

Medical Professionals for Health and Democracy

It goes without saying that the state of health of a nation is one of the most important indices of the state of the nation itself. No citizen can remain indifferent to the problem of health in our country. It concerns one and all. But health is not the realm of doctors and medical persons alone, though they are the frontline soldiers of this field. The policies pursued by the government have immediate and important bearings on the entire sphere of health and related activities.

Unfortunately, in our country which is the second most populous nation of the world, we seem to be as far away from realizing health as a fundamental right as we were on the marrow of independence. **Health for all by 2000 A.D.** remains an empty slogan, a cruel mockery. The stagnation on our health front becomes most apparent in comparison with **China**, the most populous nation of the world, for four decades ago our two countries had begun their journey on a more or less similar footing. Today, 30% babies in India are still born underweight and 10% die in their infancy, while in China the figures have been brought down to mere 6% and 3%.

Why and where are things going wrong in our country? Surely, it is time for a thorough overhaul. The health and related policies of our government demand a close scrutiny and the health system a total revamping.

To this end, we, a group of doctors and medical students from **Assam, West Bengal, Bihar, Uttar Pradesh and Tamil Nadu**, met in Calcutta on 17-18 August 1992 at the invitation of the **Indian People's Front (IPF)** and discussed the following major issues facing the medical community and the common man.

Breakdown of the Health System

The health care delivery system is facing a virtual breakdown in large parts of the country. Even after four decades of independence there is still a shocking shortage of basic health care facilities, essential and life-saving drugs and trained and motivated medical personnel. Whatever skeletal structure of health centres and hospitals has evolved over the years is perpetually handicapped by lack of drugs, equipments personnel and funds. And then there is mismanagement, corruption bureaucratic interference and red-tapism.

The **health budget** in India constitutes only 1.7% of the national budget, and this after overstating it by lumping health expense with all sorts of health-related construction and maintenance expenses. The defence budget, on the other hand, accounts for a high 17%, which is however an understatement, for a lot of defence expenses are shown under S&T research and various other routine departmental heads.

This anti-welfare trend is only likely to grow under the present IMF-inspired and totally market-oriented economic dispensation.

We demand an immediate reduction in defence budget and diversion of the funds thus freed towards health. The annual health budget must immediately be raised to 5% of the national budget.

Privatisation of Health Services

There is an increasing and dangerous trend in our country towards privatisation of health services. Instead of building up an efficient people-oriented basic healthcare delivery system in the Government sector, the Government is in fact increasingly moving away from whatever welfare orientation it had in the early years of planned development. In the name of modern medical care, Government is encouraging building of costly medical facilities in the private sector, by NRIs, MNCs and big business houses.

For every rupee spent on public health in India, the government's share is a meagre 20 paise. This is half of the corresponding average figure for the low-income economies of the world, not to speak of the advanced economies where the government share in health is as high as 60%.

We demand an immediate end to this trend of privatisation of the healthcare delivery system and call for raising Government participation to 60% of the total spending in the sphere of health.

Towards A Rational Drug Policy

In the absence of a national and uniform drug policy the whole country is flooded with useless, spurious and harmful drugs, while basic, essential and life saving drugs and vaccines are always over-priced and often in short supply. Big drug companies, many of them multinationals, go on manipulating drug prices at will by forming cartels among themselves.

It is a matter of national shame for us that while our government has refused to take a single step towards implementing the **Hathi Committee** report on abolishing the multiplicity and proliferation of misleading and harmful drugs, **Bangladesh** has shown the guts to implement the WHO guidelines in this regard. Even during the recent cyclones, the government of Bangladesh refused to accept the drugs offered by the medical mission sent by Indian Medical Association.

We demand assured availability of all basic and life-saving drugs and vaccines at cheap prices, introduction of a national drug register to strengthen inter-state control over banned drugs, strict control over drug companies and MNCs.

to stop the manufacture and marketing of injurious and unnecessary drugs and implementation of the long overdue Hathi committee report on drug policy.

Reorientation of Medical Education

The present system of medical education patterned after the British colonial and other western models is elitist, expensive and highly insensitive and ill-suited to the Indian reality especially the needs of our rural society. It pays very little attention to the preventive aspect of healthcare and, what is more fails to motivate the doctors and other medical personnel in the spirit of service to the people

All these lapses of the existing system are being further aggravated by the growing commercialisation of medical education. Private medical colleges charging huge capitation fees and imparting substandard medical education are mushrooming all over the country

To bring about an effective improvement in this state of affairs, we demand a reorientation of the whole system of medical education. The proliferation of private medical colleges must immediately be banned and refresher courses made mandatory for all doctors to keep them posted with the continuing advances in modern medicine.

