

SHORT COMMENTS ON THE PRESENT STATUS OF INDIA'S PUBLIC HEALTH POLICY & INTERSTATE MIGRATION ISSUE

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I am writing this short comment on the present status of India's public health policy & interstate migration issues because I believe that these topics are relevant to discuss for the present scenario. As we know, the COVID-19 crisis has thrown up challenges on the public health front and on the personal front for each one of us, we are not only doing our bit in handling this problem but we are also coping with the disorder in our lives.

The Strength and weakness of India's Public health policy

COVID19 presented a perfect chance to analyse our healthcare system and policy. It gave us an opportunity to rethink on the health issues. This pandemic is putting huge pressure on the already fragile healthcare system of our country.

The COVID-19 crisis has thrown up challenges on the public health front and on the personal front for each one of us. No doubt this pandemic has created a big storm in the nation, especially poor planning, lack of protective equipment and low public awareness are exacerbating the challenge.

As we know, our country is the largest democratic structure in the world and we are holding the second largest population in the world. So, the challenges towards the health system are the main issue for us. According to the WHO ranking of the health system, which was introduced in the year 2000, India ranked 112 out of 191 countries in this context¹.

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¹ Healthcare: India and Us can learn from each other, *Outlook*, 7 March, Available at: <https://www.outlookindia.com/newscroll/healthcare-india-and-us-can-learn-from-each-other-comment/1754707> (Accessed on: 22.08.2020)

On examination it can be found that India spends only 1.2% of its national GDP on healthcare, which was 0.96% in the early 90s. Also, here we have to understand the Government's initiatives or policies very minutely. The union government, no doubt, brought many schemes for the betterment and development of the country. In this direction, the government introduced one of the biggest health schemes in the world, named 'Ayushman Bharat Scheme' to provide a comprehensive form of insurance coverage. We must say it was a great step forward in the field of public health systems, where the numbers of beneficiaries are approximately 300 million.

After going through the budget of current fiscal year, the government has allotted Central budget funds for the establishments of more hospitals in Tier II & Tier III cities. The budget also proposes to address the shortage of medical professionals throughout the country. Therefore, it can be said that Ayushman Bharat Scheme and the allocation of the recent funds are a good step in the health system because when a nation cares for the health of their people, the nation will always emerge as a prosperous treasure globally. But when we discuss the situations emerging of the current COVID 19, which is a global crisis, we find that the healthcare system of our country is not so developed to fight pandemic of this scale. It can be said that we are suffering from a poor health system. In this context, we have to understand the poor planning of our Indian health system. According to the World Health Organization, India has a dismal record of investing in public health and ranks 184 out of 191 countries in terms of share of GDP spent on healthcare. On 23rd March, 2020, our Prime Minister Mr. Narendra Modi announced an investment of 15 billion Indian rupees in the country's health system, to tackle a surge in cases of the coronavirus. Also, the World Bank has approved USD 2 billion aids to support India's efforts for providing social assistance to poor, vulnerable households amid the coronavirus outbreak. The question remains the same as to how enough these aid are to tackle the ongoing health issues.

Above all these, financial support or assistance we are not yet in a good position on health recovery from this pandemic. The Indian government has made strides since 23rd March in indigenous manufacturing of testing kits and ventilators. But it has failed to provide basic safety kits to doctors on the frontline.

As we know, our honourable PM announced that India rightfully decided to make protecting life as the first priority and the containment strategy focused on this. Remember his motto or slogan “*Jaan Bhi Jahaan Bhi*” (lives as well as livelihoods). This slogan denoted the clear picture of our strong commitment towards the healthcare system in this pandemic. Also, the national lockdown gave the health system time to organize itself, prepare for the possible community spread of the infection and ensure that adequate medical supplies and strategies are put in place. But on examining the steps taken by the government we found that a systematic nationwide lockdown was a good one to combat the virus. However, we didn’t get much success in this regard. The cases of the novel Corona are increasing day by day in our country. There are 2,703,517 present cases and 51,955 death cases in India.²

Also in this context we have to understand that in our country at least 22% of the population lives below the poverty lines. And also, around 70% of the Indian do not have any health insurance. Along with these flaws of our health system, in our country, the private sector dominates quality healthcare delivery which is not accessible for every section of the society. Apart from this, India’s health expenditure per capita is one of the lowest in the world, comparable to African nations etc.

