

Measures to Improve the Health Delivery

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Health Status of India

Country	Year	Proportion of population below \$1 per day	Prevalence of child malnutrition % of children under 5		Gender parity. Priority ratio in primary and secondary schools. %		Under five mortality rate per 1000		HIV prevalence % of population aged 15-49	MMR	Birth attended by health staff
			1989-94	2000-03	1990-91	2002-03	1990	2003			
China	2001	16.6	17.4	10	105	98	49	37	0.1	56	97
India	1999-00	35.3	53.2		70	88	123	87	0.9	540	43
Pakistan	2001	17	40	35		71	138	98	0.1	500	23
Srilanka	2002	5.6	37.7		102	103	32	15	<0.1	92	97
Low income			46.8		74	87	148	119	21	689	38
Middle income			14.7	11.8	91	99	56	40	0.7	115	86
High income					100	101	11	7	0.4	13	

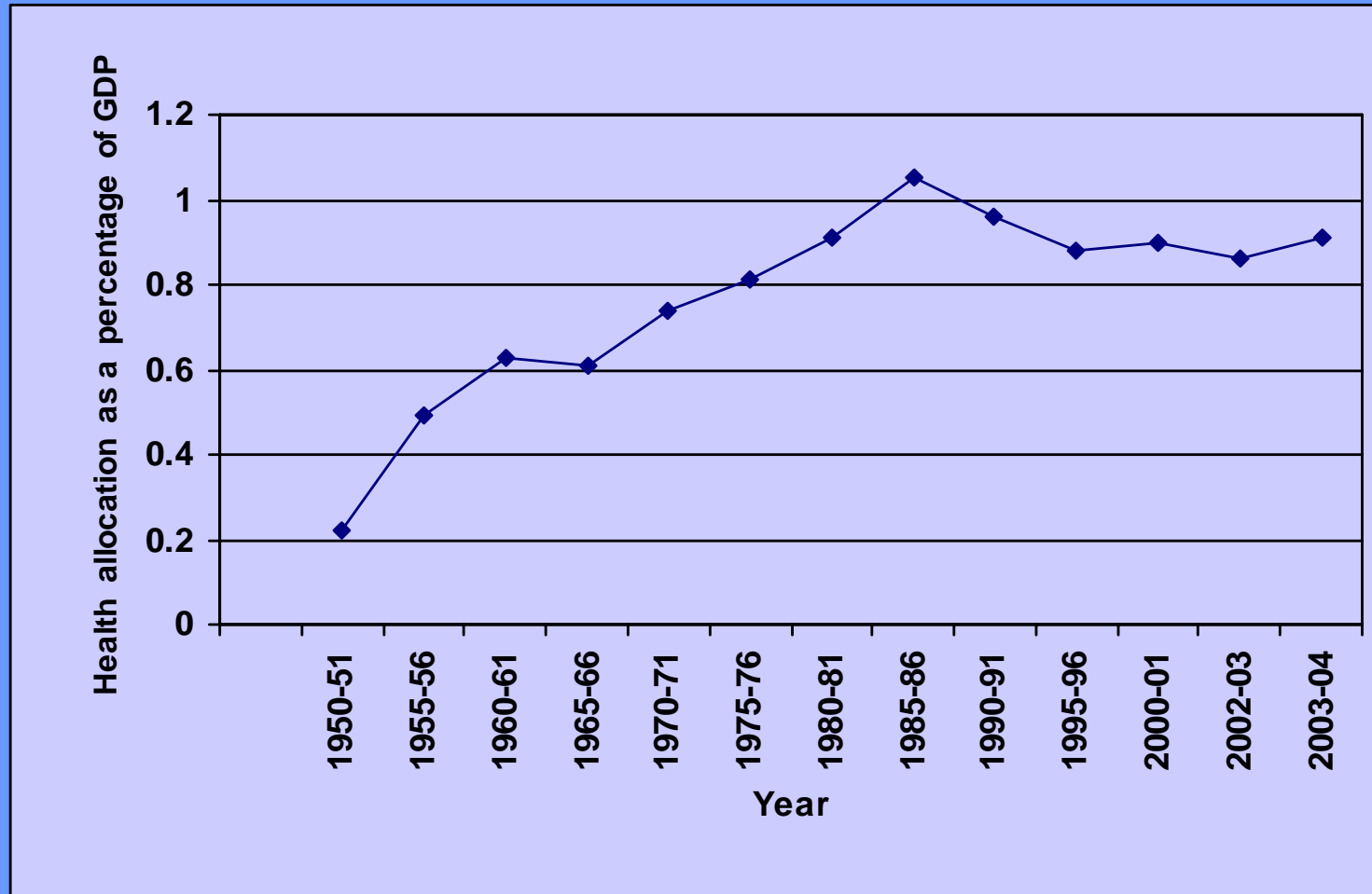
Causes for the Poor Health Status

Inadequate Resources

Year	Health Expenditure as % of the GDP			Per-Capita Public expenditure on health (Rs)
	Revenue	Capital	Aggregate	
1950-51	0.22	NA	0.22	0.61
1955-56	0.49	NA	0.49	1.36
1960-61	0.63	NA	0.63	2.48
1965-66	0.61	NA	0.61	3.47
1970-71	0.74	NA	0.74	6.22
1975-76	0.73	0.08	0.81	11.15
1980-81	0.83	0.09	0.91	19.37
1985-86	0.96	0.09	1.05	38.63
1990-91	0.89	0.06	0.96	64.83
1995-96	0.82	0.06	0.88	112.21
2000-01	0.86	0.04	0.90	184.56
2002-03	0.82	0.04	0.86	202.22
2003-04	0.86	0.06	0.91	214.62

Resource Constraint

The trend in allocation



States' Budgetary Allocation

Budget allocation for health of all states over the years.

Year	Total budget (crore)	Health budget (crore)	Percentage
89-90	76,476	4136	5.41
90-91	90,890	4822	5.31
91-92	107,842	5280	4.94
92-93	109,219	5924	5.42
93-94	134,545	6948	5.16
94-95	160,710	7995	4.79
95-96	176,598	7110	4.03
96-97	201,671	8153	4.04
97-98	227,209	9383	4.13
98-99	265,160	11260	4.25
99-00	312,451	11808	3.78
00-01	324,747	12684	3.91
01-02	456,453	12821	2.81
02-03	526,545	14524	2.76
03-04	520,187	15533	2.99

Source: Public Finance, Centre for Monitoring Indian Economy

Other Causes

- Organizational issues such as non-availability of human resources and other resources such as buildings, drugs and equipment and poor systems
- Poor management of the available resources
 - Low Morale and Discipline of Staff
 - Poor Procurement Systems
 - Corruption and Inefficiency
 - Poor Leadership and Management Skills
 - Absence of Good MIS
 - Absence of Independent Evaluation
 - Poor Involvement of Clients
 - Low Involvement of NGOs and Private Sector

Practical Measures that can be taken

