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Role of government in public health issues

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Abstract

Health status of any country is represented by health care & demographic indicators which also measure government's efficiency and performance in health sector. Also, it has relevance in national progress. Governments have the responsibility for the health of the people which can be fulfilled only by the provision of adequate health & social measures". Role of government in public health issues is multi-disciplinary and multi-directional, fulfilling roles of insurer, provider and regulator of health care. The National Rural Health Mission (NRHM) launched in 2005 has major innovations in the creation of a cadre of Accredited Social Health Activists (ASHA) and improved hospital care, decentralization at district level to improve intra and inter-sectoral convergence and effective utilization of resources. The various challenges government is facing include population growth, poverty, unexpected natural and manmade disasters, global pandemic of AIDS or influenza (H1N1), poor coverage in rural and remote areas and the constant threat of biomedical warfare. Lifestyle diseases are emerging to a great extent. Various solutions can be sought like prompt and effective health service delivery, health care financing and health legislative measures which are important to safeguard and to protect health of public. These must be strict and should clarify and articulate the role and functions of public health. To improve the purchasing power of community, government should focus on the creation of various job opportunities at individual local places wherever it is possible. For the industries, safe occupational environment must be ensured. Government should aim at ensuring highest possible level of physical, social and psychological wellbeing amongst the workers of all the populations. Thus role of government remains to ensure the availability, accessibility, quality and accountability of medical care to the community following the principle of equity. Thus, an organized and decentralized public health service system which will use the resources adequately with prioritization and by ensuring the strong political commitment, community participation, health legislation, health investment and more importantly bringing health care as a priority is the need of the hour.

Keywords: Emetic toxin, Enterotoxin, Fermented rice noodle.

Introduction

India is currently home to more than 1.15 billion people, representing around 17% of the world's population.[1, 2] An assessment of performance of the country's health related indicators points out an uneven progress in health indicators across regions with gender (male-female) as well as space (rural-urban) differences. In order to bridge this gap and provide accessible, affordable, equitable health care, the Government has launched a large number of programs and schemes.

The country is living under two shadows, the familiar one of infectious diseases like malaria, tuberculosis, etc and the new and growing one of non-infectious chronic

diseases like cancer and coronary diseases. Analysis of available qualitative and quantitative data clearly shows extremely uneven health and development progress in various parts of the country. Even within the reasonably well performing states, there are regions where little has changed since Independence. The government sector is over-centralized and the problems associated with it are the lop-sided planning, inadequate and unbalanced financial outlays, lack of accountability, low moral values and dereliction of duties by medical and nursing professionals. There has been an unprecedented growth of the private sector, in both primary and secondary health care all over the country. As per the current ethical standards of the medical profession and free market technology-driven operational principles, the private sector generally does not provide quality health care at a reasonable cost.

At independence the private sector in India had only 8% of total health facilities. Currently 93% of all hospitals, 64% of all beds, 80-85% of doctors, 80% of outpatients and 57% of inpatients are in the private sector.[3] In all sectors of medical education and training, medical technology and diagnostics, manufacture and sale of pharmaceuticals, hospital construction and ancillary services and the provision of health services, the private sector has gained dominance. Government has been attempting to engage the private sector in providing services under the national health programs. The primary objective of such an attempt has been to expand access to health care. But in the absence of effective regulatory norms, the experience has been far from satisfactory.

Due to the problems associated with compliance, contribution and collaboration, despite the various new approaches, health indicators of country are still poor. We are far away from achieving the millennium development goals by 2015.

Current Health Status

Health status of any country is represented by health care & demographic indicators which also measure government's efficiency and performance in health sector. Also, it has relevance in national progress.

Our country's Human developmental Index is 0.619 and it ranks 128 out of 177 countries.[4] Despite economical progress, India today grapples with 2nd highest population in the world with approximately 37.2% people BPL as per Tendulkar report,[5] 22.7 lakh people living with HIV/AIDS in India (3rd largest in world) with HIV prevalence rate of 0.29% in 2008-09.[6] Environmental degradation has taken place especially with increasing urbanization. The increasing population will add 220 million to its urban population by 2026, increasing it by 77%.[7] Health services in rural and remote areas are still inadequate & even many cities of India are facing problems of basic sanitation. National health surveys reflect the poor maternal and child health care indicators, some of them as mentioned in shown table 1.[8] Demographic indicators of country show the literacy level 65.38, TFR 2.7, CBR 24.1, CDR 7.5 & Sex ratio of 933/1000.[8, 9] Thus, the pride on our high GDP growth has to be tempered with the fact that a large portion of our country is far away from this prosperity.

