

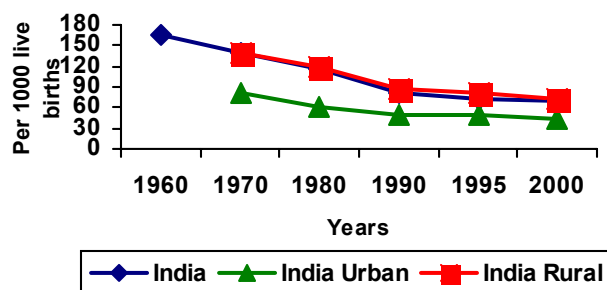
**Save Public Health – Ensure Health for ALL NOW!
Make Health Care a Fundamental Right!**

One of the best ways to judge the well being of the people of any nation is by examining the standards of health that ordinary people have attained. Healthy living conditions and access to good quality health care for all citizens are not only basic human rights, but also essential prerequisites for social and economic development. Hence it is high time that **people’s health is given priority as a national political issue**. The current health policies need to be seriously examined so that new policies can be implemented in the framework of quality health care for all as a basic right. The following sections first take a look at the hard realities of people’s health in India today, and examine some of the maladies of recent health policies. Next the availability of various resources, which could be utilised for an improved health care system is discussed, finally followed by certain recommendations to strengthen and reorient the health system to ensure quality health care for all. We hope these **recommendations will be incorporated by political parties in their election manifestos** for the upcoming general election as a demonstration of their commitment to public health. Jan Swasthya Abhiyan, a national platform working for people’s health, looks forward to such a commitment from all political forces in the country.

How can India’s health be shining when....

- **Infant and Child mortality snuffs out the life of 22 lakh children every year**, and there has been very little improvement in this situation in recent years.¹ We are yet to achieve the National Health Policy 1983 target to reduce Infant Mortality Rate to less than 60 per 1000 live births.² More serious is the fact that the rate of decline in Infant Mortality, which was significant in the 1970s and 80s, has slowed down in the 1990s, (See graph below)

IMR Trends in India 1960-2000



- **130,000 mothers die during childbirth every year**. The NHP 1983 target for 2000 was to reduce Maternal Mortality Rate to less than 200 per 100,000 live births. However, 407 mothers die due to pregnancy related causes, for every

100,000 live births even today.¹ In fact, as per the NFHS surveys in the last decade Maternal Mortality Rate has increased from 424 maternal deaths per 100,000 live births to 540 maternal deaths per 100,000 live births.³

- **Three completely avoidable child deaths occur every minute.** If the entire country were to achieve a better level of child health, for example the child mortality levels of Kerala,¹ then **18 lakh deaths of under-five children could be avoided every year.** The four major killers (lower respiratory tract infection, diarrheal diseases, perinatal causes and vaccine preventable diseases) accounting for over 60% of deaths under five years of age are entirely preventable through better child health care and supplemental feeding programs.² The most recent estimate of complete immunization coverage indicates that only 54% of all children under age three were fully protected.⁴
- **About 5 lakh people die from tuberculosis every year¹⁸**, and this number is almost unchanged since Independence!¹⁹ 20 lakh new cases are added each year, to the burgeoning number of TB patients presently estimated at around 1.40 crore² Indians !
- India is experiencing a **resurgence of various communicable diseases** including Malaria, Encephalitis, Kala azar, Dengue and Leptospirosis. The number of cases of **Malaria has remained at a high level of around 2 million cases annually** since the mid eighties. By the year 2001, the worrying fact has emerged that **nearly half of the cases are of Falciparum malaria**, which can cause the deadly cerebral malaria. The outbreak of **Dengue** in India in 1996-97, saw 16,517 cases and claimed 545 lives⁸. Environmental and social dislocations combined with weakening public health systems have contributed to this resurgence.
- Diarrhea, dysentery, acute respiratory infections and asthma continue to take their toll because we are unable to improve environmental health conditions. **Around 6 lakh children die each year from an ordinary illness like diarrhoea.** While diarrhea itself could be largely prevented by universal provision of safe drinking water and sanitary conditions, these deaths can be prevented by timely administration of oral rehydration solution, which is presently administered in only 27% of cases³.
- Cancer claims over 3 lakh lives per year and **tobacco related cancers** contribute to 50% of the overall cancer burden, which means that such deaths might be prevented by tobacco control measures².
- Estimates of mental health show about 10 million people suffering from serious mental illness, 20-30 million having neuroses and 0.5 to 1 percent of all children having mental retardation². **One Indian commits suicide every 5 minutes⁵ !**

