



Comparative Analysis of Healthcare Systems in Australia and India

Mohammed Hamoud O Alharbi¹, Naji Fehaid Naji Athobaiti², Abdulaziz Mohammed Jaaber Alhejji³, Abdullah Abdulaziz O Albarghash⁴,

¹Ambulatory Transport department, King Khalid hospital , ALMajmaah, Riyadh, Saudi Arabia

²Publichealth and infection control department, KingKhalidhospital,ALMajmaah,Riyadh,SaudiArabia

³Medical Record department, ALMajmaah university, ALMajmaah, Riyadh, Saudi Arabia

Abstract

While it is true that every individual is responsible for his/her health, what is equally true is the fact that the responsibility of provision of healthcare lies with the government. To quote Winston Churchill: “Healthy citizens are the greatest assets any country can have.” Human beings require varied forms of healthcare at different points in their life cycle. To this effect, the onus is on the regulatory bodies and the concerned authorities to ensure that the requirement is duly met in a qualitative and a quantitative manner to the benefit of all parties concerned. Framework through which healthcare is provided to the population varies from one country to another and is designed bearing in mind the local factors and situations which exist on the ground. Therefore, it is important to understand that no two countries would have the exact same healthcare system, and that each would design one as per the specific requirements of its population (Donabedian, 2005).

However, there are certain edicts which the healthcare system of every country must adhere to, regardless of their unique position. Foremost is the consideration that every phase of life projects a different healthcare need, and this is often an outcome of a variety of factors. An individual’s health is determined as much by personal circumstances, like nutrition, lack of exercise and eating habits, as by external factors which could be social or environmental. On requiring assistance pertaining to health, people normally visit a health practitioner in a clinic or a hospital, and undergo treatment as per the seriousness of their condition. In such a situation, the healthcare framework of the country should be such that it is in a position to provide good-quality services to people in a manner that suits them the best irrespective of their economic background (Freedman, 2005).

Efficiency of a country’s healthcare framework is an outcome of several parameters and is often judged on whether or not it satisfies the requirements of its citizens. The final outcome is based on several aspects, which are referred to as performance indicators, and these also form the basis for comparing healthcare sectors of various countries (Freedman, 2005). This paper takes a close look at the healthcare sectors in Australia and India and reflects on an

attempt to compare them through various performance indicators.

Keywords: public health, Health system comparison, Australia life style, promotion, India health system

I. Introduction and Background

Size wise, Australia equals Western Europe or even USA if it is considered sans Alaska, due to which it is regarded as being one of the dominant powers to reckon with in the Southern Hemisphere. Often referred to as 'Down Under', Australia - an island-continent - is home to rich diversity in terms of land-forms, flora, fauna, aquatic eco systems and ethnic cultures. Particularly unique is the fact that it stills features vast tracts of land that are devoid of human habitation. This is attributed to the marked proclivity that Australians harbour towards urban areas, with the result that beyond the high-concentration cities, there are nothing more than sporadic and scattered settlements making up the rural segment. Existence of human society brings into perspective various aspects, and healthcare is one of them. To this effect, despite being somewhat isolated, the island-continent has, over the decades, developed a healthcare framework which is regarded as being one of the most comprehensive the world over (Department of Human Services, 2015).

Healthcare is meted out through two broad branches, namely public and private, both of which have evolved gradually but steadily into the strong pillars that currently define and uphold the system. More importantly, healthcare sector in Australia takes pride in being versatile. As per the Department of Human Services (2015), while the services offered address issues pertaining to general health, the preventative aspect of treatment is also given due weightage. Likewise, it also spans more complicated medical conditions that may require a specialist and provides intensive care facilities to such patients.

In Australia, an individual who falls ill and as a result visits a hospital/clinic is attended to by medical professionals that may be doctors or specialists, depending on the severity of the illness (PHIO, 2015). The first layer of healthcare that a patient encounters is a General Practitioner (GP) and the interaction is described as a 'Consultation'. The basic purpose of this initial meeting is to assess the condition of the patient and offer basic treatment based on the symptoms to provide immediate relief. If the situation calls for further diagnosis, the GP can organize a series of tests for the patient as a way of confirmation, and as per the seriousness of the situation, can refer to a specialist or an allied health professional, for example a physiotherapist, for further treatment. Alternate care is another option that the GP might suggest to a patient in Australia if the situation warrants a treatment which is a combination of physical, physiological and mental care (Department of Human Services, 2015).

