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Healthcare Dynamics in India: Assessing the Psychosocial and Economic Burden

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Abstract
India's healthcare system has been rapidly evolving, given the fast economic growth, increasing public health initiatives, and growing digitalization. Even with all the new innovations, there are still big differences in having and getting health care due to money and social and psychological issues. In this paper, we examine healthcare dynamics from the economic and psychosocial angles in India, during 2024-26. The *Ayushman Bharat Pradhan Mantri Jan Arogya Yojana* (PM-JAY) is the world's largest publicly funded health insurance scheme. Its implementation has entailed financial benefits for many people. However, Out-of-Pocket Expenditure (OOPE) continues to be one of the leading causes of catastrophic health spending and healthcare-induced poverty. The research anticipates a change in the manner in which healthcare is funded by macroeconomics. It will also examine the stigma, caste, gender, and exclusionary mechanisms that affect the health-seeking behaviour of individuals and groups. We focus on the "missing middle" population who are not sufficiently covered by public welfare schemes, yet do not have sufficient means to access the private sector without hardship. Moreover, the paper evaluates the increasing role played by digital health infrastructure, telemedicine and health technologies in enhancing the accessibility and efficiency of care. On the downside, digital adoption and health outcomes continue to suffer from inequities. The study findings show that financial reforms alone are not sufficient to ensure equitable access to healthcare and improved health of the population. India requires solutions targeting not only the economic sphere, but also the social, cultural and behavioural spheres to transform its healthcare sustainably. The health policies must not be limited to insurance coverage and subsidies in the future, as per the health policies' conclusions.

Keywords: Health economics, India, PM-JAY, Out-of-pocket expenditure, Psychosocial health, Digital Health Mission.

Introduction
India's healthcare system sits at a juncture of a fast-growing economy and unrelenting public health challenges. India is one of the fastest-growing major economies in the world. It has taken great strides to

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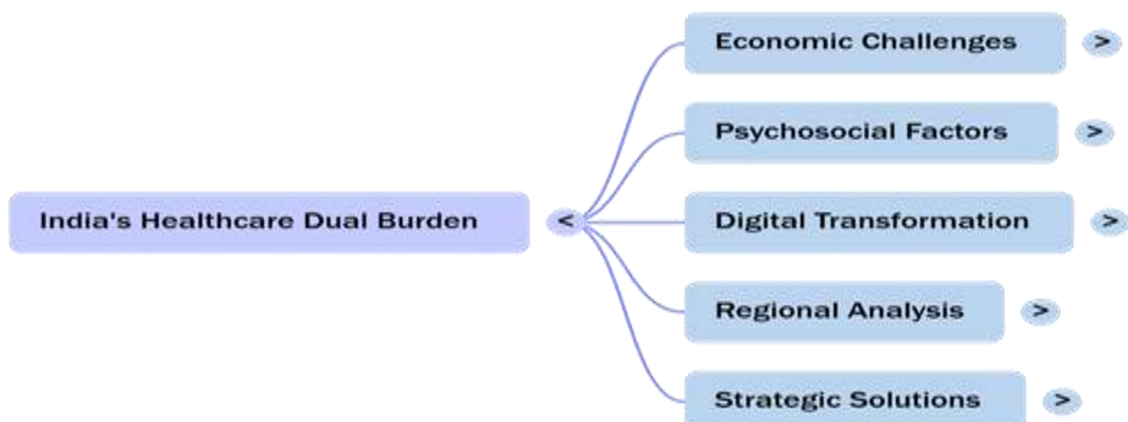
extend healthcare access and coverage. This has been done through campaigns like *Ayushman Bharat Pradhan Mantri Jan Arogya Yojana* (PM-JAY) and *Ayushman Bharat* Digital Mission (ABDM). The health economics of India is influenced not just by healthcare financing but also by the economic, social and psychological determinants of health (National Health Authority, 2025). India is globally acknowledged as the "pharmacy of the world" for its substantial contribution to drug manufacturing as well as vaccine production. However, public spending on health in India is low in comparison to global standards. In 2024–25, public health expenditure in India was in the range of 2.1–2.6 per cent of GDP; globally, the average was 6 per cent (Economic Survey of India, 2025; World Health Organisation (WHO), 2024). As a result, large sections of the population are facing affordability issues as private providers still deliver health care services.

