



HEALTH FOR ALL: A POLICY PERSPECTIVE

Dr. EASAM SARAIAH DORA

Senior Grade Lecturer in Sociology, S.K.E. Degree College, Sirpur Kagaz Nagar, Adilabad.

Md. AFZAL

Lecturer in Social Work, University Arts & Science College, K.U., Warangal.

INTRODUCTION:

The purpose of the above topic is how the programmes of the policy of the government in Health Sector cause development in the society. If the society is healthy, any society develops society, economically.

Human development index is a composite of three indicators: longevity or long life, educational attainment and standard of living (or per capita income). The first two indicators are the social indicators life expectancy, a much-desired objective of human beings, reflects the progress made in such fields as health, infant and child mortality mother's health and nutrition. The educational attainment is comprised of adult literacy and a combined primary, secondary and literacy enrolment ratio. The human development index stresses the importance of the quality of life. This brings in the public/government expenditure which with same restructuring can be helpful in providing more resources for health and education.

The WHO has described Health as a state of complete physical mental and social well-being and not merely the absence of disease or infirmity. The determinants of health are: genetic configuration, level of development, life style, environment health infrastructure. Keeping the meaning of health and determinants of health in mind, the Government has made a national health policy.

IMPORTANCE OF GOOD HEALTH:

There is an old saying that "Health is Wealth". That means if your health is good then you are good then your work properly then your get wealth. Good health can be defined as if your body is free from mental and bodily disease. If a person loses his health then he also loses happiness from his life. If you want to know more about it then ask person. Who is suffering from diseases? He will tell you the real truth of men who is suffering from diseases. If you do not have a good health then you do not have interest in living. At that time, you get one thought in mind to ask god to give you death. If you were a good health then you have to give rest to your mind then your body feels relaxed body can be healthy if you have a sound mind. So in order to keep yourself mentally health, you have t adopt some techniques like yoga, meditation, relaxation, rational thinking. There is relationship between body and mind. If you want a fit body then you to take sufficient amount of Proteins, Vitamins, Carbohydrates and Water etc., if everybody is physically mentally healthy, nation's production grows.



HEALTH FOR ALL:

“Health for all” is a concept that was popularized in 1970s by the World Health Organisation. According to Helfdan Mahler, Director General (1973-1983) of the World Health Organisation. Health for all means that health is to be brought within reach of everyone in a given country. Health means a personal state of well-being, not just the availability of health services a state of health that enables a person to lead a socially and economically productive life. “**Health for All**” implies the removal of the obstacles to health that is the elimination of malnutrition, ignorance, contaminated drinking and unhygienic houses. All with that doctor’s patient’s ratio should be increased with sufficient hospital beds, drugs and vaccines. “Health for All” means that health should be regarded as an objective of economic development and not merely as one of the means of attainment it. It also demands literacy for all. Until this becomes reality, it demons at least the beginning of an understanding of what health means for every individual. It depends on continued progress in medical care, in which basic medical help is available in every village, backed up by referral services to more specialized care. Immunization must similarly achieve universal coverage. “Health for All” is thus a holistic concept calling for efforts in agriculture, industry, education, housing and communications just as much as in medicine and public health. Medical care alone cannot bring health to people. Health for people requires a whole new way of life and fresh appointments to provide themselves with a higher standard of living. The adoption of “Health for All” by government implies a commitment to promote the advancement of all citizens on a broad front of development and resolution to encourage the individual citizen to achieve a higher quality of life. The rate of progress will depend on the political Will. The World Health Organisation believes that, given a high degree of determination, “Health for All” could be attained by the year 2000. That target date is a challenge to all WHO’s member states. The basis of the “Health for All” strategy is primary health care.

HEALTH POLICY

Health Policy can be defined as the “decisions, plans, and actions that are undertaken to achieve specific health care goals within a society”. According to the World Health Organisation, an explicit health policy can achieve several things: it defines a vision for the future; it outlines priorities and the expected roles of different groups; and it builds consensus and informs people. There are many categories of health policies, including personal health care policy, Pharmaceutical policy, and policies related to public health such as Vaccination policy or tobacco control policy. They may cover topics of financing and delivery of health care, access to care, quality of care, and health equality.

