

An Analysis of Public Health Care Sector of Punjab

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ABSTRACT

Health always plays a vital role in the development of every society. So it becomes imperative that the policy maker should always pay attention to formulate such policies that helps to develop a sound health care system for the people of the country. This paper is an attempt to explore the problems & challenges faced by the public health care sector of Punjab and there is an critical analysis of the efforts done by the state governments for the establishment of sound health care system for the people of the state. The main objective of the paper is to study the present state of the health care system of the state with reference to the role of government in its development and to give suggestions to make the public health care system more reliable and responsible for the establishment of a effective health care system accountable to the citizen of the state.

Keywords: Public health care sector, Policy maker, state government.

I. INTRODUCTION

Quality of human resources plays a key role in the development of any nation. The quality of human resources critically depends upon two factors-Education & Health. So health care plays a very important role in the parameter to analyze the development of any region.

Punjab is one of the leading states of country in term of per capita income. Having an impressive economic state, the state must have a sound health care sector. The Punjab state has formulated various policies for the establishment of a sound health care system through its five years plans but still a much needed to do.

II. HEALTH PLANNING IN PUNJAB- AN OVERVIEW

Punjab, as such does not have any independent health policy, rather like other states of the country it runs its health care policies under the Five Years Plans of India. Under the umbrella of the five years plans sound policies have been formulated to meet the health requirements of the people of the state.

It was in Fourth Five year plan, that the issue of health has gain attention of the policy maker as at that time the state of health services was critically poor. The high death rate as well as high infant mortality rate is indicative as much of the inadequacy & the low quality of health services available to the population. So it was an urgent need to expand the health facilities at a faster rate.

By keeping into consideration the poor health scenario of the state, in the fourth Five year plan efforts were made to improve the quality of service especially in rural areas and meet the need for special inducement & facilities provided to the medical & paramedical personnel. Efforts were made to improve the health infrastructure in term of staff, equipments & physical facilities and the priority was assigned to the family planning programmes to have check on population growth in the state. In fourth five year plan an amount of Rs.25 lakh was earmarked for 'Child Health Care Campaign' out of which only rupees 16.63 lakh were utilized.

In fifth five year plan focus was given on building health infrastructure in which a proposal to establish health Sub-Centers at the rate of each for a population of 10,000. Proposals were made to upgrade 29PHCs to 30-bedded rural hospitals. Proposals were made to open up 150 new dispensaries in rural areas & to establish dental clinic in each block. Proposals were also made to establish common medical facilities in rural areas including diagnostic facilities such as X-ray, laboratory, operation theatre etc.

The sixth Five year plan focused on removing the shortcomings of existing health care system and improving the operational efficiencies of medical institutions in the state. The sixth plan focused on improvement of infrastructure and provision of quality health services.

The Seventh Five year plan provided adequate outlays for purchasing essential machinery and equipment, replacement of obsolete equipment and for the completion of spill over work, so as to optimally utilize the investment already made. During this plan, 330 Subsidiary Health Centre's (SHCs), more commonly known as rural dispensaries, were upgraded to the level of Primary Health Centre's (PHCs), raising the total to 460, i.e., one each for approximately 30,000 rural population. An additional community health officer, staff nurse, laboratory technician and two class IV employees were provided to PHCs.

In tune with the earlier FYPs, the Eighth Five Year plan aimed at strengthening the infrastructure, provision of equipments and manpower development. In some indices, specific efforts need to be made to identify the factors responsible for the relatively poor performance and correct them. The Ninth Plan highlighted the need to strengthen the existing health infrastructure. It was identified that in spite of the rapid expansion, the majority of the institutions were without proper buildings. The main focus of Ninth plan was to consolidate and strengthening of existing medical institutions. in the state, by meeting the existing deficiencies in building, machinery and equipment, and provision of basic minimum services in the health sector. A proposal was also made to establish a four-bedded hospital each at 277 focal points in the state.

