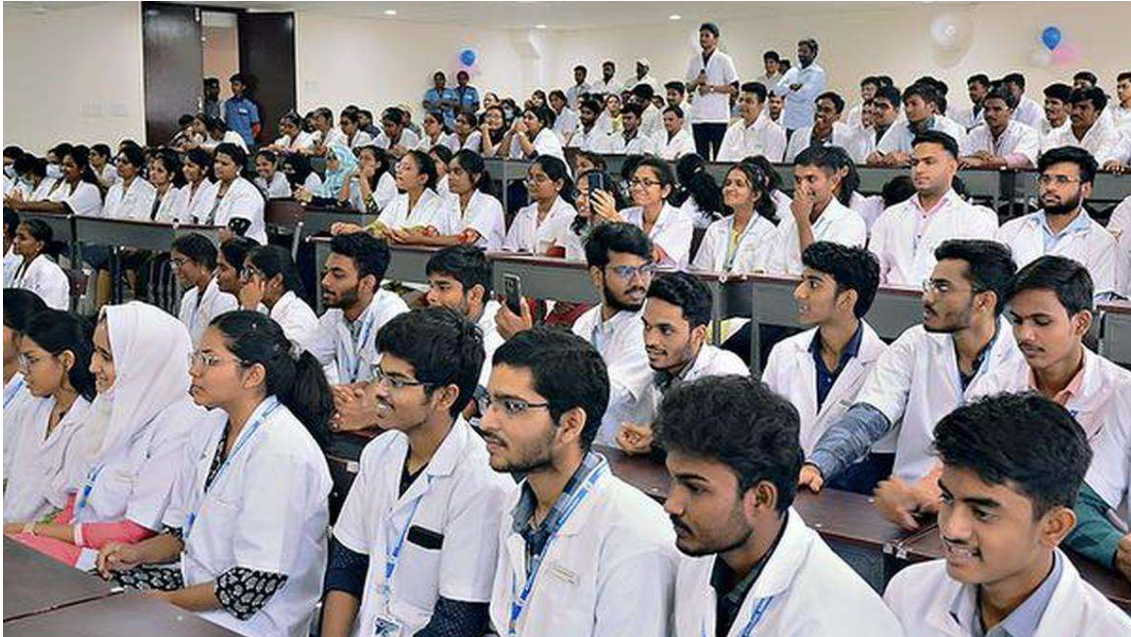


Expectations of the medical sector from the new government



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The election festival buzz is apace now. Political parties have begun coming up with election manifestos. It is a million-dollar question whether all promises they're dishing out to voters will be kept by parties romping home to victory. However, voices raising the people's demands must resonate so that the parties chart their ideological terrains. In this respect, as a doctor I would like to bring to the attention of the soon-to-be-installed government certain hassles, complications, and expectations rife in the union government department of health and family welfare.

Annoying burden of infection

The public health policy and practice in India depend on epidemics. With the help of government and private funds, human resources and advanced technology, vaccination programmes have kept under check various infections. Particularly, we have been witnessing for the past decade a polio-free India. We have eliminated 62 per cent of infections. The average lifespan which was 32 years at the time of Independence has now gone up to 70 years. However, the tropical diseases such as malaria, dengue, brain fever, elephantiasis and so on still pose a challenge to the country. For instance, though functioning passionately to attain the goal of eliminating malaria by the year 2030, India still has about 100 crore people likely to be prone to malaria. The tuberculosis mortality rate, which was 42 per lakh in 1990, has come down to 23 per lakh. Yet there are miles to go on this count if the goal of eliminating TB by 2025 must be achieved. Epidemiologists suggest that instead of making efforts to eliminate an epidemic across the country at a time, region-wise measures can be taken to eliminate it.

Dominance of non-communicable diseases

The non-communicable diseases such as hypertension, diabetes, cardiac illnesses, cancer and so on have, of late, been on the rise, owing to erratic food habits, use of tobacco, unbridled consumption of liquor, lack of physical exercise and drug addiction. At the same time, mental health issues have also been increasing on account of workload in jobs and mental pressures. According to some data, five per cent of the people are not mentally stable and 1.5 per cent are living with serious mental disorders. It's tragic that these figures have annually been going up. On the one hand, it feels happy to note that treatment methods for the non-communicable diseases have been developing in India and on the other, the task of controlling mental diseases is getting difficult because the people, by and large, are ignorant of mental illness and there is also a paucity of medical experts to clinically diagnose and treat the mental diseases in villages and taluks. Moreover, the National Mental Health Policy, 2014 and the Mental Healthcare Act, 2017 give priority to only the welfare of the mentally ill, bypassing the welfare of the patients' families and guardians. So, integrated policies must be drawn up to cover the welfare of all stakeholders connected with the issue of mental health.

Alternative outlook

"India's health policies mostly focus on the health of the urban people, upper classes, and those for whom health facilities are quite accessible. This is a dangerous approach," said Keshav Desiraju, former union health secretary. He emphasised that those who must pay for their health and are unable to access the private healthcare institutions must be taken into account by the designers of health policy. For instance, the government health insurance policy schemes benefit only inpatients, not the outpatients. The benefits of such schemes do not percolate fully down to the downtrodden. That is why Keshav asked why the funds for these schemes could not be diverted to strengthen the basic medical services for prevention of diseases. Indians meet 63 per cent of medical expenses from their own money. This is the highest in the world.

Maternal and infant mortality rates

Though advanced maternal healthcare facilities are available across the country, India is yet to attain the goal of maternal mortality rate (MMR) under 109 per lakh births. Now the MMR goal has been revised to 70 per lakh. Kerala (61), Maharashtra (68) and Tamil Nadu (79) are almost attaining the goal while other states are lagging in this regard. Similarly, the infant mortality rate is 39 per lakh births. The factors contributing to this are underweight, anaemia and early marriage of Indian women as also the nutritional deficiency of children. An article published in Lancet, a medical journal, says that unless plans aiming at, among other things, creation of awareness are implemented speedily to eliminate these factors, the infant mortality rate cannot be reduced.

Decreasing total fertility rate

The total fertility rate (TFR) has been coming down in India, says Lancet. The rate was 6.18 in 1950 and 4.6 in 1980. It decreased to 1.91 in 2021. The research published in Lancet says that the TFR would further reduce to 1.04 in 2100. The TFR, though, should not go down beneath 2.1 because the continuance of this trend would lead to reduction of youth population and increase in the number of senior citizens in the next 25 years. This eventuality would affect the Indian economy. Hence, initiatives such as halting gender discrimination, creating economic facilities for children's education and job opportunities etc. should be taken right now.

Medical human resources needed

New medical colleges are increasingly opened in India. At the same time, medical college hospitals are afflicted with paucity of medical specialists, impermanency of job for assistant health workers, inadequacy of remuneration for medical professors. These problems should somehow be solved forthwith. Public health is social justice. So, inequalities in this domain should be removed. It will be the bounden duty of the new government coming in to make healthcare facilities accessible and affordable to all people regardless of differences in social status and economic condition.

Besides, 'health equity' which gives priority to the need-based clinical treatment should be given primary importance. For this, only 1.1 per cent of GDP is earmarked. This is not enough and at least 3 per cent of GDP should be allotted. The new government in the offing should think over it.
Translated by V. Mariappan.