Chapter 8
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Recommendations for an overall improvement of healthcare systems in India:
Health is a priority goal in its own right, as well as a central input into economic development and poverty reduction. Health sector is complex with multiple goals, multiple products and different beneficiaries. India is well placed now to develop a uniquely Indian set of health sector reforms to enable the health system in meeting the increasing expectations of its users and staff. Managerial challenges are many to ensure availability, access, affordability and equity in delivering health services to meet the community needs efficiently and effectively. Building Health Systems that are responsive to community needs, particularly for the poor, requires politically difficult and administratively demanding choices.

Development plans for India’s health care systems need to place greater emphasis on public health education and prevention. The wide dissemination of health and nutrition related information through traditional channels should be supplemented by an ambitious and persistent programme of public health education through the print, television, radio and electronic media. It is here that health promotion through a settings based approach in educational institutions is particularly important. The authorities to be need to understand and appreciate the changing concepts in health, particularly campus health and need to allocate resources for addressing the health concerns of our future citizens.

In order to maintain a healthy citizenry, the government could adopt a two-tier approach. At one level, the government has to step in to fulfill its traditional role of supplying public goods like clean drinking water, sanitation, nutrition and environmental protection. At the other level, the government should facilitate private intervention by giving incentives to the enterprises that promote health care. The government could provide direct subsidies to these companies or indirect subsidies in the form of tax exemptions.
Section 17 of the Income Tax Act provides exemption for medical expenses up to Rs. 15,000 for employees (Report of the National Commission on Macroeconomics and Health, Ministry of Health and Family Welfare and Ministry of Finance, Government of India, 2005). This could be amended to include the whole range of health care measures – health checkups as well as expenses incurred in follow-up to these check-ups, i.e. lifestyle changes, stress-relieving techniques and counseling, gym, etc. The government needs to recognize preventive health care as an investment expenditure rather than as consumption expenditure. Income Tax exemption under section 80-D of the Income Tax Act is provided for insurance premium. Here too, provision for a similar exemption could be made for preventive health care measures.

Given the ageing problem faced by the industrialized countries, India has a competitive advantage in terms of their young, skilled and English-speaking labour force. But, in order to maintain that advantage, there has to be a public-private partnership since health matters cannot be left to the concern of health care providers alone. The way forward is to forge mutually beneficial partnerships between the private sector, the government and the health care providers. Rising expectations of a wealthier and well-informed society coupled with escalating health care demand necessitates the formulation of new mechanisms to make the health care industry a propeller of economic growth.

With a view to take optimal advantage of demographic dividends and knowledge as a source of growth, it is essential to improve quality of human resources. For enhancing quality of human resources through health sector, the researcher proposes the following recommendations:

1. Very meager funds are allocated to health sector in India. It is recommended that level of public expenditure on health in India should be enhanced considerably. Most of the policy documents including National Health Policy, 2002; and the National Rural Health Mission (2005-2012) have recommended to increase health expenditure to around 6 per cent of GDP (Choudhury, 2006). This recommendation should be adopted with immediate effect.
2. It is recommended to reduce regional disparities in the provision of health services. With a view to ensure minimum health services across states a study undertaken by the National Commission on Macroeconomics and Health, Ministry of Health and Family Welfare, Government of India (Rao, et al., 2005) has recommended expenditure on basic health services State wise. Poor and backward states lagging behind need quantum jump in the level of funding of health services.

3. With a view to reduce rural-urban divide in the provision of health services, the government of India has launched a programme known as National Rural Health Mission (NRHM). The pace of implementation of the Mission is very slow. It is suggested that the implementation of this mission should be speeded up so that the access to health services by the rural people in general and poor in particular gets improved.

4. For improving the quality of health services the government on priority basis should fill all the vacant posts of medical personnel particularly doctors and nurses, improve the quality of infrastructure and availability of medicines.

5. Improving support services should form an important agenda for improving healthcare delivery.

6. Private sector has emerged as the major provider of health services in India. With a view to control private sector on account of price, quality of services, unethical practices, it is recommended to evolve an effective regulatory mechanism.

7. A balanced strategy of allocating resources between economic and social sectors is a very essential policy decision for a developing country like India. Assigning adequate priority to social sectors has also become non-negotiable in the light of knowledge emerging as a new found source of economic growth and also reaping the benefits of ‘demographic dividends’ which India has in form of a largest number of population in the working age group (15 to 64 years) (Ghuman B. S. & Akshat Mehta, 2009).
8. Health concerns can hamper the prosperity of a country if timely action is not taken, and thus the need for effective health care systems. This is not surprising given that more than four fifths of the parameters in the Human Development Index relate to health care (Ray R, 1961). India is home to 16 per cent of the world population and 21 per cent of the world’s diseases (Abegunde, D. and A. Stanciole 2006). However, the health care facilities remain grossly inadequate with a doctor to thousand population ratio of only 0.5 and just one bed per thousand population. This is very low compared to the figures for other developing and emerging economies of a doctor to thousand populations of 1.5 and 4.3 beds per thousand populations (FICCI Report, 2002). Thus, there is an urgent need to address this dismal situation of inadequate access to health care facilities. It is not only that India spends very low proportion of its GDP on public health services, another problem is the wide ranging regional variations in expenditure on public health services is also reported.

