Strengthening Primary Health Care - A Move Towards Privatisation

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There is widespread dissatisfaction with the level of health care and the delivery of health care services in the country despite the fact that since Independence India has made considerable progress towards extending health services to the entire population of the country. Several diagnostic studies have clearly brought out and emphasized various weaknesses in the existing health administration.

These weaknesses and problems relate primarily to the choice of organisation, strategies, priorities in provision of services, knowledge, attitude and skills in our present day health administration for effectively managing, controlling and coordinating with other related sectors and aspects of national and community development. These include, in particular, agriculture, animal husbandry, food, industry, education, housing, public works and communications. We are confronted with a spate of problems related to involving the community and seeking its effective and meaningful participation. Besides, there are problems of personnel management, material management, logistics, supervision (including demonstration and guidance) and motivation of workers engaged in the delivery of health care services. It hardly needs to be pointed out that skills required for managing human and financial resources by making the best use of materials and equipment, and for inculcating the right spirit of innovation among the health personnel right from top to the lowest level is grossly lacking.

There is no doubt that the existing deficiencies in our present health infrastructure and in the delivery of health care at all levels point to the immediate need for strengthening managerial capabilities and skills of health administrators functioning at different levels.

Considering that health management implies effective and efficient utilisation of our scarce resources to achieve the set of goals or objectives, we are confronted with several problems related to health planning, implementation and monitoring of our programmes. Some of the major problem areas identified are discussed below.

One of the major problems that we face is inadequate technical skills and knowledge among the various health functionaries. This is primarily due to inadequate basic education, lack of continuing education to maintain, sustain and upgrade skills, non-availability of adequate supervision and guidance, and lack of communication skills required for health education communication and extension activities.

A large number of problems are on account of attitude of indifference, and low morale and motivation of health functionaries because of poor opportunities for career development, lack of incentives (financial or otherwise), heavy workload and poor inter-personal relationship.

Ineffective team work among the health functionaries at all levels is another major problem primarily due to poor inter-personal relationship, lack of team training, lack of established procedures for referrals, inadequate supportive supervision, guidance and lack of problem solving approaches and demonstration. Another major cause is infrequent personal contact with intra-sectoral and inter-sectoral personnel, and lack or almost absence of basic communication skills, and the not so well thought out mechanisms for effecting effective and meaningful inter-sectoral coordination to promote health, population and development programmes.

Lack of effective team work among health personnel, and ambiguity and uncertainty regarding team goals and objectives result in bigger problems related to information and its improper use. The other factors responsible for problems relating to information are lack of feedback and the inability to perceive usefulness, complexities or the magnitude of information to be collected (The information collected

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is either too scanty or it is too much).

Last, but not least, there are problems of logistics pertaining to drugs and medicines, transportation, communication, etc. It is usually seen that the supply of drugs and medicines is insufficient and often the supply is received late. There is general lack of awareness regarding procedures for procuring drugs. The indenting and distribution system for procuring drugs and medicines is also very complicated. To top it all there are problems related to transportation. For instance, it is either inadequate or the vehicles are in bad condition due to lack of maintenance of transport. The problems of communication are primarily because of inadequate means of communication, lack of awareness of communication channels, etc.

At the Central and divisional levels, the health administrators by and large find it difficult to monitor, evaluate and re-programme the Health and Family Welfare projects. This is often due to lack of manpower and managerial shortcomings on their part. The problems related to community participation arise because of lack of uniformity in the procedures for financing or funding of the programmes, and due to non-involvement of the community in the planning of health and family welfare activities.

The problems associated with the planning, execution and evaluation of various health and family welfare training programmes are many. These arise due to lack of training programmes for personnel, and lack of suitable teaching material.

The problems and issues presented above are some of the vital problems which demand immediate attention and action. The list is not exhaustive and perhaps a number of other problems can be identified and added to this list. Now the question arises: how should we deal with these problems? There is no one way to solve these problems, but one thing is beyond doubt that most (say 90%) of the problems stated above can be tackled through proper training which needs to be strengthened at different levels of health care delivery system.

Enjoyment of highest attainable standard of health is one of the fundamental rights of every human being irrespective of race, religion, political barrier or economic and social condition. For this, planning of delivery of health care services, provision of requisite manpower and education, and training of the health and family planning functionaries are crucial. The standards of health services in India continue to be lower even than those of less advanced countries of the world. Provision of adequate medical facilities and health is the minimum welfare commitment of the State. It is both urgent and imperative to increase the pace of our health programmes. We need much more concentrated efforts and a substantially large investment in order to bring about a rapid improvement in the health profile of the country. Poverty, illiteracy and ignorance are the main factors responsible for poor medical care in India. Poverty directly determines the pattern of medical care and it is not easy to provide comprehensive medical care of any kind for want of adequate funds. In India, health care is a major challenge indeed.

Though our Family Welfare Programme has been in operation since 1951, it has undergone many changes with regard to approach, strategy, etc. For a wider coverage and greater impact of the programme more emphasis is now being laid on decreasing the infant mortality rate and on measures like raising the status of women, increasing age at marriage, and promoting income generating activities among women. While governmental efforts and resources should be directed at primary level care in order to provide basic essential services to all people, the private sector with its high technology and greater resources needs to be mobilised to take care at secondary and tertiary levels. The family planning programme needs to be converted into a people's movement in order to bring down the fertility rate. Keeping in view the Indian culture and traditions, only a democratic and educational approach can bring about the desired change in the attitude and values, and behaviour of the people needed for adopting small family norm. In a wider context, the success of family planning programme is crucial for a meaningful growth of society and overall development of the country.

It is almost impossible for the Government alone to provide primary health care to all people. On the one hand, we will have to educate people to become self-reliant and to help others to assume responsibility for their own health. On the other hand, voluntary organisations and private agencies involved in Health Care will be required to play a meaningful role to move closer to the goal of 'Health for All'. Privatisation of health care needs no justification. If we have to provide health care services to more and more people with optimum efficiency and cost effectiveness, we cannot but privatise health care, and the sooner we do it, the better it will be.

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