Apart for all the above information, I want to discuss the present status of my own state, Bihar in this regard. As we know, the COVID-19 pandemic is putting huge pressure on the already fragile health care system in the Indian States. Here, I am discussing the state where I

² Available at: <https://www.worldometers.info/coronavirus/country/india/> (Accessed on: 22.09.2020)

resides i.e. Bihar, which is also known as “*Bimaru-Rajya*” since many decades (Because of so many inadequate planning or development).

No doubt this pandemic created a big storm in the state, especially poor planning, a lack of protective and low public awareness are exacerbating the challenge. Bihar’s healthcare system faces risk of collapse. Simultaneously, if we analyse the situation of Bihar’s healthcare system after five months of this pandemic’s inception, we find no sign of development. Bihar still faces an acute shortage of resources like PPE kits and protective masks. Also, testing for the Coronavirus in Bihar is low, creating pressure on doctors. The situation of Bihar is very different from official claims or records. It seems that the state government did not utilize the money from the Central government to tackle the health crisis.

According to the recent census, Bihar has a population of 99 million people. If we figure out the healthcare system in this state, we find that the condition is very miserable. Bihar has less than 2,000 primary health centres and 150 community health centres to such a large population. No doubt, this state has consistently underinvested in its healthcare system in the past, leading to the expansion of a network of private hospitals, which can only be accessed by the privileged class.

The infection rate is increasing day by day, now it has reached at 8.52%. In this context, we have to know that a three-member central team also visited Bihar to assess the COVID-19 situation. Bihar, of late, has been witnessing an alarming rise in the number of patients.

In Bihar, the situation is pitiful, anarchic and explosive. The health system has collapsed here. However, the State government has of late been claiming to have achieved the figure of 10,000 sample tests a day and that the Chief Minister Mr. Nitish Kumar has set the target for 20,000 tests a day. But in reality, the above claim of the State government is a complete sham.

It is still a challenge for the State government or local administration to identify positive patients, containing and quarantine and also, tracking and tracing contacts. The State is not spending adequate amounts on the healthcare, especially on the lack of specialized COVID Hospitals for the treatment of patients. There is lack of well-trained doctors, nurses or attenders in the hospitals at District Government Hospitals. The doctors deny taking admission of patients in the case of COVID, though the vacant beds are available in the hospitals. They even don't know how to use or operate the ventilators for COVID's patients. There are so many incidents of negligence of PMCH and NMCH (Bihar's renowned Government Health System Bodies). Also, the hospital authorities are not following the basic COVID's protocols of cremation of patients.

Above all the mentioned chaos, recently the State government took a big decision on its health department. Amid mounting pressure from ministers and state's doctors association, the Bihar government removed Health Secretary Uday Singh Kumawat from the post and appointed a 1991- batch IAS Pratyay Amrit³ as a new Principal Secretary, Department of Health and Family Welfare, Government of Bihar. We can just wish for a better healthcare in Bihar.

In addition to these, the recent flood in Bihar has posed severe challenges amidst this global pandemic. As an official record of the Patna Meteorological Centre, a total of 2.4 million people have been hit by floods across 11 of 38 districts in Bihar.⁴ It is difficult for rural drowned areas to manage the safety protocols of COVID, such as maintaining social distance, wearing masks etc. So, I believe the Bihar government should follow some humanistic

³ Available at: <https://www.newindianexpress.com/nation/2020/jul/28/bihar-government-transfers-health-secretary-uday-kumawat-ias-officer-pratyay-amrit-to-replace-him-2175880.html> (Accessed on: 22.09.2020)

⁴ Available at: <https://www.hindustantimes.com/india-news/a-million-more-affected-by-floods-in-bihar-heavy-rain-forecast-in-northern-districts/story-D2dh4qHkaMLZoLhDezbP3I.html> (Accessed on 22.09.2020)

approach along with the Central government policy while resolving these two menaces. Therefore, the State government has to build a strong harmonious relationship between National Disaster Response Force and Bihar Health Department for the welfare and health safety of Bihar's people. It is high time for the government to carry the health policy in right direction to make our health system compatible to the world.