Navigating the Dual Burden of Healthcare in India

India's healthcare faces a dual burden of communicable diseases and rapidly growing non-communicable diseases (WHO, 2024; ICMR, 2023). Diseases like tuberculosis and malaria still infect large populations, with dengue fever too, causing huge outbreaks. But diseases like diabetes, hypertension, cardiovascular diseases, cancer and mental diseases have moved to the top of the pile when it comes to causing death, disability and healthcare costs (WHO, 2024; GBD India Collaborators, 2018). A multidimensional response to this double burden must go beyond health funding (Figure 1). India must continue to expand public health investments, strengthen primary care infrastructure, and reduce reliance on Out-of-Pocket Expenditures (OOPE). Out-of-Pocket Expenditure remains a significant driver of catastrophic health spending and health-induced poverty (National Health Accounts, 2024; World Bank, 2024). Schemes like *Ayushman Bharat–Pradhan Mantri Jan Arogya Yojana* (PM-JAY), health and wellness centres (HWCs), and *Ayushman Bharat Digital Mission* (ABDM) are important initiatives that enhance the journey towards universal health coverage (UHC) and improve access to healthcare (National Health Authority, 2025; NITI Aayog, 2023).

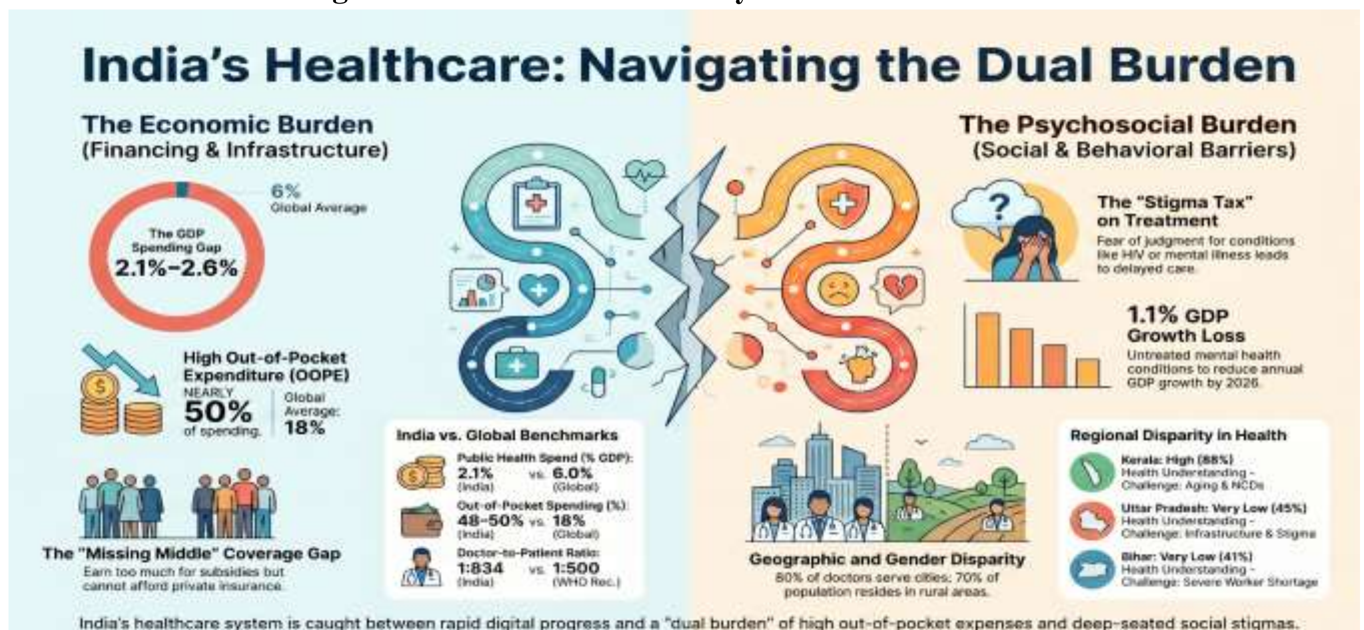
Figure 1: India's Healthcare Dual Burden