There are also many topics in the politics and evidence that can influence the decision of a government, private sector business or other group to adopt a specific policy. Evidence- based policy relies on the use of science and rigorous studies such as randomized controlled trials to identify programmes and practices capable of improving policy-relevant outcomes. Most political debates surround personal healthcare policies, especially those that seek to reform health care delivery, and can typically be categorized as either philosophical or economic. Philosophical debates



center around questions about individual rights' and government authority, while economic topics include how to maximize the efficiency of health care delivery and minimize costs.

BACK GROUND

The modern concept of health care involves access to medical professionals from various fields as well as medical technology, such as medications and surgical equipments. It also involves access to the latest information and evidence from research, including medical research and health services research. In many countries it is left to the individual to gain access to health care goods and services by paying for them directly as out-of pocket expenses, and to private sector players in the medical and pharmaceutical industries to develop research. Planning and production of health human resources is distributed among labour market participants.

Other countries have an explicit policy to ensure and support access for all of its citizens, to fund health research, and to plan for adequate numbers, distribution and quality of health workers to meet health care goals. Many governments around the world have established universal health, which takes the burden of health care expenses of private businesses or individuals. There are a variety of arguments for and against universal health care and related health policies. Health care is an important part of health systems and therefore it often accounts for one or the largest areas of spending for both governments and individuals all over the world. For examples, medical debt is now a leading cause of bank-ruptcy in the United States.

PHYLOSOPHY

Right to health care:

The United Nation's Universal Declaration of Human Rights (UDHR) asserts that medical care is a right of all people. Many religions also impose an obligation on their followers to care for those in less favourable circumstances, including the sick. Humanists too would assert the same obligation and the right has been enshrined in many other ways too.

An opposing school of thought rejects this notion. They assert that providing health care funded by taxes is immoral because it is a form of legalized robbery, denying the right to dispose of one's our income at one's own will.

A second question concerns the effect government involvement would have. One concern is that the right to privacy between doctors and patients could be eroded if governments demand power to oversee health of citizens. Another concern is that governments use legislation to control personal freedoms. For example, some Canadian provinces have outlawed private medical insurance from competing with the national social insurance systems for basic health care to ensure government controlled allocation of national resources. Laissez - Faire supporters argue that this severely erodes the effectiveness of the system, and that those who can afford private health care should be encouraged to use it, so as to take pressure off the public system.



When a government controls the health care industry, it defines what health care is available, and how it is paid for, privately or with taxes. Universal health care requires government intervention and oversight.

ECONOMICS:

Impact on quality of health care publicly funded health care may provide better or worse quality health care than market-driven medicine. There are many arguments on both sides of the issue:

Claims that publicly funded health care improves the quality of health care:

- ❖ For those people who would otherwise go without care, any quality care is an improvement.
- ❖ Since people perceive universal health care as free, they are more likely to seek preventive care which makes them better in the long run.

Claims that publicly funded health care harms quality of health care:

- ❖ It slows down innovation and inhibits new technologies from being developed and utilized. This simply means that medical technologies are less likely to be used.
- ❖ Free health care can lead to overuse of medical services, and hence raise overall cost.
- ❖ Publicly funded medicine leads to greater inefficiencies and inequalities.
- ❖ It is that uninsured citizens can simply pay for their health care.
- ❖ Even indigent citizens can still receive emergency care from alternative sources such as non-profit organizations.

Some providers may be required to provide some emergency services regardless of insured status or ability to pay as with the Emergency Medical Treatment and Active Labour Act in the United States.

Impact on Medical Professionals:

Proponents of universal health care contend that Universal Health Care reduces the amount of paper work that medical professionals have to deal with, allowing them to concentrate on treating patients.

Effect on Medical Research:

Those in favour of Universal Health Care posit that removing profit as a motive will increase the rate of medical innovation. Those opposed argue that it will do the opposite, because removing the incentive of profit causes no incentive to innovate.



