Health Care Delivery in the Future

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VARIOUS commissions since the Bhore Commission Report of 1946, have studied the health care system, both as **planned** and as **implemented** and made recommendations. The failure of the system to reach its goals and targets is well recognised. Even some of the causes of this are clearly stated. The chapter on 'Health, Family Planning and Nutrition', of the Sixth Five Year Plan, 1980-85, has this to say:

"In spite of several significant achievements, the health care system obtaining in the country suffers from some weaknesses and deficiencies. There has been pre-occupation with the promotion of curative and clinical services through city-based hospitals which have, by and large, catered to certain sections of the urban population. The infrastructure of sub-centres, primary health centres and rural hospitals built up in the rural areas touches only a fraction of the rural population. The concept of health in its totality with preventive and promotive health care services, in addition to the curative, is still to be made operational. Doctors and para-medicals are reluctant to serve in the rural areas particularly in the field of preventive and promotive health. There has been overdependence on the states for health care measures and voluntary and local effort has not been able to take up responsibility in any significant measure. The involvement of the people in solving their health problems has been almost non-existent".

The solution to these inadequacies is not easy, but an evidence of a change in philosophy is found in this document.

"An investment on health is investment in man and on improving the quality of his life. It is, therefore, well recognised that health has to be viewed in its totality, as a part of the strategy of human resources development. Horizontal and vertical linkages have to be obtained among all the inter-related programmes like protected water supply, environmental sanitation and hygiene, nutrition, education, family planning and maternity and child welfare. Only with such linkages can the benefits of various programmes be optimised. An attack on the problems of diseases cannot be entirely successful unless it is accompanied by an attack on poverty itself which is the main cause of it. For this reason the Sixth Plan assigns a high priority to programmes of promotion, or gainful employment, eradication of poverty, population control and meeting the basic human needs as integral components of the Human Resources Development Programme".

Two important documents have contributed to this change in thought which has resulted in a new element in planning and hopefully moving actively toward the goal of health for all.

(1) The Alma Ata Declaration of 1977 has become the accepted health policy of India, simplified into the slogan "Health for All by 2000 AD", along with a long-term objective of reducing the Net Reproduction Rate to 1 by 1995.

Figue 1

Health Services Structure in 1979 and Target Set for 1985 (Sixth Plan)

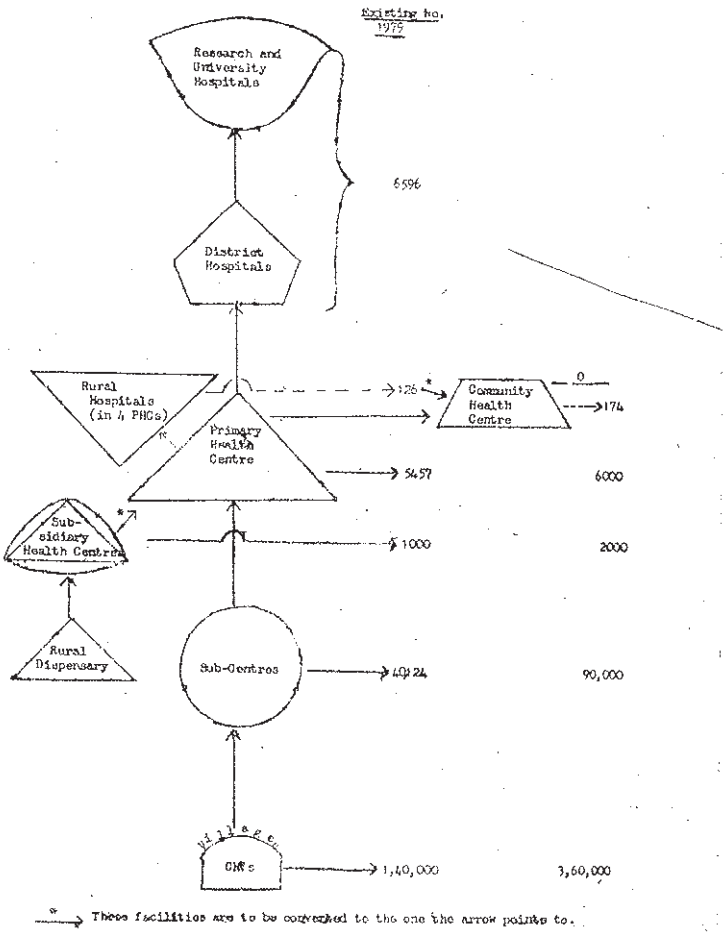
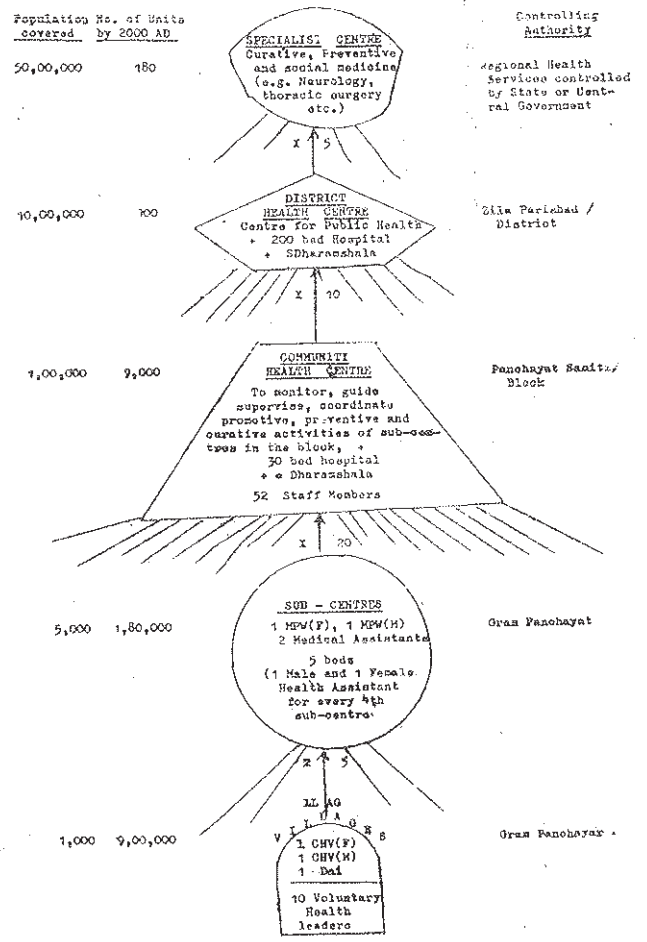


