Issues of
Creating a New Cadre of Doctors
For Rural India:

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Introduction

- **Recommended by the NRHM task force on Medical Education**
  -Proposed by the Study Group headed by GP Dutta

- **MOHFW , Medical Council India (MCI) decided to start an "updated alternate model of medical education course"**

- **The course to be named 'Bachelor's degree in Rural Health Care' (BRHC)**

- **The duration of the course would be 31/2 years+ 6 months of internship.**
- **After graduating, the candidate is expected to go back and serve the rural community**

- **Why ?**

MISSION

To mitigate the crunch of available trained health manpower

For catering to the health needs of Indian rural population

Actualization of the constitutional mandate of 'Welfare State' ;

Fulfillment of their 'Legitimate Expectations' towards 'Right to Health'

Part of entitlement to 'dignified and decent life' under Article 21 of the Constitution of India.

NEED

1. Health as a Human Right.
2. Health as a Fundamental Right.
3. ‘Health for all by 2015’ – Declaration.
4. Health for all to actualize ‘Welfare State’.
5. India a signatory to the “Millennium Development Goals”.
6. Health Care of Optimal quality as a key determinant of ‘Development’.

MANDATE

1.‘State’ duty bound for the said fulfillment.

2. Poor ‘human development index’ including poor public health indices.

3. Binding concept of ‘equity and equality’ under Constitution

4.Yet glaring ‘inequity and inequality’.

5.Doctrine of ‘Legitimacy of Expectations’.

6. Persistent neglect negating ‘human concerns’.

Health & **Health Gap**

Health is a basic need of a human being

&

Access to healthcare a basic human right.

Article 47 of the Indian Constitution enjoins the **State to improve the standard of Public Health as one of its primary duties**

General Health Status

What ?The general health status of the country

1.Below the average for developing countries.

2. Below socially acceptable levels.

-Continues to bear a disproportionate portion of the global burden of the Pre-transition communicable diseases

“Shining India”

With 17% of the global population,

Accounts for 20% of the total global disease burden,

23% of the child deaths,

20% of the maternal deaths,

30% of Tuberculosis cases,

68% of Leprosy cases,

14% of HIV infections.

(NRHM Task force Report)

Public vs Private

Public sector provides **Only**

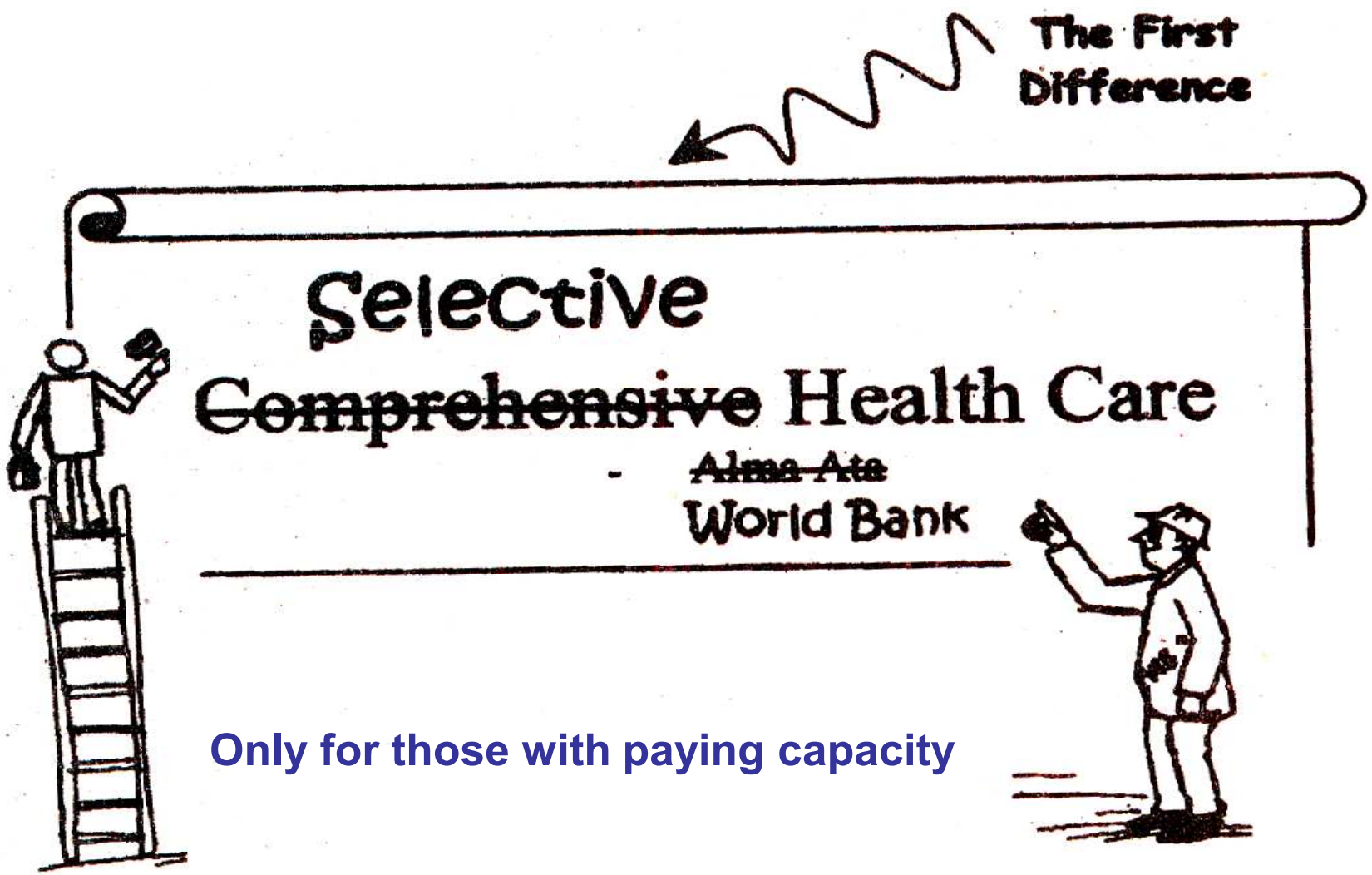
- 18% of the total outpatient care
- 44% of the inpatient care.

