

Health Care Delivery System in India with Special Reference to Karnataka State- A Macro Level Analysis

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Abstract:

Good Health doesn't merely mean the absence of illness; it is in fact the key to the overall wellbeing of a person. So, the status of health is a vital and one of the most important factors in a person's life. In the same way, the health of the population is an indispensable part of the public policy discourse for a country. The status of health of the population of a country indicates many important phenomenon of the country, like the general welfare level, the extent of socio-economic disparities, coverage of health services, the state of the economy as a whole etc. Health-care: The dictionary meaning of healthcare is the prevention, treatment, and management of illness and the preservation of mental and physical well-being through the services offered by the medical and allied health professions. The World Health Organization (WHO) defines health care in terms of primary health care, that the main goal of primary health care is better health should be provided for all. WHO has identified five key elements to achieving that goal? Reducing exclusion and social disparities in health (universal coverage reforms); organizing health services around people's needs and expectations (service delivery reforms); integrating health into all sectors and public policy reforms.

Key Words: Health, Immunization, Services, WHO, Economic Disparities.

I. Introduction:

1.1. Health-care

The dictionary meaning of healthcare is the prevention, treatment, and management of illness and the preservation of mental and physical well-being through the services offered by the medical and allied health professions (1.1). The World Health Organisation (WHO) defines health care in terms of primary health care (1.2), that the ultimate goal of primary health care is better health for all. WHO has identified five key elements to achieving that goal:

- Reducing exclusion and social disparities in health (universal coverage reforms);
- Organizing health services around people's needs and expectations (service delivery reforms);
- Integrating health into all sectors (public policy reforms);
- Pursuing collaborative models of policy dialogue (Leadership reforms); and

- Increasing stakeholder Participation.

II. Health- care system in India:

2.1. Structure and Organization of health system:

Politically, India has a federal structure comprising of 29 States and 7 Union Territories, which includes newly created State Telangana. However, for the purpose of the research, 28 States and 7 Union Territories of India (before the creation of Telangana) will be considered to form the political India. As per constitution of India, health is a state subject. “The Directive Principles of State Policy” in Part-IV of the “Constitution of India” (Article 47) prescribes every state that “The State shall regard the raising of the level of nutrition and the standard of living 2 of its people and the improvement of public health as among its primary duties....” (Constitution of India). As such, every state has its own healthcare delivery system. Moreover, in India, parallel to the public health sector, there is a vast private healthcare delivery system, especially in the urban India. 92% of private health care providers (individuals and informal providers) are in rural areas (GOI 2005a).

So, the healthcare delivery system of each state comprises of both public and private healthcare delivery system. Though states are responsible to take care of the healthcare delivery system within their state, the Central governments has the overall control over the state’s healthcare system in terms of policy making, planning, monitoring and coordination and also in providing grants to states for national level programmes. Regarding organisation, in each state, there is a Department of Health and Family Welfare to deal with the state’s healthcare whereas at Centre, there is Ministry of Health and Family Welfare responsible for the healthcare system of the whole of India. The Indian systems of medicine consist of both Allopathy and AYUSH (Ayurveda, Yoga, Unani, Siddha and Homeopathy) (Direct Response 2013).

Table 2.1: Comparison of Karnataka’s socio-demographic indicators between the 2001 and 2011 census with national figures

	Karnataka 2001	Karnataka 2011	India 2011
Total population	5,28,50,562	6,10,95,297	1,210,854,977
Total fertility rate	2.4	1.9	2.4
Sex ratio (Female per 1000 male)	965	973	940
Child sex ratio (Female per 1000 male)	946	948	914
Crude Death Rate (per 1000)	7	7	7

Crude Birth Rate (per 1000 mid-year population)	19.3	18.3	21.4
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Total Literacy rate (in percent)	66.64	75.60	74.04
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Female Literacy rate (in percent)	56.87	68.13	65.46
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In the years to come, healthcare facilities would have to gear up and appropriately utilize technological advancement to meet different types of challenges relating to lifestyle/environmental/genetic/critical/epidemics diseases etc. and these will have to be appropriately addressed, which will necessitate changes in the health services system, to which we need to be in the state of preparedness, and the healthcare services of the future could be much different from that of the present.

III. Structure of Rural Health Care System :

Since the research is based on rural health system, it will be proper to give a glimpse of rural health care system in India before proceeding further. The health care infrastructure in rural areas has been developed as a three tier system and is based on the population norms. The **Sub-Centre (SC)** is the most peripheral and first contact point between the primary health care system and the community. Each Sub-Centre is required to be manned by at least one **Auxiliary Nurse Midwife (ANM)** / Female Health Worker and one Male Health Worker. **Primary Health Centre (PHC)** is the first contact point between village community and the Medical Officer. A PHC is to be manned by a Medical Officer supported by 14 paramedical and other staff. Under **National Rural Health Mission (NRHM)**, there is a provision for two additional Staff Nurses at PHCs on contract basis. It acts as a referral unit for 6 Sub Centres and has 4 - 6 beds for patients. **Community Health Centre (CHC)** serves as a referral centre for 4 PHCs and also provides facilities for obstetric care and specialist consultations. A CHC is required to be manned by four Medical Specialists i.e. Surgeon, Physician, Gynaecologist and Paediatrician supported by 21 paramedical and other staff. It has 30 in-door beds with one OT, X-ray, Labour Room and Laboratory facilities. 3

Table No. 3.1: Population covered under SC, PHC & CHC Centre.

