REVIEW OF THE PRESENT HEALTH STATUS OF INDIA, EMERGING HEALTH PROBLEMS AND THEIR SOLUTIONS**

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ABSTRACT

The current status of health and health system in the country, emerging health problems and challenges are critically reviewed in this paper. The strategic issues for meeting the future challenges of health system of the country are highlighted in detail. After reviewing the health scenario in the country, the author suggests that sincere efforts need to be made by the government and the community for improving the quality of life of the people. Lastly, the role of Medical Professional Associations like IAPSM, IMA, IAP, etc. for improvement of the health status has been emphasised.

Status of Health and Health System in India

Any appraisal of the health status of a nation must be done against the backdrop of its population. Presently, we are 1 billion and our population is growing at a rate of about 18 million every year. With only 2.4 per cent of the world land area, India has to support 16 per cent of its population. As per the 1901 census, India’s population was 238 million (the then India included India, Pakistan and Bangladesh of today). During these hundred years, the population of India alone has become more than four times. All our economic progress is becoming far outstripped by the increase in our numbers. And this galloping growth in population is the most important determinant of all aspects of our national wellbeing including health.

Though the crude death rate has been constantly declining, yet the crude birth rate has not come down to the extent it was desired. Despite a slight decline in

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the growth rate, the population continues to grow at an alarmingly high rate. Though the decline in birth and death rates have occurred in all the States, the rates of decline are slower in some States like Uttar Pradesh and Bihar. Even within the same State, there are substantial differences between districts.

When we review the mortality rates for the country, we find that the mortality rates, especially crude death rate, infant mortality rate and to some extent maternal mortality rate have shown a decreasing trend. The IMR has declined from more than 200 at the time of independence to 73, CDR from 27 to 9 and MMR to 4.5. Life expectancy at birth has increased considerably. Presently it is 62 and 61 years for females and males respectively. The projections for the period 2001-2006 reveal that the life expectancy among females (66.7 years) would remain higher than that of males (64.9 years).

Among the major achievements of the country, the notable are (i) the declining trend in vaccine preventable disorders due to improvement in immunisation coverage and (ii) sincere efforts being made for eradication of poliomyelitis through country-wide Pulse Polio Immunisation Programme.

After the successful eradication of Smallpox; now Guinea worm disease is on the verge of eradication. The last nine cases of Guinea worm disease were reported in 1996 from Jodhpur, Rajasthan and the country is likely to be declared free from Guinea worm soon.

Leprosy has also shown a declining trend. The prevalence of leprosy has declined from 3.9/1000 in 1985 to 0.7/1000 in 1995 and in the Ninth Five Year Plan it is proposed to integrate leprosy eradication programme with general health services where prevalence is less than 0.5/1000.

Tuberculosis is also one of the major public health problems in the country. We have an estimated 14 million cases of tuberculosis; 1/4th of which are infectious. Every year 1.5 million new cases occur and 0.5 million die due to this disease. The revised National Tuberculosis Control Programme which envisages to have a cure rate of 85 per cent and case detection of 70 per cent, is expected to contain the problem of TB in the country.

Malaria control has emerged as a major challenge for the country. In 1998, 9.37 lakh malaria cases were reported of which 43 per cent were due to Plasmodium falciparum.
Seventeen thousand cases of *kalaazar* with 255 deaths were reported from 36 districts of Bihar and 10 districts of West Bengal in 1997. Japanese Encephalitis was also reported in 1997 (2200 cases and 670 deaths). Water borne diseases like diarrhoea, dysentery, gastro-enteritis, enteric fever, viral hepatitis, etc. still occur in countless numbers in India. A large section of our population, especially women and children suffer from various grades of under nutrition and malnutrition. And now non-communicable diseases are also emerging as a major public health problem.

In fact, the rate of decline of morbidity has not been upto the desired level, though mortality has come down considerably in these years.

When one considers the health and related policies in India, we find that we have well formulated policy guidelines in terms of National Policies for Health, Nutrition, Education, Children, etc. These policies provide an overall framework for health and development and reflect political commitment. The Constitution of the country, the directive principles and the national policies provide the broad guidelines for mobilisation and distribution of resources in such a way as to meet the health needs of the masses. The constitutional amendments from time to time and their ratification by the State assemblies also provide the guidelines to planners and administrators to direct the resources to the priority areas.

Since health is a State subject, the implementation aspect is the responsibility of the States. Inadequate resource availability in the States may affect the policy implementation. However, decentralisation in health and development planning as envisaged under the Panchayati Raj Act provides an opportunity for community participation in developmental programmes.