Interstate migration & multi-dimensional challenges: the way forward

As we know, Migration from one area to another in search of improved livelihoods is a key feature of human history. If we consider the migration issues in our country, it is also not a new one. No doubt, it also holds also multidimensional challenges to the nation.

There are two types of Migration in our country,

- 1) A long term migration, resulting in the relocation of an individual or household. In this type of migration workers migrated from their native place from another with their entire family and
- 2) Short term or seasonal migration, involving back and forth movement between a source and destination.

According to the census of 2011, India has 454 million internal migrants who are 37% of the total population of our country. And some of the reliable studies on migration show that migration is higher among the rural poor and especially among SCs and STs. As per the census 2011, about 16% of the total inter-state migrants in India belong to the SCs and 8% to STs. This is almost equal to their share in total population.⁵

Recent interstate migration issues emerged as a big failure of government's policy after the

⁵ Available at: <https://frontline.thehindu.com/cover-story/article31516414.ece> (Accessed on: 22.09.2020)

nationwide lockdown, which began on 24th March 2020. There were so many visuals in our mind, where the media represented the situation of desperate migrant workers. They were in hurry to reach their home on foot, by bicycles and hiding in vehicles. The recent interstate migration issue is the second biggest crisis after the partition of our country. Images of hundreds of the migrant workers, stranded at various transit points such as bus stops and railway stations etc. They were trying to make it back to their home on foot, and reflected the black side of the lockdown's effect over the nation's conscience.

We can find a clear diversion line between the state of origin (destination state) and the host state (source state). When this lockdown started the owner of the factories denied to pay these migrant workers and didn't help them humanely and financially. While analysing the migrant workers issue I found that there are certain groups of workers who suffered or were affected more in this crisis. These workers faced challenges based on the nature of employment undertaken by them, like domestic work, construction work, garment and textile industry and service sector etc.

The current crisis has demonstrated clearly the lack of proper implementation and thus the ineffectiveness of the existing legislation of our country. Actually the Central government has followed the Inter - State Migrant Workmen (Regulation of Employment and Conditions of Service) Act, 1979 since a long period. This legislation or Act provides for guidelines for payment of minimum wages, journey allowance, displacement allowance, residential or accommodation allowance, medical facilities and protective clothing etc. But, I believe that this Act is not a solution to handle this crisis of migrants at present because India needs a strong and feasible legislation in this regard. I found that the present crisis gave us the worst experiences of flawed policy. In this context I would add some points. In our country there are no proper data/record or registration details of migrant labours. That's why, due to this

lack of accurate data, the government could not accurately estimate and provide migrant workers with necessary social security in terms of food, shelter and transportation when the first lockdown was imposed in India. So, I believe that in order to avoid recurrence of such a tragedy it is the necessity of time that all Indian states should maintain a dynamic database on migrant workers. In order to do this, the State governments need to create a proper detailed Migrant Workers Registers. This register will play a significant role in cooperation and collaboration between states. Also, this initiative will give a proper solution to handle this type of crisis in the unorganised or informal sector. Migrant Workers Registers will be useful to the state and to the migrants in many ways. It will enable the states to access the social security requirements of migrant workers more accurately and will lead to more targeted and accurate delivery of welfare schemes. This type of initiative will be a beneficiary tool in several ways. It will help the state government to take concrete steps to provide migrant workers with supply of essential services, such as electricity, water and subsidised housing to enable them to live dignified lives in their host states. Also, if the host state will give certain beneficial comforts, these migrants will also show loyalty and ensure their greater accountability in terms of gratitude.

In short, I believe that the nation lockdown and the tragedy of interstate migration gave a lesson and an opportunity to rebuild our policy in a particular manner. In this regard, the central government and state government should play a symbiotic role by ensuring understating and coordination while making any policy related to the migrant workers.