The Tenth Five Year Plan of the Government of Punjab indicates that 70 per cent sub-centers, 67 per cent Subsidiary Health Centres (dispensaries), 62 per cent Primary Health Centers and 51 per cent Community Health Centres are without proper buildings. A total sum of Rupees 32,840 lakh would be needed to provide proper buildings for these institutions. Like the earlier plans, the major thrust of the Tenth Five Year Plan would be to consolidate and strengthen the existing medical institutions in the state in Allopathic, Ayurvedic and Homeopathic medicines, by removing the existing deficiencies in buildings, medicines, machinery and equipment and providing basic minimum services in the health sector. Besides extending the targets covered in the Ninth Plan, the Tenth Plan has emphasized mental health care, biomedical waste and diagnostic services in the state, setting up an institute of Para-medical services, opening new dispensaries in urban slum areas, provision of toilets and attendants, accommodation in medical institutions, establishment of new PHCs/up gradation of existing SHCs to PHCs and completion of the provision for four-bedded hospitals at the remaining 197 focal points out of the 277 selected.

A total outlay of Rs. 11,261.38 lac was provided during the 11th FYP to implement ten schemes for establishment, and up-gradation of infrastructure along with construction and hiring of educational consultants for various medical colleges and hospitals. a provision was made in the outlay of 11th FYP for setting up of a mammography unit at Government Medical College, Patiala (at a cost of Rs. 30.00 lac) and for installing PCs with LAN, internet facility and LCD Project at Government ISM&H Medical College with PG course (at a cost of Rs. 10.00 lac) under the 100% Central Sector Schemes, The Directorate has already submitted a proposal of Rs. 1,000.00 lacs for establishment of Punjab Ayurvedic University (to be named after Guru Ravidass at Hoshiarpur) under new Centrally Sponsored Scheme on 50:50 matching basis in Annual Plan 2010-11. In addition, the Council of Ministers accorded approval to creation of 613 posts of staff nurses and nine posts of radiographer on 16.9.2009 on contract basis, which will entailing a monthly expenditure of Rs. 46.59 lac (Rs. 560.00 lac annually) More Comprehensive and detail strategy have been formulated for the development of healthcare sector in Twelfth Five year plan for state of Punjab. The Key agenda in this duration is that 236 out of 445 PHCs will be upgraded for 24X7 delivery services. Provision of free transport, free medicine & free treatment for delivery in Government Hospitals has been included. 50 new born stabilization units will be operational soon in the state. Cancer and Drug Addiction Treatment funding Act 2013 have been enacted. Drug De-addiction centers to be set up – 5 at state level, 31 at district/ sub divisional level. Expansion of medical institution will be the agenda of the Government in this time period. Chief Minister Cancer relief fund has also been established to fight against the cancer which is one of the most serious health crises the people of the state facing in recent time. From the above, it is evident that during the formulation of all the Five Year Plans, the focus of the state government has largely remained on strengthening the health infrastructure in the form of buildings, machinery, equipment and manpower for primary health care. It did not realize the importance of having a proper health management information system, which would have helped in setting need-based priorities. Moreover, the state has not made many efforts to establish referral linkages, management of life-style diseases -- diabetes, cancer and cardiovascular diseases, regulation of private health care services, and involving the voluntary sector in different health programmes.

III. PROBLEMS & CHALLENGES OF HEALTH CARE SECTOR OF PUNJAB

The state has failed in delivering the necessary health care sector to its people mainly due to poor governance, dysfunctional role of the state and lack of strategic vision. Although there are many reasons for poor public health sector performance, almost all of them arise from weak stewardship of the sector.

1. EXISTENCE OF A SMALLER NUMBERS OF PUBLIC HEALTH INSTITUTIONS THAN THEIR ACTUAL REQUIREMENT-In Punjab. There are only 2951 sub centers (SCs) against the requirements of 3463 (according to population estimates of 2011 census), 449 PHCs against the requirements of 577 & 132 CHCs, whereas 144 are required. The number of health institutions in rural areas of the state has not increased & has remained stagnant over the years, which highlights the poor performance of the state governments.

2. LACK OF SOME BASIC FACILITIES IN GOVERNMENT HEALTH INSTITUTIONS-The another reason for the poor performance of the state public health care sector of the state is that most of the health institutions are not well equipped with the basic facilities & because of this reason most of the people of the state cannot take benefits from state run health institutions.