Table 1: National health survey

Health care indicator	NFHS II (%)	NFHS III (%)
Women who received AN Care	66	77
Women who received 3 + AN visits	44	51
Women who received AN Care in 1st trimester	33	43
Institutional delivery	34	41
Delivery attended by trained personnel	42	49
IMR	68	57
Vaccinated children (12-23 months)	42	44

Under the mandate of National Common Minimum program (NCMP) of UPA Government, Health care is one of the seven thrust areas, wherein it is proposed to increase the expenditure in health sector from current 0.9 % of GDP to 2-3% of GDP over the then next five years.[10] But still untreated episodes of ailments among poor are 24% in rural and 22% in urban, reasons for which are lack of finances 28% (rural) and 20% (urban) and lack of medical facility 12% (rural).[11]

Total health expenditures from all the sources were 4.25% of GDP during 2004-05. The provisional estimates from 2005-06 to 2008-09 show that health expenditure as a share of GDP has come down to 4.13% in 2008-09. Though health expenditure has increased in absolute terms,

the proportionately higher growth of GDP has resulted in a moderate increase in the share of health expenditure to GDP over the years.[12]

Constitution of WHO envisages "the enjoyment of highest attainable standard of health is fundamental right of every human being, without distinction of race, religion, political belief or economic & social conditions. Governments have the responsibility for the health of the people which can be fulfilled only by the provision of adequate health & social measures".[13] The constitution of India also provides that, "the state shall regard the raising of the level of nutrition & standard of living of its people & the improvement of the public health, as among its primary duties".[14]

The government thus has to play an important role through the health and related ministries for health development of the country. Role of government in public health issues is multi-disciplinary and multi-directional, fulfilling roles of insurer, provider and regulator of health care. It is time we reviewed the role of government in the public health of the country.

Evolution of public health in India

Sir Joseph Bhore Committee (Health Survey and Development Committee) was appointed by government of India in 1943 and submitted its famous report in 1946. It was guided by principal that 'nobody should be denied access to health services for his inability to pay' and the focus should be on rural areas. Concept of comprehensive health care came in to existence.[15,16] After the recommendations from the Balwant Roy Mehta Committee in 1952, Community Development Program was launched to setup primary health centers to provide integrated promotive, preventive, curative and rehabilitative services to entire rural population. The convulsive political changes that took place in the 1970s impelled the Central Government to implement the vision of Sokhey Committee of having one Community Health Worker for every 1000 people to entrust 'people health on people's hand '.[15, 17] India became a signatory to Alma Ata Declaration on Primary Health Care made by all countries of the world in 1978.[15, 18] In 1982, Government made a major move in health politics by coming up very sharply against the health work done in the country in last 35 years. National Health Policy was thus formed in 1982 to make architectural corrections in health care system. National Health Policy gave a general exposition of the policies which require recommendation in the circumstances then prevailing in health sector.[15, 19]

From the year 1992-93, the UIP has been strengthened and expanded first into the Child Survival and Safe Motherhood (CSSM) Project, then in 1997, Reproductive and Child Health (RCH- Phase1) program was launched which incorporated child health, maternal health, family planning, treatment and control of reproductive tract infections and adolescent health. Later, RCH Phase-2 (2005-2010) aims at sector wide, outcome oriented program based approach with emphasis on decentralization, monitoring and supervision which brings about a comprehensive integration of family planning into safe motherhood and child health.[15]

The National Rural Health Mission (2005-2012) is a major undertaking by United Progressive Alliance Government to honor its commitments under common minimal program. NRHM is also strategic framework to implement the National Health Policy 2002. It has adopted key guidelines given in National Health Policy 2002, e.g. equity, decentralization, involving Panchayati Raj Institutions (PRIs) and local bodies in owning primary health care management, strengthening primary health care institutions and suggestions for generating alternate source of financing.[10] Indian Public Health Standards are introduced in order to improve quality of health care delivery. These standards are applied only to Community Health Centers, SCs and PHCs.[20]

