liability depend upon negligence of the employer.

Policies

The policies adopted by the Government acts as a major catalyst for promoting the constitutional values ethics and rights of the citizen. Various policies are adopted by the government from time to time under five-year development plans, such as:

[29] Code Of Criminal Procedure (Amendment) Act, 2008, No. 5, Acts Of Parliament,(2009)

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NATIONAL HEALTH POLICY 2017-

The last national health policy was adopted in the year 2002, since then it had served the purpose of guiding the development of healthcare sector in India. A lot had changed from 2002 to 2017, it is these changes which has paved the way for the adaptation of new national health policy in the year 2017. The four major concerns while adopting this policy are as follow-

i. Indian population has become more vulnerable to non-communicable and infectious diseases.
ii. The healthcare industry in India, more particularly the private healthcare industry has grown at double digits.
iii. Past decade had seen gigantic growth in health expenditure which also act as a major catalyst for poverty.
iv. To enhance fiscal capacity with rising economic growth.

With these concerns in mind, the drafters of the new National Health Policy wishes to fulfil the following objectives:-

1. Universal health coverage → The policy aims to provide free primary healthcare facilities with the optimal use of existing manpower and infrastructure. In the tertiary and secondary healthcare system, it aims to ensure a quality and accessible healthcare facilities through a union of public and private hospitals. It will also provide affordable health care to reduce the catastrophic healthcare expenditure.
2. Reinforcing peoples trust in public healthcare system → The degrading infrastructure in Government hospitals and deteriorating healthcare facilities have forced the people to slowly lose their faith in Government health institutions. Through this policy, Government intends to reinforce people's trust in the public healthcare system by building an effective and patient-centric environment in Government hospitals.
3. Alignment of the public healthcare system with private healthcare system through "strategic purchasing" to fill in the critical gap between the two healthcare systems and to bring them at par with each other.

In the policy Government not only states what it aims to achieve but also states the way in which it is going to achieve the above objectives. The policy thrust upon the following points:-

1. Adequate financing → The Government will increase the expenditure on healthcare facilities to 2.5% of GDP in a planned manner. The increased financial burden will be simultaneously balanced by taxing consumables which have a negative impact on health. The allocation of resources to states shall be according to the states financial and development indicators.

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2. Organising public health delivery system → The Government shall ensure free drug, diagnostic and emergency services to all. Public hospitals shall be viewed as a tax finance single pair healthcare system, where the care is prepaid and cost-efficient. It will adopt a targeted approach to reach deficit areas, advocating the 12th five-year plan for human resource management at district level having a deficit. The Government would organise the public health delivery system at different levels-
    i. Primary healthcare system:- Change in the approach from selective care to comprehensive care along with linking of all referral hospitals. The policy provides for the comprehensive package which includes geriatric healthcare, palliative care and rehabilitative care services. Healthcare centres will be established on geographical norms apart from population norms. To assure primary healthcare to all, each family would have a health card linked with their primary healthcare facility centre that would entitle them to free primary medical healthcare across the country.
    ii. Secondary and Tertiary healthcare system:- The policy focuses on the change in action to output best strategic purchasing of equipments and medicines. The policy tends to improve the services which are currently provided at the medical college level to district and sub-district level. This includes availability and distribution of two beds per thousand population and making them available within the golden hour. It also includes an efficient emergency transport system, resource allocation and access to safe blood by establishing blood banks across the country.
    iii. Preventive and promotive health:- Through this policy the government aims to achieve the international goal of " Health In All" instead of "Health For All". The policy coordinates in some major core areas for achieving its target, such initiative for coordination are:
        1) The Swachh Bharat Abhiyan
        2) Healthy food habits with regular exercise
        3) Reduction in tobacco, alcohol and substance abuse
        4) 'Yatri Suraksha' – reducing deaths due to accidents
        5) 'Nirbhaya Nari' – speedy action against gender violence
        6) Reduction in stress, indoor and outdoor pollution
        7) Increasing the safety norms

DRAFT PHARMACEUTICAL POLICY 2017-

The first comprehensive pharmaceutical policy called the Drug Policy was formulated in 1978, prior to that *ad hoc* orders were given by the Government time to time to meet the demands according to prevalent industrial situations. However, though the prices of the drugs were frozen the prices of the raw materials required to manufacture these drugs were not frozen. Realizing

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this difficulty the Government in 1966 adopted the Drug Prices (Display and Control) Order, 1966. It introduces a system of selective increment in the prices of drugs and raw material. Under this order, it became obligatory for the manufacturers to obtain prior approval of the Government before increasing prices of the formulation. Simultaneously, the Government identified 18 bulk drugs and task the Tariff Commission to examine the cost structure of formulations and recommend its fair selling prices. The promulgation of Patent Act, 1970 provided for the process of patent in case of drugs and pharmaceuticals as against the product patent that existed. This allowed the same product be manufactured by another patent process and the Indian pharmaceutical industry took off an expansion path. The 2002 policy went into litigation on its stand on price control and the Supreme Court while lifting the stay given by the Karnataka High Court has directed the Government to evolve such criterion that essential and life-saving drug fall within the preview of price control.

