Strengthening the Fabric: Federalism, Decentralisation, and India's Healthcare Imperative

DOI: **https://zenodo.org/records/12749740**

Prakash Singh[*]
Shantesh Singh[**]

Abstract

The Indian federal structure has been shaped by a history of central planning and concentration of power at the federal level. This concentration of power has left state and local government in a subsidiary position. The healthcare and social policy literatures stress that a number of aspects of a federal system can influence and constrain the public healthcare system, namely, multiple veto points, interregional tax competition, and regional jurisdictions. This paper delves into the intricate relationship between federalism, decentralisation, and India's healthcare landscape. Against the backdrop of a diverse and complex healthcare system, it examines the imperative for effective governance structures in addressing the nation's healthcare challenges. By analysing the distribution of responsibilities between the central and state governments, the paper explores how federalism shapes healthcare policies, resource allocation, and service delivery across India's vast and heterogeneous population. Ultimately, this paper offers insights and recommendations to inform policy discourse and drive transformative reforms towards achieving universal healthcare coverage and improving health outcomes for all citizens.

Keywords: Federalism, Decentralisation, Health care system, Health care policy, CSS

Introduction

[*] Professor, Department of Political Science, University of Delhi, New Delhi, India.
[**] Professor, CIPOD/SIS/JNU, New Delhi, India.

In recent years, the discourse surrounding India's healthcare landscape has gained momentum, drawing attention to the critical need for systemic reforms to address persistent challenges and enhance the overall efficacy of the healthcare delivery system. Amidst these discussions, the concepts of federalism and decentralisation have emerged as pivotal frameworks for driving meaningful change and ensuring equitable access to healthcare services across the diverse socio-political landscape of the nation. India's healthcare system is characterized by varied differences, including large geographical areas, cultural variations, and socioeconomic inequalities. The fundamental basis resides in the constitutional framework of federalism, which clearly defines the allocation of powers and duties between the Central and State governments. The federal system provides states with substantial authority to shape healthcare policy, manage resources, and execute programs that are specifically designed to meet local requirements. Simultaneously, decentralization becomes a crucial approach within this federal structure, giving local institutions and communities the authority to actively participate in healthcare governance. Hence, decentralization aims to improve healthcare delivery by transferring decision-making power and resources to local levels, hence, promoting responsiveness, accountability, and equity.

The Indian federal system has been influenced by a historical pattern of central planning and the consolidation of authority at the federal level. The centralization of authority has resulted in state and local levels of government being placed in a subordinate position. The presence of subordination has resulted in the creation of warped incentives within the political institutions of India. This lack of organisation manifests itself, for instance, via the provision of inadequate money to state and municipal governments, or through the clustering of healthcare professionals in urban regions or increased inequalities in providing health services across Indian states.[1] Revamping the Indian healthcare system is imperative. However, ongoing obstacles within the governance systems hinder the achievement of India's full healthcare capabilities. The urgent need to remedy systemic weaknesses is highlighted by the unfair allocation of resources, deficiencies in infrastructure, and unequal access to quality care. In light of this context, this paper thoroughly investigates federalism, decentralization and the urgent need for healthcare in India. It explores the complex relationship between governance and healthcare in order to contribute to the overall goal of promoting health, fairness, inclusion and achieving universal healthcare for all residents of India.

Understanding Federalism and Decentralisation in India

Federalism and decentralization are critical components of governance structures that shape healthcare systems worldwide. Federalism is the distribution of authorities and duties between a central governing body and smaller political subdivisions, such as states or provinces. This division of power allows both levels of government to have some degree of autonomy and authority over their respective domains, while also sharing certain powers and responsibilities.[2] Federalism in India refers to system of governance which is enshrined in the Indian Constitution, which establishes a federal structure with clear delineations of powers, responsibilities, and duties between the Central government (Union) and the State governments. The Seventh Schedule of the Constitution outlines specific areas of authority for the Union List, State List, and Concurrent List, establishing a structure for collaborative federalism. For instance, The National Health Mission (NHM) is a prominent initiative in India's healthcare sector that serves as a prime example of collaborative federalism. Established in 2005, the NHM's primary objectives are to enhance healthcare infrastructure, enhance service provision, and expand the availability of vital healthcare services. The programme functions through a collaborative effort between the central and state governments, with healthcare funds distributed according to a formula that considers each state’s population, health indicators and financial capability of each state.[3]

On the other hand, decentralization refers to the delegation of decision-making power, resources, and duties from the central government to lower levels of governance, such as states, districts, or local organizations. In India, the implementation of decentralisation in healthcare governance is carried out through institutions such as the Panchayati Raj Institutions (PRIs) and Urban Local Bodies (ULBs). These entities have a vital role in strategizing, executing, and overseeing healthcare programs at the local level. For instance, the decentralized healthcare system in Kerala is frequently regarded as a successful example of decentralization in India. Grama Panchayats, which are local governments, have been given authority by the state to oversee primary healthcare facilities, distribute cash, and determine the order of importance for health interventions based on local requirements.

