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ALTERNATIVE POLICY FOR HEALTH FOR ALL

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The major problem with India's health care system is that it is a top-down techno-managerial exercise for the 'delivery' of services. It has been designed by the medical profession and the health bureaucracy according to their own perceptions rather than evolving on the basis of the actual problems that affect the health of the vast majority of our people who live in rural India and its urban slums. This relates to the disease pattern which shows wide regional variations and also to the social, economic and cultural factors which are the root cause of these diseases. These socio-economic factors also affect the operation of health services because of the wide cultural and social distance between those who design and operate the services and the people who they serve.

In the case of the private sector, which is responsible for about 70% of manpower and health expenditure, the interest in monetary gain generally takes precedence over other considerations. This sector, with its economic and political influence, has distorted not only manpower production and training in the publicly funded government medical colleges and nursing schools for their own advantage, but also the entire concept of health. Trained at public expense, the majority of doctors and nurses serve in the private sector or emigrate. The rest are technically, as well as culturally, ill-suited to serve the entirely different requirements of

the public sector. The medical profession, despite its vast proliferation, has failed to provide the necessary leadership and support to the large team of community and paramedical workers in the public health system in rural areas. It has also converted urban health into an unnecessarily expensive exercise in specialized curative medicine which chiefly serves the urban rich and influential, regardless of the entirely different needs of, and consequences for, the majority who live in the slums. The gross overproduction of doctors, now increasingly in private medical colleges, of drugs and of equipment has only compounded the problem and resulted in extensive malpractice and corruption at all levels which cannot be adequately condemned.

The health problems of the majority of our people are the result of poverty. Malnutrition, unsafe water supply, lack of sanitation, and the poor environment could be improved by the hands of people themselves through their own effort and political action. Attempts to medicalize these problems have generally failed and have simply become another futile and expensive techno-managerial exercise.

Even for the diseases of poverty which are chiefly of a communicable nature like gastroenteritis, acute respiratory infections, tuberculosis, leprosy and poliomyelitis, medical science has provided us adequate knowledge as well as simple, safe and cheap technology which can be utilized effectively by the people themselves. If diseases were classified according to the facilities and skills required for their prevention, treatment and control, rather than by medical pathology, the vast majority while requiring a low level of technical skills and facilities would need a high level of cultural affinity. This is why village based health and paramedical workers have proved far more effective at dealing with such problems leaving only a few problems that require the greater skills and facilities of doctors and hospitals. In trying to appropriate what is essentially peoples' own functions, the public health system has not only failed to control these diseases but, in the process, has mystified health, created dependency, and lacked accountability to the people whom they are paid to serve.

Four decades of such futile exercise, despite a large number of NGO experiences (as well as the experiences of Kerala and China) to the contrary should convince us that an alternative approach which is cheaper and far more effective is readily available. This can be implemented by the people themselves playing the dominant role with their own health workers. The role of the health services should be that of providing appropriate knowledge, technology, encouragement, as well as organizing the supportive services for the relatively few problems requiring their higher skills and facilities. It should not attempt to appropriate what are essentially people's functions which they cannot fulfil.

The ICSSR/ICMR report "Health For All: An Alternative Strategy" of 1981 based on the original Bhore Committee's[4] model has clearly defined the role of the people and of the health services which must be under their control. About 80% of all preventive, promotive as well as curative functions can be best undertaken at the Gram Panchayat[5] level. This would leave only a few problems for the primary health care centers and the community health centers which will also be accountable to the people as they will be under their administrative and financial control and not to an external hierarchical service. In such a decentralized people-based system it is estimated that about 98% of all health problems including preventive, promotive and curative can be catered for most effectively at the 100,000 population level. This would leave only a very few problems needing more expensive tertiary care at a distant urban center. Such a decentralized, bottom-up, people- based service would be technically, economically, and administratively superior to the existing top-down `delivery' model and much more convenient and acceptable to the people who alone can ensure accountability.

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[4] The Bhore Committee wrote a pre-independence report analyzing the health sector in India and making a number of policy recommendations.

[5] The Gram Panchayat level is the level of village self government.

This will however require a redefinition of the actual health problems of people, as well as their role in health. It will also require the training of a large number of female community paramedical and health workers in specific tasks for each level. There will be a refinement of the numbers, as well as the roles of the medical and nursing profession and hospitals, in such a system, providing them training and facilities for specific tasks at each level. This would also mean the abolition of targets such as those for family planning, which have not only failed to achieve their own goal but have also destroyed the health services which could have helped achieve the original targets. There should be only one unified health ministry and national health service.

Furthermore, the role of indigenous systems, which have been neglected in the single minded pursuit of western medicine, needs to be redefined, since they are a part of our culture and have more to offer in the many aspects of health and disease in which western science is deficient.

The forthcoming Panchayati Raj[6] offers us the opportunity to adopt a rational system for the welfare of the majority of the people. No amount of tinkering with the present system can deliver the goods because the entire approach is faulty and more in keeping with the interest of those who design and operate the service rather than with the people for whom it is meant. It also requires a strong political will to oppose those who have vested interests in what has now become a major, self-perpetuating, health industry.

Such a decentralized health system would apply equally well to the urban situation where unmanageable mega-hospitals with expensive specialized services consume a disproportionately large amount of the country's health expenditure. They could be replaced by much smaller community health centers spread throughout cities and towns. They would not only be a better managed and cheaper system, but would also provide a far

[6] A system of local government brought in by the 73rd constitutional amendment which also authorizes that 30% of seats be reserved for women.

more accessible, personalized and humane service to the local population under their own supervision and control.

Such a system would entail a public expenditure of about Rs. 100[7] per capita per annum or about Rs. 8,500 crores[8]. The country is already incurring an expenditure of Rs. 5,000 crores for health and family welfare on a service which has by and large failed to deliver the goods. This is apart from the Rs. 20,000 crores or more which is being expended by our people in the private medical sector.

[7] At the time of publication US$= Rs. 30.

[8] One crore is equivalent to 10 million rupees.