There are equally important psychosocial aspects of care. The social stigma, gender inequality, poor health literacy, cultural beliefs and economic inequity often delay treatment-seeking behaviour and worsen health outcomes (Patel et al., 2018; Solar and Irwin, 2010). Risk factors contribute to the cost of disease both at the level of the individual and in society. They permit preventable disease to progress to a more serious disease stage (Figure 2). This leads to greater use of health services and productivity loss (WHO, 2022).

The use of digital health technologies, telemedicine, and interoperable health records can offer significant opportunities to enhance health care access in underserved rural areas (National Health Authority, 2025). Platforms like e-*Sanjeevani* and ABDM ecosystem have the potential to reduce travel costs and better continuity of care, increasing overall efficiency of care (Ministry of Health and Family Welfare, 2025). Nonetheless, successful implementation requires addressing concerns related to digital literacy, trust, data privacy, and equitable access to technology (NITI Aayog, 2023). We need a biopsychosocial model of healthcare that places economic reforms side by side with social and behavioural interventions (Engel, 1977; Patel et al,2018). By investing in preventive care, mental health education, health awareness and early identification, India can shift from a "sick-care" model to a "wellness" model (National Health Policy, 2017). By tackling simultaneously financial, structural and psychosocial barriers, India can build a more equitable, resilient and sustainable Healthcare system to combat its dual burden (WHO, 2024; World Bank, 2024).

Figure 2: India's Health Care System and Dual Burden



The Economic Dimension: Healthcare Financing and Infrastructure

In India, one of the most critical determinants of health is healthcare financing. Considering the various public insurance initiatives, the share of Out-of-Pocket Expenditure (OOPE) in total health expenditure has gone down over the past ten years. Nonetheless, OOPE continues to account for almost half of the total health expenditure and is a major source of catastrophic health expenditure and medical impoverishment. Research shows that millions of families are financially ruined because of chronic diseases and hospitalization (World Bank, 2024). There are a lot of inequalities in health infra distribution. Almost 65 to 70 per cent of Indians reside in rural area; however, a large share of health care workers and specialised health facilities are concentrated in urban areas (Rural Health Statistics, 2024). This rural–urban divide contributes to unequal access to quality healthcare and poorer health outcomes among rural populations (Figure 3).

Figure 3: Comparative Health Indicators

Indicator	India (Approx.)	Global Average
Public Health Spending (% of GDP)	2.1–2.6%	6.0%
Out-of-Pocket Expenditure (% of Total Health Spending)	48–50%	18%
Doctor-to-Population Ratio	1:834	WHO Recommendation: 1:500

Sources: WHO (2024); Economic Survey of India (2025); National Health Accounts (2024).

The Psychosocial Dimension: The Unspoken Economic Determinants

Older economic analysis of healthcare ignores a lot of psychosocial factors affecting their use. In India, health-seeking behaviour and health-care expenditures are shaped by factors such as caste, gender, stigma, education, and beliefs. As shown in Figure 4, health interventions yield economic and psychosocial returns. Programs such as the Public Distribution System and *Swachh Bharat* Mission are aimed at lowering the economic cost of hunger and disease. But these also enhance human capital, dignity and quality of life. As a result, it calls for policymakers to assess healthcare investments on more than traditional monetary lines, and to consider social outcomes too.

Figure 4. Economic and Psychosocial Determinants of Health in India

Factor	Economic Dimension	Psychosocial Dimension
Nutrition	Public Distribution System (PDS) reduces immediate food insecurity and household expenditure on food.	Childhood stunting and wasting adversely affect cognitive development, educational attainment, and lifetime earnings potential.
Sanitation	Improved sanitation infrastructure reduces expenditure on water-borne disease treatment and productivity losses.	Enhanced dignity, privacy, and safety, particularly for women, reducing stress and improving well-being.
Workplace Health	Chronic NCDs contribute to absenteeism, lowering workforce productivity and economic output.	Presenteeism (working while ill) driven by job insecurity, contributes to burnout, stress, and mental health challenges.