As a nation, today there is a need to look closely at the deep problems in the health system, rather than making exaggerated claims. There is a need to recognize the growing health inequities, and urgently implement basic changes in the health system.

With political will and people's involvement, ensuring good quality health care for every Indian is possible!

The growing inequalities in health and health care are unjust!

The Constitution of India guarantees the 'Right to Life' to **all** citizens. However, the disparities relating to survival and health, between the well off and the poor, the urban residents and rural people, the adivasis and dalits and others, and between men and women are extremely glaring.

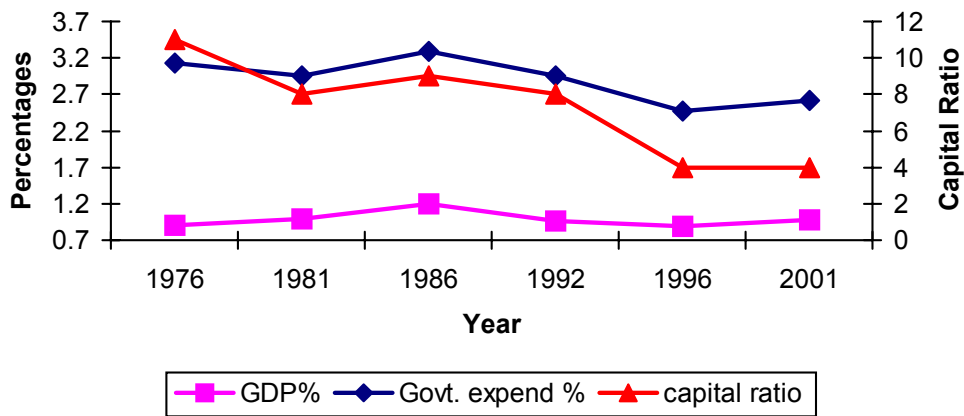
- The Infant Mortality Rate in the poorest 20% of the population is **2.5 times higher** than that in the richest 20% of the population. In other words, an infant born in a poor family is two and half times more likely to die in infancy, than an infant in a better off family³.
- A child in the 'Low standard of living' economic group is **almost four times** more likely to die in childhood than a child in the better off 'High standard of living' group. An Adivasi child is one and half times more likely to die before the fifth birthday than children of other groups³.
- A girl is 1.5 times more likely to die before reaching her fifth birthday, compared to a boy! The **female to male ratios** for children are rapidly declining, from 945 girls per 1000 boys in 1991, to just 927 girls per 1000 boys in 2001¹⁶. This decline highlights an alarming trend of discrimination against girl children, which starts well before birth (in the form of sex selective abortions), and continues into childhood and adolescence (in the form of worse treatment to girls)³.
- Dalit Women are one and a half times more likely to suffer the consequences of chronic malnutrition (stunted height) as compared to women from other castes. Children below 3 years of age in scheduled tribes and scheduled castes are twice as likely to be malnourished than children in other groups.
- A person from the poorest quintile of the population, despite more health problems, is **six times less** likely to access hospitalization than a person from the richest quintile. This means that the poor are unable to afford and access hospitalization in a very large proportion of illness episodes, even when it is required.
- The delivery of a mother, from the poorest quintile of the population is **over six times** less likely to be attended by a medically trained person than the delivery of a well off mother, from the richest quintile of the population. An adivasi mother is half as likely to be delivered by a medically trained person³.
- The ratio of hospital beds to population in rural areas is **fifteen times** lower than that for urban areas¹⁴.
- The ratio of doctors to population in rural areas is **almost six times lower** than the availability of doctors for the urban population¹⁴.
- Per person, Government spending on public health is **seven times lower in rural areas**, compared to Government health spending for urban areas.