Contents		Population Norms	
Plain Area		Hilly/Tribal/Difficult Area	
Sub-Centre	5000		3000
Primary Health Centre	30,000		20,000
Community Health Centre	1,20,000		80,000

(Source: Rural Health Statistics India 2016)

As on March, 2012, there are 1, 48,366 Sub Centres, 24,049 Primary Health Centres (PHCs) and 4,833 Community Health Centres (CHCs) functioning in the country.

IV. Health Scenario of Karnataka State:

Karnataka, India's eighth largest State in terms of geographical area (191791 sq.km) is home to 6.11 crore people (2011 Census) and 6.6 crore people in 2016. The State "population has grown by 15.7% during the last decade, and population density has risen from 276 per sq. km in 2001 to 319 per sq. km in 2011. Karnataka has made significant progress in improving the health status of its people over the last few decades. However, despite the progress, the State has a long way to go in achieving the desired health goals. In the last 15 years, since the drafting of the first Karnataka State Integrated Health Policy and its adoption by the State Cabinet in 2004 (Order No. HFW(PR) 144 WBA 2002, Bangalore dated 10-02-2004), several changes have taken place in the State. There have been several gains in public health and healthcare, while new challenges and opportunities have also emerged. Administratively, three new districts have been added.

The State has achieved several Millennium Development Goals (MDGs) in varying degrees. In the years to come, healthcare facilities would have to gear up and appropriately utilize technological advancement to meet different types of challenges relating to lifestyle/environmental/genetic/critical/epidemics diseases etc. and these will have to be appropriately addressed, which will necessitate changes in the health services system, to which we need to be in the state of preparedness, and the healthcare services of the future could be much different from that of the future.

Karnataka has made tremendous effort in improving the health status of its people in the last few decades. The State has made substantial progress in building credible health infrastructure with a wide institutional network providing health services both in urban and rural areas.

Table.4.1 Demographic Features of Karnataka State

Sr.No.	Indicator	Karnataka
1	Total Area	191,791 Km.Sq
2	State Population(Est2018)	68,236,674,
3	Population Density	319 Persons/Km.
4	Sex Ratio	965Females/1000Males
5	Literacy Rate	75.36%

Source: Census Data 2011.

Karnataka is one of the first Indian states to put a state health policy in place. It has also been a pioneer in government supported health insurance schemes, with Yashaswini and Vajpayee Aarogyasri among the first initiatives in India. Among the larger states of India, Karnataka has one of the lowest infant mortality rates (IMR) at 24 per 1,000 live births. The percentage of births in a health facility has increased dramatically in the last ten years from 65% in 2005 to 94% in 2015. The maternal mortality ratio (MMR), however, is still

relatively worse and Karnataka's MMR of 133 per 100,000 live births is the highest among the South Indian states.

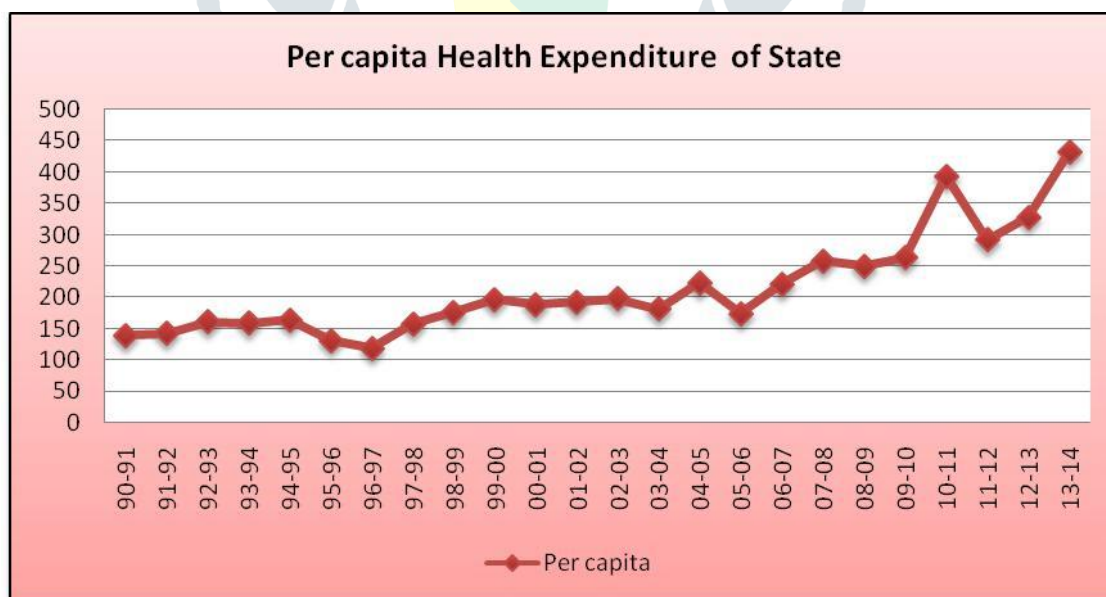
Table.4.2. Availability of healthcare providers in Karnataka:

Sr.No.	Type of Institution	Number
1	Sub-Centres	9,611
2	Community Health Centres	320
3	Primary Health Centres	2,636
4	Sub-District Hospital	539
5	District Hospital	43

Source: Census Data 2011.