The SWOT analysis indicates that India's greatest strength lies in its ability to scale healthcare solutions through digital platforms and community-based delivery systems. However, structural weaknesses such as low public expenditure and high OOPE continue to undermine healthcare equity. The interaction between the "Missing Middle" challenge and rising NCD prevalence represents one of the most significant risks to achieving Universal Health Coverage (Figure 5).

Figure 5: SWOT Analysis of the Indian Healthcare System

Strengths	Weaknesses
Rapid expansion of digital health infrastructure through ABHA, UHI, and ABDM.	Public health expenditure remains below the National Health Policy target of 2.5% of GDP.

Strong pharmaceutical manufacturing base, reducing medication costs.	Significant urban-rural disparities in healthcare infrastructure and specialist availability.
Large-scale social protection through Ayushman Bharat PM-JAY.	High Out-of-Pocket Expenditure (OOPE) and information asymmetry in private healthcare markets.
Extensive ASHA and Anganwadi workforce supporting community-level healthcare delivery.	Limited financial protection for the "missing middle" population.
Opportunities	**Threats**
Growth in medical value travel and health tourism.	The rising burden of NCDs is creating long-term fiscal pressure.
Artificial intelligence-enabled diagnostics and preventive healthcare.	Persistent insurance coverage gaps for informal sector workers.
Expansion of preventive care through Health and Wellness Centres.	Continued migration of healthcare professionals abroad.
Public-private partnerships to improve efficiency and access.	Antimicrobial resistance and emerging public health risks.

Stigma and Health-Seeking Behaviour

Stigma continues to be a barrier to health-seeking behaviour for conditions like tuberculosis (TB), HIV/AIDS, mental health, and reproductive health. People fear they will be discriminated against in society, which delays diagnosis and treatment. This may lead to the continuance and aggravation of the disease and increased cost of treatment (WHO, 2024; Ministry of Health and Family Welfare, 2025). Because of this, stigma places both social and economic burdens on people and healthcare.

Gender and Healthcare Access

Many families make critical healthcare decisions influenced by gender. According to research, it happens with families who are constrained by resources like a lack of proper funds; the health expenses of the male earner are generally prioritised over those of the female. As a result, the spending on females is delayed, which in turn adversely affects the health of the female population (IIPS, 2024).

The Psychology of Poverty and Health

Poverty and health have a two-way relationship. Chronic stress associated with economic insecurity and financial precariousness raises the risk of non-communicable diseases (NCDs) such as hypertension, diabetes and heart diseases. Also, the study linked medical debt and catastrophic health costs to anxiety, depression and decreased productivity (Patel et al 2024).

The Emerging Variable: Digital Health and Data Economics

The initiation of the *Ayushman Bharat* Digital Mission (ABDM) will add new dimensions to India's health economics by digitizing health records, telemedicine, and interoperable healthcare platforms. According to the National Health Authority, 2025, Telemedicine has shown great promise in overcoming geographical barriers and reducing the transport cost and opportunity cost of rural people. Nonetheless, there are psychosocial challenges associated with digital health adoption. Vulnerable populations might choose not to participate due to data privacy concerns, possible misuse of health information by insurers

or employers, and low levels of digital literacy. It is important to develop new technologies, but not to compromise on ethics. In other words, ethical considerations must be accounted for while advancing new technologies. *Ayushman Bharat* Digital Ecosystem proves that digital health initiatives are more than about operational efficiency. The platform tackles economic issues like transaction costs while addressing psychosocial matters such as trust, accessibility, and the empowerment of patients. This supports the thesis of the paper, which argues that the success and failure of health care reforms in India must be gauged on the basis of biopsychosocial rather than economic indicators (Figure 6).