Private sector provides

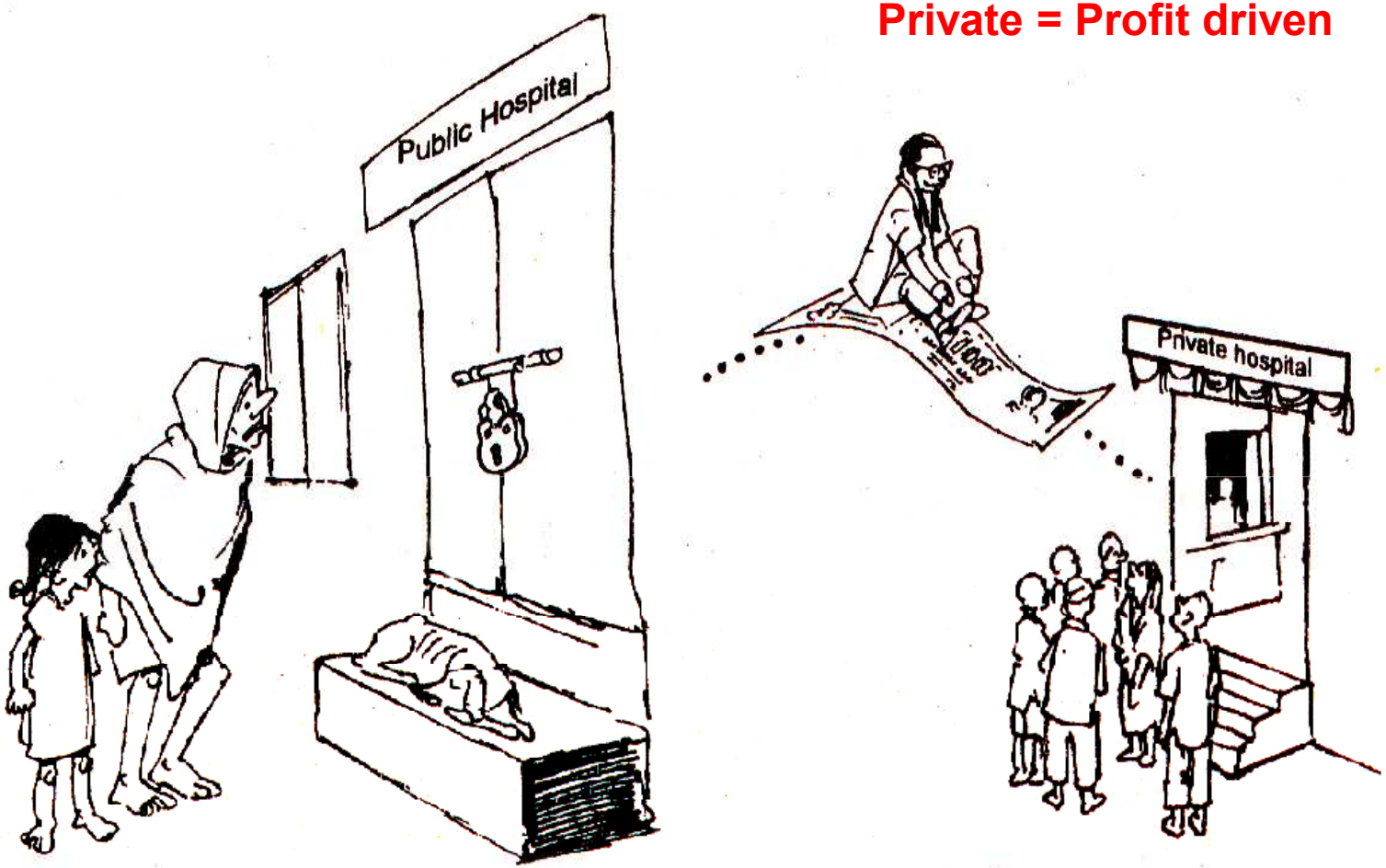
- 58% of the hospitals
- 81% of the doctors.

