Original Article

Equity And Economic Impact Of Oral Health In India: A Review

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Abstract

In health economics, the ideal goal of equity and the distribution of services is a fantasy. In developing countries like India, there are disparities in the equity and distribution of oral health care. Some of the population has access to oral health care services, while others have a smaller share due to socioeconomic, geographical, and other phylogenetic factors. In addition, despite a strong dental workforce, the distribution of oral health care is uneven across the country. To address such disparities, countries are developing a number of oral health policies. The economic impact of oral disease as well as the current fiscal and distributive status of oral health care in a developing country like India are discussed in this paper.

Keywords: Oral health, Health economics, National oral health policy, Equity.

INTRODUCTION

Oral health is a window on a population's general health and habits. The colour and cleanliness of the teeth sometimes reveal a country's socioeconomic flaws and habits, so dental health care is an important part of health economics. Health economics policies are said to be based on equity.[1] when formulating policy, equity can be thought of as a background target, or the general direction to head in. Lack of equity and distribution is a globally recognised hurdle in general and oral health care. A good distribution strategy is always required to provide equal services and maximise their utilization. The geographical studies and surveys tell us where the services are lacking, but various factors still affect the distribution of dental services, causing an uneven distribution of dental resources. [2]

Current National Oral Health policy of India

In India, oral diseases are one of the main causes of disability and affect people of all ages. Limited and mostly urban areas have access to high-quality oral healthcare services. The National Oral Health Policy aims to enhance oral health services and provide everyone with more affordable and accessible options. [3] The "citizen of India," according to the National Oral Health Policy, is the most important factor in oral health. It takes into account the current prevalence of oral diseases and the appropriate level of community awareness of oral health. The cornerstones of its successful implementation will be the monitoring, evaluation, and filling of any gaps. [3]

Economic Impact of Oral Health:

Oral and dental disease impacts the economic burden of nation's health expenditure, directly or indirectly. It includes cost of the procedures and treatments and also expenditure on Man power invested in it.[4]

Table: The current health expenditures are, per National Health Accounts Estimates for India 2016–17, [5,6]

Bodies	Current Health expenditure (in rupees)	Percentage
Union Government	Rs. 46896 crores	(8.7%)
the State Government	Rs. 84953 crores	(15.8%).
Local bodies	Rs. 4339 crores	(0.8%),
Households share (including insurance contributions	Rs. 367373 crores	(68.1%, OOPE being 63.2%),
enterprises (including insurance contributions)	Rs. 24512 crores	(4.5%)

NGOs	Rs. 7837 crores	(1.5%).
External/donor funding contributes	Rs. 3462 crores	(0.6%).

Role of National Insurance policies.

Maximum General health expenditure occurs on treatments in Private Hospitals or general practitions. Goverment hospitals share is smaller than private sector, [7] the oral health insurce exists in both private and public sector, but hey cover limited procedures.

Although there is room to expand the scope of coverage by adding top-up packages for a surcharge, the current private health insurance organisations offer very little coverage for inpatient, trauma-related oral health services.A few oral health procedures are also covered by public-sector insurance Rashtriya Swasthya Bima Yojna (RSBY), Central Government Health Scheme and Employees' State Insurance are some of the public sector insurance which provides some oral health procedures and their coverage. Akso , PM- JAY has pledged to further raise the proportion of the population with access to public health insurance.[8] Since data in this area is scarce and frequently disaggregated, the new policy will also seek to encourage oral health economic research at the national and regional levels.