Comparatively, India, being a South-East Asian country, varies from Australia in a more ways than one. Like Australia, it features a long coastline, but unlike Australia it is not an island. Northern India remains landlocked courtesy of the Himalayan Mountain Range, not to mention the various neighbours occupying the eastern, western and north-eastern flanks. Population wise, India's density is much higher and the country comes second only to China in this respect. On an optimistic note, this might imply a huge workforce that is capable to contributing to the country's economy. But on the flip side, it also puts a huge strain on resources, particularly in context of services, for example healthcare, education, amenities and so on (Gudwani, Mitra & Puri, 2012).

The Indian Constitution designates provision of healthcare as being the responsibility of the state rather than the centre, which means it is up to the state government to ensure that the standard and quality of public health are good and meet the basic criteria. Given the vast populace of this country, providing good-quality healthcare has always been a challenge and this explains the intricate and spread-out network of professionals through which it is made accessible. Indians can seek assistance from healthcare personnel, agents and hospitals, all of whom are dedicated towards the objective of improving health status on an individual as also social scale. Serving a large population comes with its share of problems and to its credit the Indian healthcare sector has responded by growing exponentially in terms of medical colleges, health programs, growth of the private sector and number of support staff. Coupled with a network that facilitates timely delivery, it has been possible to render good healthcare facilities to the economically backward sections of society and raise the overall health index of the country (OGP, n.d.).

That being said, healthcare sector in India does have certain downslides, primary among them being the imbalance as regards provision of services in rural and urban areas (Kruk & Freedman, 2008). Factors like shortage of hospital facilities in terms of beds, personnel and equipment has deprived the population in rural areas of good-quality healthcare as opposed to their urban counterparts. Owing to a large chunk of public healthcare being disorganized and neglected, much of the population living below poverty line is unable to afford any kind of medical assistance, thus exposing a major loophole in the system. Another aspect that reflects negatively on the Indian healthcare system is its inability to cater to women and children, due to which mortality rates in both categories are embarrassingly high (OGP, n.d.).

Given the poor quality of services provided by the public healthcare system, majority of the Indian population is dependent on the private sector for its healthcare requirements (Phadke, 2016). Despite the public healthcare framework having been segregated into three categories, namely primary, secondary and tertiary, there is gross mismanagement and lack of infrastructure at all levels. More than any other reason, overcoming these challenges still remains a major objective for the Indian healthcare sector (Unger & Criel, 1995).

1.1 Health System Performance

Because the responsibility of providing healthcare in Australia is distributed amongst three governmental levels, namely territory, state and federal, performance is also taken as a cumulative (Van Damme, 2009). The three levels have their tasks cut out, wherein the state government shoulders the maximum burden in form of operating public hospitals, ambulance services, and provision of various aspects of healthcare including dental and community services. State governments are also responsible for providing mental healthcare even though this branch is often treated as a standalone entity. Local governments in Australia are mostly concerned with meting out preventive healthcare through immunization drives and maintaining a strict stronghold on food standards. Federal government at the centre is in charge of the funding the entire healthcare sector and supporting the state and territory units through various schemes and subsidies while not being directly involved with patients (Council of Australian Governments, 2016).

Insurance forms an inevitable aspect of the healthcare sector and Australians have two options for seeking cover, namely the public sector and the private players. One of the most popular options under public insurance is that of Medicare through which the federal government in Australia provides free/subsidized care as per the enrollment (Department of Human Services, 2015). This is often availed by citizens of Australia and New Zealand, along with residents holding permanent visa. There is also another half of the Australian population that opts for private insurance from for-profit/non-profit providers. Under Australia's healthcare sector, patients can expect primary care, specialist care, after-hours care, long-term care and social support. Then there are hospitals which could be public or privately managed, and the former are funded by the state and federal governments depending on the extent of services provided. A large proportion of trained health personnel are involved in providing mental healthcare and it ranges from psychiatric wards and specialized care to building community awareness and acceptance. Much of the efforts pertaining to the healthcare sector in Australia are dedicated to ensuring quality of care and services and to ensure this, there are several regulatory bodies in place to look after registration, licensing and accreditation of related institutions (Department of Human Services, 2015).