Figure 6: Success Dimensions of Ayushman Bharat Digital Ecosystem

Milestone	Economic Impact	Psychosocial Impact
ABHA IDs	Reduced administrative costs and streamlined insurance verification.	Enhanced patient ownership of health information.
UHI	Increased competition and reduced telemedicine costs.	Improved convenience and reduced healthcare navigation burden.
Digital Health Records	Reduced duplicate diagnostics and treatment delays.	Increased confidence in continuity of care.
Health Facility Registry	Reduced information asymmetry.	Improved trust and transparency.
Digital Prescriptions	Fewer medication errors and faster claims processing.	Greater patient confidence in treatment accuracy.
e-*Sanjeevani*	Savings in travel and wage losses.	Improved access to specialist care in remote areas.

Persistent Challenges

The shortages of specialists in rural areas, lack of public health infrastructure, and poor information to consumers and patients create structural problems in India's Healthcare system. When patients are unable to correctly evaluate the price and quality of healthcare goods and services, they may choose to undergo overtreatment. Another major problem lies with the "missing middle" individuals who do not qualify for government-sponsored healthcare benefits but do not have adequate financial means to purchase proper private healthcare either. This group is especially prone to catastrophic health costs. They represent a big gap in India's health financing policy.

The complex dynamic of health economics in India can be understood with a biopsychosocial approach. As the national policy deliberations have suggested, increasing public health expenditure towards 3 per cent of GDP will strengthen the healthcare infrastructure and reduce the burden of out-of-pocket payments. Adding mental health services to primary health care and social protection services is also important. Community-based interventions, especially through Accredited Social Health Activists (ASHAs), can help improve awareness and management of non-communicable diseases, mental health conditions, and preventive health-related practices. Sustainable healthcare reform in India should thus go beyond merely providing financial protection to also address the socio-cultural and psychological determinants of health outcomes. A coordinated strategy of diverse sectors will ensure equitable and inclusive access to health services.

Indian Healthcare System

The healthcare system in India is changing due to changes in demography, epidemiology, digitalization and increasing coverage of the public health system (NITI Aayog, 2023; National Health Authority, 2025). India is faced with the dual challenge of working to improve access to health care while ensuring financial protection and equity as the world's most populous nation and one of the fastest-growing major economies (World Bank 2024). In India, while financing, infrastructure and insurance are important, other psychosocial determinants of health, such as health literacy, stigmas, social norms, and cultural beliefs, increasingly hold influence over healthcare (Patel et al., 2018; IIPS, 2021). One key trend observed in India is the epidemiological transition from communicable diseases to non-communicable diseases (NCDs). While contagious diseases like TB and malaria pose significant public health challenges, non-communicable diseases, including diabetes, hypertension, cardiovascular diseases and cancer comprise almost 66% of total deaths in the country (WHO 2024, ICMR 2023) 66% of NCD-related total deaths in the country (WHO 2024, ICMR 2023). Health status and demographics of our populations are changing, which is increasing demand for health services.

The Indian healthcare system is progressively transitioning epidemiologically and developmentally. In recent decades, there has been a progressive shift in the burden of disease from communicable diseases such as malaria, tuberculosis, and other infectious diseases (ICMR, Public Health Foundation of India, & Institute for Health Metrics and Evaluation, 2017) to NCDs such as diabetes, hypertension, cardiovascular diseases, and some cancers. The increasing shift of diseases from infectious to non-communicable group has emerged as a hallmark of the health economics of India with more investments on long-term disease management, preventive healthcare, health infrastructure (National health policy, 2017) The rapid growth of India's healthcare industry takes place alongside these changes due to growing health awareness, rising disposable incomes, urbanization, technological advancement and the growing middle class (IBEF, 2025). According to a recent report from Deloitte, the sector will continue to grow steadily in the coming years owing to rising demand for quality healthcare services and digital health solutions. Despite this expansion, the architectural layout of giving and getting care remains persistently dependent on the private sector, constituting a sizeable share of the country's healthcare services (National Health Accounts, 2024). Private healthcare has helped fill service delivery gaps in countries, but also caused affordability concerns, especially for low and middle-income households. The economic tension that arises is due to the healthcare system that may not be fully able to meet the needs of such a large and diverse population, compelling a significant number of people to go for treatment in the private sector and incur huge out-of-pocket expenditure (National Health Accounts, 2024; World Bank, 2024).

