Making Health Inclusive For All

Dr. Aditi Sharma,
Assistant Professor, Department of HRM and OB,
School of Business and Management Studies, Central University of Himachal Pradesh,
Dharamshala, Kangra (H.P.)
Email:draditis@macu@gmail.com

ABSTRACT

The healthcare system of any country should be able to provide the patients with access to the requisite and necessary healthcare services (Wendt, C., 2014) without any bias or prejudices. Health and material prosperity are closely associated to each other (Thomas, D and Frankenberg, E., 2002). Healthy citizens are an asset for a nation as they can actively contribute towards the economic growth of the nation.

The rising and shining India still has over 270 million poor people in the year 2012 and poverty is a major barrier in access to healthcare facilities (UN, 2015). It is unfortunate that the advances in medicine have not been able to penetrate the social periphery owing to the heavily bureaucratised system of our country (Park, 2011). The red tapism which is the biggest bane of this country and the lack of strong political will to improve the general health of the population has led to lagging of public health systems vis a vis the private health sector. The infant and child mortality rates are high (IMR is at 40 per 1,000 live births and Under Five mortality rate is 49 deaths per 1000 live births) and so are the Maternal Mortality Rate (167 per 1,00,000 live births) (GOI, 2015) and the costly treatment of ailments compel majorly of the poor population to seek medical care only in dire circumstances. The focus of the present paper is on the problems plaguing the healthcare system in India as well as possible solutions to the problems.

Keywords: Health, Healthcare

Introduction:

Despite of having National Health Policy India does not have National Health Services due to inadequate financial resources. Ironically hospital based disease oriented health care model serves only urban elite despite the fact that 80 per cent of health facilities are there in urban areas of India. Goal of health care services is to improve the health status of the people. The goals to be achieved are fixed on the basis of reduction of morbidity and mortality, improvement in life expectancy, availability of basic sanitation, trained manpower requirements, development of resources food production, literacy rate and poverty reduction. World Health Organization noted that health system is unfair if the individuals end up in poverty to meet the healthcare costs. It is also important to note that approximately 29 percent of the Indian population (almost 300 million people) lives below the poverty line and either rely on the free health services of the government or borrow money or sell their assets to pay for the health services. It is estimated that more than 40% of hospitalised people borrow money or sell assets to purchase medicines, and 35% of hospitalised Indians fall below the poverty line because of hospital expenses (Raman, V.A. and Bjorkman, W.J.).

Out of pocket spending in India was around 71 per cent (Hooda, S.K, 2012 ) and though the public health system in India is subsidized, the poor people and sometimes not so poor prefer largely unregulated private sector which is not only costly but also pushes them into the vicious poverty trap. Research has revealed that 25 percent of the Indians incur catastrophic medical expenditure which
means that in such households medical expenditure exceeds 40 percent of the non-food expenditure. Access to the public health care system reveals disparity as the well-off sections of society get best of the healthcare services while the poor, and the disadvantaged people suffer due to socio-economic inequity (Mondal, S., 2014); high out of pocket payments also indicate that the health services are utilized by the people who have the ability to pay, while the poor remain deprived as they cannot afford to pay at the time they need it (WHO, 2014).

For better services the health facilities should be comprehensive, accessible, acceptable should provide scope for community participation and should be available at a cost which can be borne by both the community as well as the Government. Moreover, health of women in a country like India is affected by poverty, inequality and limited decision making in our patriarchal society. Socio psychological obstacles in the form of patriarchal supremacy feeling inferiority has caused vicious cycle of illiteracy and social backwardness that results backwardness of the women. In India the allocation to health in the annual budget hovers around mere 1-2% which is grossly inadequate to meet the needs of the massive population.

1. RURAL HEALTH

The distribution of healthcare facilities varies in terms of access and facilities for rural and urban Indians. In rural India the public health system is in a bad shape because of the problems of attracting, retaining and ensuring sustained supply of specialized medical professionals. Most of the specialist doctors and nurses prefer to work in urban areas even if they are paid higher salaries as the rural areas lack the requisite facilities. Timely access to critical health service is a daunting challenge in the rural areas of India and a vast majority of public healthcare institutions do not have critical care facilities. Poor road connectivity and weak transport facilities also contribute to the inaccessibility of the healthcare services to a large number of rural and tribal people. In some of the states in India affording healthcare facility is still a dream and where the facilities are available, the problem of apathetic attitude of doctors especially those working in government hospitals towards the patients coming from poor backgrounds has been found.

2. INTER SECTORAL COORDINATION

There is a direct relationship between drinking water, sanitation and healthy living. Access to safe drinking water prevents the occurrence of many water borne diseases. A significant improvement on this aspect has been made yet there are people who still do not have access to the safe drinking water. The poor sanitation facilities in the country are evident by the fact that Census 2011 revealed that 53.1% households in India are still without latrine facility (GOI, 2015). “India remains a home to one quarter of the world’s undernourished population, over a third of the world’s underweight children.....” (UN, p.6). The nutritional deficiency results in occurrence of many chronic diseases and severely hampers the productivity and capabilities of people (Thomas, D. and Frankenberg, E., 2002). Adolescent health education, gender sensitization, and problem of alcoholism are some of the touch points where the government needs to pay attention in the rural and tribal areas of the country.