The objectives of the Draft Pharmaceutical Policy, 2017 are as follows:-

1. To provide essential drugs accessible at affordable prices.
2. To provide a long-term stable policy for the pharmaceutical sector.
3. To make India self-sufficient and self-reliant on medicines by promoting indigenous drug manufacturing.
4. To ensure a world-class quality of drugs for domestic consumption and exports.
5. To create an environment for research and development in the pharmaceutical sect

JAN AUSHADHI YOJNA[30]-

The Jan Aushadhi Yojna now known as Pradhan Mantri Bhartiya Janaushadhi Pariyojna is a novel step taken by the Government in 2008 to make generic medicines. In a country like India, where one out of five person is poor, it became of paramount importance to make cheap and affordable medicine available to them.[31] Generic medicines are bio-equivalent to the branded medicines. Bureau of Pharma PSUs of India (BPPI) is the implementing agency. The main objective of the Jan Aushadhi Stores (JAS) is to reduce the unit cost of the treatment per person suffering from a chronic ailment. JAS can be operated by NGOs, charitable trusts, private hospitals, reputed professional organisations and self-help group. The government provides one-time assistance of Rs. 1 lakh for establishment and Rs. 50,000 is paid to the operating agency as one time start-up cost. Currently, 3037 stores have been open 33 states and union territories and 757 medicines are included under this scheme.

[30] Bureau of Pharma PSU of India (BPPI), (Dec 01, 2017, 1200 IST), Finance and Budget, Department of Pharmaceuticals, http://www.janaushadhi.gov.in

[31] The World Bank, India's Poverty Profile, The World Bank Group (Dec 01, 2017, 1300 IST), http://www.worldbank.org/en/news/infographic/2016/05/27/india-s-poverty-profile.

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Although this scheme seems to have gained popularity, there are some serious flaws in its implementation. One of the major problems is the supply of the medicines to these stores. One of the main hindrances to the scheme is the lack of working capital for procurement of medicines for these stores. Though the government intends to make 3000 shops operational by the end of the 12th five-year plan and each store could ideally sell drugs worth Rs. 5 lakh/month, the Government had drastically lowered the expenditure on working capital from 24.51 crores in 2015-16 to 16.5 crores in 2016-17.[32] The second major setback was prescribing generic names of the medicines. Medical Council of India have directed doctors to prescribe medicines by generic names but concerns have been raised by many like K. Senthil, State President, Tamil Nadu Government Doctors Association said, " Prescribing combinations of drugs with generic names is difficult. In addition, there could be difference in quality between the generic drug and a branded one. As it is quality control of drug, manufacturing is very poor in the country. Mandating generic only may turn out to be risky for patients".

Conclusion & Recommendations

Voltaire has rightly said-"THE ART OF MEDICINE CONSISTS OF AMUSING THE PATIENT WHILE NATURE CURSES THE DISEASE". The principle should be always followed while creating a patient-centric healthcare system.

The Indian Government strongly needs to prioritize its core area of investment. Recently Government introduces a mega health insurance scheme, extending the coverage under Rashtriya Swasthya Bima Yojna to Rs. 5 Lakh for each family to cover 100 million families, with a total outlay of Rs. 1 Lakh Crore.[33] If this money is being utilized to upgrade the present resources in public healthcare sector, it would benefit all 1.3 Billion Indians.

With the development of technology and enhancement of internet, the concept of e-pharmacy has taken a boost. The laws in India neither states the difference between a pharmacy and e-pharmacy nor the Drugs and Cosmetic Act, 1940 mention any difference between drugs sold online or through a person in a pharmacy. There is no proper integrated system to track the sale of drugs through these portals and the activity of such e-pharmacy company. This helps the company to by-pass the current laws. This situation is most dangerous.

In the very beginning of our research paper, we have stated how countries like Cuba and Micronesia spent a huge portion of their GDP on the healthcare sector, whereas India is still struggling to achieve the goal of 2.5% expenditure of GDP on healthcare sector. Healthcare

[32]Bureau of Pharma PSU of India (BPPI), Finance and Budget, Department of Pharmaceuticals, (Dec 01, 2017, 1200 IST), http://www.janaushadhi.gov.in/finance_and_budget.html.

