Building a robust healthcare system

Why in news?

COVID-19 pandemic demands to strengthen the country's public health system.

How does public health system function in India?

- Public health system can be judged based on certain health parameters - Infant Mortality Rate, Maternal Mortality Ratio (MMR) and Total Fertility Rate (TFR).
- These values are recorded through annual surveys which are conducted by the Sample Registration System (SRS) which reveal that northern States perform very poor in the above parameters.
- In Madhya Pradesh, the number of infant deaths for every 1,000 live births is as high as 48 compared to 7 in Kerala and in U.P. MMR is 197 compared to Kerala's 42 and Tamil Nadu's 63.
- The percentage of deliveries by untrained personnel is very high in Bihar, 190 times that of Kerala.
- TFR is very high in Bihar (3.2) against the stabilisation rate of 2.1 & Tamil Nadu and Kerala have done so well that their population will decline over the years.
- This is despite Finance Commissions pouring non-Plan funds into these States in addition to substantial Plan allocation from the Ministry of Health and Family Welfare for these states.

Why do these variations exist?

- Since health is a state subject, the primary onus lies with the State governments to improve public health.
- Southern states have performed well because their effective Maternal and Child Health and Family Welfare services.
- Whereas other states perform poorly because they had skewed priorities such as cow protection and love jihad.
- Moreover Government of India is just looking at the average performance & is satisfied with these numbers.
- Poorly performing states are not held responsible and accountable for their performance.

What made Tamil Nadu a front runner in public health system?

- It is because of enlightened political leadership who focussed on the health and well-being of the people.
- In 1970s, innumerable family planning drives and camps to eradicate cataract were organised and district administration was spearheading these health initiatives.
- The state government also encouraged a healthy competition among the districts by giving prizes to the well-performing ones.
- The result is that the TFR of Tamil Nadu is among the lowest in the country (1.6) comparable to that of Germany (1.57) & Japan (1.43).
- Hence by 1990s, family planning drives were no longer necessary and fine-tuning of the Maternal and Child Health programme was only required.
- In addition, due to clear focus by the political executive, Tamil Nadu had the advantage of a public and preventive health structure.

What can be done now?

- It is doubtful whether India will be able to achieve Goal 3 (good health and well-being) as it failed to achieve the earlier MDG's because of the poor performance of northern States.
- The governments — both at the Centre and the Empowered Action Group States — should realise that public health & preventive care needs to be given priority & close monitoring needs to be done.
- It should also take steps to bring northern states on a par with the southern states within three to five years & held accountable to the SDGs.
- For this Government of India should play a vital role.
- Moreover FDI will only increase the wealth of the already wealthy and accentuate income disparity and money does not and cannot produce results.
- Hence investing in health and education need to be the primary responsibility of any government & it's high time to give that focus.
- This requires concerted efforts over years & announcing piecemeal schemes will not make a long lasting improvement.

Source: The Hindu



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