Kerala's remarkable health indices, such as its low infant death rates and high life expectancy, can be attributed to this bottom-up strategy.[4]

In a decentralized governance structure, policymakers may experience heightened accountability due to the existence of representatives functioning at the municipal or state levels. The decentralized governance model requires a greater level of accountability at the local level, which can lead to more effective delivery of public services. This is because local officials are motivated by the possibility of being re-elected. As a result, this arrangement has the capacity to promote increased trust among citizens in the state apparatus, as emphasized by [5], thereby aiding in the development of a stronger sense of national unity and collective citizenship.

Federalism, Decentralisation and Healthcare in India

The concept of institutional decentralization in India emerged during British rule, as exemplified by the relationship between Indian princely states and the British administration. The princely states enjoyed internal autonomy while ultimately being subject to British rule. The federalism that India currently embodies traces its origins back to the 1880s. During that period, Congress established a federal system organized according to regional divisions and, to a growing extent, along linguistic lines.[6] The Indian Constitution, enacted in 1950, incorporates Article 39, which delineates the entitlements of employees to healthcare, and Article 246, known as "The Seventh Schedule," which delineates the respective healthcare obligations of the central and state governments. While the Indian Constitution acknowledged healthcare as a government responsibility in these two provisions, there was a lack of sufficient political dedication to fulfil this obligation.[7] Meanwhile, according to World Health Organisation (WHO), the healthcare system refers to the maintenance and improvement of physical, mental, and social well-being through the prevention, diagnosis, treatment, and management of illness, disease, injury, and other physical and mental impairments in individuals and populations. In a broader sense, healthcare also includes the infrastructure, policies, and systems that support the delivery of healthcare services, including hospitals, clinics, pharmaceuticals, medical equipment, health insurance, and regulatory frameworks.[8]

In India, the allocation of healthcare responsibilities is theoretically decentralized across several levels of government. However, the system nonetheless remains unduly centralized. The majority of rural local bodies

have a constitutional obligation to manage their own healthcare systems. However, because they are under the control of the states, these local governments do not have enough independence and ability to make their own policies. The Indian Constitution's 73rd and 74th Amendment Acts granted constitutional acknowledgment to Panchayati Raj Institutions (PRIs) at the village, block, and district levels, and to urban municipal governments. The revisions facilitated the decentralization of power to local governments, allowing them more autonomy. Together, these amendments aim to distribute power, promote participatory democracy, and empower local communities to take charge of their own development, since they have granted the local levels of government the authority to legislate on 29 and 18 subjects to rural and urban governments, respectively and providing healthcare services is one of these subjects.[9]. In an effort to attain the benefits of a well-implemented decentralized federal system, Indian officials aimed to have the public good provider operate in closer proximity to citizens. Since 1993, notwithstanding the implementation of the 73rd and 74th amendments, there has been minimal delegation of authority to local government entities. In essence, the anticipated reforms subsequent to the Sarkaria Commission's recommendations in the 1980s and the enactment of the 73rd and 74th Amendment Acts have progressed at a sluggish pace due to the enduring centralization of power at both the national/federal and, comparatively, the state levels vis-à-vis local bodies. The delay in development is especially noticeable in financial commitments, as local administrations have little to no influence over financial matters. This situation generally occurs because local authorities rely on their respective state governments to fund healthcare necessities. To exacerbate the situation, local governments frequently have fiscal disadvantages as well, limiting the amount of funds that state governments can provide to them.

Since the 1980s, the concept of decentralization has occupied a central position in the discourse surrounding Indian policymaking. This emphasis is underscored by the recommendations put forth by significant commissions and legislative acts such as the Sarkaria Commission, the 73rd and 74th Amendment Acts,[10] and the National Commission to Review the Working of the Constitution 2002.[11] However, notwithstanding these advancements, the delegation of authority to lower administrative levels has been deficient, resulting in profound repercussions for social and healthcare policies. The consolidation of political power at the central level has distorted the

incentives governing all tiers of government in India, particularly within healthcare provision.

