

Scenario Of Health Infrastructure In India And Its Augmentation After Independence

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Abstract: For the development of any country whether developed or under developed there is need for its population to be productive. The productivity of population is itself a minor of how much knowledge, skills and healthy the population is! Health infrastructure is the foundation upon which guardianship of keeping the population healthy lies so that any hiccups in the health of populace may not be a hurdle in the development of any sector of a country. After the independence of India, several efforts have been taken by government of India to develop the health sector of the country so that the country with second utmost populace in the world could turn these denizen into a productive factor of production i.e. human capital by investing more and more in making arrangements of providing basic health facilities like hospitals, health centres, doctors, nurses etc.

Keywords: Human Capital, Health centres, Productive, Infrastructure, etc.

Introduction

Infrastructure is the most basic facilities and necessary installations that are helpful to a government or community run as educational institutions, roads, sewage treatment, phone lines, plants and power generation. Infrastructure involves a scheme of public works in a nation, state district or area comprising roads, communication, utility lines besides community buildings (Wilson, 2016; United Nations, 2000). Infrastructure involves underlying foundation or sub-structure or network/system used for providing goods and services; particularly the basic connections and amenities on which the extension and progress of a community, district, state or nation or country etc. is dependent (Kiss, 2016; U.S. EPA, 2009). Development of the basic infrastructure is very important for rapid economic growth as well as gaining international reputation. Investment in infrastructure for any economy brings a multiplier effect to the development of the country both directly as well as indirectly e.g. if in an area, there is development of road and transportation, there will be development of educational system, generation of employment, agricultural development via. Improvement in the connectivity to the places where the finished product will be sold, development of small scale industries, educational institutes etc (Devries et al., 2018; Sahoo and Dash 2008; Sahoo, and Dash, 2009, World Bank, 1994). Health infrastructure acts as a significant indicator for accepting the health care distribution provisions and welfare mechanism in a nation (Dzau et al., 2017). Health organisation in any country reveals the health care strategy and welfare mechanism feasible in any nation. Public health infrastructure is mostly being mentioned to as “the nerve center of the public health system”.(WHO, 2017; Tulock, 2001) It involves the presence of basic infrastructure on which all the public health services dependent like a extensive range of an establishments like hospitals, nongovernmental organizations, volunteer health establishments, the corporate community that are required to perform the vital public health facilities and programme like vaccinations, communicable disease monitoring, injury prevention, drinking water quality, cancer and asthma prevention (Lakomaa & Sanandaji, 2017). In simple words, it signifies investment in creation of basic health care conditions which the delivery of improved health activities. Provisions of health and health care result in a healthy way of life is connected with healthiness and a high awareness of good fortune, while an unhealthy way of life leads to isolation and depression of population living in a country (Tsou et al., 2018; Lee, et al.2010; Wilongby 2008). If the public healthiness infrastructure is not well developed it took tolls in numerous means, as well as

reduced allure for tourists and investors; sustained expenditures on opposing diseases that should have developed history; and labor efficiency inevitable (McCartney, 2015). The deprived persons in the country pay a high price in debility, high number of death and reduced earning capacity,. “The rich mostly suffer little mortality from communicable diseases, but nevertheless suffer repeated episodes of morbidity which are reflected in high rates of stunting amongst their children” (Gupta 2006). All this will improve the health which is vital for the promotion of healthier utilization of HR (human resources) and corporal substructure which itself is refining quality of life and economic growth (Hall and Jones 1999; Deand Ghosh2003).

Health Infrastructure can be divided into three sub types:

Primary Health Services: Primary health care is the basic level of health care which includes programs focused at the elevation of health, initial diagnosis of disease or ill health, and deterrence of illness (Levitov et al., 2016; Mosby's Medical Dictionary, 2009). It involves the key health care structure which delivers the first level of interaction between the health care providers and population. By Realizing its significance in the distribution of health facilities all the governments at the center, national level these have been stated simultaneously and more stress on making primary health care structure and manpower has been made. Its emphasis on anti-epidemic agendas, infant immunization programs, Birth regulator programs Pregnancy and connected care, Emergencies etc. In 2012 there were 28,863 PHCs in India which rose to 25,020 PHC's functioning in the country (as on 31st march 2015). .