Coming to the Indian scenario, every citizen of this huge, diverse and thickly populated country comes under the purview of the Constitution which regards 'right to life' as being fundamental. Going by this logic, it is mandatory for the Indian Government to ensure that every citizen of the country has right to health and therefore it needs to play a critical role in organization and delivery of healthcare services to all its residents (Glassman & Mukherjee, 2015).

Theoretically all Indian citizens come under the umbrella of health services provided by the government and owing to their payable nature, these fall into various tax brackets. However, existence of bottlenecks in the system drive patients towards the private institutions, most of which operate on the basis of over-the-counter payment for the services provided. The so-called bottlenecks that hinder the delivery of healthcare in the public sector usually

take the form of infrastructural problems, such as shortage of staff, supplies and an extremely skewed doctor-to-patient ratio of 1:1674 (Cassels, 1995). Compounding the problem is the fact that some segments of society totally lack access to healthcare facilities, thus not receiving any form of assistance. Mismanagement of the public services in the healthcare sector leaves people at the mercy of the private players, wherein as many as 40% of the specialists have been found to be unqualified. That being said, the private sector has responded rapidly, and currently it also operates in partnership with the government in facilitation of various schemes. Owing to its size, the Indian healthcare sector does need to be restructured and made accountable in aspects such as quality of patient-care and accessibility (Gupta & Chowdhury, 2014).

A healthcare system performance issue that plagues both Australia and India pertains to the quality of care provided to the patients, particularly in case of community programs, handling of chronic illnesses, risk factors involved and the extent to which benchmarks are met (Mills & Ranson, 2006). Australia intends to handle this aspect by conducting surveys and ensuring accreditation of the centers as also the personnel involved. Provision of financial incentives and checking eligibility of the healthcare centre for being granted subsidies also forms an important part of this mechanism. India, on its part, intends to improve this aspect by establishing rights of patients and providing them protection against medical frauds and malpractices. Conducting periodic surveys, particularly in context of chronic illnesses like cancer, diabetes, cardio and so on also forms a part of the plan to improve quality of healthcare provided to patients. A common problem shared by both countries regarding quality of healthcare pertains to the difference between what is intended to be provided vis-à-vis what the patients actually receive (Mills & Ranson, 2006). In addition to assuring their citizens of good-quality care, both countries need to take concrete steps to ensure that the healthcare sector remains ethical and standardized across all parameters (World Health Organization, 2019).

Table 1. A comparison of performance of healthcare sectors of Australia and India on the basis of various parameters (Health: Australia and India compared, 2019 - REFERENCE).

Performance Domain	Indicators	Australia	India
Access	Improved water source	100%	86%
	Convenient location	83.53	71.31
	Immunization against measles	94%	71%
Efficiency	Disease prevention	100%	31%
	Transplants per million	32.11	0.0808
	Community health workers per 1000 people	0.05	0.046
Quality of Care	Physicians (per 1000 people)	0.96	0.58
	Availability of hospital beds	3.97	0.9
	Performance index	74.13	64.36
Equity	Public health spending	5.99%	1.08%

	Per capita expenditure on health	\$3260.75	\$109.23
	Dependence on private sector	61.6%	93.8%
Health Status	Nutrition (depth of hunger)	50	260
	Sanitation facilities (% of population)	100	61
	Average weight of population	27.24% population overweight	22.5 % population overweight
Health Determinants	Mortality rate (children under 5)	5.1	65.6
	Reproductive health	Ranked 8 th on global health index	Ranked 230 on global health index
	Life expectancy (total population)	81 years	62 years

II. Health System Framework for Critical Analysis

Irrespective of whether it is the government, an individual institution or a non-profit organization, it is imperative to have a health system framework which would not just be operational but also provide a convincing method of assessment of the performance (Paris, Devaux & Wei, 2010). Importance of using a comprehensive and well-designed framework to adjudge the competency of a given healthcare system arises from an attempt to quantify the performance by taking into account factors that play a seminal role in determining the outcome. Several reasons have been identified as being responsible for the variation in outcomes that characterizes the healthcare sector, and the need has been felt to devise policies that address these reasons so as to deliver outcomes that are not just improved but also bear a semblance of uniformity (Shah, 2009). The objective underlying having a healthcare system framework in place is to ensure that data collected is used in a meaningful manner to explain the variation in outcomes and compare the performance of the system against past records as also other countries (Donabedian, 2005).