These **health and health care inequities are increasing**, and are deeply unjust -- a just health system would ensure that all citizens, irrespective of social background or gender, would get basic quality health care in times of need.

Public health being weakened, people's health being undermined

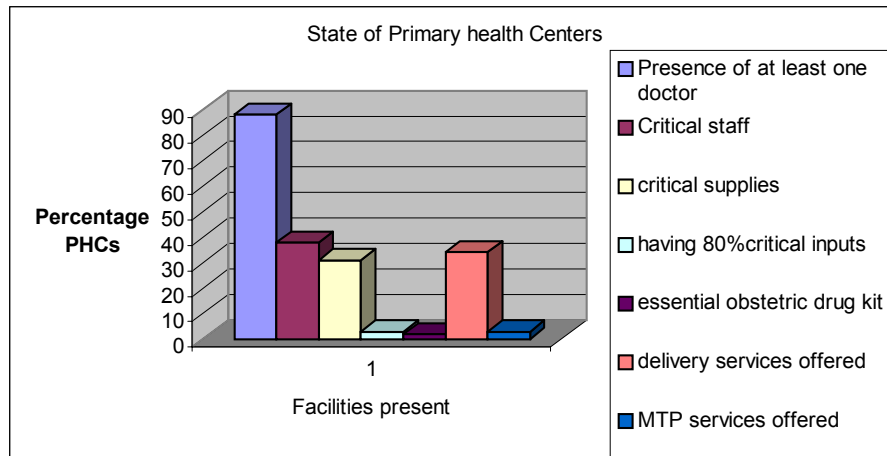
The NDA Government has recently claimed that one of its signal achievements has been the allocation of 6% of GDP to Health care. In reality, the government spends just 0.9 % of the GDP on Health care and the rest is spent by people from their own resources. Thus only 17% of all health expenditure in this country is borne by the government — this makes the Indian public health system grossly inadequate to meet healthcare demands of its people, and makes the health sector the **most privatised in the world**. Only five other countries in the world are worse off than India regarding public health spending (Burundi, Myanmar, Pakistan, Sudan, Cambodia⁶). The W.H.O. standard for expenditure on public health is 5% of the GDP. The average spending today by Less Developed Countries is 2.8 % of GDP, but India presently spends only 0.9% of its GDP on public health, which is merely one-third of the less developed countries' average⁶ !

Public Expenditure Ratios 1976-2001



The consequence of this dismally low allocation, which stands at the lowest levels in the last two decades, (in contrast to 1.3% of GDP achieved in 1985), is deteriorating quality of public health services. For example, Primary health centers (PHCs), meant to serve the needs of the poorest and most marginalized people have the following shocking statistics:

- Only 38% of all PHCs have all the critical staff
- Only 31% have all the critical supplies (defined as 60% of critical inputs), with only 3% of PHCs having 80% of all critical inputs.
- In spite of the high maternal mortality ratio, 8 out of every 10 PHCs have no Essential Obstetric Care drug kit!
- Only 34% PHCs offer delivery services, while only 3% offer Medical Termination of Pregnancy!
- A person accessing a community health center would find no obstetrician in 7 out of 10 centers, and no pediatrician in 8 out of 10!



Private health care and essential drugs are increasingly unaffordable!

The dominance of the private sector not only denies access to poorer sections of society, but also skews the balance towards urban biased, tertiary level health services with profitability overriding equity, and rationality of care often taking a back seat.