Secondary health care: It is at an intermediate level of health care which comprises diagnosis and treatment, accomplished in a hospital with particular tools and laboratory facilities (Mosby's Medical Dictionary, 2009). The secondary health care structure exist at the urban hospitals and district hospitals is currently also taking care of the basic health care needs 92 of the people in the town/city in which they are positioned.

Tertiary Health Services: It is a particular and extremely practical level of health care which comprises diagnosis and cure of disease and disability (Mosby's Medical Dictionary, 2009). Tertiary Health care services refer to the third level of health system which is mostly focused and advice-giving care is being providing frequently on recommendation from primary and

secondary medicinal care. The main supplier of this tertiary care is commonly nationwide health system which consists of regional hospitals and national hospital. It also delivers additional care facilities and remains open for 24 hours every day (Rechel et al., 2016; World Health Organization)

Present scenario

In India the current healthcare infrastructure is not sufficient to meet the requirements of the existing population (Stenberg et al., 2017). The state and central governments are making efforts to offer worldwide healthcare services, free cure and important drugs at Govt. hospitals. Though even after 6 decades of our independence the hospitals are, as we said, less number of staff and under-financed, compelling patients to appointment private medical doctors and hospitals. Beds in hospital for every 1050 patients, 215 Private medical colleges 189 Government medical colleges, 2760 Blood Bank 515 administrations listed for Eye Banks till 2015 25346 Postgraduate students per year, 2760 Blood Bank, 404 Medical Colleges for MBBS till February, 2015. Similarly, Indian healthcare sector has become the fifth major employer, both in terms of direct as well as indirect job, with total direct employment of 4,713,061 people. (IBEF, 2017). The public health care per capita expenditure each year is Rs 1,112, which is less than the cost of a single consultation at the nation's top private hospitals. India's public health spending is amongst the lowest in the world which is lower than most low-income nations which spend 1.4 percent of their GDP on healthcare (National Health Profile, 2018). Health Infrastructure indicators involve two groups viz. service organization and educational organization. Educational organization delivers details of the total medical colleges, students admitted to M.B.B.S. course, post graduate degree/diploma in medical and dental colleges, admissions to BDS & MDS courses, AYUSH Institutes, nursing courses and paramedical courses (Aayog, 2016). Service organization in health includes details of allopathic hospitals, hospital beds, Indian System of Medicine & Homeopathy hospitals, sub centers, PHC, CHC, blood banks, eye banks, and mental hospitals (Banerjee, 2017). In 2017 there were 23582 Govt. hospitals with 710,761 beds in the country. Medical educational structure in India has been growing over the last 20 years. In 2017 there were 476 medical colleges, 313 BDS colleges and 249 MDS colleges. 52646 admissions has been in the medical colleges, 27060 in BDS and 6233 MDS in 2017-18 out of the total 19810 are in Rural with 279,588 bed and 3772 hospitals in urban areas with 431173 beds (National Health Profile, 2018). On 31st March 2017, as 70 percent of population resides in rural areas, there has been 156,261 sub centers, 25650 primary health care centers and 5624 community health centers to cater the need of population. The basic infrastructure in the form of primary health care services, has been provided in both urban and rural areas of India. Primary health care services which include maternal and child health care services and family welfare services. Specialized health care services have been provided through hospitals in urban areas (Chokshi et al., 2016). There has been control over the deadly communicable diseases like Malaria, TB, small pox, leprosy AIDS, polio etc. Various Maternal and child health services have been provided to people in rural and urban area of India through existing health infrastructure (Pages et al., 2018). The services include prenatal and postnatal care, immunization and oral rehydration therapy to fight against diarrhoea. Universal Immunization Programme has been launched. Under this programme vaccination is provided against tetanus, polio, diphtheria, tuberculosis and measles etc (Galishi, 2018).