There are several frameworks that can be used for measuring health system performance and each is based on a specific approach (Hsiao & Siadat, 2008). Some concepts that form the basis of frameworks used for measuring performance in the healthcare sector are institutional economics, social accountability, principle-agent theory, common-pool resources, and public administration. To build a comprehensive framework for adjudging the performance of a sector, it is important to bear in mind several factors that play a crucial role in the day-to-day functioning as also towards fulfillment of short-term and long-term goals (Hsiao & Siadat, 2008). To this effect, an ideal framework would be one that focuses on multiple aspects, like goals and outcomes, values, manner in which services are delivered, population, governance, financing, infrastructure and information (Mills & Ranson, 2006).

Among these, it is the goals that matter the most in terms of defining the framework for assessing a healthcare system. Some goals that every healthcare system must aim to meet are provision of improved health services, ensuring that the patient remains socially protected, ease of accessibility, good-quality care, and responsiveness of the system, especially in the event of an emergency (Cassels, 1995). Financial protection in terms of insurance

coverage can also be regarded as being one of the main outcomes in the framework (Boussery, 2010). Other criteria include ethics and principles, various platforms through which services can be delivered as also the providers of such services, and contribution of the local organizations along with other related elements. Governance also forms an integral part of the framework for judging the performance of the healthcare system and it entails forming policies as per the existing situation, regulating the sector and maintaining accountability. Sources that provide financial support to the system also need to be considered as they would provide an insight into problems that the sector might be facing owing to lack/surplus of funds. Infrastructure refers to the internal functioning mechanism of the sector, and is also inclusive of procurement of drugs, equipment and other items (Hsiao & Siadat, 2008). All decisions taken pertaining to bringing about improvement in the healthcare sector are based on data gathered through surveys and questionnaires. From the replies gathered, trends are established and patterns are identified, which can then form the basis of decision-making in future (Kruk & Freedman, 2008). This is the framework that will be used for critically analyzing the performance of the healthcare sector, with particular focus on Australia and India.

2.1 Health System Comparison

On considering the goals of any healthcare system, maximum emphasis is placed on quality of services provided to the patients. Comparison between the healthcare sectors of Australia and India on the basis of this parameter would reveal that a huge gap exists, wherein the quality of care provided to patients in Australia is much better than that in India. If this is used as a yardstick, then it becomes equally important to understand the reasons underlying this discrepancy. There are several causes due to which Australia is way ahead of India in terms of quality of healthcare, and these range from being organizational in nature to socio-economic and technology based (Donabedian, 2005).

Vis-à-vis India that stands at 68.42, Australia has scored a whopping 76.62 on the healthcare system performance index, and this is attributed to the following factors (World Health Organization, 2019). Because quality of healthcare is an outcome of several factors, all these need to be taken into account in order to understand how and why Australia leads in this particular aspect of healthcare sector's performance (Council of Australian Government, 2016). Discussed as follows are some of the main reasons that justify Australia's dominant position in this context

2.2 Skilled and Competent Personnel

For the quality of care to be good, the level of skill of medical personnel matters the most, and to this effect Australia is definitely ahead of India. On an index in which India has scored 74 points (Chhapial, 2018), Australia has scored more than 81 points, thus indicating that personnel offering medical assistance and care in this island-country are much more qualified, well-trained and skillful (Council of Australian Government, 2016).

2.3 Speedy Completion of Examination and Provision of Reports

Part of good-quality medical care entails timely diagnosis and this is best ensured through swift completion of examination. Every individual who approaches a medical practitioner for help is first examined thoroughly and then the decision pertaining to the future course of action is taken (Mills & Ranson, 2006). Quick examination implies that further steps in treatment of the disorder would not be delayed and the patient will also attain relief faster. To this effect, Australia scores 75 as opposed to India's 71.69, which is not much of a difference but a lead all the same (World Health Organization, 2019).

