Short Communication

The state of geriatric medical care in India: Progress, challenges, and the road ahead

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Abstract

With a steadily increasing elderly population, India faces significant public health challenges in geriatric care. The National Programme for Health Care of the Elderly (NPHCE), launched in 2010, represents a pivotal step towards addressing the complex healthcare needs of older adults. However, the implementation of comprehensive geriatric care in India remains inadequate due to systemic limitations, a shortage of trained geriatricians, infrastructure gaps, and socio-economic disparities. This review explores the current landscape of geriatric healthcare in India, critically analyses policy frameworks and healthcare delivery models, and highlights the need for integrated, multidisciplinary approaches to meet the rising demands of this vulnerable demographic. The article draws on recent national surveys and peer-reviewed studies to offer insights and policy recommendations aimed at improving geriatric health outcomes.

Keywords: Non-communicable diseases (NCDs), Longitudinal Ageing Study in India (LASI), National programme for health care of the elderly (NPHCE)

1. Introduction

India is experiencing a demographic shift towards an aging society. The elderly population (aged 60 years and above) is projected to grow from 104 million in 2011 to 319 million by 2050, constituting nearly 20% of the total population.[1] This transition is accompanied by an epidemiological shift characterized by an increased burden of chronic non-communicable diseases (NCDs), disabilities, and mental health disorders among the elderly.

Despite these trends, geriatric care in India remains underdeveloped. The current health system, historically focused on maternal and child health and communicable diseases, is ill-equipped to handle the complex and multidimensional health needs of older adults. This article reviews the evolution, current state, and future prospects of geriatric medical care in India, highlighting evidence from national programs and scientific literature.

2. Geriatric Care Landscape in India

2.1. National programme for health care of the elderly (NPHCE)

The NPHCE, launched by the Ministry of Health and Family Welfare in 2010-11, was India's first dedicated policy for elderly health. It aims to provide accessible, affordable, and high-quality healthcare to senior citizens through a tiered approach involving primary (sub-centres, PHCs), secondary (district hospitals), and tertiary (regional geriatric centres) levels of care.[2]

Key features include:

1. Weekly geriatric clinics at PHCs and CHCs.
2. Dedicated geriatric wards in district hospitals.
3. Establishment of Regional Geriatric Centres (RGCs) in medical colleges.

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However, a 2021 evaluation by the Indian Council of Medical Research (ICMR) revealed that many centers under NPHCE suffer from staffing shortages, lack of trained professionals, and poor follow-up services.[3]

3. Epidemiological Profile of Elderly Indians

The health profile of Indian elders is dominated by:

1. Hypertension, diabetes, osteoarthritis, and cataract.
2. Multi-morbidity in over 50% of those aged >70 years.[4]
3. Mental health issues such as depression and dementia, with prevalence rates ranging from 15–30%.[5]

The *Longitudinal Ageing Study in India* (LASI) offered comprehensive data on 72,000 adults aged ≥45 years. It found that over 27% of elderly respondents reported poor self-rated health, and 19% suffered from ADL (activities of daily living) limitations, especially women and rural residents.[6]

4. Barriers to Effective Geriatric Care

1. *Inadequate Infrastructure:* Many government health facilities lack geriatric-friendly infrastructure, such as ramps, wheelchairs, handrails, and non-slip flooring. The absence of diagnostic and rehabilitative equipment further compromises the quality of care. Even Regional Geriatric Centres often operate without fully functional geriatric wards.[7]
2. *Shortage of Geriatricians:* India has a severe shortage of trained geriatricians. As of 2022, less than 20 institutions offered postgraduate training in Geriatric Medicine.[8] Most doctors receive minimal exposure to geriatric principles during MBBS, leading to insufficient clinical expertise in handling age-related comorbidities and polypharmacy.
3. *Rural-Urban Disparities:* Almost 71% of elderly Indians reside in rural areas, but the distribution of geriatric services is skewed toward urban centers. Rural primary healthcare providers are often overburdened and lack training in elderly care.[9]
4. *Socioeconomic Vulnerability:* According to LASI, 40% of the elderly live below the poverty line. Limited financial resources prevent many from accessing private healthcare, medicines, and assistive devices. Women, especially widows, are disproportionately affected by economic insecurity.[6]

5. Innovative Models and Best Practices

5.1. Kerala's vayomithram scheme

Launched in 2010, Vayomithram offers free medicines, palliative care, and physiotherapy services to elderly individuals above 65 years through mobile medical units and neighborhood clinics. Evaluations indicate improved access to care and satisfaction among beneficiaries.[10]

6. HelpAge India's Mobile Health Units (MHUs)

HelpAge India operates over 170 MHUs across 24 states, delivering primary health services to elderly populations in rural and underserved urban areas. A 2019 impact assessment revealed a reduction in out-of-pocket health expenditure and improved disease management.[11]

7. Policy Recommendations

1. *Expand geriatric training:* Geriatrics must be integrated into undergraduate curricula, with increased MD seats and fellowship programs in geriatric medicine and nursing.
2. *Strengthen primary care systems:* Equip PHCs with age-friendly infrastructure, geriatric screening tools, and trained staff to identify frailty, dementia, depression, and fall risks early.
3. *Promote home-based care:* Community health workers (e.g., ASHAs) should be trained in elderly care and supported to deliver palliative, rehabilitative, and preventive services at home.
4. *Digital health integration:* Use telemedicine platforms like eSanjeevani for remote geriatric consultations, especially in rural and tribal regions.
5. *Universal health coverage:* Include all seniors under comprehensive health insurance with no co-payments for chronic disease management, diagnostics, and rehabilitation.
6. *Geriatric registries and research:* Establish national registries to monitor aging-related disease trends and promote geriatric research centers under ICMR.

8. Conclusion

India stands at the cusp of an aging revolution. While pioneering policies like NPHCE and grassroots programs such as Vayomithram mark significant progress, implementation gaps threaten to leave millions of elderly Indians without essential healthcare. Addressing these deficiencies requires a multi-sectoral approach that strengthens human resources, infrastructure, and community-based support mechanisms. With focused investments and evidence-driven policy, India can evolve a robust geriatric care system that ensures dignity and quality of life for its aging population.

9. Source of Funding

None.

10. Conflict of Interest

None.

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