Major problems

While India is one of the favored destinations for medical tourism but it is unfortunate that still India has hospitals which has less number of staff, have insufficient (Chen & Flood, 2013). Basic facilities, lack of drugs and may not even know how to deliver a bed or an ambulance to a patient e.g. rural India contains 75% of the entire population but it has only around 30% of the country's hospitals, hospital beds and doctors. India faces a shortage of skilled nurses, technicians, skilled doctors, surgeons and other medical staff. In 2015, there was a shortage of approximately 6 lakhs doctors and 20 lakhs nurse in India (WASHINGTON report economics times, April 2019). It has been commonly observed that many skilled nurses go out of the country for getting higher pay. There is urgent requirement of more super specialist doctors but the ones we have are mostly focused in the tier-1 cities or are working abroad due to the higher remunerations there. Hospital in India have insufficient doctors, nurses or staff. Such hospitals are often overcrowded because they are catering to a large population in the surrounding area (Bajpai, 2014). These hospitals do not have enough beds. These are dirty and unhygienic, they lack security, patient care is unheeded of, there may frequently be shortage of medicines and consumables, hospital ambulances may be unattainable due to failure or exploitation, forcing patients to fend for themselves. Healthcare has become a lucrative undertaking for private players. There is stress for any small new entrant to get an endorsement. Persons too are neither conscious about excellence parameters, nor worried about it. They go ahead to whatsoever is cheap, and so small, private clinics, hospitals, diagnostic and imaging centers burgeon everywhere with less specialist care from the Govt.

The National Health Policy which was permitted by the parliament in 1983 and was efficient in 2002 and then in 2017. The current four key updates in 2017 remarks the requirement to focus on the emergence of the robust healthcare industry, on the growing burden of the non-communicable diseases, on ever rising occurrences of tragic spending due to increasing health care expenses and on the ever increasing economic growth allowing improved economic capacity. Under National Health Mission, The Govt. has launched various schemes like: Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCH+A), Rashtriya Bal Swasthya Karyakram (RBSK), Pradhan Mantri Swasthya Suraksha Yojana (PMSSY), National Tobacco Control Programme Integrated Child Development Service, Rashtriya Swasthya Bima Yojana Mission, The Rashtriya Kishor Swasthya Karyakram Shishu Suraksha Karyakaram, National AIDS Control Organisation Revised National TB Control Programme, National Leprosy Eradication Programme etc. Recent major advantages by the Government of India to endorse Indian healthcare business are as follows: The Government of India (G.O.I) in August 2018 has accepted Ayushman Bharat-National Health Protection Mission as a centrally Funded Scheme which is funded by both center and state government at a ratio of 60:40 for all States, 90:10 for hilly North Eastern States and 60:40 for Union Territories with legislature, however for the center will contribute 100 per cent for Union Territories without legislature. Pradhan Mantri Jan Arogya Yojana (PMJAY) on September 23, 2018, G.O.I launched to provide health insurance with worth Rs 500,000 (US\$ 7,124.54) to over 100 million families every year. Indradhanush mission: The G.O.I has launched this mission with the aim of improving coverage of immunization in the country which aims to achieve at least 90 per cent vaccination coverage

by December 2018 which will cover unvaccinated and partially immunized children in rural and urban areas of India.

