CHAPTER I

INTRODUCTION

Good health is a prerequisite to human productivity and development of a nation as a whole. Promotion of health is basic and an essential factor to national progress and for its socio-economic development. Amongst the objectives of development are health and productivity. They are reciprocal and complementary. Without health, productivity can hardly flourish. On the other hand, productivity may increase the means and opportunities for better health.[1] Thus, health is man's greatest important and valuable possession, it lays a strong foundation for his happiness and also for the nations development.

"Health is defined as a state of complete physical, mental and social well-being and not merely an absence of disease or infirmity".[2] In recent years, a new health concept has been recognised by the member countries of World Health Organisation (WHO), at the 30th World Health Assembly in 1977. They have amplified the above statement and redefined the definition of health as an "attainment by all people of the world by the year 2000 of a level of health that will permit them to lead a socially and economically productive life".[3] Subsequently the popular slogan 'Health for all'

by the year 2000 A.D was advanced by the WHO, to popularise, the otherwise dismal subject, which most governments tend to neglect from their main agenda. For example, the central government spending on health in many countries of World is more or less same during the past one decade. In the low income countries the central governmental expenditure on health during 1981-90 was 5.28 percent on an average and it increased to 7.13 percent during the period 1991-95. For the middle income and lower middle income countries, it was 6.66 percent during 1981-90 and 7.35 percent during 1991-95 and in upper middle income it was around 5.3 percent during 1981-90 and 8.04 percent for the period 1991-95. Similarly, in the high income countries the Central Government has spent 8.9 percent of the expenditure during the period from 1981-90 and 9.06 percent during 1991-95.[4]

Introduction of the concept 'Health For All by the year 2000 A.D.' revitalized health care systems of the many countries. Comprehensive health care provision, to all section of the society, in a affordable cost and eradication and minimization of preventable diseases are the hall marks of the concept of 'Health For All'. A critical study on the development of the concept 'health' assumes important

in the present century so as to have an understanding of its social dimension. Health development is defined as the process of continuous, progressive, improvement of the health status of a population.[5] The concept of health development as distinct from the provision of medical care and it is based on the fundamental principle, that government have a responsibility for the health of the people.

In recent times, in almost all the countries of the world, the concept of 'welfare state' gaining momentum. There has been a tremendous growth in the functions of the state as a part of the "welfare functions". The impact of "welfare state" is perhaps greater in the sphere of public health than in many of the other activities of Government. After India became independent in 1947, for the first time, in India's long history, a democratic regime was set up with its economy geared to a new concept, the establishment of a "welfare state".[6] In a welfare state it becomes the ultimate responsibility of the state to cater the basic services to its citizens. In this context it is relevant to note the Directive Principles of State Policy, which envisaged that the state should, direct the policy towards securing - health and strength of workers, men and women and the tender age of children

are not abused and that citizens are not forced by economic necessity to enter vocations unsuited to their age or a strength, and that childhood and youth are protected against exploitation and against moral and material abandonment.

The directive principles also envisaged that the state, within the limits of its economic capacity and development, make effective provision for securing the right to work, to education and to public assistance incases of unemployment, old age sickness and disablement and in other cases of undeserved want. The state should make provision for securing just and humane conditions of work and maternity relief. The state should regard the raising of the level of nutrition and standard of living of its people and the improvement of public health as among its primary duties.[7] Even though there was the recognition that health is a fundamental human right, there is a denial of this right to millions of people, due to various reasons such as non-availability of funds, lack of institutional setup, devoid of trained personnel, over population etc. The glaring contrasts in the picture of health was recognized in both developed and developing countries. The standard of health services, the public expected was not being provided. The services do not

cover the whole population. India in general and Tamil Nadu in particular is no exception at this juncture.

