

8 CPI(M)
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Health Sector: Trail of Broken Promises



HEALTH SECTOR: TRAIL OF BROKEN PROMISES

Five years ago the country had cause for hope that the newly installed government would address the pressing Health needs of the people. The optimism was largely based on several promises that were made in the Common Minimum Programme of the UPA. Today the initial optimism has been replaced by an acute sense of betrayal at the string of broken promises. For countless millions in the country, the slogan of Health for All, continues to be a mirage. Contrary to what was promised, the Congress-led government brazenly trod the path of neoliberal reforms and continued the trends that were set in motion in 1991. It continued the disastrous policies of the BJP-led government in many respects.

Today in India even though the health profile of our people has deteriorated, there are no comprehensive health insurance policies supported by government for our people.

This must be a priority for the new government.

CHILDREN: A DISMAL FUTURE

More than 1 in 18 children die within the first year of life, and 1 in 13 die before reaching the age of five. *The Infant Mortality Rate in India is equal to the average of all Least Developed Countries (LDCs), two and half times that of China, and eight to ten times higher than rates achieved in developed countries.* Even these distressingly high figures hide inequities in the system. Infant mortality in rural areas is 50 per cent higher than in urban areas. Children from dalit and adivasi communities are at greater risk of dying than other children.

The Universal Immunisation programme was seen as a way to protect children against common childhood illnesses. Recent data shows that there has been very little improvement in coverage of children by vaccination in the last five years. *56 per cent of our*

children still do not receive all the vaccines listed in the national programme. Vaccination coverage has actually worsened substantially in some states, such as Andhra Pradesh, Gujarat, Maharashtra, Punjab, and Tamil Nadu. Inability to ensure full immunization coverage is an indication of systemic weaknesses in the public health system. The government's polio-eradication programme was designed to reduce the incidence of lameness in children, as polio is the most important cause of preventable lameness in children. But in reality the incidence of limb-paralysis in children has increased after the Polio Eradication Initiative – the number of cases of Acute Flaccid Paralysis (AFP) in children increased from 3,047 in 1997 to 31,973 in 2006!

The latest gift of the Congress-led government to the children of the country has been its decision to close four vaccine producing units in the public sector, in order to favour private vaccine manufacturers. It has led to rampant shortages of vaccines and rising costs, thus further incapacitating the government's floundering immunization programme. The CPI(M) had strongly opposed the closures and led a struggle inside and outside parliament against it. The government has now given an assurance that the units would be reopened but no concrete steps have been taken.

India today is in danger of being termed the *hunger capital of the world* as almost half of children under age five are stunted, or too short for their age, which indicates that they have been undernourished for some time. These figures are some of the highest in the world, and about double the levels of undernutrition among children seen in the poorest regions of the world, such as Sub-Saharan Africa. Children's nutritional status in India has stagnated in the last five years and recent data indicates that *acute undernutrition has actually increased in recent years.*

Five years ago the CMP had promised: "A national cooked nutritious mid-day meal scheme, funded mainly by the Central Government, will be introduced in primary and secondary schools. An appropriate mechanism for quality checks will also be set up.

The UPA will also universalise the Integrated Child Development Services (ICDS) scheme to provide a functional anganwadi in every settlement and ensure full coverage for all children”. Today, in the entire country, only 20 per cent of the children receive supplementary food from ICDS centres.

The CPI(M) has consistently led struggles across the country demanding reversal of the trend of dismantling of the public distribution system and championing the need to universalise the ICDS programme.

WOMEN’S HEALTH: CONTINUING NEGLECT

Women are truly invisible to the public health system in the country. Data from the Third National Family Health Survey shows that just 17.3 per cent of women have come in any contact with a health worker. This neglect is reflected in the fact that the *percentage of pregnant women aged 15-49 years who are anemic increased from 49.7 per cent in 1998-99 to 57.9 per cent in 2005-06.*

As a consequence of poor public facilities and low health status, in excess of 120,000 mothers die due to child birth related cases every year. The Maternal Mortality Rate (no. of women dying of child birth related cases out of 100,000 deliveries) is still over 300, an unacceptably high figure. It is higher than the target of an MMR of less than 200 by the year 2000, set in the National Health Policy of 1983.

The CPI(M) has consistently fought against the obsession of the health department to reduce women’s health to issues related to population control and contraception. It has supported the women’s movement in its demands that Indian women should not be made guinea pigs in the quest of MNCs to research long acting hormonal contraceptives. As a result of these struggles there have been significant changes in the earlier coercive laws and policies that promote population control by targeting women’s bodies and violated their democratic rights.

The CPI(M) will continue its fight to secure health care for women that is not linked to their reproductive status.

RESURGENCE OF COMMUNICABLE DISEASES

India is experiencing a resurgence of various communicable diseases including Tuberculosis, Malaria, Chikungunya, Dengue, Encephalitis, Kala azar, Dengue and Leptospirosis. India still records the highest number of deaths in the world every year from T.B. – about 3.7 lakh, and 418 persons per 100,000 are estimated to be suffering from tuberculosis infection that needs medical treatment. The number of cases of Malaria has remained at a high level of around 2 million cases annually since the mid eighties. By the year 2001, the worrying fact has emerged that nearly half of the cases are of Falciparum malaria, which can cause the deadly cerebral malaria. Environmental and social dislocations combined with weakening public health systems have contributed to this resurgence. Concurrently, the earlier system of surveillance has fallen into disarray, thereby compounding the problem.