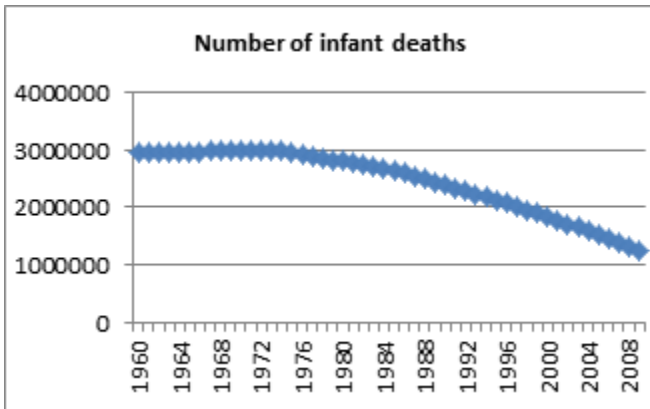
Health Infrastructure Scenario in India

As the government is taking steps. In healthcare in India has undergone tumultuous changes since the Ist Bhore committee in

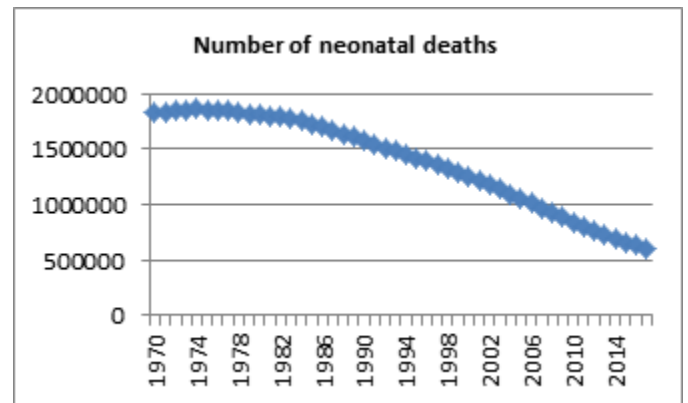
1946 and each change has only been for a better healthcare delivery, encompassing all the sections of the population. Over years a lot of progress has been achieved by Health infrastructure despite of having drawbacks also (Lakshminarayanan, 2009; S Gopalakrishnan , Branch Immanuel A. 2018). Following points will highlight the facts

Figure1 Number of Infant death

Figure 2 Number of neo natal deaths over years



Source: World Indicators of India, 2018



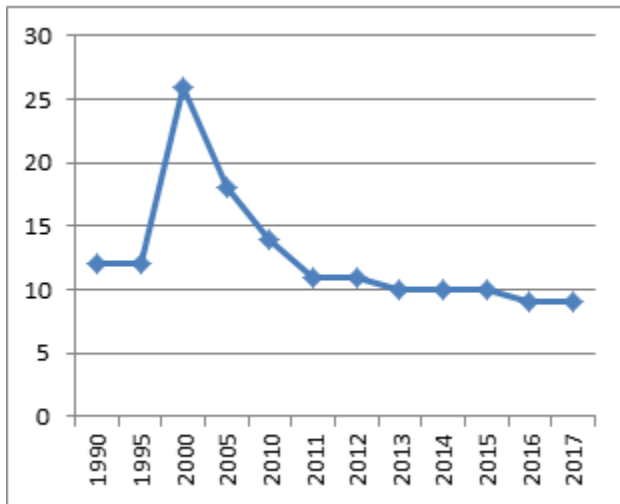
Source: World Indicators of India, 2018.

With years the infants deaths has decreased over years.

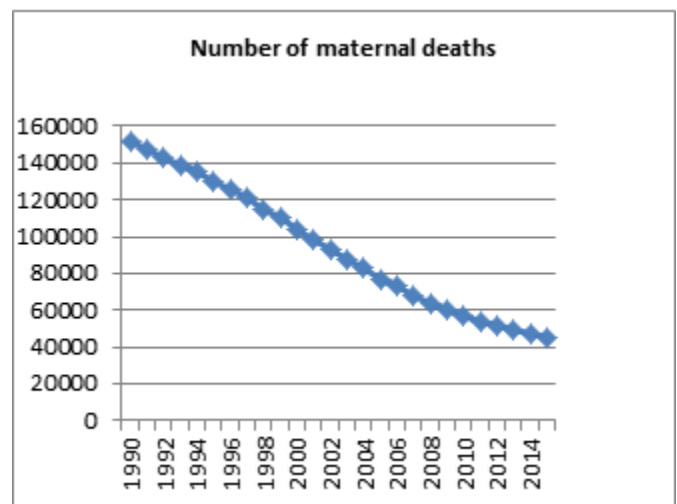
The number of neonatal death over years it has decreased over year

Figure 3: Infants lacking immunization

Figure 4: Number of Maternal Deaths



Source: Human Development Report 2017.