Healthcare Decentralisation at Grass root Level

Improved administrative and monitoring mechanisms, together with more decentralized planning, are necessary for India's health services. Since the majority of tax revenue is collected at the federal and state levels, these entities should be in charge of financing decentralized healthcare. At the city, village, sub-district, or district levels, local government lacks a sufficient foundation of financial resources. In order to close budgetary gaps and assist states in raising their primary human development indicators, two significant channels—different Central ministries—offer specific-purpose transfers to the states (such as health, education, food security, and social safety). These transfers take the shape of centrally sponsored schemes (CSS), which aim to address income inequality and regional imbalances while fostering cross-state learning. The Centre manages several prominent health-related projects, including the *Rashtriya Swasthya Bima Yojana* (RSBY) and the National Rural Health Mission (NRHM). The Centre oversees other significant initiatives that directly impact on health, such as the Integrated Child Development Services (ICDS).[12] Only after the recommendation of the 14th Finance Commission tax devolution is increased to 42 percent (with decreasing CSS) and resulted in ~~to~~ greater autonomy to the states in fund implementation. The National Health Policy 2017 (NHP 2017) aspires to attain universal coverage, encourage holistic well-being through an integrated approach, and maintain affordability for all people while granting universal access to broad healthcare coverage and superior healthcare services to people of all ages along with increased GDP percentage for health care.[13]

However, states differ in how they have decentralized responsibility for healthcare. The reason for their differences is that each state has its own healthcare system. Moreover, PRI has been given most of the responsibility for providing healthcare for their constituents after 1993. Primary healthcare centres and other decentralized power-based healthcare systems are more prevalent in rural areas.[14] For instance:

Kerala: Kerala is a notable leader in the decentralization of healthcare, demonstrating a bottom-up approach to government that places emphasis on local empowerment and community involvement. The *Kerala Panchayat Raj Act*, which gave local self-government organizations known as Gram

Panchayats substantial authority and resources, marked the beginning of the state's decentralization process. Gram Panchayats are essential to the management of primary healthcare facilities, distribution of finances, and prioritization of health activities according to local needs under Kerala's decentralized healthcare system. The state's strong primary healthcare system, which consists of well-equipped primary health centres and sub-centres, has made significant contributions to remarkable health outcomes, such as low rates of infant mortality and high life expectancy.[15]

Tamil Nadu: Decentralisation in healthcare governance has also been welcomed, which has improved healthcare outcomes and access throughout the state by utilizing its robust administrative infrastructure. The state government has strengthened primary healthcare delivery and addressed the healthcare needs of vulnerable populations by implementing creative programs, and policies. For instance, the *"Amma Master Health Checkup"* program in Tamil Nadu encourages early disease identification and preventative healthcare by providing thorough health screenings at discounted costs. Underprivileged communities now have more affordable and accessible access to healthcare thanks to this decentralized programme, carried out through primary health facilities and mobile health units.[16]

Rajasthan: In order to improve healthcare access in rural and isolated areas—where healthcare infrastructure is frequently lacking—Rajasthan has adopted decentralization measures. *Village Health and Sanitation Committees (VHSCs)* are a state-instituted initiative that promotes community participation in healthcare planning and oversight, with a particular emphasis on maternal and child health. For instance, the Rajasthani government's *Mukhya Mantri Nishulk Dava Yojana (MMNDY)* seeks to supply free vital medications to all residents via public health facilities. The program's decentralized methods for distribution and procurement guarantee that village residents have timely access to medications, filling in gaps in healthcare service and advancing health equity.[17]

Karnataka: Karnataka has adopted decentralization as a method to strengthen community engagement, empower local institutions, and solve healthcare inequities across different regions through a number of programs, and reforms. The *Karnataka Health System Development and Reform Project (KHSDRP)* is a noteworthy instance of the decentralization of healthcare in Karnataka. Initiated in 2006 with backing from the World Bank, the project's

objectives were to fortify the state's healthcare framework, optimize service provision, and augment district-level governance structures.[18] *District Health Missions (DHMs)* were created by Karnataka as part of the KHSDRP to supervise healthcare planning and execution, bringing decision-making closer to the community. These DHMs, made up of representatives from civil society, local governments, and the health department, are essential in allocating resources for healthcare delivery and prioritizing health activities based on local needs. Another example of decentralization in Karnataka's healthcare system is the establishment of *Rogi Kalyan Samitis (RKS)* at the sub-district level. RKSs are community-based committees responsible for managing and monitoring the functioning of public health facilities, including primary health centres and community health centres.[19]