Figure 2

AN ALTERNATIVE STRATEGY FOR HEALTH FOR ALL

Source: Health for All: An Alternative Strategy, ICSSR/ICMR



(2) To accomplish this goal, the Planning Commission realizes the necessity and recommends in the Sixth Five Year Plan, a restructuring and re-orientation of the Health Services of India. These recommendations are influenced by the plan described in **Health for All: An Alternative Strategy,** by a Study Group of the ICSSR/ICMR led by Ramalingaswami. However, a comparison of the two indicates that there is still a long way to go. Figure No. 1 shows the present scheme of service providing for rural health and the targets set by the Planning Commission for 1985. Figure No. 2 shows the alternative scheme recommended in **Health for All**

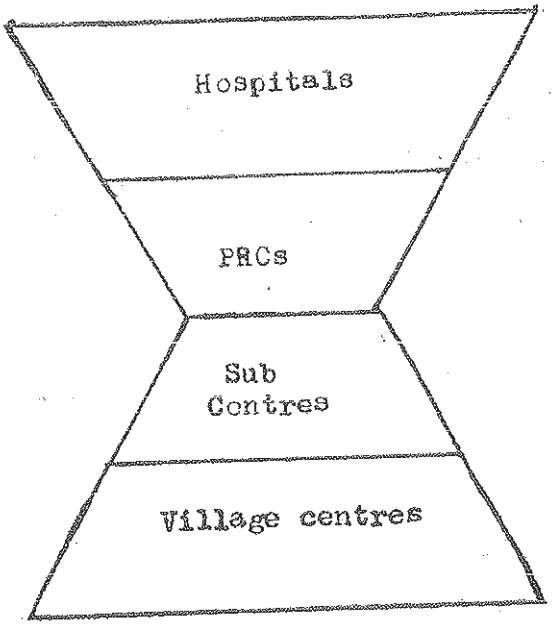
There are three major differences apparent. **First,** the Sixth Five Year Plan (Figure No. 1) **states** that

"The people would be involved in tackling their health problems and community participation in the health programmes would be encouraged. They would be entitled to supervise and manage their own health programmes eventually". But nothing is mentioned in the whole chapter on actually turning over control to village panchayats or the Zila Parishad (block level). The administrative control is still with the State with some schemes and contributions received from the Central level.

Secondly, the present scheme has many Primary Health Centres and added "subsidiary health centres" which will eventually become PHCs. Only 1 in 4 PHCs will be changed to **Community Health Centre.** This still leaves a sort of hour-glass shape figure of personnel and services.

Figure 3

Distribution of Health Personnel (1979)



The alternative scheme is more decentralised and provides for many more people to be trained at grassroots village level and counts heavily on sub-centres with MPWs (or Health Workers). **No** PHCs will remain eventually and Community Health Centres will replace these at a smaller number, improved services and closer supervisory relationship with sub-centres at less cost. More importantly, the figure created by the numbers of Health Workers is more like a pyramid.

The **third** major difference is in the **referral** system described. In the present system, anyone can choose to go to the CHV, the sub-centre, PHC or District—even National level hospital. The Alternative proposal strongly urges that **screening** of patients be done at each level. The sub-centre would see people sent by CHVs. The sub-centre would refer patients either to the health team members visiting the CHC or send them to the CHC. The latter would not accept patients directly, only through referral from sub-centres, one of which would be close by or even attached to the CHC.

These are quite drastic changes proposed in this alternative strategy to accomplish health for all. The Sixth Plan has incorporated some ideas and it is to be hoped that more will be accepted

in the next Plans.

The role of voluntary agencies is described in **Health for All** (page 197): providing valuable health service; doing pioneer work; deeply rooted in the culture of the people; always continue to be a valuable asset to society. So, the State is urged to preserve and promote such services, requiring only that voluntary agencies work within overall policies and plans of the government, the latter giving special assistance to those working on the frontiers and doing work of significance.

Figure 4

Distribution of Health Personnel in Alternative Strategy Recommended for 2000 A.D.