Government of Punjab
Department of Medical Education and Research
Dated : August 8, 2005.

To

1. The Chief Secretary to Government, Punjab
2. Secretary, Department of Planning, Punjab
3. Director Research and Medical Education

Subject : Punjab Human Development Report 2004 – Issues regarding Medical Education & Research

Kindly refer to the subject cited above. As desired, a critique has been attempted as below. The last part thereof mentions grey areas in the Report, on which further research and study is required.

Punjab Human Development Report 2004 looks into health profile of Punjab, specific health problems of vulnerable groups like infants, women, girl child and the poor, and various health providers. It also studies the abilities of various health providers to dispense health care. It recognizes the States responsibility to protect citizens from pre-mature mortality and illness and lists various initiatives taken including India's commitments to the Alma-ata declaration 1978, which aims at 'Health for all by 2000' through primary health care concept.

The report studies various health indicators to under stand the present health profile of Punjab. Some important findings of the report are:

Punjab has the one of the highest per capita income in India, being at No. 4 and also has the lowest income poverty rate of only 6%. Despite this infant motility rates (IMR) for the year 2000 was 52 per thousand live births. Life expectancy at birth for 1996 was 67.4 years. In these two crucial parameters of human development, Punjab is for below Kerala which has impressive IMR of just 14 death per thousand live birth in 1999. Similarly life expectancy of Kerala stand at 73.1 years, nearly 6 more year than Punjab, despite Punjab being more prosperous States.

In 1992-96, again it finds higher life expectancy in Punjab for female (68.6 years) compared to males (66.4 years). This is because biologically healthier and sturdy females normally out live men on an average by 5 years. Life expectancy in Urban Punjab (70.4 years) is again higher then life expectancy in rural areas, which is 66.7 years. This difference becomes even more when comparisons are drawn between regions and districts. Again life expectancy in comparatively progressive district like Jalandhar, Nawanshaher was lower as compared to their poorer counter parts. This could be due to large scales emigration of health population overseas from these areas.

Report considers infant mortality and child mortality among under 5 years of age children as most telling indicators of health services, health awareness and good health practices. In 1998, IMR in Rural areas (54) was much higher then in urban areas (38). Again female IMR was much higher then males in rural areas but was equal in urban areas. Although biologically the ability of girl child to survive first 5 years is much stronger than males, higher female IMR indicate gender bias and discrimination against girl child especially in rural areas where there is a craze for male child. The significantly lower IMR in Kerala indicates the availability of better child care services as most of the cases of infant mortality today are easily preventable through intervention live immunization which can prevent diseases like measles, diptheria, tetanus, polio, and pertussis. Again 57 % of infant deaths in Punjab occur within first 28 days of birth, which is less then national figures (65%). Proportion of neonatal deaths to total infant death is much higher in rural Punjab than in urban area, this is due to less availability of maternal and child health care services in the rural areas.

Sample Registration scheme (SRS) estimate in 1996 revealed that Neonatal death (26) in Punjab contributed half of all infant deaths (51). There is urgent need of prevention of neonatal deaths, which are related to natal care, type and quality of care during delivery, and post natal care for mother and infants. While child mortality in all regions of Punjab is lower than national rates, female child mortality is much higher then males. Although this phenomena is prevalent all over India, the differential is 41% higher for Punjab and 45% in higher in rural areas. The important reason for this is indicated in discrimination in nutrition, health care and medication. There is urgent need for legal, administrative, medical and political measures to rectify this trend.

Death rates represent a very basic indicator of health and are important when other indicators of morbidity, or disease are not available. Age groups below 1 year and above 70 years contribute the largest proportion of death in Punjab. Deaths in above 70 years are influence by normal aging process. But deaths under 5 years contribute almost half of all deaths under 50 years which is an alarming trend. Clearly more efforts need to be made by Punjab Health System to overcome the challenge of infant and child mortality.

There has been drastic decline in mortality rates in females in fertile age groups (15 to 45 years) this reduction in female mortality indicates increasing health cover during pregnancy, delivery and better delivery practices. Total fertility rate (TFR) declined to 2.7 in 1997 there has been marked declined in TFR from 1993 to 1997. This is due to better awareness and expectance of small family norms. Again SRS for 1997 showed a birth rate of 23.4, which was below national average of 26.1.

Challenges for curative health:

The reports emphasizes economic and productive merit of healthy population and how prevention of diseases is far less costly then cure. Thus investments in health are investments in economy. In Punjab, the percentage of GDP spent on health services is inadequate. Person ailing per one thousand population (PAP) figures reveal that the levels of illness is third highest for Punjab in India.