3. PUBLIC PRIVATE PARTNERSHIP

In India the public private partnership concept is also facing a number of challenges. It is a well-established fact that services rendered by private institutions are costlier because they inflate the cost of treatment by recommending unnecessary diagnostics tests and surgeries like hysterectomies, undue ocular surgeries etc. (Rao, M.,Godajkar, P.,Baru, R., Bisht, R., Mehrotra, R.P, Dasgupta, R., Reddy, S., Bajpai, V., 2015).
4. INADEQUATE MANPOWER

Availability of quality healthcare services to the community depends largely upon the efficacy with which health service providers discharge their responsibilities, which, in turn would depend mainly upon their education and training. India has an average 0.6 doctors per 1000 population which is much lower than global averages (1.23) (ASSOCHAM, 2011) and the number of qualified doctors in the country grossly inadequate to meet the massive requirements of burgeoning Indian population.

SOLUTIONS

The healthcare industry is poised to gown at the compound annual growth rate of 12 percent by 2020 (Srinivasan, V. and Chandwani, R., 2014).

1. In the modern globalized world the innovations in technology have brought about many radical changes and now it is the turn of the healthcare to take a call and use it to provide easy, convenient and at low cost services to the people. The use of technology can bring more transparency in governance as the doctors as well patients can have easy access to the relevant information and it empowers patients. Information and Communication Technologies (ICT) can help in overcoming several challenges faced in the delivery of quality healthcare by improving the skills of healthcare workers through timely access of data at the point of care, getting accurate information as well as much needed professional advice (Chib, A. et al, 2008). The use of mobile computing devices can improve the productivity as well as reduce the cost of healthcare (Thomas, G and Botha, A.R., 2007).

2. Telemedicine can be beneficial in providing primary care to the people living in far flung areas of the country. For instance In a joint partnership between The Health and Family Welfare Department, Government of Himachal Pradesh and Apollo Tele health Services Telemedicine services were offered to people residing in remote parts of Himachal Pradesh and it was found that people living there were suffering from lung problems, thyroid (Chauhan, P. 2015).

3. Mobile health or mhealth has made healthcare accessible to many people residing in remote and far flung areas of the country. To improve the maternal health and curb infant mortality Government of India’s Ministry of Health and Family Welfare launched MOTECH, a simple to use mhealth technology was launched at the National level. The m health initiatives can be significant game changer for the healthcare industry in India since the number of mobile phone subscriber base has already crossed the one billion mark (Rai, S., 2016).

4. While the five star hospitals should be promoted for bringing India as a leading destination for medical tourism, there is lot of scope for improvement in the public health systems to ensure equitable health service to its vast poor population. Measures like creating trust between patient and service provider, understanding cultural nuances (Harris, G.L.A,2010) , friendly environment are some positive steps towards creating a system of ensuring quality improvement in all public health facilities.

5. 86% of rural population in India and 82% of urban population are still not covered under any health insurance and most of the rural households rely on household income/savings and on borrowings and the urban households depend on income/saving, for meeting the cost on treatment (GOI, 2015). In India 6.2 % of households fall below the poverty line due to out of pocket (OOP) spending on health (UN, 2015). In such a scenario microfinance schemes can help the poor in meeting the catastrophic costs they bear while availing the healthcare facilities.

6. Most of the studies reveal the faults of the public health system rarely focussing on the positive outcomes of the various interventions by the Government of India. (Programmes like NRHM, Universal Immunization Programme, Pulse Polio Immunization programme etc.)

7. The solution lies in the problem itself that is by fixing accountabilities which can be done by strengthening the village level supervision. Since at the village levels the major problem is absenteeism of health staff and there are so many villages in India which still do not have even
the basic medical facilities. The government needs to fix accountabilities and there should be a biometric machine for attendance which may be installed at a central place like Panchayat Ghar where all the Government employees should mark their attendance both in the morning as well as evening time and it may be verified by the public functionary like Gram Panchayat Pradhan.

8. While the patient expects a just and humane health professional, she faces a corrupt, callous and incompetent health system. There is lack of trust in doctor-patient relationship and we have failed to formulate a health policy which caters to the Indian needs. The absence of trained and motivated health professionals has led to ineffective government health services which can be mitigated by compulsory posting of trained health staff in the rural belts.

9. There needs to be a paradigm shift in the attitude of the Government (the belief evidenced by the fact that GDP spending on Health in India is 4.05% of its GDP in comparison to 6% - 12% in upper middle and high income countries, UN, 2015) which needs to view “Expenditure on health as an investment on society and not as a burden”. Swacch Bharat Mission is one such project by Government of India which can successfully work in the direction of improving inter-sectoral coordination because the vector borne diseases can be controlled and managed if the surrounding environment is clean.

10. Although the penetration of Health insurance is less than 15 percent (Srinivasan, V. and Chandwani, R., 2014 ), it is projected to grow in the coming years which can considerably improve access and use of healthcare among poor by providing them financial help during medical emergencies and reducing the costs of healthcare (Hooda, K S, 2013). Cost effectiveness can remove economic barriers that exist with respect to the access of healthcare among the poor and disadvantaged section of society.

References