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A Pathway towards Sustainable Practices with reference to Public Health in India: A Case –Study of Public Health Foundation of India (PHFI)

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ABSTRACT:
A glaring feature of public health delivery today is the government's inability to increase funding and prioritise public health. Increasing cost of medication, high out-of- pocket expenditure, and corruption in the health system have adversely affected public health and have combined to cripple the public health sector

Access to reliable, relevant, and implementable health care information has been identified as one of the key determinants for reaching the Sustainable Development Goals (SDGs). Quite often, people suffer unnecessary ill health because they do not have access to basic health care services. Delay in the decision to seek care, delay in getting to the facility and obtaining the appropriate care once at the facility and availability of resources like hospitals, equipments, doctors, etc. Therefore, for developing countries, with scarce resources, time taken to seek decision is most crucial.

Thus this paper attempt to highlights the challenges & priorities before the health care system in India with reference to case study of Public Health Foundation of India.. Hoping this paper will initiate a series of serious and productive deliberation on the topic

Keywords : Public health , health care system, hospitals

Introduction:

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After Independence there has been a significant improvement, in the health status of people.But the situation is not much better as per study of WHO. India though has improved its ranking on a global

healthcare access and quality (HAQ) index from 153 in 1990 to 145 in 2016, yet ranks lower than neighbouring Bangladesh and even sub-Saharan Sudan and Equatorial Guinea. In 2016, India scored 41.2 points on the healthcare access and quality (HAQ) index created by the Global Burden of Disease study published in the medical journal *The Lancet* on May 23, 2018. This 16.5-point improvement in 26 years leaves India's score well below the global average of 54.4.Despite improvements in healthcare access and quality, India lags way behind its BRICS peers Brazil, Russia, China and South Africa on the HAQ index.

Here, are various challenges of Health care system, leading to the problem
In the year 2018 , WHO (World Health Organization) theme for the World Health Day (April 7) is "*Universal health coverage: everyone, everywhere".* The main objective of Universal Health Coverage (UHC) is to provide citizens access to health services without incurring any financial hardships and being pushed into poverty. WHO and World Bank statistics are it is disheartening. According to their figures, approximately half of the world's 7.3 billion people are not able to obtain the health services they need and they still lack full coverage with essential health services. Every year, countless households are pushed into extreme poverty as a result of expenditure out of an individual's pocket on his health

Though UHC (Universal Health Coverage) is one of the 17 Sustainable Development Goals (SDGs) adopted by the United Nations for eliminating poverty, the grassroot scenario in India is bleak. Significantly, 70 per cent of healthcare is provided by the private sector in India. There is a large health disparity between social classes, urban and rural populations and geographical locations. Though India boasts of being the hub of medical tourism in the world, is it able to provide even basic healthcare to the marginalised and vulnerable communities of the country?

The silver lining in this scenario is the contribution of the National Rural Health Mission (NRHM), launched in 2005, in providing accessible, affordable and quality healthcare to the rural population in terms of Reproductive and Child Health Services. It has, hence, contributed significantly in reducing the Maternal Mortality Rate and Infant Mortality Rate in India.

The COVID-19 pandemic has cast a spotlight on the vital importance of public health measures, not just in the immediate prevention and management of infectious disease outbreaks, but also in promoting the long-term welfare of populations when their prospects are closely correlated with preventable co-morbidities. In addition, the pandemic underscored health inequalities and the need to address mental health alongside physical health in a holistic manner. This pandemic will have profound implications for the way that public health is conceived and practiced in the future, and Public Health Challenges will lead the way in addressing this shift.

World Health Organization (WHO) identified and prioritized ten threats to global health in 2019, starting a strategic plan to tackle them. These ten main issues that will require efforts and a firm commitment from WHO and public health professionals throughout the world are: air pollution and climate change, non communicable diseases, global influenza pandemic, fragile and vulnerable settings, antimicrobial resistance, Ebola and other high-threat pathogens, weak primary health care, vaccine hesitancy, dengue, and HIV.

Following were the major challenges identified by WHO
The **first challenge** (even after 13 years of the launch of the NRHM and subsequent National Health

Mission) is the wide disparity in the quality of healthcare services in the public and private sector as regulatory standards are neither established nor enforced properly by the Government of India. Unless strict laws are formulated by the Ministry of Health and Family Welfare (MOHFW) and the Indian Council of Medical Research, the country cannot attain success.

Secondly, the issue of quacks and traditional healers treating patients at the grassroot level is a serious concern. This is connected to the poor availability of healthcare services and service providers in rural areas. The government has not formulated any Bill to curb these malpractices. The extent of harm, morbidity and mortality resulting from such treatments is devastating.

