Health Sector in Ladakh

PRELUDE:

Though most of the provisions related to health fall in DPSP in the Constitution, but Judiciary has widely interpreted the scope of Article 21 to include Right to Health as well, and has thus established right to health as an implied FR, not explicit. Other articles under Part-III that have been linked to Right to Health are- 23(1), 24, etc. (A/ 21 is linked to child health)

Health sector in Ladakh is abysmally downtrodden relative to rest of the State, with infrastructural and financing gaps, along with lack of adequate practitioners and essential medicines. Due to sacttered population, there is lack of adequate PHC's and forward, backward linkages.

Major Issues of Health Sector (Ladakh)

A) Double Burden of Diseases:

Due to poor sanitation and far worse solid waste management, communicable diseases are imminent and intermittent. Further, due to changing lifestyle, the lifestyle dieseases too pose a challenge on the already downtrodden and over-burdened health sector. The data can be refered looking at DALY, and there has been lion share reduction due to illness, hence poor quality of life.

(As of India, 55%- non-communicable dieseases, 33%- communicable, 12%- injury)

Thus, the districts are facing both poor man's and rich man's diseases, and further due to lack of family interventions, stunting is seen in farflung areas, as a failure of WASH and negligence on part of the administration.

The nation has witnessed three National Health policies, since 1983, with the recent one in 2016, and in each of these, there has been a consistent biasness towards non-communicable diseases, thus leaving scope for poor health quality.

B) Preventive Heath care:

The curative measures solve health problems only after being reported. Hence acts in disaster management mode only. Take the example, India knew of polio long time back, but it implemented polio vaccine only after large instances of cases were recorded. Further due to less focus on preventive measures and lack of health (especially sex) education, there has been over-burdening on the already morose infrastructure.

What should be the Golden rule?

Healthy population → Stabilised population → lesser burden on health care →more qualitative health(and less expenditure)

C) Catastrophic Spending Irony:

What an average HH in Ladakh would be spending on health?

In India, the convention has been,

State spending < HH spending. In India, an average HH spends 10% of monthly income (or 40% of non-food expenditure) on health. Thus, there is less scope left for investing money in education, family welfare, etc. And this health sector drains the family wealth, leaving behind less wealth to manifest other non-food expenditures. And this expenditure by an average Indian Household is the highest in the world! Highest out of pocket expenditure in the world, by Indian Households.

The issue will further aggravate for Ladakh due to lack of forward/ backward linkages that add up to extra expenditure. Due to lack of proper infrastructure (road, proper equipments in hospitals, etc), tough terrain and high cost of airfare, the 'out of pocket expenditure' of a Ladakhi HH is imminent to be the highest expenditure in the world!

India spends 1.2% of GDP on health, whereas US spends 17%. And the irony is that US is not a Socialist nation but Capitalist, whereas India being a Socialist nation through its long history, is not spending enough in social sectors. Are we Socialist then?

D) Role of state Government:

Unlike Education sector, Health is a cooperative federal function, where both centre and state co-ordinate with each other to achieve national goals. It is not competitive federal function like Education sector, where states compete for rankings and best destinations of qualitative education. Further, the Centre doesn't spend on Health sector, only 25% of spending is financed by Centre.

J&K ranks second in India, after Rajasthan, in number of hospitals, around 2,812, but in quality health service, it falls abysmally low. The doctor to patient ratio is 1:1880 as against to WHO standard of 1:1000. Around 6,674 doctors, 14,686 paramedics, most on ad-hoc basis, there is lack of adequate practitioners.

Both Kashmir and Jammu have two medical colleges each, whereas Ladakh Division lacks Medical college. The recent New Govt Ayurvedic Medical College was set up in

Jammu, again biasness wrt Ladakh. Even worse, in June last year, the Govt proposed 5 New Medical Colleges for J&K, which were to be distributed 3 for Jammu (Rajouri, Kathua, and Doda) and 2 for Kashmir (Anantnag and Baramulla). Here, Ladakh was again neglected, but did never surface among the masses as part of call for equity.