HIV/AIDS has emerged as a major challenge to the health care system in the country. Recent estimates put the number of HIV positive cases in the country at 31 lakhs – the second highest in the world. In the last few years the rollout of treatment facilities for HIV/AIDS patients has led to some improvement in access to care. However a lot more needs to be done and treatment access is still poor in many areas. A programme addressing the needs of orphans and vulnerable children affected by HIV / AIDS needs to be developed, given recent studies pointing to the spread of the epidemic among children. There is the emerging threat of resistance developing to first line drugs, thus needing the introduction of second line drugs that are -10 times more expensive. The issue is further compounded by the fact that many of the latter are being protected by patents, thus preventing the entry of cheaper generic versions. The AIDS Control programme is a vertical programme,

not integrated with the overall public health system. Unless such integration is done, the public health system will find it difficult to address the growing challenge of HIV/AIDS.

Diarrhea, dysentery, acute respiratory infections and asthma continue to take their toll because we are unable to improve environmental health conditions. *Around 6 lakh children die each year from an ordinary illness like diarrhoea.* While diarrhea itself could be largely prevented by universal provision of safe drinking water and sanitary conditions, most of these deaths can be prevented by timely administration of oral rehydration solution (ORS). However ORS is presently administered in only 33 per cent of cases in urban areas and 24 per cent in rural areas – a situation that has actually worsened in the last five years. It may be mentioned here that *only 28 per cent of households in India have access to improved sanitation and about 200 million people still have no access to safe drinking water sources.*

The CPI(M) has long advocated the need to integrate disease control programmes in the framework of the Primary Health Care system, and not run them as separately administered programmes with huge and wasteful bureaucracies. There has been some advance in this regard under the National Rural Health Mission, with most of the disease control programmes being brought under its ambit. However the huge HIV/AIDS control continues to be administered as a separate empire of a large health bureaucracy funded by foreign agencies.

A COMPROMISED PUBLIC HEALTH SYSTEM

India has *one of the most privatized health systems in the world.* For most households, the private medical sector is the main source of health care (70 per cent of urban households and 63 per cent of rural households). Only 5 per cent of households report that they have any kind of insurance that covers at least one member of the household. This may be contrasted with the promise made in the

CMP that: “A national scheme for health insurance for poor families will be introduced”.

The state of the public health system forces people to access the unregulated private sector. As a consequence in excess of 80 per cent of medical care costs are borne by people through “out of pocket” expenses. A recent survey showed that, in the case of ailments considered serious by respondents, 40 per cent cited financial reasons for not taking recourse to treatment.

The growth of infrastructure in the public health sector in rural areas has lagged behind demand. Between 2002 and 2007, there has been an increase of under 6 per cent in the number of sub-centres – less than the increase in population in this period. The number of Primary Health Centres has actually gone down in this period by over 2 per cent. While there has been a significant increase in the number of Community Health Centres, they are plagued by the problem of poor staffing and resources. Moreover, the creation of new infrastructure has lagged well behind the targets set in the Tenth Plan period. Achievement of targets is 76 per cent in the case of sub-centres but just 13 per cent and 37 per cent in the case of PHCs and CHCs. Even where sub-centres, PHCs and CHCs exist, their conditions are often abysmally poor. 50 per cent of sub-centres, 24 per cent of PHCs and 16 per cent of CHCs function in rented or temporary premises.

Following is an indication of gaps that exist in terms of infrastructure and personnel in the rural health system:

- ~ 4,711 Sub-Centres are listed as “functioning” without the services of both ANM and Health Worker Male.
- ~ 68.6 per cent of PHCs function with one or no doctor.
- ~ 807 PHCs have no doctor.
- ~ Shortfall of Specialists in CHCs is 64.9 per cent.
- ~ 1,188 PHCs and 1,647 PCS respectively are functioning without electric supply or without regular water supply.

NRHM

The government's National Rural Health Mission was launched to remedy the deficiencies in the public health system. The early conception of the NRHM was no more of a dressed up version of the then existing Reproductive and Child Health (RCH) programme. Its emphasis was on population control, and a few targeted interventions on child health. The CPI(M), in association with organizations fighting for public health, championed the cause of a comprehensive public health programme that would make available universal care to all the people in the country. The sustained pressure led to a reconceptualisation of the NRHM, with introduction of measures to strengthen public health infrastructure. However the NRHM continues to be plagued by problems of grossly inadequate funding and of measurers that promote privatization under the garb of "Public Private Partnerships" and introduction of "user fees". The NRHM had envisaged expenditure of Rs. 55,000 crore per year by 2012 but for past 2-3 years it has stagnated at about Rs. 10,000-12,000 crore per year. The concept of a health worker in every village, advocated by the CPI(M) has been distorted by the introduction of the ASHA scheme where the health worker is seen as a volunteer and is not adequately remunerated. The average allowance she receives today is around 600 rupees. This is blatantly unjust and must be remedied and the ASHA given a fair minimum wage.

