

Towards Relevant and Accessible Public Health Services

Mani Mistry
CEHAT

The twentieth century has seen medical science and technology develop in leaps and bounds. If only the outreach matched the speed of advancement! Unfortunately what is happening today is contradictory. We cannot see the development process leading to a significantly healthier society. In fact development policies in the last two decades seem to have undone whatever was gained in the area of health care from the 1950's through to the 1970's.

The structural adjustment fever has certainly taken its toll on the health of the people with cutbacks in national budgets for functions that are *perceived to be non-productive*. Public health is one such service, along with education, food subsidies and public welfare services which once again have an impact on health. The poor have been hit the hardest as the expenses on all their basic necessities have shot up simultaneously; much higher than the reimbursement they receive for their labour and services.

Repercussions of the drastic cuts in the budget are compounded by the faulty strategies adopted and the lopsided priorities given to various services. The goal of 'Basic health care' for all in the fifties and sixties was de-scaled to 'Primary Health Care' for all in the seventies and eighties and got further narrowed down in the nineties to 'Selective essential health care'. What is this 'selective' approach? As we see it today it is primarily Aids Control and Fertility Reduction.

This has pushed the poor into seeking care in the private sector even if they cannot afford it. This is a matter of grave concern to us. It must be realized that HEALTH CARE IS TOO PRECIOUS A SERVICE TO BE LEFT TO THE DICTATES OF THE MARKET.

It is important to note that it is not only in welfare countries or in developing countries like India that one sees state intervention in the area of health. Even in developed countries like Scandinavia and Canada, as well as the USA which has a totally market oriented economy, the state take responsibility for the health requirements of their citizens. In fact the Supreme Court of India has rightly held in the case of Municipal Council of Ratlam Vs Vardhichand and others, "The Law will be relentlessly enforced and plea for poor finance will be a poor alibi when people in misery cry for justice". The order clearly implies that budget restraints cannot be an excuse to deny the basic right to the poor.

One of the well intentioned responses to the ever increasing gaps in health care services is the promotion of Community Health Workers. Though this response is very empowering and effective in its own way, we need to understand that community health forms only the base of the triangle of health care. It must be backed by strong referral services which are accessible to all. Medical technology and drug intervention has to be continued as an integral part of the health care system.

It may be good at this juncture to define what we mean as Basic Health Care. Comprehensive Basic Health Care Service should include:

Preventive services

- Immunization
- Public health care measures like safe drinking water, sanitation and pollution control.

Health Education and Information

Curative and Diagnostic services

- Dispensary Services, merged with services available at Health Posts, accessible to the working class with convenient timings and close to the place of residence;
- Peripheral Hospital Care with basic specialty services including General Medicine, General Surgery, Gynaecology and Obstetrics, Pediatrics, Ophthalmology, and ENT services along with Dental services and Diagnostic services;
- Tertiary Level Care;
- Epidemiological services including laboratory services, surveillance and control of major diseases with the aid of continuous surveys, information management and public health measures;
- Pharmaceutical supplies- according to the prescribed standards;

Maternity Services :

- Ante-natal and post natal care
- Safe delivery
- Medical termination of pregnancy

Ambulance Service

Family Welfare Services:

Provision of all the above services need to be equitable, within easy reach and affordable. Special efforts need to be made to ensure that these service are sensitive to the needs of women and other vulnerable groups, disabled and the street children, and the homeless.

The Health Care situation in Mumbai and some Recommendations:

We shall focus on the health care situation in Mumbai and identify the areas for change towards improving the quality, accessibility and relevance of health care facilities in today's context.

Though Mumbai has one of the best health care infrastructure in the country, a large portion of the city is denied of even the basic, rationale health care services which may be safe, affordable and easily accessible. We see that deprivation and marginalization of the poor has grown parallelly to the economic prosperity of the city. Around 17% of Mumbai's population lives below the poverty line, half the households of Mumbai do not have connection to water or sewage, infant mortality is 23 per 1,000 live births and while Mumbai today requires 1,000 dispensaries, presently the city has only 159

dispensaries. (Society for Development Studies (SDS), India quoted in World Resources: A Guide to the Global Environment 1996-97, WRI, UNEP, UNDP, The World Bank, Pg. 154).

