

Healthcare System and Infrastructure: Socio-Economic Analysis

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Abstract:

Health is major factor in present situation and maintaining good health is challenge for everyone. Health means physical and mental well being of the people. Health is everything to all having a good health is necessity to all the people. Every one person try to attain good health providing good health care facilities to citizen his duty of the government. Right to good health is a fundamental right. However it is rather unfortunate that 'Health for all' is still a distant and elusive goal in most of the developing countries like India. About 1.3 billion people all over the world do not have access to effective and affordable healthcare. As per the findings of the WHO, developing countries bear the burden of 93% of the world dieses. The people of in these countries on their own are unable to pay for the high cost of health care. it is estimated that the poor house hold tend to spend nearly one fifth of their income on treatment such high spending on health has band and tragedy effect on the poor households.

Key Words: Health care System, Infrastructure, Health Expenditure, Rural Health

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I. Introduction

Health means physical and mental well being of the people. Health is everything to all having a good health is necessity to all the people. Every one person try to attain good health providing good health care facilities to citizen his duty of the government. Right to good health is a fundamental right. However it is rather unfortunate that 'Health for all' is still a distant and elusive goal in most of the developing countries like India. About 1.3 billion people all over the world do not have access to effective and affordable healthcare. As per the findings of the WHO, developing countries bear the burden of 93% of the world dieses. The people of in these countries on their own are unable to pay for the high cost of health care. it is estimated that the poor house hold tend to spend nearly one fifth of their income on treatment such high spending on health has band and tragedy effect on the poor households.

Good and health people reflects the developmental status of the economy. Health and skill of the people show the producing capacity and strength of the nation. Such people have main role in building f the economy. So we called health is wealth. But in these days having good health is a big task to all the human beings. India's vision is to attain the level of health that will enable every individual to lead a social and economically productive life. The national Rural health Mission lunched 2005 is a right initiative in this direction.

Public health care infrastructure in India has made a remarkable and impressive development in the post 6 decades of Indian planning. In fact mortality rate has fallen malaria has been countrold. smallpox and Guinea worm have been completely eradicated Leprosy and polio are nearing elimination Despite these achievement, 43% malnutrition among water.5 Children live in India and 38% infants in India are under the weight as compared to only 4% in China.

Acknowledging the gaps in health infrastructure and deficiencies the health care system in rural areas the government conceptualized the national rural health mission (NHRM) which considers a milestone in the national health policy.

Word Health Organization (WHO) defined health in its broader sense as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. The WHO's 1986 Ottawa charter for health promotion furthered that health is not just a living. Health is a positive concept emphasizing social and personal resources as well as physical capacities.

Health is considered a fundamental human right. It is the most basic right next to the right to live. All people irrespective of class gender and caste should have access to quality healthcare facilities. Poor health is major constraint to human resource development. Good health is an end in itself. Free from illness and unhealthy disease give rise to increased availability of time and resources for education acquisition of further skills and increased participation in economic and political life. Health is significant collective good and a basic human right.

Article 25.1 of the 1948 universal declaration of Human Rights states that everyone has the right to a standard of living adequate for health and well-being of himself and his family, including food, clothing housing, medical care and necessary social services. The perspective that access to basic healthcare is vital element of human right was further strengthened by the inclusion of health components in the millennium development goals.

National commission on macroeconomic and health government of India is of the opinion that good health is universally acknowledged to be of intensive value and therefore constitutes an integral element of development. World health report 2010 opinion that promoting and protecting health is essential to human welfare and sustained economic development.

Health and economic development:

Good health is both the means and end of the development healthy population is a pre essential condition for economic growth. It is an investment for human capital formation. Increased investment in health leads to increased productivity of workers which ultimately gives rise to increased economic growth.

Therefore investment in public health is revived in terms as economic benefit arising from higher investment in health. Health is regarded as significant element in the growth and development of all the countries. Health children are said to be have better school attendance and learning which later transits into better caring skills. In another meaning ill health can lead to capability deprivation and hence poverty, Causing a substantial loss of financial and human resources. Poor health further reinforces ill health, lead to low food intake, nutritional deficiency, deprivation of basic amenities like sanitation are causes for poverty. Non clean drinking water causing infections. More exposed to environment al risks by poor and less informed about the benefits of healthy lifestyles and has low access to quality healthcare. Health and nutritional status, family size and health living conditions are inputs as essential component of development, vital to the country's economic growth and internal stability. Ensuring a minimum level of health care to the population is a critical constituent of the development process.

Health Condition in India

Nobel Laureate economist A K Sen opinion the health status of India very aptly, few subjects can be more important than health as a constructive element of the well being and freedom of nation. And yet healthcare has been one of the most ignorable matter accepts of development of India. A direct effort of inadequate official attention to health matters in that the Indian population continues to be exposed to high incidence of chain link diseases and readily preventable illness. The burden of disease falls very unevenly on different sections of the population.

Health inequalities are very high in India. There are economic, social and regional differences larger statistics like high infant mortality, children and mothers, low life expectancy and high mortality. In world nine countries spend 4.4% of total government expenditure that India now devotes to health. The big out of pocket expenses on healthcare and drugs are imposing a heavy burden on patients. This expenditure pushes 30 million people a year in to poverty.

As compare to the other Countries India expenses high in fact mortality rate, mother death rate, loss life expectancy. There are shows poor healthcare in the country the most striking weakness of our public health system has been its failure to reach the bottom of the society that is to almost 300 million people in the country. These people are mostly in rural and in urban slums. They are pushed to poverty. SC/ST and other backward communities, which account for 70% of population, are more prone to poor health outcomes dues to their low socio-economic status.

