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Impact of Health Care Services and Amenities in Kerala

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ABSTRACT

Health care 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. Providing drugs and treatment through a skilled practitioner with appropriate advice, tests and procedures to cure or prevent disease are the main components of the health care system. Health care covers not only medical care but also all aspects of the preventive care too. The private health sector has grown drastically during the post-independence period in the country due to the incentives and support extended by the governments at the centre and the states.The contribution of private sector was less than 8 % at the time of independence (1947).By 2014, nearly80% of healthcare services in India were provided by private sector and it accounts for 85% of the health care professionals including doctors, nurses, pharmacists and others.The public sector currently provides about 20% of outpatient care services, and over 40 % of inpatient care. The Planning Commission has reported that in the private health sector incentives are tilted towards curative services and medical education.Keralais a comparatively small Indian state with 14 districts.The total area of the state is 38,863 sq.km which accounts for only 1 percent of the total area of India. As per the 2011 census Kerala has a total population of3, 33, 87,677 (about 3 per cent) with 160, 21290 males and 173, 66387 females.The state has many credits to claim, particularly in the areas of education/ literacy andhealth careamong the Indian states.Kerala has very good health care facilities and can boast of very large number of hospitals, dispensaries and nursing homes spreader across the state. Kerala has received worldwide acclaim on account of its remarkable achievements in the sphere of human development despite its economic backwardness.The study focus on public health institutions in Kerala and to examine expenditure incurred in health care institutions.

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1. INTRODUCTION

Kerala's health status is almost on a par with that of developed economies. The state has succeeded in increasing life expectancy as well as reducing infant and maternal mortalities. The implementation of land reforms improved the standard of living of the rural poor. The effective implementation of the public distribution of food played an important role in improving nutritional status. Kerala's publicly funded healthcare system has helped in providing treatment facilities to people of all strata of society. The high literacy rate, especially among the females, also played a major role in improving the health scenario. The Kerala Model of Health is often described as "good health based on social justice and equity". The health sector had begun to face crises by early the 1980s. Communicable diseases like malaria which were once eradicated came back and new viral diseases like dengue and chikungunya emerged. The incidence of Non-Communicable Diseases (NCD) like diabetes, hypertension and cancer also increased. The society started to bear the double burden of resurgent epidemics and emergent lifestyle diseases. The spread of epidemics is due to failures in implementation of waste management, mosquito eradication and provision of potable water. Changes in food habits, lack of physical exercise and increased mental stress are behind the surge in NCDs. The incidence of suicides and death and disability due to road accidents are also high in the state. Since the stagnant government hospitals could not manage the increasing patient load, big private hospitals mushroomed across the state. Excessive privatisation and commercialisation of health sector lead to an escalation in healthcare expenses. The state should formulate a health policy taking note of the spread of epidemics and NCDs, rising health expenditure, health problems of the aged, the marginalised and women. It must give equal importance to preventive health and curative care. Improving the facilities and services provided by the government hospitals catering to the needs of the poor must be the sheet anchor of such a policy. Corporate private hospitals must be subjected to social control.

2. OBJECTIVES

- To Study the Availability of Public Health Institutions in Kerala.
- To Study Health Spending made by the people in Kerala.

3. METHODOLOGY

This study is based on secondary data and it is collected from books, journals, magazine, internet and so on.

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4. REVIEW OF LITERATURE

Indian Council of Medical Research (1991) The insufficient funding and in appropriate allocation of the funding have caused a number of problems in the staffing pattern and infrastructure facilities in the primary care. The number of medical practitioners in 1991 was 4.7 per 1,00,000 population (as against 1.7 in 1951); however, almost 50% of sub-centres, PHCs or CHCs did not have buildings of their own. Indian Council of Medical Research (ICMR) study on family welfare services at the Primary Health Centre level in 1991 observed that only 22.6% of the PHCs had properly equipped operation theatres; in a majority of PHCs in Bihar, Jammu and Kashmir, Karnataka, Kerala, Madhya Pradesh, Maharashtra, Orissa, Rajasthan, Tamil Nadu, Uttar Pradesh and West Bengal, operating theatres were not properly equipped. In short, PHCs in most parts of the country PHCs are ill-equipped. In addition, water supply was safe in only 71% of the PHCs evaluated.