Thus the key words could be summarized as:

3 A: Availability, Accessibility and Affordability

3 E: Equity, Efficiency and Effectiveness

Recommendations to address campus health issues:

1. It is important to understand and therefore develop a commitment to the settings-based approach, with its emphasis on organizational development and structural changes for health. More time needs to be devoted to developing and communicating the concept of settings for health promotion especially in the early stages of the project.

2. Each of the four strategically different approaches to health education and health promotion (as proposed by Beattie) may be translated into action at different levels within the College environment. This framework can be used to explore and implement an approach to health education and health promotion practices.
3. Since, higher educational institutions, especially universities are large organizations with a number of disparate cultures and subcultures, it is important to have proper structures and processes laid down. A very vital component herein is the selection and retention of dedicated manpower. Hence, a project team with dedicated time and resources is critical.

4. The flow of communication and the exercise of power are fundamental determinants and reflectors of organizational culture. Hence, one needs to understand the higher educational institution’s communication and power structures for effective implementation of the health promoting project.

5. The choice and handling of focus issues benefits from a better understanding of the University’s culture. This facilitates the anticipation of points of resistance and better management of any resulting conflicts arising from differences in values and priorities.

6. It is important to desist from the pressure to develop high-profile, opportunistic interventions as it may divert time and resources from the process of securing a commitment to organizational change, reiterating the importance of first incorporating organizational change before undertaking or seeking to undertake fanciful interventions.

7. Organizational development for health is almost always a highly contested matter, sometimes ethically controversial and sometimes politically explosive or divisive. Hence, they have to be addressed with due sensitivity and necessary judicious restraint.

8. Any new project can be viewed as a discrete and self-contained entity – something that is added on to, rather than serving as a tool for harnessing, integrating and, where appropriate, reorienting mainstream organizational initiatives and processes. Hence, it is important to understand and develop an integrative rather than an additive approach.
9. Students can be gainfully involved as health activists. They bring fresh ideas and enthusiasm every year and they may be able to reach people and places where others can less easily go. But as a pedagogy, it may be challenging to sustain and support this army of health activists as it makes great demands on student time and energy. Further, students have limited authority when it involves changing institutional policies e.g. those on making campus tobacco free or policies for student accommodation or providing facilities for handicapped students.

10. The main vehicle for exploring and implementing action for health on campus can be by way of project work assigned to students. This project work can be given as ‘electives’ to the mainstream curriculum.

11. One must keep in mind sensitivity to the social ethics of intervention in the name of health promotion.

12. It is important to lay down practical time scale guidelines for the development of the initial idea and for the process of integrating a health promotion agenda into both the culture and the organizational structure of the University. Setting unrealistic time guidelines based on the theory of the settings based approach vis-a-vis its practical implementation which necessitates showing tangible outcomes to argue for continuity and therefore continued funding, can be contributory to the premature shelving of the project.

13. Predictions regarding health promoting campus project can go haywire because each successive cycle of action is shaped by numerous factors. Hence, a periodic review and ongoing systemic audit is recommended.
Recommendations derived on the basis of findings specific to the present study:

a. Considering the nascent nature of the Health Promoting University project globally, especially in India and the diversity of healthcare systems operational on campus of educational institutions, it is recommended to draw up a consensus on the concept of ‘health and well-being’ and campus health, standards / indicators of what would constitute a healthy college / healthy university, recommendations and guidelines to implement health promotive initiatives, monitoring mechanisms and evolution strategies, including feedback.

b. It is recommended to compile case studies and information about existing good practices which would enable institutions to replicate and implement new policies and practices in relation to health and well-being.

c. One needs to further document the link between effective approaches to improving the health and well-being of learners and its impact upon recruitment, academic achievement and student retention. This would enable and motivate institutions to establish guidelines and performance markers and to measure the impact of their policies and practices. This would facilitate “selling” concept of a health promoting institution to higher educational institutions, given their priorities and constraints.

d. It is recommended that a checklist or standard relating to the health and well-being of their learners is produced and circulated to colleges so that they can undertake a cost and administratively effective audit. This will enable colleges to both highlight good practice where it exists; to identify any gaps in policies and provision; and to plan and implement action where required.

e. Using knowledge gained on the basis of National &International models (on the basis of ACHA NCHA studies and Kirklees Healthy College Standard), it is recommended to evolve a healthy college model suited to the Indian scenario.