

Editorial :

Health care in developing countries- Need for finance, education or both?

Varghese Thomas

Editor in Chief, Calicut Medical Journal

Freedom of speech, freedom of movement, freedom to work and the right to enjoy a healthy life are enshrined in the constitutions of most of the countries as fundamental rights of its citizens. However this freedom does not always guarantee enjoyment of good health for the poor citizens of many countries including India. The developed countries have in place many systems by which health care is provided to their needy citizens. It may be state owned health care delivery as in the case of NHS in UK or managed care services offered by health insurance firms as in the US. These systems, though it may have distinct disadvantages, serve to cater to the health needs of their people to a reasonable extent. It may be noted that even developed countries are shying away from supporting health care delivery by public sector.

In many developing nations health care is provided jointly by the government and the private sector. Public health institutions are the only hope for the underprivileged people. Most of the developing nations are plagued by problems of under nutrition and a host of infections. Epidemics of diarrhoeal diseases provide a rough guide to the poor sanitation of the community. Safe drinking water is a dream for millions even now. We have a couple of national level institutions offering post graduate education and reasonable patient care. The services of these hospitals are however not within the reach of the massive majority of Indians living in rural areas. The private sector is obviously interested only in curative medicine and these hospitals and clinics are necessarily run with a profit motive except for a handful of institutions run by charitable institutions. We cannot blame them

as it is not their responsibility to provide free health care to poor people.

The government pumps in money to keep the system afloat, but the services rendered to people are generally abysmally poor especially in a rural setting. Many programmes aimed at the prevention of communicable disease are run in under developed countries with the help of the WHO. Even these programmes have not had the desired effect due to faulty implementation. It is revealing to note that the custodian of world health has started disbelieving cooked up reports of programme implementation by corrupt officials and has instead started on site status checking by their own independent teams.

The reasons for the failure of these national health programmes are multifactorial. The most important among these are the lackadaisical approach by the government officials involved in implementing the programmes. Apart from the half hearted involvement of government in these programmes, the money gets diverted to construction of buildings, purchase of vehicles and equipments. Very often the beneficiaries receive less than 1% worth of what is envisaged in the programme. Who is to blame? Everyone involved in the programme implementation in this chain from the top to bottom is responsible for this sorry state of affairs.

The rural people, who are the beneficiaries, should change their role from meek passive observer status beneficiaries into active decision makers in the planning and implementation of the programmes in their locality. Major strategies regarding fund

allocation and implementation can always be made centrally by bureaucrats and experts but the people in the periphery should have a very decisive role in health development. They should know the allocation for their region in terms of money, personnel and other resources. The officials concerned should interact with the local people not in a "we give thou" style but in a way that the people feel part of these programmes. The print and visual media should take a proactive role in health matters rather than painting a dismal picture of a weak system, which is on the verge of collapse. Major irregularities are to be exposed, but not at the expense of public losing faith in these programmes. Any unwarranted and destructive criticism of public health system will be beneficial only to the private sector. Representation from all sections of society without political overdose must be ensured in such public participation programmes.

The developing and underdeveloped countries in the world look to the west as the model of development. The state of Kerala in southern India has achieved health indices which are comparable to the west. This achievement which is known as the "Kerala model" was attained with a GDP much less than the national average. The Nobel laureate, Amartya Sen wanted to call it "Kerala phenomenon" as it not desirable to have a low GDP. How did Kerala achieve this feat? Even before the country obtained independence from the British rule, Kerala had a system of public schools started by the local rulers and education of girls was ensured by royal decree. The European missionaries also helped in setting up of many schools in northern Kerala. It may be noted that Kerala boasts of universal literacy for 100% of its citizens and its robust health status is simply a reflection of education of the people especially among women. Successive governments in Kerala with socialist approach to education and health care have sustained this momentum. One major obstacle to proper health in India is the lack of literacy among

rural women. The government of India has began many programmes aimed at the empowerment of women and girls. Women empowered with health education should have an important role in planning of health development in their locality and this will improve the health of the community in a big way.

Under the guise of the need for more funds for general development, the central and state governments are allotting less and less funds for the health sector. As the governments backtrack on their commitment to provide health care to the community, the vacuum created will be replaced by the private sector and insurance firms. But is the rural India strong enough to stop depending up on the government for health care? Not at the moment. Only after providing good and healthy environment for the people by infrastructure development and only after creation of adequate employment opportunities after providing good quality education, the governments may think of stepping back from the health scene. Even then governments will have to shoulder the responsibility for running various national programmes as well as to co-ordinate efforts during major epidemics or pandemics. The rulers should recognise that the best asset and strength of the nation is its population which is healthy and vibrant. It is heartening to note that government of Kerala has decided upon the arduous task of providing health insurance to its underprivileged citizens. Let us all wait hopefully for this new experiment to succeed.