Current role of Government

The National Rural Health Mission (NRHM) launched in 2005 has major innovations in the creation of a cadre of Accredited Social Health Activists (ASHA) and improved hospital care, decentralization at district level to improve intra and inter-sectoral convergence and effective utilization of resources. The NRHM subsumes key national programs, namely, Reproductive and Child Health-2 (RCH-2), National Disease Control Programs and Integrated Disease Surveillance Project. The mission covers the entire country, with special focus on 18 states, which have relatively poor infrastructure. These include all 8 Empowered Action Group (EAG) states viz. Uttar Pradesh, Madhya Pradesh, Rajasthan, Bihar, Orissa, Uttranchal, Chattisgarh and Jharkhand; 8 North East States besides Jammu and Kashmir and Himachal Pradesh. Some of the achievements have been highlighted in Table 2.[10]

Table 2: Achievements of NRHM

Achievements (NRHM)		
Staff employed		
1	Specialists	2474
2	MBBS doctors	8782
3	Staff nurses	26253
4	ANMs	46296
5	Paramedics	12485
6	AYUSH doctors	7399
7	AYUSH paramedics	3110
Strengthening infrastructure		
8	APHCs, PHCs, CHCs, Sub District facilities working round a clock	14716
9	District program management units	639

Current Challenges

The various challenges government is facing include population growth, poverty, unexpected natural and manmade disasters, global pandemic of AIDS or influenza (H1N1), poor coverage in rural and remote areas and the constant threat of biomedical warfare.[21] Lifestyle diseases are emerging to a great extent. Their rising incidence attribute to the stress related to the urbanization and industrialization. Due to population overgrowth and the limited opportunities people have to struggle to achieve their basic health needs. Increased cost of medical education has increased the cost of health care.

The NRHM has put rural health care firmly on the agenda but there are problems in implementation so that delivery of health care is far from what it ought to be. These problems are related mainly to the physical infrastructure, medicines, funding, limited resources and accessibility to health services, etc. Issues regarding human resources are shortage of key cadres in rural areas, lack of motivation or will to serve in rural areas, absenteeism and irregular staff attendance, non-transparent transfer and posting policy, weak or non-existent accountability framework, inadequate systems of incentive for all cadres especially in difficult area postings, lack of career progression and standard protocols, etc.[22]

Public-Private Partnership (PPP) has emerged as one of the options to influence the growth of private sector with public goals in mind. Used judiciously and fitted to local circumstances, they clearly have the potential to drastically change the healthcare landscape in India. But PPPs will survive only if the interests of all stakeholders are taken into account. Due to profit maximization private sector always tends to be unregulated and unaffordable to poor. Other important issues associated with private sector are varied quality of service delivery, absence of formal accreditation systems, low penetration of Insurance, inadequate buying of services by Government and the fact that private sector is driven by curative and investigative care.[23]

PDS also has become a cornerstone of government development policy and is tied to implement most rural development programs. PDS is also a key driver of public sentiment and is an important and very visible metric of government performance. One of the main problems with this system is the inefficiency in the targeting of beneficiaries and the resulting leakage of subsidies. Several opportunities to manipulate the system exist with widespread collusion across the supply chain. Other related issues are monitoring the system transparency and accountability, scale and quality of Issues, etc. The Planning Commission has clearly stated that, in the PDS system "For every Rs 4 spent on the PDS, only Rs 1 reaches the poor" and "57% of the PDS food grain does not reach the intended people".[24]

Solutions

As health service delivery should be based on local needs of the community which may vary from state to state, norms for the health care facility and personnel should be flexible. Available resources must be taken in to account which also includes the distance, terrain, travel time and social cultural scenario and priority must be given to basic/preventive health services while ensuring full inter-

sectoral coordination as well as community participation. We also need to upgrade our health infrastructure and set up new medical, dental, nursing and paramedical institutions in deficient areas through PPP. Adoption of system centric approach than disease centric will be helpful for the appropriate integration of funds, functions and functionaries under NRHM.

Health care financing is essential for performance as well as to support the actions directed to achieve health objectives. Government should increase the investment in health to ensure the organized public health services, increasing the access to poor and vulnerable population of the country especially in rural, remote and tribal areas. Increased public health spending on health should be at least 2% of GDP with large share of allocation must be for primary health care.

Health legislative measures are important to safeguard and to protect health of public. Health legislation must be strict and should clarify and articulate the role and functions of public health. So, we need to improve our governance, transparency and accountability in the delivery of health services. For this involvement of PRIs, Civil Society Groups and Community is essential. The legislative measures should be democratic, effective, and efficient & must be directed towards general sanitation, prevention of water & air pollution, control over medical practice, school health services, the quarantine measures, etc. Development of surveillance and monitoring systems is essential to have over the various communicable diseases.