The outcomes of healthcare are determined not only by the economic resources and infrastructure but also by a variety of psychosocial pressures. Health-seeking behaviour as well as the resultant economic outcome in the health system is significantly influenced by social structure, sociocultural norms, educational attainment, gender relations, and community beliefs (Solar & Irwin, 2010; Patel et al., 2018). Various factors, like stigma concerning mental illness, chronic illnesses, and the socially sensitive character of health conditions, deter people from seeking medical care in a timely manner (WHO, 2022; MoHFW, 2023). In a comparable vein, treatment adherence, preventive care utilization, and health outcomes result from health literacy disparities. (Berkman et al., 2011) Along with healthcare access, and household healthcare expenditure allocation media, caste-based inequalities, socioeconomic status, and gender norms influence many aspects of Indian society. (IIPS & MoHFW, 2021) As such, one cannot understand the dynamics of Indian healthcare through money (Figure 7). According to Patel et al (2018)

and WHO (2024), a thorough understanding would require recognition of the complex interplay between economic conditions and psychosocial determinants that together shape access and use of health care and long-term health outcomes.

Figure 7: State-wise Status of Burden of Healthcare

State	Mental Health Literacy (%)	Suicide Rate (per 100k)	Tele-MANAS Adoption	Primary "Taboo Tax" Factor
Kerala	High (88%)	26.0 (High)	High	"Performance Pressure": High literacy leads to high anxiety & depression.
Tamil Nadu	High (82%)	24.5 (High)	High	"Social Isolation": Urbanization & breakdown of joint families.
Maharashtra	Moderate (74%)	18.2 (Med)	Very High	"Corporate Burnout": High stress in Mumbai/Pune hubs.
Rajasthan	Low (58%)	12.5 (Low*)	Moderate	"Student Distress": High academic pressure in coaching hubs (e.g., Kota).
Uttar Pradesh	Very Low (45%)	5.2 (Low*)	Moderate	"Hidden Suffering": Low reported rates due to extreme social stigma.
Bihar	Very Low (41%)	4.8 (Low*)	Low	"Poverty-Stress Cycle": Mental illness is often misdiagnosed as "weakness."

**Note: Lower suicide rates in UP/Bihar often reflect under-reporting and lack of diagnostic data rather than better mental health outcomes.*

Economic Dynamics of the Healthcare System

The healthcare sector of India has emerged as one of the fastest-growing industries in the country. This is supported by increased incomes, urbanisation, greater health awareness and technological advancement. Public expenditure on health remains relatively low (2.1–2.6percent of GDP) despite these developments. The global average is around 6percent (Economic Survey of India 2025; WHO 2024). This means the private sector accounts for almost 70 per cent of health care services delivery, leading to affordability issues for lower- and middle-income families. The Ayushman Bharat–Pradhan Mantri Jan Arogya Yojana (PM-JAY) has extended the coverage of financial protection to the vulnerable population, but Out-of-Pocket Expenditure (OOPE) continues to account for nearly half of health expenditure. Catastrophic Health Expenditure (CHE) continues to be a significant cause of household debt and poverty, especially in rural regions where healthcare infrastructure is limited (National Health Accounts, 2024). The gap between rural areas and cities leads to further inequities. Roughly two-thirds or 66 percent of India's population lives in villages, but the health facilities and professionals are located in urban centres. Inequities in the global health system led to unequal access to health care and treatment.