- Effectively present the case for higher resources – a higher percentage of the budget should be asked for
- Simultaneously take steps to utilize the available resources efficiently
- Better allocation of available resources with higher allocation for cost-effective interventions

Shortage of Doctors

- Introduce a Diploma Course in Medicine
 - Regional recruitment, legal hurdle to be overcome
 - Special recruitment to backward locations
 - Directly recruiting specialists – service rules to be amended
 - Make addl PHCs single doctor and strengthen CHCs/taluk hospitals as 24/7 clinics
 - Infrastructure and incentives for stay in rural areas
- Similar measures for para-medical staff too*

Shortage of Drugs and Equipment

- Higher allocation for drugs – most money spent on staff. Drug allocation is as low as 1% in some states
- Improved logistics – TNMSC Model
- Shortage to be eliminated even at the lowest level
- Greater emphasis on quality and image
- Rational use of drugs

**Drug budget Vs health
budget
Rs in crore**

Sl. No.	State	Drug Budget	Total Health Budget	% of Drug on Health Budget
1	Tamil Nadu	170	1951	8%
2	Karnataka	87	1465	6%
3	Andhra Pradesh	60	2049	2%
4	Kerala	18	1171	1.5%
4	Rajasthan	9	1263	0.7%
5	Orissa	12	420	2%
6	Gujarat	38	1084	3.5%
7	Madhya Pradesh	35	797	4.3%
8	Uttar Pradesh	50	1045	4.7%

Management Improvements

- Capacity building: Train doctors on management
- Ensure training for new recruits is of high quality
- Develop excellent training modules and make trainings compulsory
- Motivate employees by suitable rewards and punishments
- Put in place an effective MIS
- Develop an index for every district – what is measured gets done
- Independent machinery to take up this work

Management Improvement (contd)

- Improve equipment maintenance
- Take up large-scale process re-engineering
- Document success stories
- Augment local resources through user charges – TNMSC example
- Improve hospital management
 - give total autonomy and responsibility
 - cooperative or trust

Management Improvement (contd)

- Public involvement through panchayats and advisory committees
- Public education on preventive health
- Public-Private partnership paying for services

Summing up

- Press for higher allocation
- Utilize the available resources where the benefits will be the highest
- Address issues of shortage of medical personnel innovatively
- Train personnel intensively for improved delivery
- Eliminate shortage of drugs and equipment
- Improve management of resources

Thank You