Disease profile of Punjab:

Disease surveys indicate that while Punjab is one of India's most progressive states, mortality rates are high, particularly among schedule caste, landless and labours who live in poverty and squalor. This is related to poor sanitation, low level of nutrition and poor resistance, which in turn leads to higher incidence of communicable water borne diseases. T.B. is another major health problem in the State. One of the reasons for its spread is migratory labour coming in from other states. Malaria is another public health issue due to water logging in field, poor sanitation in towns and slums. Malaria seems to be declining in Punjab over the years. Data for other diseases is not available. Main diseases among out door patients in 1999 were diseases of respiratory, nervous, digestive system, infection and parasitic diseases. Diseases among indoor patients were injury and poisoning, complication of pregnancy, child birth and purperium, diseases of Genitourinary, respiratory, digestive, circulatory and nervous systems, sense organs, infection and parasitic diseases. Highest deaths occurred due to circulatory diseases, injury and poisoning, infections and parasitic diseases, and diseases of respiratory systems. Other diseases include diseases related to urbanization and affluence or behavourable diseases. These include cardiac problems, diabetes, obesity and cancers. There is litter information available on prevalence of such diseases.

Incident of mental disorders is rising in Punjab. However little is being done to prevent occurrence and it is still not considered a public health issue. This is due to wrong beliefs. According to W.H.O. estimates, psychiatrists to patient ratio is alarmingly low being 1: 25,00,000 in India. Situation in Punjab is no better. Still there is great reliance on traditional practitioners, soothsayers, faith healers, priests and fortunetellers. This seriously affects attempts to estimate the magnitude of mental health problems. Affordability and accessibility of mental health care services are of primary importance. Most Govt. hospitals lack qualified psychiatric. Since private care is expensive there is need for mental health services under primary care system that are accessible and affordable. In State run institutions, there is lack of facilities, no proper diet or medical assistance. The Staff is untrained and insensitive to the needs of patients. Voluntary sector efforts are almost nil in Punjab and there is need to find a partner in non-Govt. sector for better delivery of mental heath services.

The problems of physically challenged are serious challenges to the health systems. There are a number of NGO's working in this sector but there is need to create supports structure

that will help disabled live like normal citizen. There is need for attitudinal change towards them.

Incidence of Alcoholism and drug abuse has increased in recent time leading to a number of social and economic problems. This is due to weakening of family structure and large scale unemployment, peer pressure among teenagers and their curiosity and the belief that they can leave it when they want. High-risk groups include women, prostitute, street children, unemployed, youth workers and agricultural labourers. Most commonly used drugs include tobacco, crude alcohol, brown sugar, heroin, paint thinner, cocaine, cough syrups and also shoe polish. Still there is little data available on extent and form of drug abuse in Punjab. The problem is particularly arising in areas adjacent to Pakistan. This is due to easy availability of these drugs. In the absence of proper policing and implementation measures, vigorous anti drug efforts must be deployed by Govt. and NGO's. A fruitful partnership between NGO's and Govt. can provide good result in curbing drug abuse. There is also need to raise levels of public awareness regarding long term consequences of drug abuse. Here the role of media is crucial to change society's attitude towards drug addicts. Lack of family and community support leads to failure of rehabilitation measures and high relapse rates. Govt. commitment and political will is needed for intervention in this area. There is need to place drug abuse higher on Govt. agenda and sensitization of key individuals in the policy making process. Organized efforts need to be made to break the politician- police nexus to curb drug abuse, as the trade in drug involves huge financial gains.

Nutritional Status of Children is another area of concern as 74.8 percent children suffer from some form of Anemia . 42 percent women were anemic despite availability of foods, vegetables and milk, not being a problem in Punjab. Such a high level of anemia could only be attributed to combination of lack of proper diet of children and inability of some sections of society to provide a balance diet.