Health expenditure

The government expenditure on healthcare in the country is very low. Total expenditure on health as a percentage of GDP is only 4.1% in 2007, and marginally improved to 4.4% of GDP. Public expenditure on health is extremely low as compared to private expenditure, most patient turn to private providers. In 2008 the share of public expenditure on healthcare at 28% was not even one third of the total expenditure. At least 24% of Indians hospitalized fall below the poverty line because they are hospitalized. According to World health Report (2006), in India spending by families for healthcare represents about 73% of total health expenditure.

Rural Healthcare System

Recent year india take initiation to provide healthcare facility to all the regions including Rural & urban slums. We have seen gigantic improvement in healthcare. In some states, Rural healthcare system and infrastructure in india at present has been developed as a three-tier structure to provide healthcare services to the people.

The primary tier comprises three types of healthcare institutions

1. Sub Centre (SC)
2. Primary Health Center (PHC)
3. Community Health Center (CHC)

The Rural healthcare infrastructure has been developed to provide primary healthcare services through a network of integrated health & family welfare delivery system.

Rural Healthcare Institutions are established and Maintained by the state government out of funds provided to them by the entiral government lender the basic needs programmes. The three tier system is based on the population norms.

- Sub Centers: have established where the place cantrins 5000population 3000 in hilly. tribal areas. Each sub centre has one female worker and one male worker. Sub-Centre are assigned tasks relating to inter personal communication in order to bring about behavioural change and provide services in relation to maternal and child health, family welfare, nutrition, immunization diarrhea control and control of communicable diseases programmes. SC provides basic drugs for minor ailments to women and children. The government of India is providing 100% assistance to sub-centers. In 2011 there is 148124 centres in the country. NRHM has proposed strengthening of sub-centers in the form of united fund of Rs. 10.000 per annum. The units will also be provided with essential drug both allopathic and AYUSH.

- Primary Health Centre (PHC): a First port of call to a qualified doctor of the public sector in rural areas for the sick and those who directly report or referred from sub-centers for curative, preventive health care. It acts as a referral unit for 6 sub-centers. They are manned by a medical officer supported by 14 paramedical and other staff. It has 4-6 beds for patients. Norms for population coverage 30,000 in plain area and 20,000 in hilly / tribal area. There are 23,887 PHCs functioning as on 2011. In the country NRHM takes strengthening works to PHCs. Preventive, promotive through adequate and regular supply of essential quality drugs and equipment to PHCs and provision of 24 hour service in at least 50% PHCs contains all drugs and equipment and staffs

- Community Health Care (CHC): its serves as a referral center for 4 PHCs. It has 30 indoor beds with one OT, X-Ray, Labour room and Laboratory facilities. 1,20,000 population courage in plane area and 80,000 in hilly / tribal area. 1463 CHCs in 2005 there are 4809 CHCs functioning in the country.

- NRHM aims to strengthening services at CHCs by operationalising 100% CHCs 24 hour. Public health standards are followed by the all CHCs export care to community to achieve and maintain an acceptable standard of quality of care, to make the services more responsive and sensitive to the needs of the community. An additional public health programmes manager posting is recommended in contractual basis at all CHCs for supervising surveillance operations, co-ordination of national health programmes management of ASHAs etc.. CHCs are working with quality assurance in delivery of health care to all people.

National Rural Health Mission (NRHM)

NRHM (2005) seeks to provide effective health, care to rural population throughout country with special focus on 18 statuses. The mission is an articulation of the commencement of government to rise public spending on health from 0.9% of GDP to 2-3 percent of GDP. NRHM intended to initiate National Common Minimum Programme and promote policies that strengthen public health management and services delivery in the country.

Key components of NRHM programmes

- Village health plan prepared by local team headed by health and sanitations committee of panchayath
- Strengthening the rural hospital
- Integration of vertical Health and Family Welfare Programmes
- Optimal utilization of funds and infrastructure
- Main stream the AYUSH into public health
- Maintain the determinates of health like sanitation and hygiene, nutrition and drinking water through a district plan for health.

Yeshasvini Healthcare Scheme:

It is the communication health insurance scheme. It is also known as co-operative Formers Healthcare Scheme. It was launched by the State government of Karnataka. The scheme is considered to be one of the largest self-funded healthcare schemes in the country covering more than 800 surgical procedures to the attention of many when in the very first year of its inception it controlled about 1.6 million members and carried out more than 9000 surgeries. In 2012-13 there were more than 3 million members and 80,000 surgeries performed. It is better healthcare scheme and it has some grievances.

1. Prior Surgeries outside this scheme
2. OPD not inclusion investigation and medications in the scheme
3. Non qualified decision makers and non subject experts make decisions
4. Time Lag in approving emergency and Delay in a approached/re imbusement.
5. It is not applicable to Nagara Yashaswini and APL families.

II. Findings:

1. Provide expert doctors staff to hospitals of rural area
2. Appropriate training to staff
3. Envisage the modern equipment
4. Keep up the good maintenance
5. Adequate drug supply
6. Reduce employee absence in PAC and CHCs
7. Proper Utilisation of fund
8. Awareness to mother and child available health facilities
9. Remove the charge fee to poor place
10. Provide in time vehicle facility
11. Establish new hospitals in rural tribal area.

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