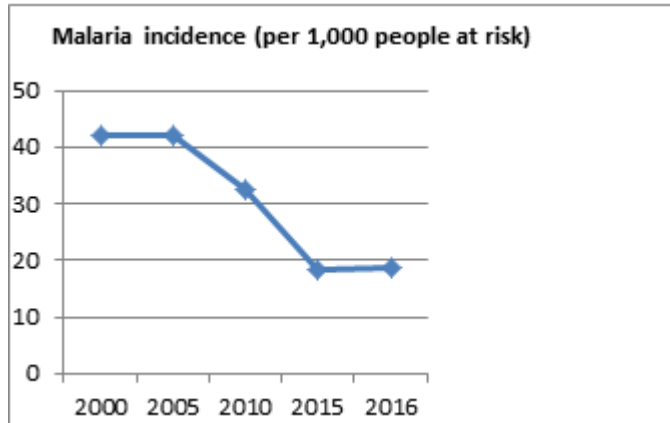


Source: World Bank Indicators, 2018.

From figure it is clear that over years the infants that were lacking immunization has decreased which is a positive sign.

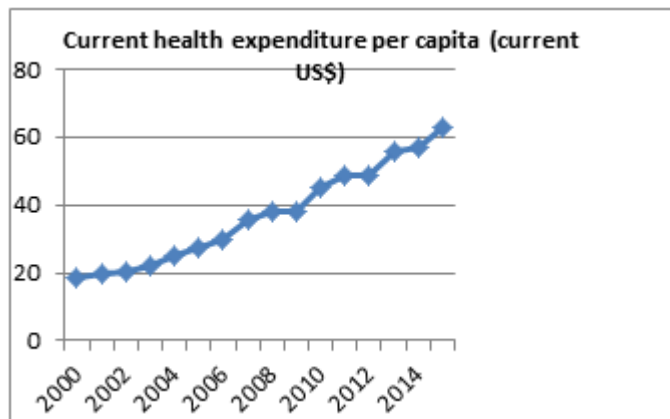
From figure 3 can be observed that over years the MMR is from 1990 MMR 152000 to 40000 in 2015.

One of the progress over years in health sector in that many deadly diseases incidence has decreased over years

Figure 5: Malaria incidence (per 1000 people at risk)

Source: Human development report 2017

From figure 5 malaria instances over years has decreased.

Figure 6 Current Health Expenditure Per Capita (US \$)

Source: World Bank Indication, 2018.

Over years per capita current health expenditure has increased over years

Conclusion and suggestions

Although the health infrastructure has been improving but still it is lagging behind. There is urgent need of improving infrastructure. Most hospitals in India don't even have basic facilities such as water supply, electricity, and not even simple pain killers. There is need of Public and Private Sectors partnership. Both the public and private sector should come to join hands to build infrastructure and develop skill sets required to deliver care. There is need of Improving medical infrastructure, by building rural clinics, developing streamlined health IT systems, standardizing diagnostic procedures, and improving efficiency is one way to uplift the state of primary care in India. For proper improvement in the system along with infrastructure the government should try to encourage these medical graduates to work in rural primary health centres which are at the base of every country. Need of Capacity building programs should also be conducted for doctors and nurses in emergency response. Apart from it government should encourage more innovative research by providing fellowships and also provide more infrastructures for research. To stop inadequacies of health sector like these, the availability of medicines, basic amenities oxygen, unoccupied beds, and the number of patients admitted and the number of patients visiting each hospital should be recorded daily. This could help in monitoring the process strictly and take preventive measures spontaneously.

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