Psychosocial Dynamics and Healthcare Outcomes

Health outcomes are not determined purely by resources. Psychosocial factors are important determinants of health care utilisation and health-seeking behaviour. A significant barrier to timely diagnosis and treatment is the stigma surrounding mental health. Due to stigma and cultural perceptions, mood and

anxiety disorders and substance-use disorders are often underreported. It costs more to put off dealing with a medical condition. Estimates from the Lancet Commission on Mental Health suggest that untreated mental illness could cost India severe economic costs in the form of lost productivity and diminished labour-force participation (Patel et al., 2023). Health literacy impacts healthcare outcomes also. Patients who find it difficult to understand their prescriptions, treatment plans or preventative health measures rarely adhere to the treatment. Consequently, they experience poor outcomes and incur greater long-term costs to the health system. Likewise, gender norms continue to affect healthcare utilization as demonstrated by women in poorer households, where spending on healthcare may privilege earning members rather than female family members. The relationship between psychosocial and economic factors is even more pronounced across regions. Studies have found that countries with higher literacy rate and robust public health systems, like Kerala and Tamil Nadu, have better health outcomes. Also, residents of these states use more mental health and prevention services. On the contrary, states like Uttar Pradesh and Bihar continue to deal with problems concerning health literacy, shortage of workforce, lack of infrastructure and social stigma (Figure 8).

Figure 8: Comparative Health-Economic Indicators (Estimated 2025-26)

State	Health Expenditure (% of GSDP)	IMR (per 1k births)	ABHA ID Penetration	Primary Challenge
Kerala	2.8%	6	82%	Ageing Population / NCDs
Tamil Nadu	2.5%	12	78%	Urban Slum Health
Maharashtra	1.9%	16	85%	Intra-state Inequality
Rajasthan	3.1%	30	72%	Fiscal Sustainability
Uttar Pradesh	2.2%	38	65%	Infrastructure Gap
Bihar	1.7%	42	58%	Workforce Scarcity

Source: NFHS,2025-26

The Rise of Digital Health

In recent times, a significant development is the emergence of Digital Health Ecosystem of India under *Ayushman Bharat* Digital Mission (ABDM). The creation of ABHA IDs, the expansion of telemedicine through e-Sanjeevani and Unified Health Interface (UHI) are examples of an impending shift to a data-driven healthcare delivery system. The economic impact of digital health technologies includes lowering transaction costs, reducing unnecessary diagnostic tests, enhancing record portability and access, and bringing specialist expertise to underserved populations. The use of telemedicine has been shown to lessen travel expenses as well as the opportunity cost of rural households. Nonetheless, implementing digital remains uneven. The acceptance, mainly among elderly and rural populations, is still influenced by issues over data privacy, digital literacy, and trust in EHRs. The presence of social barriers points to the need for digital inclusion. India's healthcare financing poses a challenge where' missing middle' exists due to certain households. Most of these cannot afford to buy private insurance, but neither are they poor enough to benefit from government-sponsored health insurance. Workers in the informal sector, self-employed

people, and lower-middle-income families are particularly vulnerable to catastrophic health expenditure. The missing middle highlights the overlap of economic and psychosocial vulnerability. Individuals facing financial insecurity, health anxiety and fears of lost income delayed seeking care, resulting in worse health and higher treatment costs later on.

Policy Measures for Addressing the Dual Burden:

India's health care system needs to deal with the rising burden of communicable diseases along with NCDs. There was a need for a comprehensive biopsychosocial approach in health policy interventions.

1. Increase Public Health Expenditure

Increase in government health expenditure at least 3 per cent of GDP, is likely to strengthen primary healthcare infrastructure, improve the quality of service and reduce dependence on out-of-pocket expenditure. Rural and peri-urban areas with the worst access should be priority destinations for more investment.

2. Strengthen Primary Healthcare and Preventive Care

Ayushman Bharat - Health and Wellness Centres (AB-HWCs) should be expanded and equipped to deliver comprehensive services for communicable diseases, NCD screening, mental healthcare and preventive health education. If diabetes, hypertension, cancer, etc. can be detected and managed early, it can save a lot of cost and burden of disease.

3. Bridge the "Missing Middle" Coverage Gap

Policymakers should create low-cost contributory insurance schemes. They must also develop digital-first “top-up” insurance products. These are for informal-sector workers, self-employed individuals, and lower-middle-income households. They lie outside PM-JAY eligibility but cannot afford private insurance.