3. MANPOWER SHORTAGE IN THE HEALTH INSTITUTIONS-The availability of government doctors & paramedical staff in the state run medical institutions is another biggest challenge for the health care sector of the state. Acute manpower shortage exists in the health institutions. A shortage of 283 and 294 doctors in PHCs and CHCs (i.e., nearly 60 per cent shortage), 1380 health workers, 650 health assistants/auxiliary nurses midwives (67.2 per cent shortage), 340 laboratory technicians and 342 nurses/ staff nurses exist in these institutions.

4. ABSENTEE DOCTORS-As on one side public health care sector in the state is facing the staff crunch and on the other hand the irresponsible and negligent behavior of the government medical staff is making the problem more serious. The non availability of doctors & other medical staff at the health care institution, their irresponsible behavior has played an important role in the poor performance of this sector. Most of the government doctors prefer to operate parallel private practices from their residence. Proper check on the medical staff by the state government has played an important role in making the problem more serious & grave.

IV. LOW PUBLIC SECTOR SPENDING ON HEALTH SERVICES

Almost in all the five years plans, the share of medical sector is far more less than what is being required to spend. The ever decreasing state expenditure on health has paralyzed this sector. Low public sector spending on health services results in the following problems-

(i) Poor conditions of health infrastructure- Shortage of funds has leads to the problem of poor infrastructure of health care institutions. Due to the finance crunch the health care institutions cannot be properly maintained & it deters the patients from seeking medical care there.

(ii) Lack of medicines-Due to the shortage of funds, the state government fails to provide adequate medicines at the health care centers.

(iii) Limited doctor salaries-Another problem that is being faced by the public health care sector due to the non availability of funds is that the state government fails to provide salaries to the medical staff on time that leads to their laxity in performing their duties in proper way.

Above mentioned are certain critical issues & problems that are presently being faced by the health care sector of Punjab. These issues required immediate attention to solve as if these will not be solved then the Punjab public health care sector will lose the confidence of the people of Punjab.

V. THE ROLE OF STATE GOVERNMENT FOR DEVELOPMENT OF PUBLIC SECTOR HEALTH CARE SECTOR

The government of state has taken certain steps to eradicate these problems. As from the 1990s onward when globalization gained immense importance, the health sector reforms have also been introduced to bring favorable changes in this sector.

The first initiative is related to the corporatization of public health services in the state by establishing the Punjab Health System Corporation (PHSC) in the year 1996 by taking over 150 public hospitals ranging from district hospitals (17), sub divisional hospitals (45) to CHCs/PHCs (92). The PHSC was introduced with the objective to integrate the existing secondary level preventive, promotive & curative health services in the Punjab.

Some reformative steps taken by the state government for the improvement of public health care sector are as follow:-

(A) PUBLIC PRIVATE PARTNERSHIP

(i) Involving the private sector in service provision-The policy relates to the opening up of health care services to the private corporate sector. Private sector hospitals have been getting land and facilities at subsidized rates and are expected in return to provide free treatment to yellow card holders (people below the poverty line) up to 10 percent of outpatient and 5 percent of inpatient. Each year these hospitals are required to provide the details of their yellow card holder patients to the Punjab Urban Development Authority (PUDA), the organization that allotted land to these hospitals at subsidized rates. But the access of the poor to these private health care services is constrained. It is mainly due to two factors- ignorance among the poor about the free treatment and the complex and cumbersome procedure for getting and renewing the yellow cards. Unfortunately, the benefits of this policy decision have not percolated down to the poor. The elite orientation of management, lack of awareness among the poor about free treatment in private hospitals and ineffective regulatory mechanisms are the major hindrances to free treatment for the poor in private hospitals.

(ii) Outsourcing of Services- The government has begun outsourcing of services in secondary level hospitals. The services relating to sanitation, ambulance services, dental services and services relating to security have already been contracted out. These policies have been adopted in view of the instructions issued by State Government in Finance Department. This policy calls for outsourcing hospital services, health care extension services, diagnostic services to reputed professional service provider on the basis of monitorable performance criteria so as to ensure a high quality efficiency and standard of services at reasonable cost.