[33] Rohan Abraham, What is 'Modicare' and how it will affect you? , The Hindu, (Feb 2, 2018, 10:45 IST) http://www.thehindu.com/business/budget/what-is-modicare-and-how-will-it-affect-you/article22635372.ece

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sector is the core sector of development for any country because a healthy nation means a healthy human capital which in term increases the production capability of a nation. A minimum of 5% of GDP should be spent by the Government on healthcare sector.

The National Health Policy, 2017 states for optimum use of resources, but the resources of the public healthcare sector in India are rendering services beyond their capacity. The Government needs to focus on rebuilding its infrastructure to serve better.

Some of the changes which can be adopted for making the system more functional and accessible are:-

1. Better and efficient ways of implementing laws and policy → The problem in India regarding the offline sale of drugs is that in-spite of having sufficient laws they are hardly implemented in a way to benefit masses. For example, Narcotics do have medicinal purposes and they are used for treating Epilepsy, Chronic pain, etc. but there is a huge black market of such substance in-spite of having Narcotic Drugs and Psychotropic Substance Act, 1985, Prevention of Illicit Trafficking of Narcotic Drugs and Psychotropic Substance Act, 1988, etc. What is needed is that the Government regulates the cultivation and production of drugs from such substance under its direct vigilance by establishing a strong vigilance department in every district exclusively for this purpose.
2. Development of primary healthcare centre → In the very beginning of our research we have given the example of countries like Cuba. The rule of Cuban healthcare system lies in their network of "Consultario" which have one resident doctor and nurse available 24 hours for every 500 to 600 persons. A similar system has been tried in India through "Mohalla Clinics" in Delhi. This system should be adopted across the country with more vigilance and 24-hour services. To meet the extra burden of doctors and nurses required there should be a change in the medical educational system. Every doctor should first complete a course of a general physician with a minimum practice of five years, of which nothing less than three years should be allotted for practice in rural areas with the government health care centres. During the course of MBBS, a student should be given more field work in such "Mohalla Clinics" so that they can develop better communication skills with patients. A doctor should render free services to urban poor at-least once a week. The number of medical collegess should be increased.
3. GDP expenditure → In the National Health Policy, 2017, the Government proposes the optimum use of present human resources and infrastructure to provide healthcare facilities to all. But the problem lies with the fact that infrastructure in India is already at a crumbling state and medical staffs and professionals are rendering services beyond their capacity. So the GDP expenditure should be aimed at 5% instead of 2% to achieve overall development.

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4. Online database of hospitals → In India, we have often seen that patients are referred from one hospital to another citing non-availability of the resources. An online portal should be created where real-time information regarding all the resources such as technologies, beds, etc. from all the private and Government hospitals should be made accessible. A patient or their relatives should be given access to reserve those resources for themselves through the portal.
5. Exchange and expansion of technologies → More focus should be provided on acquiring or exchanging medical technologies from the countries which have advanced medical technologies. The technology acquired should be expanded uniformly across every district and sub-district level instead of confining them to cities. Technologies such as Rehabilitative Robotics and Lifeline Express should be expanded so that more people can avail benefits from them.
6. Regulation of E-pharmacies → E-pharmacy should be strictly regulated and each unit of medicine supplied from such e-pharmacies should be given a unique identification code so that they can be traced by Government as to who is using the medicine or using which website or internet provider a person is ordered medicines. The Government should come up with an Act to regulate the business of E-Pharmacy.
7. Awareness among the people about their rights and duties → Rights related to health and medical treatment provided by the constitution and different policies and laws made by the government should be informed to people through advertisements, awareness camps, etc. They also have a social and moral duty to raise their voices against anything done by the State which is harmful to their lives in some way or the other. They can file a personal case or even a PIL, in case, where they are directly or indirectly affected by some act. Filing of cases will create a fear among the wrongdoers and in some way it will help to reduce the number of people going against the above mentioned laws and committing the crime and causing harm to the public at large.
8. Role of Judiciary → The role of the judiciary is very important here because after filing a case it is the role of the judges that come into play. As India is very famous for its number of pending cases in the courts, it now becomes very important for the Indian judiciary to change its image in front of the world. There should be speedy disposing of the cases in the courts. There should be a separate forum or court governing and dispensing cases relating to health, as the health of human beings is a concern of prime importance.

Various schemes introduced by the government, like Mid–Meal, to provide better food should be properly implemented. Programmes should be conducted across every school to make children aware of their rights and duties. We have said at the beginning of our research that 'prevention is better than cure'. As all of us very well know that dirty and untidy surrounding is one the major reasons for a number of diseases, being aware of this fact no effective steps are taken to

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curb this particular problem. Appropriate steps towards cleanliness should be one of the major focuses of the government. Not only the government but also the people have to contribute to this fight of the dirty environment. People at a small level can make others aware of the above mentioned ideas. And as very well said by Mahatma Gandhi “Be the change you want to see in the world”.