

## Competitive Exams: Current Affairs 2011: Universal health care

### Universal Health Care

- Health is currently a privilege in India. Not a right.
- The fundamental reason why our health targets are not achieved is that we set targets without setting strategies; without understanding what is preventing progress; and without putting adequate human and financial resources toward achieving targets.
- First, we equate the number of buildings to available health services. The Planning Commission and Central and State governments only count the number of health centres, without bothering to find out what is happening at these centres. Surveys have shown the inadequacy of our health infrastructure and that health workers are not staying where they are posted. There are good reasons why health staff do not stay in villages. But health departments have not studied this problem or remedy it. Not only are workers not staying, studies have also shown that they are quite frequently absent without reason. Such unaccountability is treated as routine and not discussed in health policy forums.
- The second reason for a lack of services is underfunding and poor management of medicines, leading to a lack of availability. Often times, the quality of medicines available from these shops and government health centres is poor due to the government's weak oversight on pharmacies and poor procurement policies.
- While planning and funding are major problems, the root of the health problem in India is the lack of adequate numbers of well-trained managers. Many national health programmes cover millions of beneficiaries, yet they are managed by just two or three technical managers who are general or specialist doctors. Most of the time these individuals are without any public health or management training.
- During the last five years, the government has put in significant resources into the National Rural Health Mission (NRHM). Preparations are underway for the 12th Five Year Plan (FYP), and thus we should be looking at what radical changes are needed in the public health system.
- Budgets for health services will need to increase by a factor of three to five times. The national government is committed to take health funding from less than one per cent to two to three per cent of the GDP. This is critical. The government must chart out how the Centre and States will increase these budgets over the next five years.
- Health care is provided by humans. Not by buildings or physical infrastructure. We need to get doctors and nurses to go to remote and rural areas and work there. This means paying

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them better wages, better housing and other amenities, and making the working environment conducive to their lives. Appreciation of the doctors and nurses who work in remote areas will ensure that younger doctors go to rural areas and serve the poor. Another solution could be to contract private providers, where government providers are unavailable and unwilling to provide services. Gujarat did just this through its much acclaimed Chiranjeevi Scheme. Here, the government pays private doctors a fixed fee for conducting child birth services for poor women in their private hospitals. Rashtriya Swasthya Bima Yojana also provides financial access to care in private and public services to the poor throughout the country. This is truly innovative and revolutionary.

- The health department must have a division of technology assessment that is responsible for identifying and rigorously evaluating potentially useful and cost effective technologies for adoption in national health programmes in India.

Courtesy: The Hindu and Times of India

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