Title: Challenges in public sector in health in India

Running Title: Health in India

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*Abstract*

The public health sector in India is currently facing a number of challenges. The supply of manpower as well as funding in the health sector is much below the required level. Diversities prevailing in the Indian society, at times, create hurdles in the way of a medical practitioner resulting into lack of confidence in treating patients and introducing any new form of cure to them. To overcome the challenges, medical practitioners should be given due freedom to experiment and progress in their respective fields. The funds assigned to health services should be increased, which must not confined to patient care only, but it should include remunerations given to the medical fraternity. In addition to this, the interference of bureaucrats should be limited to the extent of their knowledge regarding medical services.

***Challenges in public sector in health in India***

“A doctor not only cures but he cares.” People, as patients must understand that a doctor’s entire skill depends on a patient’s positive response and belief in his treatment. Diversities prevailing in the Indian society, at times, create hurdles in the way of a medical practitioner resulting into lack of confidence in treating patients and introducing any new form of cure to them. Often things are misinterpreted from both ends, and forbid the medical practitioner to take any further initiative. When patients from different cultures have faith in the one treating them, it enthuse the doctor, his confidence in his way of treatment, further resulting into developing his belief in himself i.e. a leader of his respective field.

The supply of manpower in the health sector is also much below the required level. Thus the existing workforce is overworked and unable to prove its efficiency professionally and personally too. He hardly has time to be empathetic towards the patient. On an average a doctor works for about 80-100 hours per week. It is a proven fact that if any individual works for more than 50 hours per week, his efficiency may fall to unacceptable levels. In addition to that, they need to work efficiently and bear the professional pressure as well.

The most probable reason for poor quality of healthcare is that the health sector lacks leaders. Leaders, who can take proper initiatives, who are good planners, who can argue and logically convey their concerns to the policy makers regarding their just demands for the medical fraternity and can plan a proper implementation for the same, are required.

The health bureaucracy is hand in glove with the larger public bureaucracy. The health-care expenditure incurred by the Government for the bureaucrats compared with that for ordinary people gives an idea of the bureaucratic privileges of the Indian Public bureaucracy. As mentioned in a National Commission on Macroeconomics and Health background paper, in 2000-2001(1) when the annual health expenditure of central and state Government together was around Rs. 300 per capita, the out-patient and the in-patient expense per card issued to retired civil servants and dependents in the Central Government Health Scheme was Rs. 10,170 in a year.

Public health spending accounts for 25% of the aggregate expenditure, the balance being out of pocket expenditure incurred by patients to private practitioners of various hues. Public spending on health in India has itself declined after liberalization from 1.3% of GDP in 1990 to 0.9% in 1999. Central budget allocations for health have stagnated at 1.3% to total Central budget. In the States it has declined from 7.0% to 5.5 % of State health budget. Consider the contrast with the Bhore Committee recommendation (2) of 15% committed to health from the revenue expenditure budget. Indeed WHO had recommended 55% of GDP for health. The current annual per capita public health expenditure is no more than Rs. 160 and a World Bank review in 1995 showed that over all primary health services account for 58% of public expenditure, mostly on salaries, and the secondary/tertiary sector for about 38%, perhaps the greater part going to tertiary sector, including government funded medical education. Out of the total primary care spending, as much as 85% was spent on or curative services and only 15% for preventive service. About 47% of total Central and State budget is spent on curative care and health facilities. This may seem excessive at first sight, but in face the figure is over 60% in comparable countries, with the bulk of the expenditure devoted to publicly funded care or on mandated or voluntary risk pooling methods. In India, close to 75% of all household expenditure on health is spend from private funds and the consequent regressive effects on the poor is not surprising. In this connection, the proposals in the National Health Policy (NHP) 2002 are welcome seeking to restore the key balance towards primary care, and bringing it to internationally accepted proportions in the course of this decade.

The next issue relates to the desirable level of public expenditure towards health services. China devotes 4.5% to its GDP as against India devoting 5.1%, but this hides the fact that in China, public expenditure constitutes 38%, whereas in India, it is only 15% of total health expenditure. An optimistic forecast would be that the level of public expenditure will be raised progressively such that about 30% of total health expenditure would be met out of public funds by progressively increasing the health budget in states and the centre and charging user fees in appropriate cases. The figure mentioned would perhaps correspond to the proportion of the population which may still need assistance (4).