- A growing proportion of Indians cannot afford health care when they fall ill. National surveys show that the number of people who could not seek medical care because of lack of money increased significantly between 1986 and 1995¹⁵. The proportion of such persons **unable to afford health care almost doubled**, increasing from 10 to 21 % in urban areas, and growing from 15 to 24% in rural areas in this decade¹⁵.
- **Forty percent** of hospitalised people are forced to borrow money or sell assets to cover expenses¹⁵.
- **Over 2 crores of Indians are pushed below the poverty line** every year because of the catastrophic effect of out of pocket spending on health care²⁰!
- Irrational medical procedures are on the rise. According to just one study in a community in Chennai, **45% of all deliveries were performed by Cesarean operations**, whereas the WHO has recommended that not more than 10-15% of deliveries would require Cesarean operations¹⁷.
- Due to **irrational prescribing**, an average of 63 per cent of the money spent on prescriptions is a waste. This means that nearly two-thirds of the money that we spend on drugs may be for unnecessary or irrational drugs²¹!
- The pharmaceutical industry is rapidly growing...yet only 20% of the population can access all essential drugs that they require. There is a proliferation of brand names with over 70,000 brands marketed in India, but the 2002 Drug policy recommends that only 25 drugs be kept under price control¹³. As a result, many drugs are being sold at 200 to 500 percent profit margin, and essential drugs have become unaffordable for the majority of the Indian population.

Health Policy developments since the 1990s have critically weakened the health system

The effectiveness of the public health system and access to quality health care, especially for the poor has worsened since the decade of the 1990s, due to a variety of policy developments, at both national and state levels:

- Stagnant public health budgets and decreasing Government expenditure on capital investment for public health facilities.
- Introduction of user fees at various levels of public health facilities.
- Freezing of new recruitments and inadequate budgets for supplies and maintenance in the public health system.
- Contracting out health services or privatisation of health facilities.
- Encouragement of growth of private secondary and tertiary hospitals through tax waivers, reduced import duties, subsidized land etc. which have led to a further expansion of the unregulated private medical sector.
- Promotion of 'Health tourism' for foreign visitors, while basic health services remain inaccessible for a large proportion of the Indian population.
- Conducting occasional, expensive and largely ineffective 'Health melas' instead of upgrading the public health system as a sustainable solution.
- Deregulation of the pharmaceutical industry, lax price controls on drugs — the list of drugs under price control being proposed to be reduced to 25 drugs (compared to 343 drugs under price control in 1979.)
- Many bulk drug manufacturing units have closed down due to liberalized import and dumping as a result of the implementation of the WTO agreement and autonomous economic liberalization policies. Due to reduction of customs duty and increase of excise duty, imported drugs will become cheaper while local drugs will become more expensive.

Is this inevitable? Can only developed countries manage good health care for their people?

Indians need not accept poor health as their inevitable fate! Many other developing countries, which have given a high priority to people's health, have achieved much better health outcomes compared to India. As a country, we spend a higher proportion of the GDP on health care compared to these countries – but an overwhelming percentage of this (83%) is private expenditure. As a result we have a weak public health system with poor health outcomes forcing families to spend a lot on private medical care, which is expensive, and not always appropriate, leaving us with 'poor health at high cost'! Here is how some other Asian countries are doing in comparison with India...

Health Outcomes in Relation to Health Expenditures in some Asian countries¹⁰

	Total Health Expenditure as % of GDP	Public Health Expenditure as % of total	Under 5 Mortality	Life Expectancy	
				Male	Female
India	5.2	17	95	59.6	61.2
Sri Lanka	3.0	45.4	19	65.8	73.4
Malaysia	2.4	57.6	14	67.6	69.9

Does India have the resources to provide health care for all?