Provision of Health Care Services:

Health services are provided by the State through health centers and hospitals, as well by private sector through clinics and nursing homes. In recent years private sector has become a major providers, be it out patient or institutionalized treatment. National sample survey shows that only 7% OPD patients visited Govt. facilities in rural areas and only 6% visited a Govt. facility in urban Punjab. For hospitalization Govt. facilities were more popular. 39% in rural area and 28 % in urban went to a Govt. facility for hospitalization. Still all the remaining 61% in rural and 72% in urban area preferred private care. This abysmally low use of public health care services is attributed to lack of trust in Govt. services, poor availability and accessibility, inconsistency of service, unresponsiveness of staff and lack of empathy. There is need to review and restructure Public health care delivery system, its management and funding patterns. There is massive wastage of public resources which otherwise are already scarce. This is despite good record of health institution. Average population covered by any medical education is 10,000 and population served per bed is

1000.00, average radius of catchments area is only 2.68 KM. There is on an average one doctor for 1500 people and 1 midwife for 1000 population. Urban areas have fewer medical institutions but make up with large hospital with more health providers.

Private health services and infrastructure:

Private medical care is the chief medical care health providers and covers 90% case of non-hospital care and over 2/3 of hospitalize care. In many cases, private sector does not adhere to regulations, is costly and often a hindrance in making health care accessible to all. Despite regulations, female foeticide facilities are available in small nursing home and private practitioners do not hesitate to carry out sex determination test due to big financial gains. It is often argued that private medical aids needs to be expensive to guarantee quality care and reduce pressure of rich consumer on Govt. facilities. Although there is merit in this argument, it reduces accessibility and completely unregulated medical care causes all types of problems. Despite high cost, even poor consumers are turning to private health services providers. This fact of reveals the lack of trust and break down of public health care system. For this to happen there is need for provisions for public representatives and people groups to play an active role in management and administration of health institutions. Like they could be made members of grievances committees of the hospitals.

Health services for women and children:

Reproductive and child health: There is 3 type of care for pregnant and young mothers i.e. prenatal, during delivery and postnatal care. NSS shows 60% pregnant women in urban areas and 55% in rural availed prenatal services. Statistics for care during delivery during 1995-96 show that Govt. doctors attended only 6% births, Govt. nurses and midwifes another 9.5% and private doctors attended 15.6% births. A big majority 62.9% births were attended by Dais. The acceptance of village Dai is very high in Punjab compared to national average of 18.9%. This highlights the trust that has been built around the village Dais.

NFHS survey 1998-99 shows that target of immunization of Punjab have been met and even exceeded but survey show that only 72% children are fully immunized and 9% did not get any immunization cover at all. There has been overall improvement in coverage. Even level of awareness among mothers regarding immunization is very high and immunization of children has become a felt need now. Survey in 1990 for child care services show that 64% boys and 62% girls were registered with pediatricians in rural areas and it was 52%for boys and 55 % were girls in urban areas.

Public health issues relating to health:

There has been increasing emphasis on provision of public health services related to health like adequate drinking water, clean environment adequate and nutritional foods, proper drainage and garbage disposal services. Other issues include pollution control and changes in social attitudes governing prenatal care and health practices. 89% villages have been

covered with safe drinking water supply by 2000. In urban area 47% of population has excess tap water. In rural Punjab 85.2% had water of satisfactory quality and it was 93% in urban areas. A lot more needs to be done regarding sanitation. NSS survey in 1995-96 showed 65.5% of rural household did not have sanitary latrine and 17.5 % household lack them. A lot more than need to be done this area.

Health Care:

Public Provision, finances and cost:

Expenditure on medicine and public health has shown increase in allocations over time. It has gone up to 13% in 9th plan from 7.5% in 7th plan. Actual expenditure made on health is just 0.99 % of NSDP in 1998-99.

Measure for strengthening health system in Punjab:

Need for more public investment to improve primary health care to prevent people being pushed to expensive and unregulated private services providers.

Need to focus on childcare services: - Full immunization coverage, proper delivery services, pediatric care for children must be ensured. The impressive health achievements of less prosperous state like Kerala can serve as role model for Punjab.

There is need to encourage private investment in health along with efforts to regulate private sector through development of framework of norms and standards that promote ethical medical practices.

There is need for a coordinate and multi-sectoral approach to health care delivery, which involves many dimensions and departments. In fact separate integrated public health cadre needs to be developed for implementation of various programmes.

There is need to improve institutional care in rural area which lacks infrastructure, facilities along with a acute scarcity of health providers due to their lack of interest in working in difficult areas. There should be a rational transfer policy developed with complete transparency, to overcome this problem of equitable distribution of care providers in the Govt. sector. Another alternative could be training of unregistered local practitioners by giving them basic training and registering them to work in there specific local areas. This could go a long way to full fill the need for the basic health care in rural and difficult areas. Moreover primary health care encompasses only a very small element of curative care.