Thus it can be said that health sector is not in the priority list of the government. Even if it is, it is limited to the patient care and not to the one who cures. The medical practitioners in the public sector can hardly think beyond their assigned duties leave alone gaining confidence enough to attain leadership qualities. They are answerable to the patients, the government, the bureaucrats, their seniors and so on. They cannot do or even start anything on their own even if it is ethical. So, gaining the patients confidence, to do things out of the league, following government policies along with their own virtues, managing funds, responding to seniors and everyday duties are some of the challenges they face every day and the leadership qualities remain untouched, latent somewhere in the corner of their personality.

***Suggestions for Indian scenario***

“Leaders are born” but now this proverb is lost against the achievements of innumerous people from all over the world. In public health sector also, there are many medical professionals who have the potential to go an extra step forward for which they are never given an opportunity, or even if they are provided with such luck, the lack of funding forbids them to progress. Moreover, from the very first step onwards i.e. from the day of appointment there is a senior person over every individual, who the subordinate is answerable to; or the bureaucrats who try to make them to work according to their own will.

Thus for ingraining the passion of leadership in medical practitioners the following suggestions could be of some help;

Medical practitioners should be given due freedom to experiment and progress in their respective fields, so as to make them feel relieved towards taking new and experimental tasks to achieve success, as other the doctors do in various countries of the world..

The interference of bureaucrats should be limited to the extent of their knowledge regarding medical services. The medical practitioner should be answerable to his direct head instead of replying to a non medical person who does not understand the technicalities of medicine.

The funds assigned to health services should be increased; which must not confined to patient care only, but it should include remunerations given to medical fraternity and expenses for undertaking and initiating a risky and complicated procedure/surgery, so as to boost the confidence of the medical practitioners of India to compete with the innovations happening around in the rest of the world.

Shortage of time should be given due importance as the medical practitioners keep beating about the bush i.e. remain busy throughout the day doing their everyday work in lieu of quality time to spare on academics and conferences which enhances the personality of medical practitioners to emerge as leaders. So, in health sector their time should be divided in a way so as to enable them to spend time on improving their personality as a leader.

The authorities concerned directly to the medical practitioner should listen to their views and ideas without any bias and be ready to help them accordingly, to make the work environment pleasing and comfortable.

***Action Model***

***Introduction of a human rights committee***

In every hospital and medical college a human rights committee can be introduced to meet and voice the requirements of a medical practitioner. If he really has an innovative idea in his field and have a valid action plan to make it a success, then he should be given all sorts of encouragement by the employer.

***Limitation of bureaucratic intervention***

The appointments concerned with health sector can be reserved/preserved to medical fraternity only. As a bureaucrat has ample of knowledge of his respective field but he might not understand the importance of the prolonged use of a particular drug for a desired outcome or he may not be acquainted with the use of particular equipment in the medical sector. So their interference should be limited to the confines of their knowledge of this field. Thus, appointments in the health sector can be made accordingly.

***Better and stronger policies***

Government should come out of its comfort zone and start taking long overdue steps to enforce regulations. Also it needs to increase the budget allocated to healthcare. Health needs to be made the top priority. Government should assign more funds towards innovation in the health sector to make health fraternity compatible to the doctors of other developed countries. In every budget there should be a separate amount assigned to the health sector for medical practitioners who think beyond the traditional perceptions and want to introduce some new diagnosis and cure in health care for the nation and uncured.

***Quality time division***

The timings of the hospitals, if limited to four to six hours of O.P.D and O.T respectively on alternate days, then the medical practitioners would get quality time to work towards increasing their latent abilities. The timings in the hospital and the medical colleges should be so arranged as to provide quality time to the medical practitioner to write worthy papers to be published in the international journals and opportunities to present them in international conferences which would help their potential to be realised in the international forum and recognise our doctors all over the world.

***Positive reinforcement of seniors***

If the head of the institution gives a proper ear to the problems faced by the medical practitioners, the working conditions becomes comfortable and no one lags behind due to some personal or professional pressure.

Thus, if we need the maximum output from the medical practitioners so they could become good leaders, we need to eradicate the hurdles of bureaucracy, shortage of time, immense work pressure, lack of funds etc. to encourage them to work more confidently, without the fear of biases and prejudices, to carve a niche for themselves, and lead our nation internationally.

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