CHAPTER VII
CONCLUDING REMARKS AND GUIDELINES FOR HEALTH POLICY IN FUTURE

1. A Summary of the Study

Now, before we close our longwinded endeavour, it would be worthwhile to review the preceding chapters and to form a comprehensive idea on the subject matter taken up for our study. The objectives of our endeavour, as proclaimed in the beginning of the study, have been to over haul the trends of the public expenditure on creation and expansion of health facilities in Assam since the dawn of the planning era and thereupon to frame certain policy guidelines for health planning in the future. We reiterate that sound health has been the greatest aspiration of a person as well as of a nation. Good health stimulates human ingenuity, gives him incentives to take part in the developmental activities and makes the social climate congenial to improve the economic status of the State.

But unfortunately, Nature has no special regard for the human aspirations. The laws of her providence are unknown. Injury, ailment, disease and death have been the greatest dread and they all spring up from the lap of Nature. The physical environment often determines the lot of the people living in, and we find the health condition of the
people greatly dependent on the climatic factors of the environment. Nevertheless, man has been very keen to free himself from the bounds that Nature puts on him and he has made suitable changes in his surroundings that befits him. The man-made environment, the social and economic surroundings, has now become a major determinant of his lot. To appreciate these aspects we have ventured in Chapter II to study the location of Assam, its natural, social and economic environments and their relation with the occurrence, frequency, typology and consequences of various kinds of diseases. In underdeveloped economies like ours, we have no enough resources to numb the temper of Nature and hence we find that the people of Assam suffer greatly from the tropical diseases. The densely populated districts of Assam are further hit by communicable diseases and epidemics. The frequency, intensity and coverage of these diseases specify the scope and limitations of public health programmes. Hence, we hold that evaluation of public health programmes cannot be dissociated from the environmental considerations that are determined by the physical and socio-economic set up in which the people live, ail and strive for better health.

Recognising the role of public health in strengthening the human capital, enhancing the efficiency of the productive system, fostering economic development, and promoting
the well-being of the people, the Government of Assam took initiatives to develop medical infrastructure in the State. Since the First Five Year Plan the Government of Assam has been trying to control the occurrence of tropical and communicable diseases and improve the health condition of the people. A great deal of physical and financial resources have continually been spent on health programmes. We have documented and analysed these public efforts on health programmes in Chapter III. In the table 7.1 below we summarise the public expenditure on health programmes in the Five Year Plans.

Table - 7.1: Health Expenditure in Five Year Plans

<table>
<thead>
<tr>
<th>Sl. No</th>
<th>Measure</th>
<th>I</th>
<th>II</th>
<th>III</th>
<th>IV</th>
<th>V</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Total Expenditure on Health (Rs. lakh)</td>
<td>193.41</td>
<td>350.88</td>
<td>865.00</td>
<td>746.61</td>
</tr>
<tr>
<td>2</td>
<td>Per capita Health Expenditure (Rs.)</td>
<td>2.35</td>
<td>4.27</td>
<td>7.79</td>
<td>6.72</td>
<td>7.85</td>
</tr>
<tr>
<td>3</td>
<td>Per capita income (Rs) Current prices Average for mid year</td>
<td>280.00</td>
<td>315.00</td>
<td>330.00</td>
<td>491.00</td>
<td>816.00</td>
</tr>
<tr>
<td>4</td>
<td>Ratio of P.C. Health Expenditure to P.C. Income x 100</td>
<td>0.84</td>
<td>1.36</td>
<td>2.36</td>
<td>1.37</td>
<td>0.96</td>
</tr>
</tbody>
</table>
From the table 7.1 the inadequacies of public expenditure on health is evident. Further, we note that from the First to the Third Five Year Plan, the ratio of per capita health expenditure to per capita income showed a gradual rise. But afterwards, a declining trend starts. This declining trend in the said ratio indicates the shifting of priorities of the Government after the Third Five Year Plan and indeed it affected the growth rate of public health facilities in the State (a close examination of the composite index of the level of development of health facilities in Assam testify the turning of the trend). Irrespective of the shifting of the priorities (which we do not approve of), however, the health facilities continued expanding and their services to the people were largely reflected in the declining death rate, birth rate and infant mortality rate. The frequency, intensity and coverage of epidemics showed a great deal of decline; malaria, kala azar and plague have largely been eradicated.