2.4 Latest Equipment for Diagnosis of Medical Condition and Treatment

Kind of equipment available at healthcare facilities does have a significant bearing on the ultimate quality of medical care provided to patients, wherein the more latest the equipment, the better is the quality of care (Paris, Devaux & Wei, 2010). Australia happens to be much more prompt than India in replacing its old and out-dated equipment with

the latest in the market, owing to which it scores a high 86 points. Because India is a bit slow in replacing its equipment despite several concerted efforts to improve the quality of healthcare, it lags behind with a dismal score of 76 (Shah, 2009).

2.5 Accurate Reports

How accurate are the reports provided to patients? This factor plays a crucial role in determining the quality of healthcare since it is the reports that form the basis for future treatment options (Unger, Ghilbert & De Paepe, 2004). While an accurate report would result in the patient receiving the correct treatment, errors in the same could lead to complications, thus resulting in a bad experience for the patient (Van Damme, 2009). As far as accuracy in reports filed is concerned, India has managed to maintain 73 points while Australia is slightly ahead at 79 points.

2.6 Courteous and Friendly Staff

Responsiveness and behavior of staff makes a lot of difference to the quality of healthcare, given that it is the staff that the patient first encounters on arriving at the facility (Mills & Ranson, 2006). To this effect, the staff should not just be empathetic, but also capable of providing appropriate guidance as per the situation of the patient. Staff operating in the Australian healthcare sector is much more efficient than that in India and in this way adds to the overall positive experience (Chhapial, 2018).

2.7 Accessibilit

One of the major drawbacks of the Indian healthcare sector is that it has not been able to penetrate rural areas to the extent which the Australian sector has managed (Ley, 2015). Therefore, the latter is more accessible to its citizens than the former which is still in the process of making inroads.

There are other factors such as cost and customer satisfaction which also determine the quality of healthcare but these are often reflected through aspects discussed above and hence need not be mentioned separately (Paris, Devaux & Wei, 2010). Overall, Australia leads in all aspects that form the edicts of good healthcare and hence the quality of care is better than what an individual can expect in India (World Health Organization, 2019).

III. Conclusion and Recommendations

No matter how good the healthcare framework of a country might be, there is always room for further improvement. While a country like India needs to focus on developing its healthcare infrastructure and rendering it more accessible to people across the economic spectrum (Gudwani, Mitra & Puri, 2012), for Australia, the challenge lies in understanding an individual's experience and tracking his/her pathway through the system (Department of Human Services, 2015). The data thus gathered could be used to interpret the journey of the patient and the information thus obtained can be used to improve personal experiences.

Better planning and introduction of artificial intelligence are some suggestions that both countries could consider to improve the existing healthcare system (Unger & Criel, 1995). Data generated can be effectively used to predict trends and patterns, and this would further serve to enhance understanding about how the system functions and the direction it should take for further improvement (Thomas, 2009). Closer scrutiny would also reveal loopholes and potential drawbacks that might be eroding the efficiency of the system, and once these are apparent, it is just a matter of taking decisions for further betterment (Glassman & Mukherjee, 2015).

Irrespective of which country he/she belongs to, every individual is entitled to an effective healthcare system that responds immediately and provides appropriate treatment options. This can be best achieved by identifying glitches at various points and working towards their removal (Boussery, 2010). Ultimately the goal is to provide affordable and apt healthcare to people, and this is what the system should strive to fulfill (Ley, 2015).