Effective monitoring of health care delivery system is required. There is need to improve utilization, accountability and quality of services through development of a good Health Management Information system to serve as a reliable back up data resource.

Need for involvement of health management experts for running of health delivery system in a more professional way to ensure primary health care reaches the most remote and deprived groups.

A minimum of 8% of state budget should be spent on health care within next 3-4 years to make up for the deficiencies in the past in the system.

Health Agenda for Human Development:

Greater financial allocations should be made for health. Public private partnership in health should be encouraged and promoted actively to reduce state financial liability on health.

Focus on reduction of Infant and Child mortality.

Improved inter-sectoral coordination between health related agencies. Development of a specific public health cadre for implementation of national health programmes should be looked into.

Improve institutional care in rural areas by encouraging private sector to meet growing demands. There should be stress on development of systematic referral system for need based care and to reduce burden on tertiary care institutions. For this the role of primary, secondary and tertiary levels of health care should be clearly defined.

Emphasis should be laid on development of training institutes manned by capable and competent staff to provide specialize training and continuing in service training to medical and health personnel, which should be standardized. These training institutions should not be made dumping grounds for incompetent and inefficient staff. Staff should also be trained in service delivery components of care like communications skills, personal skills like courteousness, empathy, responsiveness, and consistency of service of high standards to develop the lost trust in the public health care delivery system.

To check absenteeism among doctors there is need for rational transfer policy, community participation and involvement of Panchayats to check on doctors/ paramedical staff to enforce accountability.

Ensure safe drinking water and sanitation facilities to all and to check environmental pollution.

Need for development of regulations and norms for private health sector to promote ethical practices and good quality of service and to discourage drug abuse. It should be kept in mind that Govt. involvement should be kept to a minimal level as facilitator so as not to discourage private sector participation.

Measure should be taken to correct gender bias like strict enforcement of prenatal detection test act should be done.NGO's religious bodies and other organization it should be encouraged to tackle the alarming declining in sex ratio. Women empowerment should

be encouraged which should include political participation and employment and in various programmes.

Rehabilitative support mechanism should be developed for physical and mentally challenging children so that they can become self-supportive and productive citizens.

Mechanism should be registered migrant in their host state and free them from harassment.

Medical Education / Research issues and Reforms –
Grey areas in Punjab Human Development Report

The report does not seriously touch fundamental issues relating to medical education/ research. There is need for drastic restructuring of the medical education system to meet the changing needs of the State. Certain issues relating to medical education that need to be look into are:

- Transparency and merit based admission in medical and paramedical institutions,
- Uniformity in medical curricula all over the State, particularly for paramedicals, and aligning it to community needs,
- Adherence to global standards of quality education, development of uniform and affordable fee structure.
- Measures to contain mushroom growth of medical and paramedical institutions with unqualified and inexperienced staff and non-existent or deficient infrastructure.
- Need for development of regulations and meticulous enforcement thereof to maintain quality standards in private medical institutions.
- Need to identify community requirement for doctors and health personnel from various specialties
- Adherence to academic and experience credentials of doctors and development of best practices for medical and surgical intervention.
- Need to supplement competent and capable faculty, which is scarce commodity in most of the state and private institutions.
- Rationalisation of remuneration of government medical faculty to reduce flight of faculty from government institutions.
- Focus on developing manpower in public health and health management, which are otherwise considered unpopular specialties being non-clinical subject.
- Development of an effective health management information system and to study various health needs to continuously monitor and update on going medical education activities.

- Incentives to doctors to attend continuing medical education seminars, trainings and conferences. These are essential to update the faculty about the continually changing trends in medicine.
- Aligning the community health needs for specialist to the post graduation admission process, so that more people are admitted to specialties which though unpopular among doctors are much needed to fulfill community needs.
- Development of best practice based on affordable and cost effective interventions for most medical and surgical procedures.
- Need for more research leading to public health issues, improving performance and performance appraisal of health staff, cost and quality of health care intervention based on professional management techniques.
- Teaching and training should rely on promotive and preventive interventions rather than glamorizing curative procedures.
- A rational transfer policy with greater transparency should be developed for the faculty in the State medical Colleges to remove faculty imbalance in various State Medical Colleges.
- Setting up independent and functionally autonomous Societies run government institutions
- The Baba Farid University of Health Sciences should have a medical college attached and controlled by it. University should be strengthened. Certain courses of allied nature like health management, occupational health, environmental health, optometry, physiotherapy etc. should be started in the University to meet the needs of the States.

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