

HEALTH MISSION - A SYSTEMATIC VIEW

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Abstract

Health is considered as the most important thing for a human being. It is a well-known concept that health is wealth. Health is one of the goods of life to which man has a right; wherever this concept prevails, the logical sequence is to make all measures for the protection and restoration of health accessible to all at free of charge. Medicine like education is then no longer a trade, and it becomes a public function of the state. The National Rural Health Mission (NRHM) was launched by the Hon'ble Prime Minister on 12th April 2005, to provide accessible, affordable and quality health care to the rural population, especially the vulnerable groups. The Union Cabinet vide its decision dated 1st May 2013, has approved the launch of National Urban Health Mission (NUHM) as a Sub-mission of an over-arching National Health Mission (NHM), with National Rural Health Mission (NRHM) being the other Sub-mission of National Health Mission.

Keywords: NRHM, NUHM, NRHM, Health, wealth, EAG

Importance of Health

India is currently experiencing, demographic, epidemiologic and health transition simultaneously and differentially. This essentially calls for to address and explore the new avenues and strategies for meeting the challenges of quality health services to be rendered to the people in the new millennium. Indeed, health is a vital component as well as crucial index of social and economic development of the country. Recognizing its importance and imperatives the WHO constitution further states that, “the enjoyment of highest attainable standards of health is one of the fundamental rights of every human beings”. Hence the responsibilities entrusted upon good governance are much more in terms of providing quality health care services to its citizen.

Infact, in India, several policy initiatives have been taken up from time to time in this direction to deal with various aspects of delivery of health care and family welfare. One of the important lessons gained so far is that the policies and programmes could not reach up to the expected mark.

NRHM seeks to provide equitable, affordable and quality health care to the rural population, especially the vulnerable groups. Under the NRHM, the Empowered Action Group (EAG) States as well as North Eastern States, Jammu and Kashmir and Himachal Pradesh have been given special focus. The thrust of the mission is on establishing a fully functional, community owned, decentralized health delivery system with inter-sectoral convergence at all levels, to ensure simultaneous action on a wide range of determinants of health such as water, sanitation, education, nutrition, social and gender equality. Institutional integration within the fragmented health sector was expected to provide a

focus on outcomes, measured against Indian Public Health Standards for all health facilities.

Health Care Services

Health care is the primary necessity of every society and is directly linked with the health of people. Health care system should not only include the treatment system but it should also indicate the system of nutrition, provision of uncontaminated drinking water, healthy living environment and the control of communicable diseases.

By health services meant all those personal and community services, including medical care, direction towards the protection and promotion of the health of the community. The population and its health influenced not only by physical and social environment, but also by the quality and availability of the health services.

Medical care and health services influence the incidence or prevalence of particular diseases. The people also must make full and intelligent use of health services. The major concern in many countries is how best to deliver this care to the population deploying the available resources of personnel, equipment and materials as effectively as possible.

Health and Economic Development

Health is the essence of productive life. It is an integral part of development. Health care is an important human endeavor to improve the quality of life of the people. Therefore, health is of great importance both from the point of view of an individuals and the nation as well.

In any country, it is the health status of the people that determines their well-being and the pace of economic and social development. Importance of living conditions and quality of life together with access to health services contribute to good health.

Health has been recognized from time immemorial as the greatest wealth. It has rightly been said that though health may not be everything, but everything without health is nothing. The international objective of “health for all” by 2000 A.D. was suggested by world health organization. “Health for all” means that health is to be brought within the reach of everyone in a given community. It implies the removal of obstacles to health - that is elimination of mal nutrition, disease, provision of protected drinking water and hygienic housing. It depends on continued progress in medicine and public health.

Most of the developing countries are concerned about the resources of the health sector. Such concerns broadly relate to i) sources of finance for health services, ii) the ability to maintain the past funding levels, iii) resource allocation patterns and economic efficiency and equity in health care delivery.

There are some gains in the health sector since independence. The gains are in the area of life expectancy, crude death rates (CDR), infant mortality rates (IMR) and crude

birth rates (CBR). The life expectancy has gone up from 36 years in 1951 to 62 years in 1995. IMR is down from 146 in 1951 to 71 in 1997. CBR has been reduced from 36.9 in 1970 to 26.1 in 1998 and CDR from 14.9 to 8.7 in the same period.

Besides these gains, immunization to control communicable disease (CD) has made a major contribution. Small pox eradication, the near elimination of leprosy, and the extraordinary social mobilization for polio eradication and improvements in determinants such as water supply and sanitation have contributed towards the control of communicable diseases.

Further, the state could not achieve the health targets it set for itself. In India, today we have 269 million disabilities - adjusted life years or DALYs lost because of both communicable and non-communicable diseases. To state the obvious the failure to control communicable and non-communicable diseases is taking heavy toll on the productivity of the economy.

Public Health Care in India

Public health care system in India is characterized by multiple systems of medicine, mixed ownership, and different kinds of delivery structures. Compared to rural areas, the urban areas are much better endowed with public health facilities. India spends about 4.9% of GDP on health (as per WHO report 2002). It is seen that the total health expenditure is around 5% of GDP, public expenditure is 0.9%, private is 4%. The public health facilities are spread over the state, in both urban and rural areas.

NSS data indicate that the poor tend to use the public health facilities more than the private does. The survey data suggest that 72% of in patient days in the public health facilities are used by the lowest income quintile against only 25% in the top income quintile.

Conclusion

We are in difficult time economically, environmental change continues and international power shifts influence our world daily. These are going to have significant ramifications for both the primary care sector, the development of the health promotion profession as well as the communities and people for whom we seek health for all. The challenge for all health promotion practitioners, irrespective of whether they are working in primary care, for social service providers, NGOs, local council, private business or within grass -roots community, is to follow and predict these broadest developments and to monitor and predict their impacts on local communities. While not all is within our control and the threats to our profession and principles at times may seem overwhelming, we must focus on the opportunities and work strategically to take advantage of them.

Technical efficiency relates to the way in which resources are organized and used for delivery of specific programmes and services cost effectively. Technical in efficiency

implies that there will be gains if the management and use of existing resources is reorganized. Several of the problems confronting public health services delivery in India are well known.

Allocative patterns within the health sector have also meanwhile been changing adversely impacting efficiency. With the rising share of salaries, non - salary grants have been reduced drastically, affecting the quality of services delivered through public health institutions. The overall pattern emerging across states is that governments spend largely on work force by way of salaries, while households are expected to spend on drugs, diagnostics, and other treatment facilities.

People are unable to access health care not only due to geographic, social or cost barriers, but also inherent systemic and structural weaknesses of the public health care system that do not promote responsiveness, enforce accountability, or assure quality.

They are inefficient distribution, use, and management of human resources, inefficient financial management systems, inefficient systems for purchasing drugs, supplies, and services, ineffective referral systems, and inadequate attention to health education and public disclosure.

References

1. Venkatasubramanian.K. "Health System - Improvement in Health Services, Yojanj, January-2004, P.11-16.
2. Radha.D & Mohamed Sahaputheen.P, "Women Health Status" Kisan World, April 2007, Vol.34, No.04.P28-33.
3. Sharma.BBL. "Financing for health security: User charges and health insurance as viable options", April - September.2003, Vol.3, No.1, P:61-95.
4. Rangarajan.C. "The Indian Healthcare System", University News, Vol46, No.28, July 14-20,2008, P22-24.
5. The Hindu, "Our health care needs restructuring", dated 11.08.08, P.14.