As a country, Indians spend more on health care than most other developing countries, but this is mostly out-of-pocket spending. Health care facilities have grown substantially, but these are mostly in the private sector. The system is producing more and more healthcare professionals, but we lose them to the private sector, or to western countries. To give some idea of the available health care resources in India –

- Compared to 11,174 hospitals in 1991 (57% private), the number grew to 18,218 (75% private) in 2000¹⁴. In 2000, the country had 12.5 lakh doctors and 8 lakh nurses! At the national level, there is one allopathic doctor for every 1800 people, or one doctor from systems including ISM and homeopathy for 800 people. This means there are more doctors than the required estimate of one doctor for 1500 population².
- Approximately 15,000 new graduate doctors and 5,000 postgraduate doctors are produced every year and one-fifth of them leave the country for greener pastures¹⁴.
- We have an annual pharmaceutical production of about 260 billion rupees²², and we export a large proportion of these drugs - Sadly, while our exports grow, 80% of our people do not have access to all the drugs they require.

In short, we have substantial health care resources, but because of the privatised, unregulated and inequitable nature of the health care system, it is unable to ensure good quality health care for a majority of citizens. Rather than producing more doctors or setting up more private hospitals, what we need is a reorganisation of the health system, with substantial strengthening of public health, greatly enhanced public expenditure, regulation of the private medical sector and an overall planned approach to make health care resources available to all.

What can be done as immediate steps?

The objective should be to **make Health care a Fundamental right and an operational entitlement**. This would require a National Public Health Act, which mandates right to basic healthcare services to all citizens through a system of universal access to healthcare. The Indian Constitution through its directive principles provides the basis for the Right to health care, and the Indian state has ratified the International Covenant of Economic, Social and Cultural Rights which makes it obligatory on its part to comply with Article 12 that mandates right to healthcare. Universal access to healthcare is well established in a number of countries including not only developed countries like Canada and United Kingdom, but also developing countries such as Cuba, Brazil, Costa Rica and Thailand. There is no reason why this cannot be made a reality in India. Hence we need to set in motion processes, which will take us towards the goal of universal access to health care, in a Rights-based framework and with equity.

Some immediate steps related to the health care system that need to be taken include:

- Making healthcare a fundamental right by suitable constitutional amendment. The formulation of a National legislation mandating the Right

to Health care, with a clearly defined comprehensive package of health care, along with authorization of the requisite budget, being made available universally within one year.

- Significant strengthening of the existing public health system, especially in rural areas, by assuring that all the required infrastructure, staff, equipment, medicines and other critical inputs are available, and result in delivery of all required services. These would be ensured based on clearly defined, publicly displayed and monitored norms.
- The declining trend of budgetary allocations for public health needs to be reversed, and budgets appropriately up-scaled to make optimal provision of health care in the public domain possible. At one level adopting a fiscal policy of block funding or a system of per capita allocation of resources to different levels of health care, with an emphasis on Primary Health Care will have an immediate impact in reducing rural-urban inequities by making larger resources available to rural health facilities like Primary health centers and Rural hospitals. Simultaneously, the budgetary allocation to the health sector must be increased substantially, targeting the 5% of GDP as public expenditure on health care as recommended by the WHO.
- If the public health system fails to deliver it should be treated as a legal offence, remedy for which can be sought in the courts of law. The public system must ensure all elements of care like drug prescriptions, diagnostic tests, child birth services, hospitalization care etc. One way to ensure this could be that in exceptional situations, where patients who do not receive these services from the public facility they may be referred to seek them from alternate facilities, which are registered with the state agency. Such registered and regulated facilities would honour such referrals, for which the state would reimburse them at a mutually agreed rate. This would maintain pressure on the public health system to provide all elements of care, and would ensure that the patient is not deprived of essential care at time of need.
- Various vulnerable and marginalised sections of the population have special health needs. There is a need for a range of policy measures to eliminate discrimination, and to provide special quality and sensitive services for women, children, elderly persons, unorganised sector workers, HIV-AIDS affected persons, disabled persons, persons with mental health problems and other vulnerable groups. Similarly, situations of conflict, displacement and migration need to be addressed with a comprehensive approach to ensure that the health rights of affected people are protected. The People's Health Charter deals with issues related to such special sections of the population, and can provide a basis for formulation of appropriate policy initiatives, in consultation with organisations representing these social segments.
- Putting in place a National legislation to regulate the private health sector, to adopt minimum standards, accreditation, standard treatment protocols, standardised pricing of services etc.
- Adopting a rational and essential medications-based drug policy. All States must have an essential drugs and consumables list and all the drugs and consumables on this list must be under price control. Further all state governments must adopt procurement and distribution policies similar to what has been done by the Tamilnadu State Medical Services Corporation

and hence ensure that essential drugs in the list are actually available in every facility.