Thirdly, the non-affordability of healthcare services is a major problem with the vast majority of our people. As a result, they are impoverished because of high out-of-pocket healthcare expenditures. They also suffer the adverse consequences of the poor quality of care. Cases of medical negligence are on the rise; and unethical medical and nursing practices are also resorted to.

As per the Seventh Schedule of the Constitution, health has been assigned to the state governments. Hence, there is no single model for the country. The MOHFW envisages the basic right to providing universal health coverage for all citizens. It must initiate a massive, propulsive and compulsive propaganda. It should aim to regulate wasteful and preventable healthcare expenditure by developing a system of financing health services, and ensure access to essential medicines and te. chnologies and a galaxy of well-trained and dedicated health workers.

Other challenges Include :

Lack of infrastructure:

A serious drawback of India's health service is the neglect of rural masses. It is largely a service based on urban hospitals. Although, there are large no. of PHC's and rural hospitals yet the urban bias is visible. According to health information 31.5% of hospitals and 16% hospital beds are situated in rural areas where 75% of total population resides.

In August 2016, Dana Majhi, a poor tribal man from one of the KBK districts [Koraput, Balangir, and Kalahandi] 2 of Odisha, had taken his wife, Amangdei, to the Kalahandi district hospital for tuberculosis(TB) treatment, where Amangdei died. The hospital could not arrange an ambulance to transport her body back to the village. Ultimately, Majhi carried her corpse on his shoulder for 16 kilometers. Taking cognizance of the incident, the local administration suspended a male nurse and a security staff for negligence. However, the Chief District Medical Officer gave a clean chit to the hospital and blamed Majhi for the incident.

Palmati Devi was served food on the floor of a government hospital in Ranchi. She was initially denied food as she did not have utensils. On her insistence, she was served food on the floor 5 . Srinivasachary, a physically-challenged person, had to be dragged to the upper floors by his wife Srivani at a hospital in Anantpur, Andhra Pradesh. She had to do this because no wheelchair or stretcher was available. The government ordered an enquiry and instructed the authorities to provide more wheelchairs to the hospital .

All these incidents are not mere outcomes of medical negligence. They tell us a great deal about the responsiveness of our health care system, or the lack of it. The patients are reduced to mere cases, rather than being treated as human beings entitled to basic medical care and facilities.

Inadequate funds for Health:

India spends only 1-2% of it it GDP on healthcare. With the investment on private healthcare the overall spending stands at 4.5%.

Foreign patients also are coming in large numbers to India for relatively cheaper private healthcare. They mainly come from the Middle East, Africa, Pakistan and Bangladesh for paediatric cardiac surgery, liver transplants, etc.. *This is ironic that while people from other countries are utilising our private healthcare services* while its citizens are reeling under catastrophic healthcare expenditure.

Shortage of Medical Professionals

In Kanpur, Uttar Pradesh, a man's sick son died on his shoulder after being denied admission to a Kanpur hospital on August 29, 2016.Such cases become visible when they get social media and television attention, but millions cannot access India's overburdened hospitals and inadequate medical facilities, a crisis illustrated by the fact that India is short of nearly 500,000 doctors, based on the World Health Organization (WHO) norm of 1:1,000 population, according to an IndiaSpend analysis of government data.

With more than 740,000 active doctors at the end of 2014 -- a claimed doctor-patient population ratio of 1:1,674, worse than Vietnam, Algeria and Pakistan -- the shortage of doctors was one of the health-management failures cited by this report of a parliamentary committee on health and family welfare, which presented its findings to both houses of Parliament on March 8, 2016.

Lack of Resources

In 2014, 38.2% of India's population was below the poverty. These people depend on government hospitals for their treatment. Many times they go to hospitals with one disease and come back infected with some other illness due to improper sanitation and inadequate quality of care provided by the staff.

India's healthcare system is in a shambles. Public spending has increased but only marginally over the past two decades—from 1.1% of GDP in 1995 to 1.4% in 2014

Another problem with India's healthcare system is acute manpower shortage. The country has only about one doctor for every 1,700 patients whereas the World Health Organization (WHO) prescribes at least one for every 1,000 patients. In other words, there is a shortage of about 500,000 doctors. The Medical Council of India (MCI) will have to reform the entire medical education system if this gap has to be filled, but that distant reality.