Economic Impact

Universal Health Care affects economics differently than private health care. Those in favour of Universal Health Care contend that it reduces wastefulness in the delivery of health care by removing the middle man, the insurance companies and thus reducing the amount bureaucracy. Those opposed to health care argue that socialized medicine suffers from the same financial problems as any other government planned economy. They argue that it requires governments to greatly increase taxes as costs rise year. Their claim is that universal health care essential tries to do the economically impossible. Opponents of Universal health Care argue that the government agencies are less efficient due to bureaucracy. However, the supporters say that modern industrial countries with socialized medicine tend to spend much less on health care than similar countries lacking such systems. In the United States, opponents of Universal health Care also claim that, before heavy regulation of the Health care and insurance industries, doctor visits to the elderly and free care or low cost care to impoverished patients were common, and that governments effectively regulated this form of charity out of existence. They suggest that universal health care plans will add more inefficiency to the medical system through additional bureaucratic oversight and paper work, which will lead to fewer doctor-patient visits.

Means:

Many forms of universal health care have been proposed. These include mandatory health Insurance requirements complete capitalization of health care e and single-payer systems, among others.

Primary Health Centre:

The Primary Health Centre (PHC) is the basic structural and functional unit of the public health services in developing countries. PHCs were established to provide accessible, affordable and available primary health care to people in accordance with the Alma Ata Declaration of 1978 by the member nations of the W.H.O.

In South Africa, PHCs are the basic first-line units providing primary health care. Theoretically, there is one PHC for every 30,000 of population. Each PHC has five or six sub-centres staffed by health workers for outreach services such as immunization basic curative care services and maternal and child health services. PHC generally consist of one or more doctors, a pharmacist, a staff nurse, and other paramedical support staff.

In India, PHCs form a basic part of the health care system. The medical officer appointed to run the PHC must be an MBBS degree holder. In addition to the provision of diagnostic and curative services, the medical officer acts as the primary administrator for the PHC. The primary field staff, who provide outreach services, are called "ASHA (A credited Social Health Activist)" or a village health called nurse, depending upon the Indian state where the PHC is located. The village health nurse provides service at the point of care, often in the patient's home. If additional diagnostic testing or clinical intervention is required, the patient is transported to the



PHC to be evaluated by the Medical Officer. Under the national rural health mission, PHCs are rapidly being upgraded.

COMMUNITY HEALTH CENTRE:

A Community Health Centre is committed to improving the health of its community. To achieve good health, community health services strongly emphasize prevention, early intervention, rehabilitation and education in addition to direct care. Activities that a community health services may be involved include:

- ❖ Delivery of services, such as podiatry, counseling and physiotherapy, both at offices and by outreach services.
- ❖ Health promotion and education.
- ❖ Case management, advocacy and intervention.
- ❖ Creating collaborative relationships with industry, government hospitals and other health services.

Community health services are an important part of the health sector.

They are vital in helping to create and maintain well-being and good health, particularly in those who are least able to pay. They are about long-term effort that reflects and implements the principles of empowerment, access for marginalized groups, community partnership, and client focused and integrated multi-disciplinary services.

Evolutions of Public- Private Partnership in India:

In the 1980s, with an economic crisis facing India, there was a substantial increase in the utilization of medical services in the private sector with explicitly government support. The 1983 national Health Policy for the first time proposed to expand health care provision through the private sector. The sixth plan (1980-85) also suggested utilization of the private sector. In 1986, the hospital sector was recognized as an industry, which meant that financing was available from public financial institutions. Customs duties on high technology medical equipment were reduced. What ensued was a rapid, unregulated expansion of commercial medical services not only at the primary but also at the secondary and tertiary levels. Until this time, the private sector was largely characterized by individual doctors or small groups of providers practicing in nursing homes. These providers could not afford the capital cost for cutting edge technologies, which were found in government-run tertiary centre (mostly medical college hospitals) or in the better endowed charitable trust hospitals. Under this scenario, at least in theory specialized medical care was made available to all regardless of their socio-economic position.

Privatization coincided with huge developments in medical technology. At the sometime, governmental outlays for health were stagnant and even declined. Over the years, the government had reduced its expenditure on health and it had fallen from 3.30% in the mid-1950s to 1.80% by the beginning of 1980. Public sector hospitals



had insufficient funds to keep pace with technological advances. Private hospital enterprises like the AHG (Apollo Hospital Group) entered the space: All have employed the strategy of lobbying the government for concession's promising free or subsidized treatment for a percentage of patients a promise unkept. For example, Lock Sabha) which deals with allotment of India in Delhi at concessional rates to hospitals observes, "Ultimately what was started with a grand idea of benefiting the poor turned out to be a hunting ground for the rich in the garb of public personnel, and patronage of most sections or society-except perhaps the poorest. According to the National sample survey 60th round, more than 70% of expenditure on health care in India is met out of pocket.