Karnataka has a strong track record in the formulation of health policies. It is often noted that the Karnataka Private Medical Establishments Act 2007 with the aim of registering private hospitals and monitoring their functioning was enacted even before the Clinical Establishment Act 2010, a central legislation which mainstreamed the discussion of private sector regulation. The revised Karnataka Private Medical Establishments (Amendment) (KPME) Act, 2017 was approved in January 2018. Karnataka also became the first State in India to roll out Universal Health Coverage (UHC) by assuring health for its population of over 60 million under the Arogya Bhagya scheme by merging existing health schemes under a single umbrella.

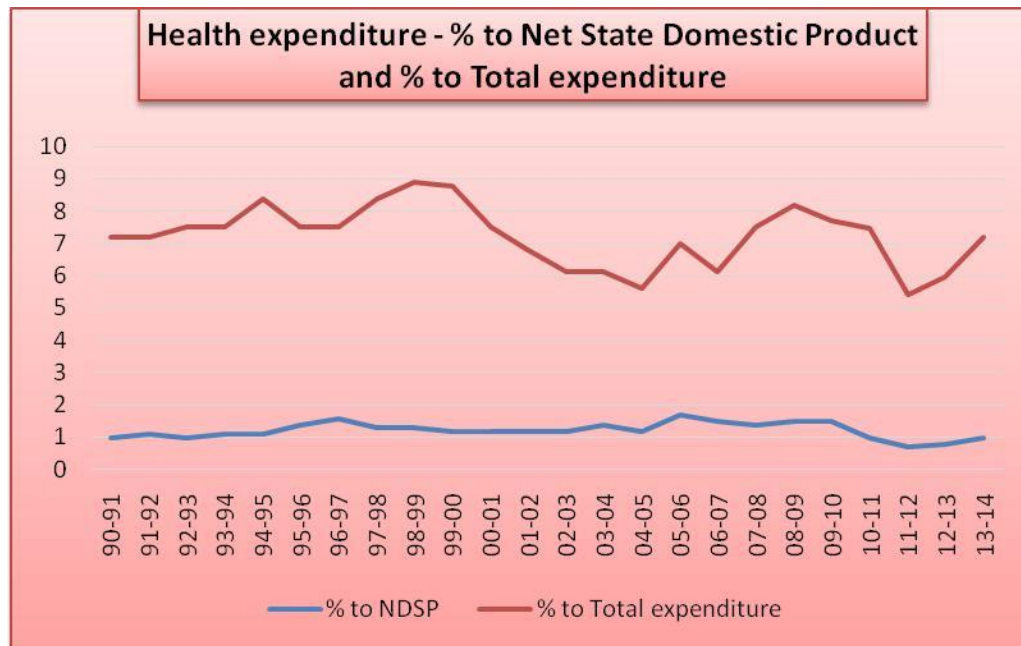
Figure1: Per Capita Health Expenditure in Karnataka from 1990 –2014.



SOURCE: Hand Book of Statistics on State Finance, RBI

4.1. Health Financing:

Health expenditure in the State has seen an increasing trend in the last 15 years. Although the total expenditure on health increased over the years, the proportion of health expenditure to the GSDP has decreased from 1.46 (2000-01) to 1.0 (2013-14) while the percentage of total State expenditure spent on health has remained stagnant.



In 2018, the former state government in Karnataka had announced Arogya Karnataka Yojane to ensure that primary, particular secondary and tertiary medications are accessible to each one in the state. Even though many policies are being implemented in Karnataka, the actual performance of the state in terms of health and nutrition outcomes leaves much to be desired. Despite the rhetoric, actual investments in health by the state have been quite low. Irrespective of many health insurance schemes only 10.5% of the state's population was covered by any health insurance scheme. Out of pocket spending was 74.3% and 14.1% of household's experiences catastrophic health expenditure.

V. Concluding Remark:

Karnataka is the first Indian state in taking initiative to start health policies. Government of Karnataka is taking lot of efforts to improve healthcare infrastructure & facilities. Many of policies are being implemented in Karnataka but outcome of those are not satisfactory. Also, only 10% of total population of Karnataka is been covered in health schemes. Hence, there is a lot of scope for building healthcare infrastructure in rural areas of Karnataka. Finally, the policy defines the monitoring and evaluation framework to enable tracking of the progress made in achieving its objectives. The monitoring of progress shall be based on the level of distribution of health services; responsiveness of health services to the needs of the people; progress in respective disease domain areas, including both proximal and distal determinants of health and the policy interventions of health-related sectors.

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