Lack of Health Insurance:

In India a vast majority of people do not have health insurance in a country where the public health system has collapsed. Health shocks are one of the biggest reasons why people slip back into poverty. India's efforts to extend coverage over the past decade or so have borne few fruits, even as other countries such as Germany, Japan and Thailand have built effective healthcare systems by insisting on some form of pre-payment and pooling of resources, either through taxation or insurance. India's inability to find a workable model for itself has left its poor particularly vulnerable.

A vast majority of people do not have health insurance in a country where the public health system has collapsed Even for those who can afford better, the choices are limited. Most state-run facilities are so poorly managed that they aren't really an option. Private facilities may offer services, but there

are serious quality issues when it comes to the poor. *The government has been talking about a stronger partnership with the private sector in the field of healthcare but there has been little progress on the ground.*

Road Map to Improve Healthcare System :

- Focus on mass surveillance of 'at risk' and 'vulnerable populations' for non-communicable diseases like cancer, diabetes and hypertension.
- Well-planned system and policy for monitoring occupational health diseases and introduction of the concept of occupational health physicians and nurses by formulating post-graduate courses for the latter are needed.
- Provision of hazard identification units in industrial set-ups.
- Geographical coverage for endemic diseases.
- Introducing prevention-based health checkups at outpatient departments of every government health facility.
- Establishing a structured and well-organised referral system in the villages, providing comprehensive services on the concept of primary healthcare.
- Financial compensation to basic health workers working on population-based targets.
- Infrastructure Development & availability of doctors, para -medical staff round the clock specially in rural areas.
- Evening Clinics for better accessibility of health care services
- Incentives to doctors & para medical staff for working in remote areas.
- Availability of vehicle for the doctors & Ambulance service at rural & remote areas.

Increase of Public Funding:
Healthcare should not be restricted merely to medical care but cover aspects of pro-preventive care as well. Primary health care needs to be recognized as a public good which is non-excludable and non rival consumption. Hence, its supply and demand cannot be left to be regulated by the invisible hand of the market. Elements of health like sanitation, vaccination, health education and primary healthcare have large positive and negative externalities and hence need public funding to be provided at socially optimal levels.

Governance: While more spending on public healthcare remains a central point of National Health Policy (NHP) 2017, it is important to realize that one of the key problems of the Indian healthcare system is its poor management, administration and the entire governance structure. The importance of management and governance structure can be observed through the variations in the health indicators as seen across the various states of India. It is seen that the states with better capacity and stronger management have utilized the National Rural Health Mission funds more effectively than the states with poor initial conditions. Years of mis governance and neglect have vitiated our public management systems with perverse incentives. .

Human Resources : The shortage of human capital in the public healthcare system in India is well documented. The problem is not only in terms of numbers but also the quality of education in medical schools. The distribution of medical staff across rural and urban areas is highly distorted, with rural areas facing severe shortages. This is due to many financial and non-financial disincentives to people in working in rural areas, like low salaries, poor working conditions etc. The central government needs to focus on increasing the supply of doctors and medical staff, especially in the rural areas. It can be achieved through two means. One is

through the expansion of training of physicians and health workers under the current system. Second is to expand the system itself to provide certification and training to new categories of paramedical staff focused on public health- primary and preventive care.

CSR - Key financial player

Expecting the government to solve all problems is a convenient stance. There is much that companies can do to support health care as a part of their 2 percent mandatory spending. Companies focus significantly on healthcare. In a study of India's top companies for sustainability and CSR shows that the top 200 companies spend around Rs 1369 crores on healthcare and wellness. About 24% of the total spend on CSR is focused on healthcare. However, much of the spend tends to be focused on health camps and building hospitals or donating to hospitals for upkeep of facilities. Health camps tend to have a short-term orientation and are number driven. Setting up and running hospitals are often poorly targeted.

Given the above issues, companies need to find more way to engage in CSR activities around healthcare. We outline a few themes where Indian companies could refine their focus and their attention:

1. Improving primary care: There is a need to focus on primary care rather than tertiary care. The local youth could be trained to advise residents on simple treatments. Pharmacies could be trained to provide medicines for common ailments. They could also help with basic diagnostics like blood pressure, pulse, and sugar testing. These will provide people with cheap and efficient health service.

2. Getting doctors to rural areas: Given that companies are already running hospitals near their plants and have access to greater resources than government, they could provide incentives to doctors to spend time in rural/remote areas and take healthcare where it is desperately needed.

3. Increase number of doctors: India has a significant shortage of doctors and more importantly well-trained doctors. Companies could subsidize medical education for bright youngsters. They could also partner with existing medical colleges for expansion of facilities, upgrading teaching methodologies, providing access to medical literature, etc.