The CPI(M) will continue to strive for a major overhaul of the NRHM so that it covers all parts of the country, including urban areas, and is able to address comprehensively and at public cost the health needs of the entire population.

UNAFFORDABLE PRIVATE CARE AND MEDICINES

The private sector has grown by leaps and bounds, as a result of the inability of the public system to provide care. The dominance

of the private sector not only denies access to poorer sections of society, but also skews the balance towards urban biased, tertiary-level health services with profitability overriding equity, and rationality. The recent trend towards promotion of medical tourism is creating a situation of internal brain drain where the best facilities and the best trained personnel in the country are moving to institutions that primarily provide care to foreign patients. As a consequence the *Indian tax-payer is subsidising the medical treatment of foreign medical tourists*. As a consequence, a growing proportion of Indians cannot afford health care when they fall ill. 40 per cent of hospitalised people are forced to borrow money or sell assets to cover expenses and over 2 crore of Indians are pushed below the poverty line every year because of the catastrophic effect of out of pocket spending on health care.

The CPI(M) advocated strongly the need to regulate the private sector, while at the same time the public health sector is strengthened. The government however refused to take any such measures.

The pharmaceutical industry has made rapid strides but only 20-40 per cent of the population can access all essential drugs that they require. There is a proliferation of brand names with over 80,000 brands marketed in India. Many drugs are being sold at 200 to 500 percent profit margin, and essential drugs have become unaffordable for the majority of the Indian population. Yet there is reluctance to impose price controls on essential drugs, and at present the price control regime is almost entirely ineffective as most essential medicines are outside price control. This is in sharp contrast to the CMP's promise that: "The UPA Government will take all steps to ensure availability of life-saving drugs at reasonable prices". A comprehensive pricing policy that controls the prices of all essential medicines and policies to restrict and ban irrational and hazardous medicines has been long advocated by the CPI(M). The CPI(M) has also been in the forefront in demanding an end to attempts to change Indian laws so that foreign MNCs can use Indian citizens as guinea pigs to research their medicines. These

are struggles that the CPI(M) shall continue to take forward.

In 2005, the Indian Patent Act had to be amended as this was a commitment that the Congress government of 1994 had made at the WTO. The CPI(M) tried to minimise the impact on availability of low cost medicines due to the amendments by introducing a number of public health safeguards in the amended Act. The CPI(M)'s intervention in Parliament and outside through mass mobilisations forced the government to adopt a law, parts of which are held as a model for developing countries today. Unfortunately the government is today refusing to use these safeguards in order to further the interests of large MNCs. Consequently new drugs are being patented by MNCs, and many new life saving drugs, including vital drugs needed for treatment of HIV/AIDS and cancers, are being priced out of the reach of almost all Indians.

PLUMMETING FINANCIAL SUPPORT TO PUBLIC HEALTH

Prior to the first round of economic reforms in the mid-80s, public health expenditures accounted for 3.95 per cent of the Central budget. By 2001, this had dropped to 2.7 per cent, and further down to 2.4 per cent in 2005. Thus even a restoration of budgetary support to levels achieved in the 1980s would mean a virtual doubling of allocation. Clearly, there is a need for a qualitative rise in public health expenditure. In recent years while there has been some increase in Central Allocation for Health, there has been a decline in the allocation by States. The latter is, in large measure, a result of the squeeze on the finances of States due to financial reforms. As a consequence, the overall public expenditure on health has stagnated at 0.9 per cent of GDP.

This level of public health spending is among the lowest in the world and ahead of only five countries—Burundi, Myanmar, Pakistan, Sudan, and Cambodia. This proportion has fallen from an already low 1.3 per cent of GDP in 1991 when neo-liberal economic reforms began in real earnest under the stewardship of

Manmohan Singh as Finance Minister. The CPI(M) has been a consistent champion of the need to allocate 5 per cent of GDP by the government on health. The CPI(M)'s insistence in this regard had led the CMP to commit that: "The UPA Government will raise public spending on health to at least 2-3 per cent of the GDP over the next five years, with focus on primary healthcare." However the last five years have been high on rhetoric and low on delivery and the country is nowhere near achieving the promise.

More than a hundred and fifty years ago, Rudolph Virchow, acknowledged as the founder of public health, had said: "Health is but politics on a large scale". The problems plaguing the health sector in India today indicate this. The inequity in access to health in India – where some of the best facilities in the world vie with some of the worst on the globe – is a mirror of the inequity in society that has been accelerated by neo-liberal reforms.

CONCLUSION

The health needs of our people require a reversal of the neo-liberal framework within which even such a crucial issue as health is left in the main to the profit seeking unregulated private sector.

Neither the Congress nor the BJP can provide such an alternative set of pro-people policies.

Vote CPI(M)

**Strengthen the Left and Democratic Forces to
Ensure an Alternative Secular Government
at the Centre**

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