

HEALTHCARE IN INDIA: IS THE GOVERNMENT EVEN BOTHERED?



Political parties often pitch intensively against a few individuals for maximum media bites. There is, however, no real discussion of the issues which affect the lives of scores of Indians. "Development" has recently become the buzzword of all the political parties. Development does not only mean economic and social transformation, health also has to be seen as an essential component. A country's future is determined by the investment the government makes in health and education for its human resources.

The most one hears from politicians about health is on the subject of reducing infant and maternal deaths. These are issues that matter, but it is a shame that the government has realized this so late. For the last sixty eight years, it has been largely silent on the issue of India's poor infant and maternal mortality indicators. With more voter friendly issues to be

discussed, such as roads, trains, and buildings, more fundamental societal issues such as health does not seem to appear at the forefront of political discourse.

Although the government routinely announces grand health schemes, India does not use credible evidence to guide health expenditure. Evidence based public health policy, which determines planning and spending, is virtually non-existent. There is a need for state funded and autonomous research funding organizations. Many countries have institutions that collect information on the burden of diseases. These institutions have statutory and economic powers to enable them to plan and implement integrated surveillance for diseases, and to guide policy to determine priorities, which could prove to be a crucial step for India. Barring the pulse polio programme, having a world class surveillance network,

there have been ambitious intents but futile implementations of disease surveillance and response in the country. There are no standard operating guidelines regarding reporting diseases, and health hazards, which should be implemented throughout the country. The ministry of health and family welfare needs just not the right intent but also coordinate with state governments to implement evidence based public health in India. The government health departments need to be autonomous with minimal political interference. Currently, the majority of health expenditure is from people's own pockets. Middle class families are not invulnerable to major illness or the likely subsequent impoverishment. Insufficient funds and a lack of accountability in the public health sector have led to the flourishing of the private sector, triggering catastrophic health expenditure. No political party pledges to implement universal health coverage ahead of elections, given that it is not a burning issue for them.

The fact which is most astonishing is that no one talks about the importance of public health training and research; two important areas that require immediate attention. The autonomous public health institutes need to focus on the obligations of the local public health system. These should include keeping the public informed about important

general health matters, as well as conducting research in an area specific manner within each state, and reporting findings to the government so that changes can be implemented. It is critical that a well trained and professionally skilled workforce manages the public health system. A new "Indian Health Service" with power and financial autonomy equivalent to that of the Indian Administrative Service needs to be created. A detailed draft of such a service should be prepared and discussed in detail by public health experts. Professionals should be trained in addressing public health issues, and in educating the public on general health.

Private healthcare establishments are rarely accountable for any of the services they provide. It is important to recognize that the private health system in India is similar to any other profit making industry, with quality treatment coming at high cost, borne by the patient. The private sector in healthcare is unregulated. The need of the hour is to have regulations to ensure that the average person is able to afford healthcare. If one is not poor already, illness can make him poor. The only exception to this is for millionaires or politicians whose healthcare expenses are taken care of by others. Still, the middle class never demands more healthcare expenditure or considers this as an issue before deciding which party to vote for. The current public health

(Dr. Rohit Sharma, M.D.S., Consultant Oral and Maxillofacial Surgeon and Implantologist)



challenges are intense and complex, and cannot be addressed by the government's department of health alone. There is much work to be done, if we want to claim to be one of the fastest growing and developed nations. It is time to focus on fixing the health system, and take steps that will improve public health. Most illness is preventable and early screening can minimize costs. Health is a state of complete physical, mental, and social wellbeing and not merely the absence of disease or infirmity, yet most health debates occur around sickness and diseases.

There is a need to implement universal health coverage and strengthen the comprehensive primary healthcare throughout the country. It is to be ensured that the control on providing healthcare services is decentralized. A school health programme needs to be implemented to ensure that every child is healthy. An integrated national health policy also needs to be developed, which would cover preventive, curative, and rehabilitative services, with the social determinants of health getting priority in planning and budget allocation.

The mainstream media airs debates on most trivial issues but do not have time to raise interest in health issues. With the common man not knowing the serious consequences, faced with the eternal neglect of politicians, and sidelined by private health interests and aiding policy makers, one is often left wondering who cares for the health of people.