Protection of Worker's Health

India has one of the largest workforces in the world, but scant regard is paid to the health of workers even in the modern organised sector. The overwhelming majority of rural and urban workers do not have any kind of health insurance cover, while the existing network of ESI, CGHS and similar schemes is grossly inadequate.

The situation is made particularly worse by the poor provision and implementation of safety regulations, environmental norms inside and outside factories and locational restrictions. Bhopal and Sivakasi are normal out-comes of

this callous and careless system. And with the present drive for total deregulation of capital and industry, the incidence of such man-made industrial 'tragedies' only threatens to go up further.

We demand mandatory health insurance cover for all workers in both organised and unorganised sectors with a provision for lifelong compensation to the worker and his/her family in the event of any casualty of disability, and strict implementation of all industrial safety regulations and locational restriction.

Medical Profession and Society

Medicine being one of the most social professions, medical professionals have a very close and natural association with the society and its problems, and are most well placed to play an effective role in leading the society towards a more humane and healthy, just and democratic order.

In particular, medical professionals can play a leading role in the campaign for abolition of child labour and death penalty, against oppression of woman and the trade in human organs, against female foeticide and infanticide in the garb of sex-determination tests; against environmental degradation and the danger of war; for mass literacy and awareness and against all sorts of obscurantism and fanaticism.

We appeal to all members of the medical fraternity and the public at large, to political parties as well as trade unions and social and cultural organisations to come together and fight unitedly for people-oriented health and drug policies and an effective healthcare delivery system in our country.

Let us march forward unitedly towards Health, Peace and Democracy!

[Issued by Dr. Jayanta Das on behalf of the Preparatory Committee for National Medical Convention for Health and Democracy from Dept of Cardio-thoracic Surgery, Guwahati Medical College, Guwahati- 781032]

Whither Primary Health Care ?

B. Roy

Global scenario

- Only 10 to 20% population of developing countries have access to health services
- No equity in distribution of health services
- Elitist orientation in health system

Failure of medicine?

- Threat posed by increasing emerging and re-emerging fatal diseases
- Expectation of life remained low in developing countries

- Infant mortality rate remained high

New concepts

- Inclusion to social justice and equity
- Recognition of role of community participation
- Changing ideas about nature of health & development
- Importance of political will

Health for all by the year 2000

- 30th World Health Assembly resolved in May 1977: "Main social target of the government, and WHO in the

coming decades should be the attainment by all citizens of the world by the year 2000 of a level of health that will permit them to lead a socially and economically productive life."

Alma Ata Declaration

- Joint WHO- UNICEF international conference in 1978, participated by 134 countries, declared: "The existing gross inequality in the health status of people particularly between developed & developing countries as well as within countries is politically, socially & economically unacceptable."

Changing Concepts

- Comprehensive Health Care - propagated first by Bhore Committee (1946)
- Basic Health Services - propagated by UNICEF & WHO (1965)
- Primary or Essential Health Care - propagated by UNICEF & WHO at Alma Ata (1978)

Comprehensive Health Care

- Provision of integrated preventive, curative & promotional health services from womb to tomb
- Close to beneficiary level
- Irrespective to their earning
- Widest cooperation between service providers & beneficiaries
- Stress on vulnerable & weaker sections

Basic Health Care

- "A basic health service is understood to be a network of coordinated, peripheral & intermediate health units capable of performing effectively a selected group of functions essential to the health of an area & assuring the availability of competent professional & auxiliary personnel to perform these functions."

Primary or Essential Health Care

- Alma Ata Declaration called on all governments to formulate national policies, strategies & plans of action to launch and sustain primary health care as part of national health system
- Primary health care integrates at the community level all the factors, including Essential Health Care, required for improving the health status of the population

Elements of primary Health Care

- Education about prevailing health problems & methods of preventing & controlling them
- Promotion of food supply & proper nutrition
- An adequate supply of safe water and basic sanitation

- Maternal and child health care, including family planning
- Immunization against infectious diseases
- Appropriate treatment of common diseases and injuries
- Provision of essential drugs

Principles of Primary Health Care

- Equitable distribution
- Community participation
- Inter-sectoral coordination
- Appropriate technology

Global Strategy for Health for All

- 34 th World Health Assembly in 1981 pledged : "Health for all by the year 2000, that is, attainment of a level of health that will provide all people to lead a socially and economically productive life"

The Millennium Development Goals

- After failure of achieving Health for All in 2000, 189 countries met at Millennium Summit in Sept.2000 and adopted United Nation Millennium Declaration to be implemented within 2015
- Specific commitment in seven areas including reduction of poverty & hunger and tackling ill health, access to clear water and environmental degradation

Three decades of Primary Health Care

- Significant regional, inter & intra-country variation, social & health inequality
- 1/3rd of World population have not access to maternal & child health services, safe water & food security
- Life expectation of a girl child in developing country <45years
- In India, >50% deliveries are outside institution & 30% of them by unskilled persons
- 44% infants only received full immunization
- Out of pocket health expenditure put 100 million below poverty line annually

