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Dampener for public health

The budgetary allocation for health in the 12th Five Year Plan dampens the expectations for an invigorated healthcare policy for India. Successive five year plans have been unable to develop a healthcare model that provides quality health services at subsidised rates for the entire population of the country. The services proffered by the government are used by 30 per cent of the most vulnerable families across India. The remaining Indian households purchase healthcare through out of pocket payments. Spiralling healthcare costs are a major challenge to all households, driving many middle class families to health insurance. Those who are unable to afford insurance remain vulnerable to catastrophic health expenditures. Even after 60-odd years of Independence, there is no mechanism to standardise the pricing of medicines or healthcare services.

It was to address these concerns that the Planning Commission had established the High Level Expert Group on Universal Health (HLEG) to re-look at healthcare in the 12th FYP. This expert group submitted a refreshingly new vision for universal health coverage for all citizens of this country. The key recommendation of this group was the shifting of the Indian healthcare model towards universal healthcare, with the structure being somewhat akin to the National Health Service of the United Kingdom. Under this model, all and not just 30 per cent of Indian families would have access to quality, subsidised healthcare from either public facilities or empanelled private hospitals. Prices of essential drugs would be regulated through the implementation of the National Pharmaceutical Pricing Policy. The group recommendations enunciated the needed corrective mechanisms to the public health system.

The group has defined universal healthcare in a broad socio-economic context. It includes “ensuring equitable access for all Indian citizens resident in any part of the country, regardless of income level, social status, gender, caste or religion, to affordable, accountable and appropriate, assured quality health services (promotive, preventive, curative and rehabilitative) as well as public health services addressing wider determinants of health delivered to individuals and populations, with the government being the guarantor and enabler, although not necessarily the only provider, of health and related services.”

The budgetary allocation for health in the 12th FYP has poured cold water on the dreams of universal healthcare for families across the country. The mundane budgetary allocation announced by the Union finance minister suggests that the time is not right for reinvesting in the public health system. Interventions to correct the erratic pricing of essential drugs, the main healthcare cost incurred by millions of Indian families, remains unaddressed. Expectedly, the National Rural Health Mission (NRHM), the main conduit for providing healthcare services to rural areas receives the main source of healthcare funding. Although routine, this is perhaps a wise move as health service staff all around the country are just setting down to the NRHM service delivery pattern.

For the first time since Independence, the need for health services in urban areas has been recognised. The prolonged gestation period of the National Urban Health Mission has ended, bringing hope that subsidised health services will now become available for the growing numbers of urban poor. Budgetary allocations have been made for seven more AIIMS-like hospitals, in order to relieve the load from existing ones. The utility of the new hospitals would depend on whether they are located on the basis of needs of underserved communities or political aspirations. Beyond this, the budgetary allocation for health remains insipid and dampens the expectations raised by the expert group report on universal health coverage for all Indians.

The exciting components of the health budget actually appear in the non-health sector allocations. These interventions have far reaching implications, not on provision of health services, but on improving the health status of Indians. A significant move to address the rampant protein deficiency in the country has been initiated. The cultivation of pulses will be encouraged, improving yields, leading to increased affordability and access. Another laudable initiative is the huge increase in budgetary provision for the Integrated Child Development Scheme (ICDS). This increased budgetary allocation for the ICDS is not exclusively for the mid-day meal programme, which has had little impact in reducing child malnutrition over the years. The increased budgetary provision has been recommended for women and children of 200 vulnerable districts.

Unlike the past, the nutrition services are to be delivered in a holistic context that includes access to clean drinking water, sanitation, primary healthcare, education, food security and consumer protection. This emphasis on basic public health principles is also reflected in the encouragement of the SABLA programme. This scheme for empowering adolescent girls, does not recommend nutrition intervention in isolation, but as a package of services encouraging education and skill-development, providing these adolescents better opportunities for the future.

A rather nondescript statement on strengthening of vaccine manufacturing units is another commitment towards public health. Vaccine security is of integral importance, as it is the responsibility of the government to protect children from diseases of public health priority, as well as the powerful marketing strategies of vaccine manufacturers. These commitments to public health will not present immediate benefits. Their success in many ways will be dependent on the delivery of services.

A major threat to the holistic approaches enunciated in Pranab Mukherjee’s budget will come from the incomprehensible fragmentation of activities at the level of ministries. The ICDS programme for example does not fall under the purview of the health
ministry but remains within the domain of the social welfare ministry. Similarly, the health ministry has little say over the control of medicine prices as pharmaceuticals remain under the purview of the ministry of chemicals and fertilisers. The wisdom of the budgetary allocations towards public health will only yield benefits if accompanied by convergence of services, commitment and philosophies within the multiple agencies involved in the delivery of services.
(VIEWS EXPRESSED IN THE COLUMN ARE THE AUTHOR'S OWN)
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