District wise analysis of health institutions in Kerala discloses that Malappuram (the district with highest population) has highest number of public health institutions in Kerala. It is noticed that the entire district have Community Health Centre, Primary Health Centres and Sub Centres. Kannur district has highest number of Primary Health Centres. District hospital is also available all the district except Kottayam. The district Kannur, Kozhikode, Malappuram, Palakkad, Trissure, Ernakulam, Kollam and Trivandrum have above average level availability of Public health institutions. The rural district like Wayanad and Kasargod have least number of health centres.

DOCTOR'S AVAILABILITY IN PUBLIC HEALTH CENTRES OF KERALA

A doctor of public health institutions of Kerala shows that the availability of doctors improved during 1990s. Availability of doctors per 100,000 populations is only 2.50 in 1980-1981; it increased to 15 during 1990s and the change is elevated after 1995, it reached to 15.8 in 1996-1997. But the improvement during the period 1995-1997 is not seen in subsequent years, it shows retreating trend. The present status shows that availability is again improved, it is 15.15 in 2014-2015.

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DISTRICT WISE RATIO OF DOCTORS AND BED IN PUBLIC HEALTH INSTITUTIONS OF KERALA 2014-2015

District wise doctors of Kerala reveals that eight districts seven districts (Kannur, Kozhikode, Malappuram, Palakkad, Trissure, Kottayam, Trivandrum) have above average level of doctors. The district Palakkad has highest number of doctors. Compare to its population status the availability of doctors per 10000 population is higher in Palakkad and Kottayam districts. Palakkad has highest doctors-bed ratio also.

HEALTH SPENDING IN KERALA

Kozhikode: The District Cooperative Hospital, Kozhikode, is all set to implement a Rs.50-crore project for the expansion of the hospital using funds collected exclusively through sale of shares.The 'ArogyaPariraksha Plus' project, in which shareholders are entitled to various freebies and treatment at subsidised cost, is now open to a wider range of people, with the share amount being slashed. The project was initiated in 2016.Under the project, a shareholder gets Rs.20,000 discount on inpatient treatment, besides a 50% discount on room rent, charges for operation theatre, USG scan, ICU, ECG, and x-ray. Also, they are entitled to a free mini health check-up every year.The shareholders can consultant doctors in the general OP any time and will get 10% discount for all OP expenses. The services of specialist doctors, except for visiting consultants, can be availed five times a year.A nominee of a person who holds a share of Rs.50,000 is entitled to the facilities. The number of nominees who can avail benefits will be three for those who own Rs.1 lakh and Rs.2 lakh shares and four nominees for those who own Rs.3 lakh shares. The benefits of the shares will come into effect from April 1, 2017 onwards.The hospital had collected Rs.5crore through sale of shares in 2016.The funds were used to construct an advanced CT scan facility, purchase more equipment for the gastroenterology department, and to expand ICU and OP."We expect to collect Rs.50crore this year as there could be more people coming forward to purchase shares with a lower value,".The society has plans to open a department of cardiology with Cath lab and MRI scan facility. The project is expected to cost around Rs.15crore. (M. BhaskaranKozhikode District Cooperative Hospital Society Chairman and former Mayor)

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5. CONCLUSION

A wide network of health infrastructure, general health consciousness and clean health habits of the people, combined with virtually total literacy among not only men but also women of Kerala have helped to achieve high success in the healthcare outcomeof the state. The current rate of mortality and life expectancy inthe state is also impressive and is more akin to countries withhigher per capita income. The Government of Kerala aims to move towards universal health coverage with an aim to provide accessible, equitable and affordable healthcare for all. The healthcare expenses in Keralaaredisproportionately high compared to other Indian states.

The implication of the study is that the government can build a viable market for the people by improving the facilities in the public hospitals and facilitating private players to improve and provide their servicesat reasonable costs.In this way,asymbiotic relationship can been created,wherein both the systems can complement each other.

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