The resources allocated to the health sector form an important determinant of health services in the country. The outlay in health and health related sectors have been increasing over the Five Year Plans. But, as the percentage of total outlay for health has remained constant over the successive Five Year Plans at around 2-3 per cent of GDP as compared to the figure of 10 per cent in developed countries, the major financial expenditure (about 60%) is towards the payment of salaries of health personnel only in the country.

Now the government is mobilising additional financial resources for health through various international organisations. The private and corporate sectors are also being encouraged through several incentives and concessions so as to involve
them in health and family welfare services.

Over the years the country has expanded the health care delivery system and has by and large, adequate availability of health manpower, except for a few categories, and training institutes. We have a vast infrastructure spread across the length and breadth of the country (1.3 lakh sub-centres, 22600 primary health centres and 2600 community health centres)

The Reproductive and Child Health Programme with a budget of Rs. 5111 crore is one of the biggest programmes started in the Ninth Five Year Plan. Revised National TB Control Programme using the DOTS strategy, Multi Drug Therapy (MDT) for leprosy, newer strategies being introduced for control of Malaria, Kalaazar, Filariasis, etc. are sure to yield positive results in due course of time.

With a view to further strengthen the secondary health care delivery system, government has already initiated State Health Care System Projects in Andhra Pradesh, Karnataka, Punjab and West Bengal and it is being extended to seven more States with IDA assistance from the World Bank.

Having experienced and understood the limitations of public sector, efforts are being made for privatisation of health care services as well as health care financing.

There cannot be health without simultaneous social and economic development. There has been huge expansion of our industrial infrastructure and our economic growth is certainly looking up, yet the main challenge remains to narrow down the disparity between haves and havenots.

There are many poverty alleviation and income generation programmes which indicate political commitment but the major issue is to make these benefits percolate down to the needy and poor.

Various international organisations and United Nations Agencies also provide significant material and technical assistance to health and family welfare programmes in the country. The WHO continues to collaborate in promoting and developing health care facilities. World Bank has provided assistance to various National Health Programmes (leprosy, blindness, etc.) and some Area Projects. Other agencies like ODA, DANIDA, SIDA, etc. are also providing significant partnership for improving health and family welfare services.
However, one of the main issues for international partnership in health is the terms and conditions of assistance, which need to be suitable to the recipient countries. The international partnership should strengthen the national health systems.

**Future Challenges for Health Services**

After having reviewed the current health status and health system in the country, the author talks about certain challenges which our health system is likely to face in the near future.

Of the communicable diseases, perhaps the biggest challenge would be HIV/AIDS. Of the estimated 33.4 million cases of HIV in the world, 95 per cent are in developing countries. In India ever since the first case was detected in 1986 in a commercial sex worker, till November 1999, 91809 HIV+ve and 9695 full blown cases have been reported by the NACO. The actual number is estimated to be much more than the reported figures.

Other communicable diseases such as Malaria, Tuberculosis, *Kalaazar* and Japanese Encephalitis are likely to continue to pose challenges to the country in the coming years. Moreover, newer diseases reported from other parts of the world may also be considered while planning future health systems. More than 33 new viral and other diseases have been identified by CDC Atlanta since 1973; such as HIV, Rota virus, Parovirus-B19, Ebola virus, Hepatis-C, Hantavirus, etc. Out-breaks of many of these have been reported from various countries in the world, of late. Some examples are:

- Ebola Haemorrhagic fever reported in 1979 from Zaire, Africa, resulting in 316 cases of which 245 died.
- Bovine Spongiform Encephalopathy (BSE) reported in 1995 in U.K. in cows and about 1,60,000 animals were estimated to be infected. Twelve cases of man variant in U.K. were also reported.
- Economic impact of Cholera reported from Peru in 1991 was estimated to be $770 million from trade barriers and loss due to reduction in tourist revenue.
- Plague reported from Surat in India in September 1994 had resulted in similar economic loss to the country.
The Meningitis epidemic in Africa in 1997 resulted in 41,699 cases and 4,900 deaths.

The emerging and re-emerging infectious diseases may be attributed to social events like war or civil conflicts, rapid urbanisation and industrialisation, migration of population, agricultural practices and food production, ecological changes which may be manmade or natural; human behaviour changes, improved health care facilities for diagnosis and management, microbial adaptation by development of drug resistance, changes in virulence and toxin production, mutation, etc. The health infrastructure in developing countries has been inadequate to meet these challenges. There are inadequate funds, poor surveillance and lack of trained manpower.