However at the global level, the Alma-Ata International conference of Primary Health Care, (1978) reaffirmed Health for All as the major social goal of the governments and stated that the best approach to achieve the goal for Health for All is by providing Primary Health Care services, which means:

> "Essential health care based on practical, scientifically sound and socially acceptable methods and technology made Universally accessible to individuals and families in the community through their full participation and at a cost that the community and the country can afford to maintain at every stage of their development in the spirit of self determination".[8]

This was followed by the formulation and adoption of the "Global Strategy" for Health for All by the 34th World Health Assembly in 1981. The above two major Health Policy Developments have influenced the W.H.O.[9] India, being the member country of W.H.O, and is committed to the goal to provide health care to all segments of population is also highly influenced in this regard. As a result, the Ministry of Health and

Family Welfare, Government of India evolved a "National Health Policy" in 1982, embodying the principles of the Alma-Ata Declaration in 1978 and the goal of Health for All by the year 2000 AD. The Policy was approved by the parliament in 1983.[10] It laid stress on the provision of preventive, promotive and rehabilitative health services to the people, representing a shift from "medical care" to "primary health care" and from "urban" oriented health care to all areas. In pursuance of the objectives of the National Policy, various attempts have been made to evolve suitable strategies and approaches. The health strategies adopted include restructuring the health infrastructure, complement of personnel training, research and development.

To translate the above objectives into reality, the Health Policy sets out specific goals and targets to fulfil the health requirements. In India, under the framework of the Five Year Plans, 20 - point programmes and other health programmes, steps are taken to implement the policy. Health Planning in India is an integral part of National, Socio-economic Planning. The Alma-Ata Declaration on Primary Health Care and the National Health Policy of the Government gave a new direction to Health Planning in India, making Primary Health Care as the central function and main focus of

its National Health System. Under these premises, the Tamil Nadu Government also committed to the objective "Health for All" by the year 2000 AD, through eradicating major communicable and preventable diseases. The Department of Health, Government of Tamil Nadu, inview of providing family health care to all sections of population, particularly in rural areas, has taken the decision to set up one primary health centre for every 30,000 population and one health sub centre for every 5,000 population, in addition to existing medicare facilities.[11]

The execution of Plans and Programmes depends upon the existing health system. The health care delivery system in India are functioning at three levels, viz., Central, State and local or peripheral - under the constitution of India. The states are largely independent in matters relating to the delivery of health care to the people. Each state, therefore has developed its own system of health care delivery, independent of the Central Government. The Central Government's responsibility consists mainly of policy making, planning, guiding, assisting, evaluating and co-ordinating the work of the state health departments, so that, health services cover every part of the country.

The provision of health care institutions accessible to all segments of population is one of the prerequisite of the good health care system. The basic resources for providing health care are viz., Health Manpower and Health Care Services.[12]

Similarly, the health care services are provided by various agencies viz., Public sector, Private sector, and Voluntary organizations. In the public sector, Primary Health Care Centres, General Hospitals, and other medical specialities and research institutions provide general and specific healthcare services, health education, awareness and training of health manpower are provided. Of late, the private sector also concentrates on super speciality hospitals, 24 hours poly-clinics including the private practitioners, and the voluntary organizations are involved in the provision of health care services to the population who are under served and beyond the reach of the formal health institutions. As per the provisions of the constitution of India, as stated earlier, it is the responsibility of the state governments to cater to the health needs of the people at all levels. The centres responsibility lies in co-ordinating the health care services in all the states. Tamil Nadu is a pioneering state in extending such services.

