Module 21 : Health Care in India

Lecture 36 : Health Care in India

Health care in India is a gigantic topic and this lecture will only attempt to provide a framework from which to view it. The National Health Policy and the National Rural Health Mission will be discussed. Three readings will cover some issues in greater depth.

India has a rather large population for whom shelter, sanitation, portable water and food are unstable. Especially sanitation and portable water are a concern. This scenario creates a situation of risk for disease. This situation is compounded by poor access to health care. Economic growth has brought in its wake urbanization and its own set of problems . We need to address the health needs of the all age groups. For the very young (0-5) childhood mortality, vaccination coverage and malnutrition are important concerns. Maternal health is another important concern as the cycle of poor health is perpetuated – anemia, malnutrition, contraceptive use and facilities for safe delivery are important concerns here. The health of the workforce that ranges from 15 to 60 has implications for productivity. The aging population which is a growing population due to the increase in life expectancy has to be cared for with the family abdicating its role in the urban areas.

Some of the important issues that the National Health Policy (2000-2015) covers are highlighted below.

Financial Resources:

The spending on health as a percentage of the GDP has decreased from 1.3 % in 1990 to 0.9% in 1999. According to the constitutional structure spending for health is the responsibility of the States with a supplementation from the Center. But the reality is that there is very little funding for health care in the State budget and funding has been declining.

Equity:

There are distinct inter-state disparities in health indices such as infant mortality, maternal mortality, percent of underweight children, number of leprosy and malaria cases. Tamil Nadu, Kerala and Maharashtra have relatively better indices and Odissa, UP, Bihar and MP relatively worse indices as compared with the national average. There is a marked urban rural divide and the SC and ST indices are far below the national average indicative of poor accessibility to health care.

Public Health Services:

Public health services include not just hospitals but also sanitation and pure water and vaccination and family planning among other things. The public hospitals are overburdened with the influx of patients and yet constitute only 20% of total health care. Thus many who would prefer public health care seek it in the private sector for a number of reasons.Prime Minister Manmohan Singh has established the Public Health Foundation of India that has 4 Indian institutes of public health that are training public health professionals to address the public health concerns of the country.

Role of the Private Sector:

The private sector constitutes 80% of total health care. Although some policy regulation exists in terms of licenses, annual registrations, in practice there is very little implementation especially with smaller nursing homes. There are many such nursing homes where anything goes – rampant malpractices that harm people who are unsuspecting. Regulation and implementation to maintain adequate standards is mandated by the policy. (A reading discusses the role of the public and private sector)

Health Statistics:

A system to collect data and maintain accurate records regarding diseases and their incidence in various areas is an urgent need that is recognized for its value in planning and addressing disease outbreaks and dealing with prevention.

National Disease Surveillance Network:

The need for an integrated system that provides disease information in real time from the lowest level upward that would allow effective intervention is recognized and the policy aims to develop such a system.

Women's Health:

Women's lack of access to existing facilities is acknowledged and the role of women in improving family health is also mentioned.

Environmental and Occupational Health:

Issues of sanitation and pollution are mentioned in the Environmental Section and in the Occupational section the risks of the vulnerable section from chronic morbidity and child labour are mentioned.

Providing Medical Facilities to users from Overseas:

The quality and cost effectiveness of medical facilities attracts users from overseas. Apart from the allopathic system there are takers for the Ayurvedic system and the government mentions encouraging development of packages for this purpose.

Impact of Globalization on the Health Sector:

Concern over the cost of medication in the post TRIPS (Trade Related Intellectual Property Rights) era is expressed and the policy aims to maintain the low price of drugs and the availability of generic drugs.

Alternative Systems of Medicine:

AYUSH – Ayurvedic, Unani, Sidha and Homeopathic systems are perceived as having a significant role in health care delivery in the rural areas. Evidence based research regarding their efficacy is proposed.

Delivery of Health Services:

The poor state of **infrastructure** is discussed – the dilapidated buildings, the obsolete equipment, unavailability of drugs and other consumables are acknowledged.

Personnel/ Training :

The lack of personnel (doctors, nurses & technicians) especially in the rural areas is mentioned. The government has no schemes to offer incentives to move to the rural areas. The role of alternative systems of medicine to fill this gap is discussed. The training of personnel is also discussed – the quality and relevance of the curriculum, the lack of colleges, the uneven distribution of colleges and the uneven quality of education are all mentioned.

Public Private Partnerships :

A government based insurance scheme that covers the cost of consulting a private doctor (currently in use in some states) could be scaled up.