On the other hand, we see a drastic decline in the BMCs budget allocation and expenditure on health in the last few decades. While in 1961, BMC spent 34.45% of its total expenditure on health care, it declined to 25.84% in 1984-86 (Statistical abstract on India, 1987, CSO, GOI, New Delhi - 1988). The revised estimates in 1994 indicated a further decline to 23.92%.

Alongside reviewing secondary data, an effort was made by the Forum for Health Promotion to obtain the opinion of the people through CBOs and PVOs on how the Public Health Services are viewed. Discussions were held with community groups in slum settlements and pavement dwellings in the Eastern and Western suburbs of the city. Following, briefly, are the findings.

Among the public health services, the highest trust is placed on tertiary hospitals, followed by some of the peripheral hospitals. Dispensaries are the least utilized public hospitals are visited more often than the municipal dispensaries, for minor illnesses too.

Dispensary services are perceived to be linked with the Health Post services in certain groups. People are not in favour of utilizing the Municipal Dispensary. Timings are unsuitable to the working population and school children. Location is not always near the place of residence, resulting in more time and money spent in reaching the dispensary. Often there is a shortage of medical supplies and the patient has to purchase medicines from Private Pharmacy. Behaviour of the staff including the doctor are not very encouraging.

Attitude of the doctors and paramedical staff play a critical role in building confidence of the patients and their relatives. It becomes an added factor in the decision making process of where to seek help during an illness. Comments about rude behaviour of the doctors is more common in the dispensary setting. Women have complained of sitting patiently in line to see the doctor who is busy chatting or doing some other work. Doctors, they say, do not seem to realize the situation of women who are anxious to get home to the other children and household chores. There is rarely any communication from the doctor regarding the course of the illness, the probable time for recovery or the side effects of the medicine. In the hospital setting complaints about the rude behaviour and greed for tips is almost universal. The final result of the attitude of the staff and the high cost of medical care sometimes leads to dangerous consequences like discontinuation of treatment.

A lot of emphasis is being given to reproductive health today but the question raised is, are the reproductive health programmes sensitive to the needs of women or does the family planning agenda over power everything else. A major factor discouraging use of Public Health Services by women are the conditions laid down by programmes like the mandatory linking of IUD insertion to medical termination of pregnancy services and sterilization to delivery.

The group discussions in areas where the small family norm has caught on showed that women regularly use the services of the Municipal Maternity Home. Conversely in areas where number of children is more than the prescribed two, Maternity Homes have fallen into disrepute. Women report that evidence of the number of children is demanded and ration cards must be shown. In other instances a 'fine' is levied if the number of living children has exceeded two. There were two reports of women being turned out of the Municipal Maternity Home in Second stage of labour because they were unable to show evidence of the number of living children. Lack of hygiene in the maternity hospitals has also been expressed by number of women.

In the case of women residing at Kamathipura, frequent blood tests are taken irrespective of the illness. They are never informed about the purpose of the test, nor is their permission taken. While the women visiting the hospital at Kamathipura are generally satisfied with the treatment, regular blood test disturbs them.

Number of CBO and NGO representatives also wish to draw attention to the special needs of burns patients since this is a common emergency situation affecting women in poor households. Immediate attention on arrival at the casualty department is a must. A special burns ward in General hospitals would contribute to the prevention of secondary infection.

Majority of the people whose opinions have been expressed in this paper, hope they could receive better quality services from public dispensaries and hospitals. If the situation improved people would surely opt for public services, as the health expenditure in the private sector creates tremendous strain on the household.

RECOMMENDATIONS

Need to introduce a three tyre referral system:

A three tyre referral system will surely help enhance the accessibility and quality of services. This will lessen the load of tertiary hospitals and help them improve the quality of specialized services that they should be actually providing. It will give due justice to the patients who require the services at tertiary level as well as the tertiary hospital doctors who are today over loaded and over worked. It will simultaneously save the cost and time of large number of patients who need not travel long distance for minor ailments.