Punjab: An illustration can be found in the region of Punjab. Punjab is renowned for its comparatively advanced healthcare infrastructure, featuring numerous well-equipped hospitals, medical institutes, and research institutions. The state government has endeavoured to enhance healthcare accessibility and quality through initiatives like the *Mukh Mantri Punjab Cancer Raahat Kosh* project, which offers monetary aid to cancer sufferers for their treatment.[20]

Himachal Pradesh: Himachal Pradesh has made substantial progress in enhancing the availability and standard of healthcare services over the years. The state government has allocated funds towards expanding healthcare infrastructure, with a specific focus on rural and distant regions, in order to guarantee widespread availability of essential medical services. In addition, the state has adopted diverse healthcare plans and projects to enhance maternal and child health, managing infectious diseases, and offering inexpensive healthcare to the economically disadvantaged population. An exemplary instance is the *Himachal Pradesh Swasthya Bima Yojana (HPSBY)*, a health insurance program initiated by the state government to offer cashless medical treatment to qualified recipients for hospitalization costs up to a specified threshold. This initiative has effectively enhanced the availability of healthcare services for the underprivileged and marginalized segments of the population.[21]

Over time, the interaction between the health system and local governments has evolved, marked by a transition from welfare-centric

projects towards a focus on infrastructure development, human resources, and service delivery enhancement. This shift underscores a recognition of the need for sustainable and systemic improvements in healthcare provision at the grassroots level. However, this evolution has been characterized by considerable heterogeneity across regions, reflecting variations in the levels of involvement, capacity, resources, and community needs.

Indian Federalism and Healthcare: Major Challenges and Prospects

Despite, the advancements made in utilizing federalism and decentralization to improve India's healthcare system a number of obstacles still exist. These consist of disjointed government frameworks, unequal resource distribution, a lack of healthcare experts, and inadequate infrastructure for providing healthcare. Policymakers, healthcare providers, and other stakeholders must work together to address these issues. There are prospects for augmenting cooperation between federal and state administrations, utilizing technology, healthcare provision, and encouraging community involvement in health promotion and prevention campaigns.

Inter-state Disparities: There are still large differences in healthcare facilities, personnel resources, and health outcomes between Indian states, even with decentralization attempts. Certain states, like Kerala and Tamil Nadu, have made significant progress in raising health indices, while others have not kept up because of capacity and resource constraints. The strengthening and involvement of intergovernmental forums, like the Inter-State Council, could have minimized the unnecessary conflict between the central government and state governments in handling the pandemic.[22]

Coordination Issues: The efficient execution of national health programs is hampered by the federal and state governments' fragmentation and lack of cooperation. In regions with an overlap in authority, this might result in gaps in healthcare service delivery, inefficiencies, and duplication of effort. Due to the fast-paced globalization of various aspects of healthcare and the transformative impact of disruptive technology on healthcare policy and management, India requires an inter-governmental entity similar to the GST Council specifically for the healthcare sector. The experience of COVID-19 should function as a clarion call.[23]

Capacity Restraints: The ability of municipal organizations such as, medical centres and governing bodies, to efficiently administer and provide healthcare services is a problem for many states. Insufficient finances, inadequate training, and a shortage of labourers impede the delivery of high-quality healthcare, especially in remote and underprivileged regions. For example, states like Bihar, Uttar Pradesh and Jharkhand experience a severe shortage of doctors and nurses, leading to overcrowded hospitals and long patient waiting times. This shortage is particularly acute in rural and remote areas, where healthcare workers are often reluctant to serve due to poor infrastructure, lack of educational opportunities, and limited career prospects.[24]

Budgetary Restrictions: Funding healthcare programs at the state level continues to be difficult, due to budgetary restrictions and conflicting objectives. Insufficient funding for healthcare curtails the extent of decentralized healthcare planning and execution, impeding endeavours to tackle healthcare inequalities and enhance service accessibility. The federal government has increased the tax devolution to states from 32 percent to 42 percent, as recommended by the 14th Finance Commission. However, the actual increase in revenue transfer is not significant.[25]