National Goals 2020 & SDG 2030:

International health policy holds relevance as it envisages;

- Inter-relationship b/w data
- Operating beyond legal domain
- Specialised Action plans

a) Maternal Mortality;

- More than 80% deliveries in India by ASHA workers, though the law doesn't allow them to carry on deliveries.

- The present MR of India (MMR) is 167, SDG target is 70 and National target 120. Further Ladakh has far better MMR, due to proper family intervention. But, the deliveries are more carried by midwives, so infections and negligence are more prone to be.

b) Under 5 Mortality rate:

- Present 48, SDG target 25, National target 38. Whereas J&K saw a sharp decline from 35 (in 2014) to 28 (in 2015).

c) Infant mortality rate:

- Current 40, Target 30, whereas J&K saw a sharp decline for 34 to 26 within one year. And this is the best performance by the state in the health sector.

d) TFR, CDR and CBR

- Nation- 2.3, J&K – 1.6 (TFR)
- Nation- 7.1, J&K- 5.4 (CDR)
- Nation- 21.8, J&K- 17.6 (CBR)

Overall, J&K has performed better.

Reproductive health care practices:

Sexual Hygiene–

- Poor quality of contraceptives in medical shops
- 85% of them used by men
- less accesible to women (and in Ladakh, the percentage is abysmally low)

Sex Education:

- No sex education in Govt institutions as well as pvt institutions in Ladakh

- Social stigma towards sex education
- Sex more pro-creative based
- Universal Health Coverage:

As part of Aayushman Bharat, the PHC's are to be converted into Health and Wellness centres. But this scheme ahs been run only in Jammu and Kashmir, excluding Ladakh.

Tobacco craze in Ladakh:

With Govt regulations on consumption of Tobacco, such as hike in tax, people changed dietary habits to accommodate for changes, such as chewing tobacco. There has been lack of addiction programmes, advertisings and interventions at HH level. The Ladakhi scenario is same as the average India scenario where there has been a considerable shift to include lower ages as well. In 2010, 17 yrs and above were addicted and now even 13 and a half also do smoke and chew tobacco.

(Tax on ciagarettes is based on the length of cigarette)

Health – Multi sectoral:

Primary – District, Secondary- District & state, Tertiary- Advanced. And the tertiary sector is overburdened with less role of DHR- a silent arm of the Ministry.

Alternate Medication: (Amchis in Ladakh)

- Alternate medication can be used if there is no immediate threat to life and if the patient gives his/her consent. But the Alternate medication lacks in

- Pricing mechanism
- Marketing and propaganda
- Investment in R&D
- This include AYUSH, and Amchi centres in Ladakh. In Kargil, Amchi centres are about 30 in number, but they lack proper pricing, marketing and investment in R&D.

Why Doctors treated as Normal people?

There has been only a single case, where 75K awarded on the doctors for negligence leading to death of an infant. Whereas in most of the cases, they are also treated as normal people as under the citizens charter. With authority or duty comes responsibility and these responsibilities can be cross-checked iff doctors and practitioners are not treated as normal.

District Leh v/s Kargil Hospital Infrastructure:

(I will brief this issue, kindly cross check all datas)

- 255 bed capacity- District Leh Hospital, & 150 bed capacity- District Kargil Hospital
- PHC's in Leh- 14, whereas in Kargil- only 2 in number!
- Sub-centre in Leh- 24, Kargil – 01
- District Kargil – Two X-ray plants only, 3rd one is not working since long. Other essential instruments have no spare part.