4. Integrate Mental Health into Mainstream Healthcare

The primary healthcare delivery systems should include mental health services in the form of routine screening, counselling services and referral networks. Campaigns need to work towards creating awareness about mental illness and enhancing treatment-seeking behaviour.

5. Expand Digital Health Infrastructure

The *Ayushman Bharat Digital Mission* (ABDM), unified health interface (UHI) and e-Sanjeevani platforms should be scaled further, improving access to and continuity in health care. At the same time, it is important to improve skills to do the needful to ensure digital health systems are safe.

6. Reduce Rural-Urban Healthcare Disparities

Financial and non-financial incentives like rural service allowances, loan waivers and promotions must be given to those who practice in the underserved areas. The use of telemedicine and/or mobile health units can be extended to areas that are hard to reach.

7. Strengthen Community-Based Healthcare Delivery

The responsibilities of the ASHA and Anganwadi workers should increase from maternal and child health to areas like NCD management, mental health awareness, health literacy promotion and digital health facilitation. Community health workers were trusted intermediaries between vulnerable groups and the health care system.

8. Improve Health Literacy and Behavioural Change Communication

At the national and state levels, effective campaigns should be launched to enhance health literacy on preventive healthcare, nutrition, sanitation, vaccines, mental health and digital health. Improved health literacy can lead to better treatment adherence, less misinformation, and more timely use of health care.

9. Address Social Determinants of Health

The healthcare policy must be coordinated with better social policies, including nutrition, sanitation, education, employment, housing, gender equity etc. The Public Distribution System (PDS), Swachh Bharat Mission and women's empowerment programmes lower the health spending indirectly and improve health outcomes.

10. Strengthen Regulation of the Private Healthcare Sector

Making healthcare prices clearer, creating standardised treatments, and stronger government oversight would certainly lessen information imbalance and protect patients from extra costs. Collaborating across public and private sectors can help enhance access to quality, affordable services

11. Invest in Healthcare Workforce Development

To address workforce shortages, it is essential to expand medical colleges and nursing and allied health training institutions. It is important to retain competent personnel and lessen the migration of healthcare professionals overseas.

12. Promote a Shift from "Sick-Care" to "Wellness-Care"

It is important for healthcare policies targeted at driving people to work on prevention rather than treatment. You want people to live a healthy lifestyle; essential to maintain health are nutrition, workplace wellness programmes, physical activity, and routine health screening. These expenditures yield a significant economic impact via disease burden alleviation and workforce productivity uplift.

Conclusion

The healthcare system of India is more than just healthcare money and infrastructure. Their formation is the result of the intricate interaction of economic conditions, public policy, social structures, cultural norms and technology transformation. Although schemes like PM-JAY, ABDM, and Health and Wellness Centres have improved accessibility and financial risk protection, there are significant gaps reported in the inclusion of marginalised groups, mental health stigma, regional gaps and addressing the needs of the 'missing middle'. Thus, the future of health care reforms must bring in a holistic bio-psycho-social model through economic investments, social interventions, mental health promotions, digital inclusion, and community-based health literacy programs. A shift in our approach to Indian healthcare is necessary for fair and affordable outcomes. The evidence indicates that conventional economics fails to explain the specific revenue of India's health sector. The mixture of financial restraints, social determinants, behavioural factors, and digital transformation creates a complex healthcare ecosystem so that economic and psychosocial outcomes are intertwined. As such, an effective public health policy must follow a biopsychosocial approach to mitigate not just the financial difficulties but also the social issues to provide better access and use. To effectively address India's dual health burden, there needs to be a balance between investments into the control of infectious disease and the long-term protocols to deal with NCDs, mental health illnesses, emerging diseases and more. The best policy framework consists of economic protection, healthcare infrastructure strengthening, digital innovation, and psycho-social interventions. By shifting towards a biopsychosocial approach, India can work towards a fairer, stronger and durable healthcare system aimed at the needs of the whole population.

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