Privatization of health system

- Government's role becoming more & more marginalized
- Increasing dependence on external funding
- Accelerated role of donor agencies influencing health policies
- Corporatization of health system
- Rising role of private medical insurance companies
- Unregulated commercialization of health care system

Commercialization of health care system

- Promotion of city based specialist & super-specialist centred services by aggressive marketing influencing health policies

- Medical instruments and pharmaceutical industries and TPAs playing dominant role
- Fragmented approach to service deliveries through selective disease control programmes from extra-budgetary fund donated by foreign agencies
- Escalating cost of treatment including hidden cost
- Economic liberalization paved avenues for massive private investment in lucrative health industry

Irony of commitments

- Government of India (GoI) evolved **National Health Policy (NHP)** in 1983 to express their commitment to achieve the goal of Health for all in 2000
- GOI revised NHP in 2002 to:
achieve an acceptable standard of good health amongst the general population
improve decentralized public health system with increasing access
vocus on major disease burden

Goals vide NHP II

- 2005 : Eradication of Polio & Yaws; elimination of Leprosy; establishment of **Integrated Disease Surveillance Project (IDSP)**; increase state sector health budget 7%
- 2009 : Achieve zero level infection rate of HIV/AIDS
- 2010 : Eliminate Kala-azar; reduce 50% mortality by TB, malaria & other vector borne diseases; reduce blindness to 0.5%; IMR to 30/100; MMR to 100/lakh; increase utilization of public health facilities from <20% to >75%; govt. expenditure from 0.9% GDP to 2%, central grant up to 25% in state health budget which will share 8% of total budget
- 2015 : Eliminate Lymphatic filaria

Piece meal solution

- GOI evolved **Integrated Disease Surveillance Project (IDSP)** for 2004-2009 to decentralize state based surveillance system to detect early warning signals of impending outbreaks & to initiate an effective response in time
- GOI evolved **National Rural Health Mission (NRHM)** for 2005-2012 to provide accessible, effective & reliable primary health care integrate multiple verticle programmes along with their funds at the district level
- Despite of some inputs and initiatives NHP, IDSP, NRHM et al are suffering great problems due to fragmented approach, supra-structural exercise, policies not suited to field situation, poor infra-structure, reluctance from the part of service providers, in-coordination among service providers, unsteady supply of funds & logistics, dilly-dallying, time lag, bureaucracy, high handedness, corruption, nepotism, incapability to address social determinants & felt needs, foreign dependence etc.

India : The global capital for disease

- After these high sounding futile exercises India becomes the global capital of TB, HIV/AIDS, malaria, filaria, kala-azar, dengue, encephalitis, meningitis, chikungunya, polio, measles, leptospirosis, diarrhoeal & ARI related deaths, maternal death, diabetes, blindness, trachoma, ischaemic heart disease, carcinoma, psychiatric diseases, spondylosis, iodine deficiency, arsenicosis, flurosis etc.

Capital of Hunger & Death (NFHS -III survey 08)

- Health budget; only 0.86% of GDP
- Public health expenditure: 16% of health budget
- Infant mortality rate: 57 (target 30 by 2012)
- Child mortality rate: 74 (target 42 by 2015)
- ICDS services: 30%
- Supplementary food scheme: 26%
- Under nutrition (0-5 years): 50%
- Underweight (0-5 years): 20%

India: Least Developed Country

- Shutting up three vaccine producing PSUs: shortage
- Anaemia: 0-5 years 70%, woman 56% & men 24%
- MMR: 300 / lac (most deliveries by unskilled persons)
- Access to toilet : 29% households
- Non access to drinking water: 20% households
- Privatised health care reaches: 70% & 63% urban & rural households
- Unregulated profit in drugs: essential drugs become out of reach from common people
- Health insurance coverage: <5% households (one member per household)

West Bengal: Fractured dream

- Topper among Indian states on hunger and death due to hunger
- Abysmal socio-economic-nutritional conditions of tribal inhabited western parts, Terai regions of North Bengal and river-erosion and flood affected areas
- Front runner on closer, retrenchment, unemployment, lawlessness, social unrest, political violence, infiltration, eviction, migration to other states for livelihood, crimes against women for prostitution and sex-slavery, child labouring etc.

West Bengal: Escalating tension

- Downfall in industry and stagnation in agriculture
- Non-implementation of social projects and collapse of public distribution system
- Poor performance and nepotism in Panchayet (PRI), govt. co-operatives and rural banks
- State sponsored land grabbing for big capital and peasant resistance at Singur, Nandigram
- State sponsored genocide at Marichjhanpi, Karanda, Nanur, Chota Angaria, Nandigram...