(B) RE-ORGANISATION & RE-STRUCTURING OF EXISTING SYSTEM

(i) Ensuring Health care delivery through better Mobility-In order to ensure more effective utilization of the infrastructure existing in the state of Punjab, it was proposed to establish co-operation between the primary & secondary sector institutions. Fully equipped mobile clinics linking PHCs/SHCs with the CHCs, which would ensure quality services to large number of people.

(ii) Development of a Referral System-The referral system allows queue jumping and exemption from registration/admission/bed charges. According to this system a patient having a referral card would report to the senior citizen counter of the OPD, and an OPD ticket would be issued and stamped "referred-in" and the consulting doctor may attend to the patient having an OPD ticket with the referred-in stamp.

(iii) Maintenance of Assets-The PHSC has prepared a comprehensive scheme for maintaining assets by creating a special wing within the corporation, which would take care of renovations, extensions & maintenance of all health infrastructures in the state.

VI. SUGGESTIONS

Although the state government has formulated comprehensive policies for the up-gradation of health care sector of Punjab. But still there is a wide gap between the requirement of the people and the efforts done by the state governments. Quality of health care services still a dream for the people of the state specially the weaker section of the society. So to fill that gap the state must need a detail and comprehensive health policy to make the health care services accessible for all the people of the state. On the basis of above analysis the following suggestions have been made in this regard-

1. A state-specific health policy is the basic pre-requisite for health planning in the state. A health policy should capture a holistic view of the state's health, identify requirements and priorities, set up objectives and ensure optimal utilization of the allocated resources, given the capacity and constraints of the health system. It should result in a qualitative improvement in health services for the people in general and vulnerable groups- weaker sections, women and children- in particular.

2. There is a need of health management information system which is the back bone for immediate access to information on different health indicators such as birth rate, death rate, neo-natal, pre-natal, infant and child mortality rates, method-wise contraceptive prevalence rate, disease patterns etc. at the district level. New information technology can play a vital role in this regard.

3. As the existing number of medical institutions in the state is insufficient to meet the health needs of the people, the government must enhance the health care facilities by establishing more medical institutions. Besides, efforts must be made to bridge the rural-urban gap in the availability of health services by having an equitable distribution of health services in rural and urban areas. The existing health care facilities must be optimally utilized, vacant positions in the health institutions must be filled and absenteeism of doctors must be checked. These measures could prove to be of great help in improving the health scenario in the state. Most health institutions, particularly the rural ones, continue to focus excessively on immunization and family planning activities, ignoring the curative aspects. Health policy should give due care to the curative aspects along with the preventive aspects. Some of the suggestions for improving curative services pertain to easy, queue less accessibility, service-availability for longer duration, clean premises, provision of medicines, diagnostic services under one roof on no-profit no-loss basis with appropriate subsidies for economically weaker sections.

4. The disease patterns have changed over the years. The growing incidence of life-style diseases such as cardio-vascular diseases, diabetes, gastroenteritis, urology and newly emerging diseases such as cancer, HIV/AIDS, dengue and bird flu are posing new challenges for the state. The policy should examine the feasibility of setting up special clinics at the district hospitals to deal with some of these problems. The health policy should also consider suitable nutritional awareness programme, initially at the school and Anganwadi level. Rising number of suicides in the state signify need for more mental health specialists too.

5. Health policy should make efforts to provide diagnostic equipments at all referral hospitals from primary health centers (PHCs) onwards. In order to meet the financial limitations, such services may be outsourced to the private sector at government approved rates. This will promote public-private partnership, smash the nexus between doctors at public health facilities and owners of diagnostic centers and would result in stoppage of various malpractices.

VII. CONCLUSION

From the above discussion it can be concluded that although the state government is taking effective step for the improvement of performance of public health care sector of Punjab but still there is a need of more comprehensive strategy in this regard. Still the Punjab state is running far behind in term of health facilities from other prosperous states of the country, the people prefer to go to private service provider for treatment due to the poor service delivery in the government hospitals. Changing life style pattern is creating more health issues for the people and it is the duty of the state government to take effective steps to counter those challenges. By focusing on the core health issues of the people of the state & by formulating & implementing an effective strategy, the government will be able to build a trust of the people of the state on the government health care sector.

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