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Sectoral review of Health sector:

A) EQUITY

1)GENDER

Impacts:

- Poor have the largest disease burden (especially the lower quintile, mosy labors and women, in particular)
- Women in-active decision makers (Health of women often neglected, due to their primary role in household chores and agriculture)
- Maternal Care (Ladakhi women suffer for efficient nutrients during all stages of pregnancy. Rural women given less time to recover, to join chores at earnest)

Initiatives:

- Strengthening ASHAs and
- Anganwadis (But Anganwadis and ASHAs in Ladakh don't turn upto duty, Anganwadi centres are mostly meant only for meals and the sub-centres from where ASHAs work are mostly closed)
- RMNCH+A Services (This is not well implemented in Ladakh)

- NHM = NUHM + NRHM (The unification of the missions will integrate better approaches and benefit the hinter Ladakhi farflung areas of the same quantum)

2) LOCATION

Impacts:

- PHC + CHC (Most of the PHC's and CHC's are in progressive villages, Kargil Ladakh has only 02 PHC's whereas Leh Ladakh has 14 PHCs)
- Rural HR Deadlock
- Health and Wellness Centers (This scheme is only implemented in the Jammu and Kashmir. Ladakh has yet to envisage this vision)

Initiatives:

- Flexi Pool Systems (Wherefrom pooling can be done, Doctors must visit rural areas as well. But the recent strike by the Doctors in Kargil Ladakh, speak their poor ethical responsiblity)
- Incentives for Rural Postings (This can aim at providing Rural people with better treatment, In Ladakh, it will take much time to realise)
- The Budget 2017 has provided 1200 Crores for
- 1.5 Lakh Health Care Centers. This will aim at improving health service and delivery.

3) ECONOMIC PROPENSITY

Impacts:

- Affordability of medicines and high cost private treatment and logistics
- Drug Pricing, Doctors tend to prescribe Brand drugs despite generic drugs are equally effective, with cheaper costs.
- Essential Medicines are insufficient in Govt Hospitals and as such far flung journeys acts as cost escalation factor

Initiatives:

- Choice Bases Pro-Bono Services
- Mandatory recommendation of Generic medicines
- Delinking DPCO from NLEM
- Jan Aushadhi Stores (for better delivery of medicines)

B) EXCELLENCE

1) STATE/GOVT

Impacts:

- Low spending by J&K state, health sector neglected
- Infrastructal gaps worsen the health sector
- Technology, R&D investmentz very low
- Insurances

Initiatives:

- Budgetary Increase by 10% this year

- PMSSY
- Niti-Aayog Health Index (Our State has yet to improve)
- RSBY to National Health Protection Scheme (10
- Crore Families with 5 lakh coverage) – Personally, I don't appreciate this scheme.

2) HEALTH SERVICES

Impacts:

- Low staffing (Less than 92 doctors in Leh , and lack of paramedics. Most of them are on ad-hoc basis)
- Inefficient
- Incompetent
- Bed capacity lower in DH Kargil than DH Leh
- Spare parts not available for essential instruments

Initiatives:

- Public Health Cadre (At national level)
- Private Sector Parity
- Increase bed capacity

3) HOSPITALS:

Impacts:

- Infrastructure abysmally low
- Exploitation by staff

Initiatives:

- PPP Models
- National Health Portal, for informed. ……

Case Study:

The recent issue over strike by the District Hospital Doctors against posting in rural areas brought the ire of the public back home, manifesting in the form of rejection of low level politics and the low level ethics, on part of the Doctors. Further the Doctors sued few whatsapp surfers on the ground of Defamation. It is one of the grounds on which Art 19 (1) (a) is restricted. It is construed as insult to the reputation of an individual or an Organisation. Under Section 499 & 500 of IPC, it is a criminal offence and may amount to 2 years of imprisonment along with civil proceedings. But since 'Dissent is the essence of Democracy', mere whatsapp messages which reject the low level of responsibility can't be taken as Defamation. The case of Defamation must be reasonable as well, where indeed some reputation is insulted. In nutshell, it clealry speaks the lack of responsibilty, dedication and dignity to work among the health cadre. The rural area represents the solar system, and their health and equity must be respected as well.

(The article is not edited, hence mind the common errors)