Health care delivery in India:

There is no doubt that the public sector model of medical care as practiced in India has not met the expectations of patients. The major reasons for this failure are cogently summarized in the National Health Mission document that provides a frame work for implementation. They are: poor infrastructure, poor human resource planning, poor financial planning and excessive bureaucratization.

It notable that both the National Health Mission and the draft National Health Bill 2009 emphasize Public- Private Partnership (PPP) for delivery of tertiary medical care. It is clear that utilizing non-state abilities in delivery of health care be a powerful too. The question is how to properly use this too.

Regarding medical care, India is a country of tremendous disparities, where the wealthy have access to the most sophisticated treatment options, the poor dies for want of basis ones. Treatments that entail a recurring expenditure of over Rs. 1 Lack a month hand, pregnant women still die for lack of access to basic surgical facilities. For the political class, these treatments are often provided free in return for favours granted or to be granted at the cost of the public exchequer, this is an important cause of the impunity with which the AHG has ignored its obligations. This kind of politician-industry nexus is unlikely to change in the near future, which is another argument against PPP of the Apollo kind.

National Health Programmes:

1. National Tuberculosis programme.
2. Programme for control of Acute Respiratory infections.
3. Guinea Worm Eradication Programme.
4. Diarroheal Disease Control Programme.
5. National Leprosy Eradication.
6. S.T.D. Disease Control Programme.
7. National AIDS Prevention and Control Programme.
8. NMEP
9. National Filaria Control Programme.



10. Iodine Deficiency Disorder Programme.
11. National Nutrition Programme.
12. Universal Immunization Programme.
13. National Family Welfare Programme.
14. School Health Programme.

The above programmes, if implemented correctly, sincerely society improves a lot.

Conclusion:

To quote the UN Director General for Development and International Economic Co-operation, "The promotion and protection of Health of the people is essential to sustained economic and social development and contributes to a better quality of life and to world peace".

Suggestions:

1. Development is a process; it cannot be achieved overnight, for this all the people must participate in Medical & Health plan of the government.
2. In order to make society healthy all the factors like geographic, economic, social, cultural factors should be taken into consideration.
3. The attitude towards health and disease of the people should be changed.
4. A positive attitude towards medical and health staff should be created among the people.
5. Proper supervision is necessary on the implementing agencies to motivate them.
6. Apart from the other factors, Psychological factors should be kept in mind.
7. In order to live and let, live tolerance, patience, empathy towards one another is more important; this helps people live peacefully, harmoniously.
8. After creating awareness about the medical and health services, follow-up should be done, i.e. people should be made to utilize the services.
9. According to Mr. Ahluwalia, the Planning Commission Deputy Chairman "Health, education, rural development and water would be thrust areas of our effort".

References:

1. K. Park: Park's Text Book of Preventive and Social Medicine 19th edition.
2. Aggarwal, H.N. (1967). Reproductive life of Orissa women, *Vanyajati* 15 (3): 139-149.
3. Ali, A. (1980). Health and genetic problems of Kutia Kondhs of Bulubaru village, Phulbani district, Orissa. *The Newsletter* (Govt. of India, Ministry of Home Affairs, Tribal Development Division, New Delhi, 1(2) 103-114.



4. Basu, M.P. (1967). A Demographic profile of Irula. Bull. Anthrop. Surv. India. V-XVI No 3& 4p-267-289.
5. Basu, A. (1990). Anthropological approach to tribal health [In] Tribal demography and development in North-East India, (ed. Ashish Bose, Tiplut Nagbri & Nikhlesh Kumar).131-142. B.R. Publishing Corporation, Delhi.
6. Chaudhuri, Buddhadeb (1 990). Social and environmental dimensions of tribal health (In) Cultural and environmental dimensions of health (ed. by B. Chaudhuri. Inter-India Publications).