According to 1991 census, Tamil Nadu was the seventh most populous states in the country with a population of 55.86 millions.[13] It ranks eighth place in the country, with regard to the density of the population with 429 persons per sq.km. With regard to health manpower, on an average, in Tamil Nadu every year, 1165 allopathic doctors, 180 siddha graduates; 16 unani graduates; and 50 homeopathy graduates are being produced[14] against the all India figures of 12,000 allopathic doctors; 3,763 ayurvedic graduates; 785 unani graduates; 150 siddha graduates and 3490 homeopathy graduates.[15] Tamil Nadu has wide network of health care institutions covering rural and urban areas. In 1997-98, there are 550 hospitals with a bed strength of 21,011.[16] The average number of persons per doctor works out to 7124 in the state, which is much higher when compared to other states in India, even though, nearly 80 percent of them concentrated in urban areas. For the provision of health care in the rural areas, Tamil Nadu is endowed with 1420 Primary Health Centres in 1997-98, with a total staff strength of 11,367 including 2702 doctors.[17] The Health Care system in Tamil Nadu is organized under the Department of Health, and Family Welfare, under the incharge of a Minister. At the Secretariat level, the Health

Department is divided into functional Directorates, like, Medical Education, Public health and Preventive Medicine, Medical Services, Drugs control etc. Each department falls under the preview of a Director at the apex level.

In spite of all these efforts the mortality rates among women and children are still very high in India. Infant mortality rate is estimated to be 79 per 1000 live births. In other words, 8 percent of children born in India do not survive until their first birthday, similarly, the mortality rates among women of the child bearing age are very high with 420 deaths per 100,000 live births,[18] due to various health problems.

The morbidity pattern in India shows that, there is a general decline in the major epidemic diseases. Smallpox has been eradicated; cholera and malaria have been controlled; and immunization has protected children from dangerous childhood diseases like smallpox, whooping cough, diphtheria, tetanus and polio. Diseases arising from poverty, ignorance, malnutrition, pollution, bad sanitation, lack of safe drinking water supply, drainage, inadequate housing and slums have lead to low levels of immunity. As a result the general public are affected very badly.

However, the State of Tamil Nadu, the health status of the population has generally improved. The death rate declined sharply from 15.6 per 1000 person in 1970, to 8 in 1993. The infant mortality rate also declined from 125 deaths per 1000 live births in 1970 to 56 in 1993. Similarly, the life expectancy in years increased from 26 years in 1950 to 60.8 years in 1991. The morbidity and mortality patterns in the state show the prevalence of preventable diseases on a wider scale. About 8 out of every 1000 population are partially or completely blind; about 8 out of every 1000 persons are affected by impairment of limbs; and seven out of every 1000 persons have tuberculosis. The prevalent of tuberculosis is much more higher in rural areas than in urban areas. The incidence of malaria is also very high in urban areas of Tamil Nadu in 1991 (9 out of every 1000 persons). The prevalence of leprosy is also high in the state with 20 out of every 1000 persons are affected by this disease.[19]

Even though, the health status of the population in India in general and Tamil Nadu in particular, has improved, the prevalence of preventable diseases like blindness, leprosy, malaria, tuberculosis, AIDS etc. reflects the overall socio-economic situation in the country. Those diseases, which are the result of

poverty, ignorance and awareness needs a strong commitment on the part of the Governments at the centre and the states to eradicate them. While it is true that during the past some of the states were unable to establish a wider network of health care institutions, due to various administrative reasons. Further the poor infrastructural facilities, number of beds, number of doctors, nurses, medicine, etc. are generally not in proportion to the population of respective areas.

At the same time, the urban centres are concentrated more than the rural areas in the case of Medical Institutes. In addition, there is a mushrooming development of corporate and super speciality medicare centres which are expensive.

There is a need to regulate through State intervention policies and strengthen the health care institutions from medicare to primary health care and from urban centres to rural areas. Over specialization of the health care institutions also makes the situation more complex. This is more true in the case of private health care institutions. The Voluntary health agencies or the non-governmental organizations, which are active in the provision of health care are also numerous in the state of Tamil Nadu. But, the

activities of the voluntary agencies are concentrating on rural and urban poor. The voluntary agencies serving in remote areas, where both the government and private sector are not active, is the basic problem in the present context. The concept of permanent health centres in hilly terrains, is one of those strategies adopted by the Government of India to reach the people. The present health situation warrants a comprehensive health care delivery system integrating Public, Private and Voluntary health agencies.