In case of PPP, we need to develop regulatory guidelines in the health sector. New standards must be developed while buying health care from private sector to ensure standardized services with affordable prices and quality assurance. Government schemes for BPL households will also help to improve equity and efficiency. Health care model needs to be established having blend of preventive, promotive and curative health services.

PDS is an important constituent of the strategy for poverty eradication and is intended to serve as a safety net for the poor who are nutritionally at risk. To improve this system, computerization of various elements in the system is required. State government should create a high quality beneficiary data base preferably commencing from house to house survey. The inclusion of all families in the beneficiary database is important for an effective elimination of Shadow and Bogus cards. Information, Communication Technology (ICT) infrastructure will need to be deployed to connect all the key offices of the Food Department including the Secretariat, Commissioner cell, District Offices, Teshil/Block offices and Whole Sale Points. State Wide Area Network must be developed to establish connectivity between the department offices. State Governments can ensure monitoring of the functioning of the Public Distribution System at the fair price shop level through the computerized network. The PDS system shall stand to benefit from the legislative, technology and administrative infrastructure development leading to better targeting and increased transparency and therefore better functioning of the system and increased public approval.

Human resource development, education & socioeconomic development are important aspects where government should look after to improve the quality of health care. Possible solutions for Human Resources for health can be development of state-specific human resource management policy, incentive structure for difficult areas, system for career progression, improved drugs, diagnostics and tele-linkages, devolution of power and functions, local health care institutions, local communities and Panchayats, training and utilization of locally available paramedics, RMPs, VHWs and by overall capacity building, etc.

A healthy mother brings a healthy baby. So the mother and child must be considered and treated as a single unit. Government needs to provide an integrated package of essential health care which should be based on principles of equity, intersectoral coordination and involvement of the community. Awareness must be created in the community to increase the number of deliveries in the institutions or at least carried out by trained personnel. For the fertility regulation, we need to expand the basket of contraceptive choices, improve social marketing, increase male involvement, enhance role of mass media for behavioural change, disseminate information through satisfied users, involvement of Civil Society & NGOs, etc. To reduce the childhood sufferings, special emphasis must be given to skilled Care at Birth, breast feeding, immunization, care of Common Illnesses, Home Based Neonatal Care (HBNC) and IMNCI.

To maintain the health of the community, proper nutrition must be ensured. Agricultural development must be considered to fulfil the nutritional demand of overgrowing population and also for development of the buffer stocks. Increase of investment in irrigation, fertilizer production and subsidy, land reforms, lab-to-land extension education, farm level procurement at minimum support price can be

some of the initiatives to increase the food production. Other measures to improve food security can be improving the food distribution through the food distribution systems, economic improvement and poverty reduction, improving the household food security by improving the food purchasing power and through the direct and indirect subsidy. Food supplementation to the vulnerable groups is crucial e.g. through ICDS, Mid Day Meals, etc. Control of communicable diseases, fertility regulation, and nutritional education can decrease the nutritional health problems to the great extent. There must be food control developed at municipal and higher levels of government with strict use of national standards for food and drug safety.

To improve the purchasing power of community, government should focus on the creation of various job opportunities at individual local places wherever it is possible. This will also reduce the large migration of population towards the metro cities for employment. Creation of various facilities like educational, medical, electricity, communication, transport can further reduce the migration of populations from rural to urban areas reducing the problem of urban slums, overcrowding and sanitation in the urban settings. Creation of transport facilities are essential so as to increase the access of people in the periphery who belong to the remote and neglected areas. Improvement in the literacy enables the people to recognize their rights towards health. Literacy status should be improved with special focus on the women literacy.

For the industries, safe occupational environment must be ensured. Government should aim at ensuring highest possible level of physical, social and psychological wellbeing amongst the workers of all the populations. This is to achieve the best mutual adjustment between man and his work for improvement of human efficiency and well being. For this various medical, engineering and legislative measures must be considered by the government for the various occupations.

Conclusion

Role of government remains to ensure the availability, accessibility, quality and accountability of medical care to the community following the principle of equity. Thus, an organized and decentralized public health service system which will use the resources adequately with prioritization and by ensuring the strong political commitment, community participation, health legislation, health investment and more importantly bringing health care as a priority is the need of the hour.

Conflict of Interest

Nun declared.

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