- The state should introduce a new community-anchored health worker scheme, and implement it in a phased manner with involvement of people's organizations and panchayati raj institutions, in both rural and urban areas, through which first contact primary care and health education can be ensured.
- All state level coercive population control policies, disincentives and orders should be revoked. Disproportionate financial allocation for population control activity should not be allowed to skew funding from other important public health priorities.
- Integration of medical education of all systems to create a basic doctor ensuring a wider outreach and improvement of access to health care services in all areas.
- Effective regulation of the growth of capitation based medical colleges.

Conclusion

The persistence of unacceptably large numbers of avoidable deaths, resurgence of communicable diseases, declining quality of public health services and unaffordable, often inappropriate private medical care need not remain the lot of over a billion ordinary Indians. Recent policy changes of privatisation, declining public health budgets and pro-drug industry measures need to be replaced by strong public health initiatives, with the active involvement of communities and civil society organisations.

By and large, India today possesses the humanpower, infrastructure, national financial resources and appropriate health care know-how to ensure quality health care for all its citizens. What is needed is a major restructuring and strengthening of the health system. This involves two major ingredients: popular mobilisation for operationalising the Right to Health Care, and the political will to implement policy changes necessary to transform the health system. Jan Swasthya Abhiyan is today involved in the former task, by reaching out to people across the country, enabling them to mobilise for their just health rights. It calls upon political parties, which recognise people's right to healthy lives, to address the latter task, and to perform their historic duty by establishing and operationalising the Right to Health care as a Fundamental right.

Sources:

1. SRS Bulletin. Government of India.1998.
2. Planning Commission, Government of India. Tenth Five Year Plan 2002-2007. Volume II.
3. International Institute for Population Sciences and ORC Macro. National Family Health Survey (NFHS-II) 1998-99. India.
4. International Institute for Population Sciences. RCH-RHS India 1998-1999.
5. National Crime Records Bureau. Ministry of Home Affairs. Accidental Deaths and Suicides In India 2000.
6. World Health Organization. The World Health Report 2003.
7. International Institute for Population Sciences. Facility Survey.1999.
8. Misra, Chatterjee, Rao. India Health Report.Oxford University Press, New Delhi.2003

9. Morbidity and Treatment of Ailments. NSS Fifty second round. Government of India. 1998.
 10. Changing the Indian Health System – Draft Report, ICRIER, 2001
 11. Shariff Abusaleh. India Human Development Report. Oxford University Press New Delhi.
 12. Duggal, Ravi. Operationalizing Right to Healthcare in India. Right to Healthcare, Moving from Idea to Reality. CEHAT Mumbai. 2003.
 13. National Coordination Committee for the Jana Swasthya Sabha. Health for All NOW. 2004.
 14. Central Bureau of Health Intelligence. Directorate General of Health Services, Ministry of Health and Family Welfare. Health Information of India 2000 & 2001.
 15. National Sample Survey Organization. Department of Statistics. GOI. 42nd and 52nd Round.
 16. Census of India 2001: Provisional Population Totals. Registrar General and Census Commissioner GOI.
 17. Pai M et al. A high rate of Cesaerean sections in affluent section of Chennai, is it a cause for concern? Nat Med J India, 1999, 12:156-158.
 18. TB India 2003. RNTCP Stats Report. Central TB Division. DDHS GOI.
 19. Health Survey and Development Committee, GOI 1946 (Bhore Report)
 20. Mahal A. www.worldbank.org
 21. Phadke A. Drug Supply and Use. Towards a Rational Policy in India. Sage Publications New Delhi.
 22. Ministry of Chemicals and Fertilizers.
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