A healthy network of healthcare institutions, irrespective of the nature of the agency such as, public, private and voluntary, would be an ideal health care delivery system in a developing country like India. By integrating these three important sectors, the advantages of each one of them could be tapped. Moreover, the private sector and the voluntary agencies can complement the governmental efforts to provide health care services for all by the year 2000 A.D. and beyond 2000 A.D.

Review of Literature

Studies on health care administration are scanty. There are studies which dealt with particular aspect of the health care administration. Borkar

(1961)[20] analysed the health status and health care services in India. Ahmed and Coelho (1979)[21] reviewed the health policy in India and provided methods to streamline the health policy and for implementing health programmes. Shanmuga Sundaram (1979)[22] studied the administration of family welfare programmes in Tamil Nadu. In his study, he highlighted the problems in creating awareness among the people about family planning methods. Goel[23] (1981) studied the various aspects of administration of health care services in India. Rajkumar (1983)[24] dealt with the various aspects of health care administration with reference to primary health care in Tamil Nadu.

Banerge (1985)[25] elucidated the health and family planning services in India. Meera Chatterjee (1988)[26] studied the health care policy in India with special reference to implementing the objectives of the health policy. Vaseekaran (1989)[27] studied the problems in the administration of primary health care in the state of Tamil Nadu. Narayana (1997)[28] studied the health and its developmental aspects in India. Antony (1998)[29] elucidated the problems in the administration of family welfare programmes in Tamil Nadu.

The scope of the above studies covered only particular aspect of the health care administration. There is a gap in understanding the problems in the administration of health care in the state of Tamil Nadu. The present study attempts to cover various aspects of health care administration in the state of Tamil Nadu including private sector and voluntary agencies.

Objectives

The present study on health care administration in Tamil Nadu, aims to achieve the following objectives:

i. to trace the origin and development of health care policy in Tamil Nadu;

ii. to study the various programmes and planning efforts of Government of Tamil Nadu;

iii. to examine the organizational structure and functions of the health care institutions of Government of Tamil Nadu;

iv. to study the role of voluntary organization in the provision of health care in Tamil Nadu; and

v. to study the role of private Health care institutions in Tamil Nadu.

Methodology

The methodology adopted for the present study is historical and analytical. The technique of unstructured interview has also been used with the officials working in different levels and voluntary agencies to elicit information.

The reports collected from Department of Archives, Reports of Government of India on Health and Family Welfare, and Health Information of India; Reports of the State Government on Health and Family Welfare, Annual Reports of Health Department, Government of Tamil Nadu and Year Book of State Family Welfare Bureau, Policies and Programmes of the Department of Health, formed the primary sources for the present study. The Reports of WHO and UNICEF were also studied in detail. The Books, Articles, Newspapers and Academic Journals on health are the secondary sources for the study.

Chapterization

The thesis has been divided into seven chapters. The first chapter serves as introduction to the present study. The research problem, review of literature, objectives and methodology are provided in this chapter. The second chapter, "Health Policy in Tamil

Nadu", traces the origin and development of health policy in the state since 1951 and the issues and trends relating the health policy. The third chapter, "Health Planning and Programmes in Tamil Nadu", elucidates the planning efforts of the government to improve health status of the population. It also deals with how the various health programmes are being implemented in the state. The fourth chapter, "Organizational Structure and Functions", analyses the organization of health care institutions in the state of Tamil Nadu and the problems there in. The fifth chapter, "Voluntary Health Care Institutions in Tamil Nadu", describes the role of non-governmental voluntary agencies in the provision of health care in Tamil Nadu. The sixth chapter, "Private Health Care Institutions in Tamil Nadu", study the role of private sector in the health care delivery in Tamil Nadu. The seventh chapter, forms the conclusion of the thesis.

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