DISCUSSION:

In 2015, the average cost of dental disease in India was $0.14 (roughly Rs. 8.45, assuming that 1 US dollar is worth Rs. 65.00), compared to US$370.47 for Americans and US$458.88 for Icelanders. Dental costs per capita rose to US $0.52 when purchasing power parity was applied (to take into account the USD to Indian rupees, a reflection of purchasing power) (Rs 33.8). [9]

Since the National Rural Health Mission and National Health Mission were established, more people now have access to dental services. However, gaps are there both in demand and supply of oral health care across the country. This oral health policy was released by the Indian government in an effort to improve all aspects of oral health, from planning to implementation. The Indian government hopes to enhance all facets of oral health with this new dental policy, from planning to execution. States should be able to take advantage of the policy's benefits when planning and implementing a variety of oral health care programmes, it is hoped. The nation's population's oral health indicators will improve as a result of this initiatives.[3]

Inequity issues are related to a variety of needs, particularly comparative needs, because in any population, some people receive treatment while others do not, despite having similar oral health status[13]. An ideal goal that can never be achieved practically is the provision of equal access to oral health services and their utilisation, along with an equal distribution of dental health sources. The uncertainty surrounding this goal is that some portion or group of the population will always be excluded for philanthropic reasons.[3]

According to economic theory, distributional disparities will get smaller as more providers enter the market. When a region has enough dentists, newcomers will need to move to another where there is still an excess of demand and room for luring desperate clients. In order to provide more appropriate and affordable care to all population sub-groups across the nation, India urgently needs to increase the number of dental auxiliaries and develop an appropriate skill mix to carry out more preventative and therapeutic work.[10]

The pandemic has further heightened the challenges that already exist in the distribution of oral health care facilities for underprivileged populations. There are two sociocultural factors that increase the risk of oral diseases in rural India: inadequate or improper fluoride use and a lack of knowledge about oral hygiene and health.[11]

The use of smaller, compartmentalised portable dental units in remote, inaccessible locations, the adoption of a "Dental safety net system" for underserved populations, the establishment of dental facilities in government hospitals and primary health care centres, community oral health initiatives, and the promotion of dental insurance plans for the general public are additional outreach initiatives.[8]

In many societies, unequal access to dental care is largely due to income level; those with lower incomes tend to use these services less frequently than those with higher incomes. Differences based on social class and culture are also common worldwide, and the availability of oral health services varies across every society and country.[14]

Even if it were possible to obtain accurate knowledge of treatment needs, and demands across a whole society, equal access to care and the distribution of treatment would be virtually impossible to organize. Suppliers of services have the freedom to choose the locality and population they wish to serve.[15]

India does not have a central health reimbursement process, no willingness-to-pay thresholds, no consensus statement, policies or guidelines on economic evaluations in health. Moreover, the delivery of health services is nonuniform.[10]

To minimise geographical imbalances in the distribution of services, for example, incentives can be offered to providers for establishing clinics in areas where services are absent or inadequate to meet demand. But the supplier retains the final say in where he or she wishes to practice.[3]

Unequal distribution of services is maintained as long as the number of providers remains low enough for them to choose and practice successfully in the most attractive areas. Conversely, more equal distribution of services and access to them can be promoted by increasing the overall number of providers.[3]

The demand for human resources for health (including oral health) is estimated to go up with the establishment of Health & Wellness Centers under Ayushman Bharat. As per data from the Dental Council of India, there are 2.78 Lakh registered dental surgeons across the country as of August2020.[17]

Nearly one-third of all dental schools worldwide are located in India. Priority should be given to implementing national oral health policies, with a focus on enhancing dental care provided by public health facilities.[15] Government public health policies, not a lack of dentists, are to blame for the current state of oral health in developing nations like India.. A fast-changing demographic profile and its implications must be considered while planning for the future oral health-care workforce.[15]

Dental inequalities and distribution problems will persist to some extent, whatever measures are taken to address them.[3] Some suggest that these can be diminished by encouraging the operation of free market economics in dental practice. Others argue that the best outcomes can be achieved by interfering with the function of the market.[17]

CONCLUSION:

India should invest in forming its oral health policies based on solid evidence backed by valid dental epidemiological and economic data. The excessive dental manpower can be invested for this. Health economics and public policies together can bring in the much-needed oral health-related behavioral changes needed for Indians.

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