References

- [1] Boussery, G. (2010). Ways of Financing Health Services as Leverage to Improve Health Care Delivery - the Kenya Casus. Institute of Tropical Medicine Antwerp.
- [2] Cassels, A. (1995). Health sector reform: key issues in less developed countries. *Journal of International Development* 7(3), 329-347.
- [3] Chhapiyal, H. (2018). Now, Equal Pay for Private and State-Run Hospital Nurses, Recommends Committee Set Up by the Indian Nursing Council. *Times of India*. Retrieved from <http://timesofindia.indiatimes.com/city/mumbai/Now-equal-pay-for-private-and-state-runhospital-nurses-recommends-committee-set-up-by-the-Indian-Nursing-Council/articleshow/54471610.cms>
- [4] Council of Australian Government, (2016). Heads of Agreement between the Commonwealth and the States on Public Hospital Funding. Retrieved from <http://www.coag.gov.au/sites/default/files/>
- [5] Department of Human Services, (2015). Australian Government, Retrieved from <http://www.humanservices.gov.au/>
- [6] Donabedian, A. (2005) Evaluating the quality of medical care (Reprinted from *The Milbank Memorial Fund Quarterly*, Vol 44 p. 166-203.
- [7] Freedman, L (2005). Achieving the MDGs: Health systems as core social institutions. *Development* 48(1), 19-24.
- [8] Glassman, A. & Mukherjee A. (2015). Getting Centre-State Relations Right for Health in India, *Ideas for India*. Retrieved from <https://www.ideasforindia.in/publication-policy.html>
- [9] Gudwani A, Mitra, P. & Puri, A. (2012). *India Healthcare: Inspiring Possibilities, Challenging Journey* (McKinsey and Co.). Retrieved from www.mckinsey.com/global-themes/india/india-healthcare-inspiring-possibilities-challenging-journey
- [10] Gupta, I. & Chowdhury, S. (2014). Public Financing for Health Coverage in India: Who Spends, Who Benefits and At What Cost? *Economic & Political Weekly*. Retrieved from <http://www.epw.in/journal/2014/35/special-articles/public-financing-health-coverage-ndia.html>
- [11] Health: Australia and India compared. (2019). *NationMaster*. Retrieved from <http://www.nationmaster.com/country-info/compare/Australia/India/Health>
- [12] Hsiao, W. & Siadat, B. (2008) *Health Systems: Concepts and Deterministic Models of Performance*. A Background Paper for the Workshop on Research Agendas on Global Health Systems.
- [13] Kruk, M.E. & Freedman, L.P. (2008) Assessing health system performance in developing countries: a review of the literature. *Health Policy* 85(3), 263-276.
- [14] Ley, S. (2015). *Pharmaceutical Benefits Scheme to Be Reformed*. Retrieved from <https://www.health.gov.au/>
- [15] Mills, A. & Ranson, M.K. (2006). The design of health systems, In *International public health: diseases, programs, systems, and policies*, 2nd ed. p. 513-551.
- [16] Open Government Data Platform (OGP) India (n.d.), *Health Management Information System*. Retrieved from <https://data.gov.in/keywords/health-management-information-system/>
- [17] Paris V., Devaux M. & Wei L. (2010). *Health Systems Institutional Characteristics: A Survey of 29 OECD Countries*. Organisation for Economic Cooperation and Development. *OECD Health Working Papers*.
- [18] Phadke, A. (2016). Regulation of Doctors and Private Hospitals in India. *Economic & Political Weekly*. Retrieved from <http://www.epw.in/journal/2016/6/special-articles/regulation-doctors-and-private-hospitals-india.html>
- [19] Private Health Insurance Ombudsman (PHIO), (2015), Australian Government, What Is Covered by Private Health Insurance? Retrieved from <http://www.privatehealth.gov.au/healthinsurance/whatiscovered/privatehealth.htm>
- [20] Thomas, S.V. (2009). The National Health Bill 2009 and Afterwards. *Annals of Indian Academy of Neurology*. 12(2):79, Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2812745/>.

- [21] Shah, K. (2009). Severity of illness and priority setting in healthcare: a review of the literature. *Health Policy* 93(2-3), 77-84.
- [22] Unger, J.P. & Criel, B. (1995). Principles of Health Infrastructure Planning in Less-Developed-Countries. *International Journal of Health Planning and Management* 10(2), 113-128.
- [23] Unger, J.P. Ghilbert, P. & De Paepe, P. (2004). Continuous medical training with(out) coaching? *British Medical Journal* 328(7447).
- [24] Van Damme, W. (2009). *Basic Concepts in Public Health. Course Book.* Antwerp, Institute of Tropical Medicine.
- [25] World Health Organisation, (2019). *The World Health Report 2019. Improving Performance,* World Health Organisation, Geneva.
- [26] World Health Organisation, (2019). *Innovative care for chronic conditions: building blocks for action: global report,* WHO, Geneva.