Government Programs :

That cover health care and other allied matters such as solid waste management, sanitation, education, housing are interrelated and impact on health.

National Rural Health Mission (NRHM) (2005-2012)

The stated goals of NRHM are

- Reduction in Infant Mortality Rate and Maternal Mortality Rate
- Universal access to public health services
- Prevention and control of communicable and non-communicable diseases (locally endemic diseases)
- Population stabilization, gender and demographic balance
- Revitalize local health traditions and mainstream AYUSH (Ayurveda, Yoga, Unani, Sidha and

Homeopathic –there are university programs in these areas)
- Promotion of healthy life styles

Some Strategies espoused by them are

- Train and enhance capacity of Panchayati Raj Institutions (PRIs) to own, control and manage public health services
- Promote access to improved healthcare at household level through the female health activist (ASHA – accredited social health activist).
- Strengthening PHCs and CHCs, provision of a 30-50 bedded CHC per lakh population

The 6th Common Review Mission (2012) of the NRHM indicated that there were declines in the infant mortality rate and maternal mortality rate but they were below the target set for 2012. The review covers progress and lacunae in all the areas and can be accessed at the NRHM website. The review of the ASHA's indicated that the following areas needed well developed systems to replace the ad hoc systems for:

a. Performance Monitoring systems
b. Drug kit replenishments
c. Payment efficiency
d. Grievance redressal mechanisms, and
e. ASHA Welfare schemes" (6th Common Review Mission Report, 2012, pp 54). Some states such as Assam and Chattisgarh were doing better than others in addressing these issues

Thus despite corruption or rather in spite of corruption – India faces the challenge of improving its health indices. This is not impossible. Other middle income countries have managed to turn around their indices in the last ten years and even provide universal health care. Iran and Brazil are two countries to take note of. Iran reduced its infant mortality rate by half and increased its vaccination rate from 20 to 95% and increased contraceptive use that resulted in reduced fertility rates from 5.6 children per woman in 1985 to 2 in 2000. They employ para –professionals called behvarz who make home visits to people in remote areas with little access to health care("Community Health Worker" n.d).

In Brazil the Family Health Program employed Community Health Agents to make home visits and address people's health needs. Their infant mortality rate fell from 50 per 1000 to 29.2 over the decade of the nineties. Brazil has now shifted to a program of universal public health care. ("Community Health Worker" n.d)

In both cases the importance of having comprehensive health care rather than specific disease programs is notable and the use of health workers to improve access to basic health and family health is another distinctive factor.

In India there are a number of health initiatives undertaken by individuals and NGOs (Non governmental organizations) that have been effective in improving health indices in their local region and empowering the community. Two such organizations in Maharashtra are SEARCH (Society for Education and Research in Community Health) co-ordinated by Drs Abhay and Rani Bang in Gadchiroli and the CRHP (Comprehensive Rural Health Project) by Drs Raj and Mabel Arole in Jamkhed. Both organizations are focused on comprehensive health and in both organizations the role of home based health care is effective in improving access and changing attitudes of the people. The role of training that is imparted to the Health Worker is what distinguishes these programs from the government programs where the health workers have a limited and almost administrative role rather than a hands on approach that these programs support and develop. These organizations have been contacted by the State government to train their health workers in some districts however it has not been scaled up to the whole state.At SEARCH the infant mortality has been brought down by almost 30% in this remote tribal hamlet through a home based care program to detect and treat pneumonia with medication in neonates solely by health workers.(Bang et al, 1999)

Thus with proper training and the will all of India's health challenges can be met by 'barefoot' doctors.

References

- Government of India. National Health Policy, 2000-2015.

- Government of India. National Rural Health Mission (NRHM) (2005-2012**).** Retrieved September 24, 2013, from http://stg2.kar.nic.in/healthnew/PDF/NRHM%20MISSION%20DOCUMENT.
- Bang, A. T., Bang, R. A., Baitule, S. B., Reddy, M. H., & Deshmukh, M. D. (1999). Effect of home-based neonatal care and management of sepsis on neonatal mortality: field trial in rural India. *The Lancet, 354*, pp.1955–1961.
- NRHM. (2012). 6th Common Review Mission.Report. http://nrhm.gov.in/images/pdf/monitoring/crm/6th-rm/report/6th_CRM_Main_Report.pdf
- Community Health Worker. n.d Retreived onSeptember 25, 2013 from http://en.wikipedia.org/wiki/Community_health_worker.