Non-communicable diseases will become a major public health problem in the country due to changing life styles, increasing stress and tensions due to changes in social and cultural systems in the society. Other factors like increase in life expectancy, resulting primarily from decline in child mortality, control of infectious diseases, extensive use of antibiotics, improvement in nutritional standards and access to health services, etc. have also contributed to increase in life expectancy in the population. With increase in the number of aged people, there will be higher incidence and prevalence of diseases like Hypertension; IHD, Diabetes, Cancers and the whole range of geriatrics problems.

The estimated number of cancer cases in India are two million and every year seven lakh new cases are detected and three lakh die due to cancer in the country. The prevalence of mental disorders is estimated to be 10-15 per cent. Various studies put the prevalence of diabetes from 0.95 per cent to 3.8 per cent in urban areas and 0.6 to 1.93 per cent in rural areas of the country. About 40 million are estimated to suffer from Coronary Vascular diseases. The prevalence of IHD is estimated to be varying from 4.6 to 14.1 per 1000 population.

There are approximately 12.5 million economically blind in India and 80 per cent of this blindness is due to cataract. Nearly 60 million have endemic goitre and an estimated 8.8 million have mental or psychomotor handicap due to iodine deficiency.

156 deaths due to road accidents occur every day in the country. All these numbers will swell in the coming decades.
The percentage of elderly people (60 years and above) is projected to increase from 6 per cent to 12 per cent by 2025. This demographic transition would result in an ageing society, with elderly people having multiple illnesses, loss of vision, loss of hearing, impaired mobility, social isolation, mental stress, loneliness, depression, etc.

Over the past 50 years, the threats from rapidly changing physical and social environments have increased at an unprecedented rate. Environmental degradation, pollution and green house effect have significantly affected the very ecology of our planet. Sub soil water levels are going down. In due course of time, it appears as if all of us will be living in a big-2 green house. We should therefore, expect more allergic, respiratory, neoplastic and iatrogenic diseases also.

Indeed, if health is seen not just as the absence of disease but also as a central goal of human development, then the protection of environment and protection and improvement of health are mutually supportive. In future, the environmental health is going to be a big challenge for the health managers.

**Issues and Strategies for Future Planning of Services**

Having reviewed the health scenario in India, it becomes evident that concerted efforts have to be made by the government and the community for improving the quality of life of people. While one can notice a considerable progress in certain fronts; in the field of health, all is not so well.

The rapid growth of population has far outstripped our economic and social developments. For sustainable development, therefore, stabilisation of population is the first and foremost requirement. There is no chance for us till we achieve the replacement level of fertility. We have to achieve NRR of unity by the target date i.e. 2011-2016. The RCH programme launched by the government in the Ninth Five Year Plan is therefore, a step in the right direction and we all have to ensure that it succeeds.

We will have to ensure equitable distribution of health services for ensuring equity for health. Location of health services and facilities should be such that these are easily accessible and available to people, especially the under-privileged sections of the society. Regionalisation of health care services with clear-cut geographical demarcation for use of facilities along with proper two-way referral system would go a long way to ensure equitable distribution of health services to all.
Moreover, human resource planning, human resource development, performance appraisal system, work culture, rational transfer-policies, incentives and career development opportunities for health manpower would ensure a motivated workforce. Therefore, this aspect would need adequate attention.

Strengthening of health promotion and protection by development of an integrated education and health promotion programme, with locally relevant content and media for dispersion of the messages, implementation of preventive and promotive health activities in an integrated and comprehensive manner with involvement of all health and related sectors, and making health as an integral part of the development programme along with strict and effective enforcement of legislation related to health and environment are some of the other primary level strategies for the future.

Strengthening of the health sector including partnership in health development by identification and specification of the role of public and private sectors in health should be encouraged. The co-ordinating and monitoring mechanisms need to be defined and effectively implemented in the health and related sectors. Effective involvement of the indigenous systems of medicine in provision of health care services with specified role and responsibilities would further strengthen the system.

Developing and strengthening of specific health programmes, adopting and developing an area specific comprehensive health care approach to cover all the major health problems in a given geographical area with linkages with other related sectors would avoid duplication and wastage of resources.

Another area for future consideration would be developing and using an appropriate health technology so as to have locally relevant health technologies which fit into the local socio-cultural milieu.

Strengthening of international partnership in health by integrated involvement of international organisations and agencies in important national health programmes and having a common platform for sharing experiences and expertise in health among various countries especially in the South East Asian countries are important requirements.

Role of Indian Association of Preventive and Social Medicine

The professional associations like the Indian Association of Preventive and
Social Medicine, the Indian Public Health Association, the Indian Medical Association, the Indian Paediatric Association, etc. can play a very crucial role by providing technical inputs for planning, monitoring and evaluating the health services in the country.

REFERENCES