Major Prospects

Strengthening Local Institutions: Communities can be empowered and their involvement in healthcare decision-making can be improved by strengthening local governance structures like Panchayati Raj Institutions (PRIs) and Urban Local Bodies (ULBs). States can increase healthcare delivery's responsiveness and accountability by giving local governments more power and resources.[26]

Leveraging Technology: Digital technology, such telemedicine and e-health solutions, can help enhance access to healthcare services by removing geographical barriers, especially in underserved and rural locations. States can close access gaps to healthcare, improve patient outcomes, and improve healthcare delivery by utilising technology.[27]

Encouraging multilevel Collaboration: Improving the efficiency of healthcare governance can be achieved by fortifying the coordination mechanisms between the federal government and state governments, as well as between other levels of government and civil societies. Healthcare delivery can be

made more effective and equitable by cooperative efforts to exchange best practices, combine resources, and coordinate actions.[28]

Community Engagement: Encouraging the community to get involved in the planning and executing healthcare initiatives can enhance their applicability, acceptability and efficacy. Encouraging communities to take charge of their own healthcare, mobilize resources and engage in decision-making can help healthcare projects take on a sense of ownership and sustainability.[29]

Conclusion

Decentralization has resulted in some improvements in the functionality of healthcare services in India. Political and bureaucratic commitment to reforms emerged as the primary facilitator in this process. Orientation training and performance-based resource allocation also played significant roles. Structural adjustments have led to enhancements in the financial management framework, alongside notable improvements in public health infrastructure. However, the decentralization process faced hindrances due to frequent turnover in top-level state administration. Districts with proactive administrative leadership demonstrated more effective implementation of decentralization measures. Key policy decisions regarding decentralization of human resource management, enhanced financial allocation, and increased community involvement in decision-making is imperative. Presently, healthcare expenditure by the Central and state governments stands at approximately 1.15% of GDP, while numerous vacancies persist in healthcare institutions. Decision-making predominantly remains centralized at the state and Central government levels. Decentralization lacks a universal blueprint, but it necessitates visionary political leadership and strategic bureaucratic focus within the public health system, coupled with robust technical capabilities. Effective management of decentralization mandates attention to technical, social, cultural, professional and political dimensions.

India's healthcare governance system is shaped by federalism and decentralization, which influence practices and policies that affect healthcare fairness, quality, and access. All parties involved in the healthcare system in India must work together to overcome current obstacles and seize new possibilities in order to strengthen the system's foundation. India can fulfil its healthcare imperative of attaining universal health coverage and guaranteeing

better health outcomes for all inhabitants by promoting cooperation between the federal and state governments, strengthening local institutions, and prioritizing community involvement.

Notes

[1] Jeffery, R. (2021). Health policy and federalism in India. *Territory, Politics, Governance, 10*, 1–19. Retrieved from: https://doi.org/10.1080/21622671.2021.1899976

[2] Banting, K. G., & Corbett, S. (Eds.). (2002). *Health Policy and Federalism: A Comparative Perspective on Multi-Level Governance*. Kingston and Montreal: School of Policy Studies and McGill-Queen's University Press

[3] Planning Commission of India. (2005). *National Rural Health Mission: Meeting People's Health Needs in Partnership with States*. Retrieved from: http://planningcommission.gov.in/plans/mta/mta_nhm.pdf

[4] Nair, H. S., & Indira Devi, S. P. (2019). Decentralized Governance and Health Services: A Case Study of Kerala. *Indian Journal of Public Health*, 63(4), 325–330.

[5] Rao, M. G., & Singh, N. (2005). *Political Economy of Federalism in India.* New Delhi, ND: Oxford University Press.

[6] Ibid

[7] Reddy, K. S., Patel, V., Jha, P., & Paul V. K. (2011). Towards Achievement of Universal Health Care in India by 2020: A Call to Action. *The Lancet*, 377, 760-768. Retrieved from: http://dx.doi.org/10.1016/S0140-6736(10)61960-5

[8] Physiopedia. *Healthcare System*. Retrieved from: https://www.physio-pedia.com/Health_Care_Systems

[9] Bagchi, A. (2003). Rethinking Federalism: Changing Power Relations between the Center and the States. *Publius*, *33*(4), 21–42.