The quality of services provided by the peripheral hospitals and dispensaries need to be improved prior to introducing a compulsory referral system.

Need to reorganize the dispensary and health post services :

While Health Posts seem to be primarily the need of the government, Dispensary services are the real need of the people. A merging of Health Post services and Municipal Dispensaries will help optimize the use of financial as well as human resources, at the same time meeting the needs for treatment of minor ailments. Today,

some of the most vulnerable groups, like those working at the Deonar dumping ground and tribals residing on the forest land at Borivali are outside easy reach of dispensaries.

A more even spread of the dispensaries in the city in and around low income areas will ensure a more accessible service. Availability of early morning and late evening dispensary services will encourage their use by working people and school children.

Recommendations for improvement in hospital facilities :

Setting up a tertiary hospital in the suburbs needs to be seriously considered. All the tertiary hospitals are concentrated on the island city while the urban poor are mainly residing in the suburbs. Optimal use of such additional services can be assured, as the tertiary services are expected to cater to the population of the neighbouring towns and cities also. Simultaneously quality of services in peripheral hospitals requires to be improved.

More comfortable and practical space allocation is required for the Out Patient Departments. Infrastructure facilities, like toilets and waiting rooms need improvement. There is a need to re-organize support services in a way that the patients do not need to waste time running from pillar to post. Enquiry counters need to function more efficiently especially in the large hospitals where the patient feels absolutely lost. Efforts need to be made to be lesser the visits for various tests that require to be done.

Setting up a grievance cell in each hospital as has been implemented at one tertiary level teaching hospital will be very helpful for rapid review of services, and controlling corruption and harassment by any staff member. If the scope of the cell is expanded to positive and well as negative feed back, the system will be a good mode for social audit.

Cases of burns, rape, domestic violence, child abuse require counselling as well as immediate and legal guidance. It is necessary to institutionalize the linkage between medical treatment and other support services like counselling and legal aid. Lawyers are sometimes found roaming in the hospital premises in search of accident victims. Taking advantage of the vulnerable situation of the victims and their relations, they often advance a small amount of money to the patient's relatives and lure them into an exploitative contract for fighting the case. Such activities should be discouraged. Posters creating awareness among the victims about their legal rights could be displayed in certain wards like the casualty and trauma ward, the orthopedic ward and intensive care unit. Information of this nature will contribute towards reducing the vulnerability of the victim.

Need to ensure drug supply :

It is necessary to ensure a regular supply of rational drugs to the patients at dispensaries, as well as in the hospitals. With the spiraling prices of drugs, the public hospital and dispensary will not help the economically weak population in any way if patients are asked to buy drugs from private pharmacies.

Reproductive Health Services need to be more sensitive to the women's needs :

The perspective of reproductive health services needs to be broadened. The focus has to be shifted from family planning to the overall health needs of the women. Improved quality of counselling for promoting small and well spaced families along with a well informed cafeteria approach should be more successful than the sanctions that are imposed on women who approach the maternity homes for delivery.

The image of reproductive health services as family planning services needs to be changed. Women should feel comfortable to approach the public hospitals and dispensaries for any treatment related to reproductive health.

Budget Allocations:

Considering the proportion of economically weak population in the city there is a sure need to increase the budget allocation. Health is a service where income and expenditure should not be compared. Re-prioritising the allocation of funds is required to provide adequate resources for maternity homes, peripheral hospitals and dispensaries because that is where most of the care should be provided. Further, user charge is not a right option for raising resources as means testing is always a problem. It also skews resource use in favour of middle and upper class. It would be thus better to raise resources through income and consumption related taxation.

Conclusions:

It has to be accepted that the Public health services in Mumbai are one of the best in the country. We are not trying to deny the role played by these services. However it is a fact that a large population of the city is not able to easily access the quality of health service, they require. As a result, the poor families are left at the mercy of unregulated private practitioners who not only expose them to irrational treatment but lead them to high debts.

We are convinced that if there is a will, the Municipal Corporation of Mumbai and the State Government have the necessary infrastructure and capacity to enhance the health services.

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