4. Provide barefoot doctors: In China, the concept of barefoot doctors has been successful. Farmers are provided basic medical and paramedical training and operate within local communities. They supplement the mainstream healthcare system. Companies could get involved in training barefoot doctors and, maybe, employ them to serve rural areas.

5. Reducing treatment cost: Companies do a significant amount of work within communities. Given the high cost of medical treatment, especially for the poor, companies could promote health insurance in a brand agnostic way. Companies can tie up with pharma companies to enable a distribution of relatively cheaper medicines. Costs can be driven down further if companies come together to purchase medicines.

6. Promote tradition medicine: Traditional medicine systems under the umbrella of AYUSH needs to be promoted and can be an excellent ancillary to the mainstream healthcare system. Companies can do a lot to support these alternative medical systems.

7. Follow-up on health checks: Companies invest significantly in health check-up camps. The need is to push the envelope further and track whether outcomes of health camps lead to people receiving follow-up treatment.

8. Support non-mainstream illnesses: Both the government and companies tend to focus on illnesses that affect the physical body. There is a greater need to focus mental health, autism and such conditions.

Case Study of Public -Private Partnership Model - An Extended Arm of help

PUBLIC HEALTH FOUNDATION IN INDIA

The **Public Health Foundation of India** (PHFI), is an autonomous foundation located in New Delhi, India. The foundation was created as a public-private initiative and launched in 2006 with the aim of enhancing the capacity of public health professionals in the country over five to seven years. The PHFI initiative was collaboratively developed over two years under the leadership of the Ministry of Health and Family Welfare and Prof. K. Srinath Reddy (President, PHFI and former Head of the Department of Cardiology, AIIMS)

It is a result of unique PPP (Partnership for Public Purpose) with trans-disciplinary learning & multi –sectorial application .

The Public Health Foundation of India (PHFI) was conceptualised as a response to growing concern over the emerging public health challenges in India. It recognizes the fact that meeting the shortfall of health professionals is imperative for a sustained and holistic response to the public health concerns in the country, which in turn requires health care to be addressed not only from the scientific perspective of what works, but also from the social perspective of who needs it the most. The PHFI concept was developed over two years and was collaboratively evolved through consultation with multiple constituencies including Indian and international academia, State and Central Governments in India, multi & bi-lateral agencies, civil society groups in India.

The PHFI is working towards building public health capacity by:

- Establishing a network of new institutes of public health in India
- Establishing strong national networks and international partnerships for research
- Generating policy recommendations and developing vigorous advocacy platform
- Facilitating the establishment of an independent accreditation body for degrees in public health which are awarded by training institutions across India
- Assisting the growth of existing public health training institutions

FOLLOWING INNOVATIONS REQUIRED IMPROVING THE HEALTH-CARE SERVICES IN INDIA:

1. Introduction of EHR (electronic health record) for each citizen of INDIA.
2. Awareness regarding the life threatening diseases caused by consumption of tobacco products and smoking in public should be banned and posters should be stuck regarding passive smoking/ domestic violence / HIV/AIDS through FORMAL/INFORMAL/NONFORMAL education.
3. YOUTH CLUBS can be introduced under a new CSR(Citizen and Students responsibility), on the base of their choice of volunteering in improving the health-acre services in rural and urban areas, especially preventive medicines and certificates/awards should be given.
4. Proper disposal of dry and wet waste and recycle.
5. Eradicate corruption from health-care system.
6. Allocate resources according to medical needs in local community.
7. Involve as much as local community possible in health-care delivery.

8. Maximum use of telemedicine.
9. Allocate tertiary center according to geographic spread out.
10. Preventive health-care more proactive(yoga exercise, healthy eating ,walking etc.)

Thus the healthcare sector in India is poised at a crossroads where the right policy action is extremely critical in determining the future course of the sector. The industry faces major challenges owing to the changing demographics of the country, the poor state of the public infrastructure, lack of financial resources, paucity of human capital and poor governance. The staggeringly low contribution of the public sector in the healthcare industry sits at the centre of all these problems. While the National Health Policy tries to address the majority of these challenges, it lacks significantly in terms of the feasibility of implementation and also inadequate finances. Although the government realizes the need to increase public spending in healthcare, it would be important to ensure that the spending is done in the right manner. Countries like Sri Lanka and Bangladesh which have much lower spending on healthcare when compared to India actually perform much better on several health indicators. This shows the importance of not just increasing the spending but also spending it more effectively. All said and done, it may not be very accurate to directly compare the Indian situation with any of the other countries in the world given its huge population, unique demographics and democratic governance. We need our own solutions to our own problems which are best suited to our population and our systems.

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