[10] Rao, M. G., & Singh, N. (2005). *Political Economy of Federalism in India.* New Delhi, ND: Oxford University Press.

[11] Review of the Working of the Constitution. (2002). Retrieved from http://lawmin.nic.in/ncrwc/finalreport.htm

[12] Sahoo, N. (2016, October 24). An Examination of India's Federal System and its Impact on Healthcare. *ORF*. Retrieved from: https://www.orfonline.org/research/indias-federal-impact-on-healthcare/

[13] National Health Policy (2017), Ministry of Health and Family Welfare, GOI. Retrieved from: https://main.mohfw.gov.in/sites/default/files/9147562941489753121.pdf

[14] Kaur, M., Prinja, S., Singh, P. K., & Kumar, R. (2012). Decentralization of health services in India: Barriers and facilitating factors. *WHO South-East Asia Journal of Public Health*, *1*(1), 94–104. Retrieved from: https://doi.org/10.4103/2224-3151.206920

[15] Anju, R., Sadanandan, R., Vijayakumar, K., Raman Kutty, V., Soman, B., Ravindran, R. M., & Varma, R. P. (2023). Decentralisation, health and Sustainable Development Goal 3. *Public Health Action*, *13*(Suppl 1), 51–56. Retrieved from: https://doi.org/10.5588/pha.22.0034

[16] Parthasarathi, R., & Sinha, S. P. (2016). Towards a Better Health Care Delivery System: The Tamil Nadu model. *Indian Journal of Community Medicine : Official Publication of Indian Association of Preventive & Social Medicine*, *41*(4), 302–304. Retrieved from: https://doi.org/10.4103/0970-0218.193344

[17] Joshi, N. K., Bhardwaj, P., Suthar, P., Jain, Y. K., Joshi, V., & Singh, K. (2021). Overview of e-Health initiatives in Rajasthan: An exploratory study. *Journal of Family Medicine and Primary Care*, *10*(3), 1369–1376. Retrieved from: https://doi.org/10.4103/jfmpc.jfmpc_1989_20

[18] Seshadri, S. R., Parab, S., Kotte, S., Latha, N., & Subbiah, K. (2016). Decentralization and decision space in the health sector: A case study from Karnataka, India. *Health Policy and Planning*, *31*(2), 171–181. Retrieved from: https://doi.org/10.1093/heapol/czv034

[19]Government of Karnataka. (n.d.). Karnataka Telemedicine Programme. Retrieved from: https://www.karnataka.gov.in/hfw/pages/telemedicine.aspx

[20] Sharma, S. (2021, October 10). Punjab to provide ₹1.25 lakh aid to cancer patients. *The Tribune*. Retrieved from: https://www.tribuneindia.com/news/punjab/punjab-to-provide-%E2%82%B91-25-lakh-aid-to-cancer-patients-319234.

[21] Mullick, R. (2022, November 10). Is north India's No. 1 state, No.1 in health? *Time of India.*

Retrieved from: https://timesofindia.indiatimes.com/india/why-north-indias-healthiest-state-is-under-stress/articleshow/95407423.cms

[22] Sahoo, N. (2024, April 5). Health federalism in India: Changing trends. World Health Day 2024: My Health, My Right. *ORF*. Retrieved from: https://www.orfonline.org/expert-speak/health-federalism-in-india-changing-trends#:~:text=The%20federal%20government%20dominates%20the,the%20Union%20and%20Concurrent%20lists.

[23] Ibid

[24] Reddy, K. S., Patel, V., Jha, P., & Paul V. K. (2011). Towards Achievement of Universal Health Care in India by 2020: A Call to Action. *The Lancet*, 377, 760-768. Retrieved from: http://dx.doi.org/10.1016/S0140-6736(10)61960-5

[25] Ibid

[26] Zodpey, S., & Farooqui, H. H. (2018). Universal Health Coverage in India: Progress achieved & the way forward. *The Indian Journal of Medical Research*, *147*(4), 327–329. Retrieved from: https://doi.org/10.4103/ijmr.IJMR_616_18

[27] Ibid

[28] Radha. & Singh, S. K. (2022, September). Perspectives on Multilevel Governance in Indian Public Healthcare Sector. *The Third Concept Journal*. Vol. 36, pp. 42-45. Retrieved from https://www.researchgate.net/publication/367167903_Perspectives_on_Multilevel_Governance_in_Indian_Public_Healthcare_Sector

[29] Ibid