The achievements of the public programmes on health have certainly been appreciable, but the exercise of evaluation must be more analytical in which role of subjective and teleological assessment should be kept to a minimum. Hence, we proceeded to choose certain objective criteria on which to base our exercise of evaluation. In doing so we did a
comprehensive discussion on the theoretical foundations of the criteria of evaluation of public programmes. Thus, we devoted Chapter IV on the theoretical discussion and thereafter on the selection of criteria for evaluation of public efforts on improving health condition of the people. In view of our limitations we could not go ahead to assess the impacts of the improved health condition of the people on the efficiency, productivity and growth of the economy. We assumed therefore that the index of development of health facilities and reduction of pressure on them identify with the increase in the economic well-being and reflect an enhancement in the efficiency and productivity of the economy. We concede that our supposition is falliable but in view of the constraints imposed on us we could hardly perform better.

In Chapter V, therefore, we proceeded to analyse the trends in the development of some selected measures or indicators of health facilities — medical institutions, medical personnel and pressure on them. So far these trends could reveal we found that they have been appreciable and speak of the success of the public efforts in improving opportunities for better health condition of the people in the State of Assam. Nevertheless, it has also been revealed that health facilities in Assam remain inadequate and overloaded.
In Chapter VI, our main concern was to evaluate the public programmes on the criteria of decline in birth, death and infant mortality rates, attainment of balance in spatial distribution of health facilities, efficiency of the health system in catering to the patients and the like. We also analysed the structural changes in the proportion of deaths due to various causes.

The analysis made in Chapter VI reveals the gradual improvement in the efficiency of the existing health system. However, we have observed that spatial balance in development of health facilities has been a far cry. Rural areas suffered the deal of discrimination and neglect.

We appreciate the role of public efforts in lowering birth rates, death rates and infant mortality rates that were observed in our study period, though we faced unsurmountable difficulties in disentangling the individual impact of public efforts from that of rise in per capita income. Indeed, general economic development has a great impact on improving the health condition of the people; nevertheless, the role of improved health facilities has been remarkable.

To sum up, on an overall consideration, the government efforts to improve health facilities in Assam deserve an applause. But a full complacence will come if the Assam
Government takes some more bold steps to ameliorate the present health condition through certain modifications in its present health policies.

2. *Some Guidelines for Health Planning in the Future*

We suggest that the health planning of the Government of Assam should incorporate the following suggestions.

(1) The Government should follow a definite criterion for the establishment of medical institutions in the State. It seems to be most effective if the government accepts population as a potent criterion for establishing the medical institutions like hospitals and dispensaries in different districts of the State.

(2) Since the location of a government health institution is very important, the site selection should be done very carefully. Access, time and distance of travel may be analysed for the selection of proper site for the establishing a health institutions like hospitals and dispensaries in different districts.

(3) The provision of proper and adequate transport facilities should be made so that modern health facilities can reach every nook and cranny of the State.
(4) The provision of indoor health facilities (at present available only in the government hospitals) should be made in the government dispensaries and the primary health centres. The quality of the services of primary health sub-centres should be improved so that they can independently cater to health needs of the people.

(5) The population pressure on the government hospitals for outdoor health facilities may be reduced by improving the quality of treatment given by the government dispensaries and primary health centres.

(6) Every government health institution, especially where provision of indoor medical treatment is available, should possess requisite amount of essential equipment and necessary medicines for treatment.

(7) To do away with the shortage of health personnel, the enrolment of the medical student should be increased in the medical colleges. For this purpose, the capacity of the medical colleges should be increased. If shortage of space is the main hindrance for increasing the capacity, some suitable private complex may be hired temporarily.

(8) The government should take the initiative to create jobs for the medical graduates. This may be done by establishing new medical institutions or by expanding the existing
health institutions. The tendency of private practice may be checked through campus recruitment system.

(9) The tendency of private practice of the government health personnel, especially doctors, should be checked by improving their pay scale. A good amount of non-practice allowance may be given to the government doctors in order to check the tendency of private practice. If this can be done, the quality of health services in the government medical institutions will be improved.

(10) Good laboratory provision should be made in every government health institution and every laboratory should be put under at least one competent technical person. Care should be taken that the health reports given by the government laboratory are correct and dependable.

(11) Since the ambulance facility is an essential desideratum for a health institution, necessary steps should be taken by the government so that every government health institution gets at least one ambulance. This will contribute to improve the efficiency of the health institution.

(12) Intermittent studies should be made to evaluate the progress of health activities in the State. Such evaluation should be carried out through expert committees. The future
health plans should be prepared on the basis of reports of the expert committees.

(13) Publication of health journals, health articles, health reports etc. will prove helpful for improving health condition of the people. The audio-visual system, documentary films on health, hygiene and sanitation and other cultural activities based on health will also prove helpful to make the people, especially rural people, conscious about their health.