(Concentrated in urban /peri urban areas).

Health For All.....?



Private = Profit driven



Money follows patient

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GDP growth is not = Health

Prevalence / 1Lakh population

Disease	2000	2002	2004	2007
1.TB	24	60	110	131
2.Malaria	201	176	177	134
3.Typhoid	47	47	64	73

Source :CBHI 2009

Pre-transition communicable diseases

Indicators 1- social development ,2- Poverty, 3- sanitation

IMR – Social Indictor

Madhya Pradesh -82, Orissa -83

More than 8 times higher than that for Kerala 11.

Pronounced disparity between rural and urban areas –

Andhra Pradesh- Rural 67
Urban 33

Karnataka - Rural 61
Urban 24

Glaring in equality

State wise and region wise disparity in IMR

- Right to die in infancy

Name of state	Health standards	IMR:Total	Rural	Urban	R-U	
India		55	61	37	+24	
Kerala	Highest	13	14	10	+04	
Tamil Nad	Highest	35	38	31	+07	
Assam	Worst	66	68	41	+27	
Bihar	Worst	58	59	44	+15	
UP		69	72	51	+21	
Bengal		37	39	29	+10	

(Source :SRS Report 2007)

Why?

Why there exist disparity?

"The single most important Indicator of Political commitment to Health is

-Allocation of

Adequate resources"

- Overtime resource allocation in health steadily falling 1.3% to <0.9 % GDP.
- Hardly Met 50% Of National health programmes.
  (National Commission on Macro economics &Health 2005)
- Resource constrains- Deterioration of Public health services : Can not meet the needs

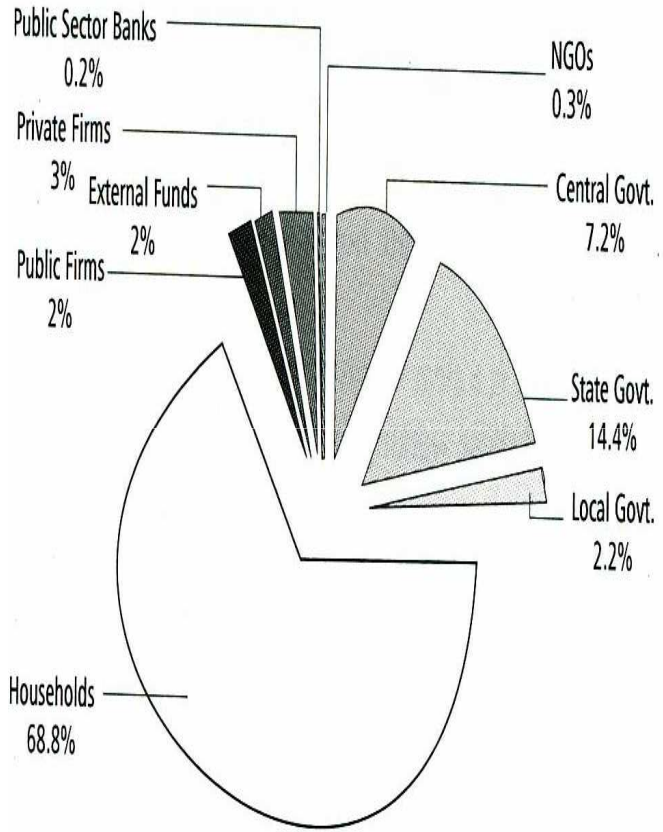
(National health Policy 2002

Resources : Money

Table 1.4: Health Spending in Select Countries

Country	Total Health Exp. as a % of GDP		Government Exp. on Health as % of Total Exp. on Health	
	2004	2005	2004	2005
USA	15.4	15.2	44.7	45.1
Germany	10.6	10.7	76.9	76.9
France	10.5	11.2	78.4	79.9
Canada	9.8	9.7	69.8	70.3
UK	8.1	8.2	86.3	87.1
Brazil	8.8	7.9	54.1	44.1
Mexico	6.5	6.4	46.4	45.5
China	4.7	4.7	38.0	38.8
Malaysia	3.8	4.2	58.8	44.8
Indonesia	2.8	2.1	34.2	16.6
Thailand	3.5	3.5	64.7	63.9
Pakistan	2.2	2.1	19.6	17.5
Sri Lanka	4.3	4.1	45.6	46.2
Bangladesh	3.1	2.8	28.1	29.1
Nepal	5.6	5.8	26.3	28.1
India	5.0	5.0	17.3	19.0

Source: *World Health Statistics, (2007 &2008), World Health Organization*



State wise Percapita health expenditure

Name of state	Health standards	House hold %	House hold Rupees	Public%	Public Rupees	
Kerala	Highest	86.3	2663	10.8	287	
Tamil Nad	Highest	60.7	1033	26.6	223	
Assam	Worst	80.8	612	17.7	162	
Bihar	Worst	90.2	420	8.3	93	
UP		84.3	846	13	128	
Bengal		78.4	1086	17.3	173	

(National health accounts India)

State wise gap

“Funneling of funds”

- 82% of Indians are residing in villages
- Even after NRHM > 2/3 funds flows to urban/ secondary care.

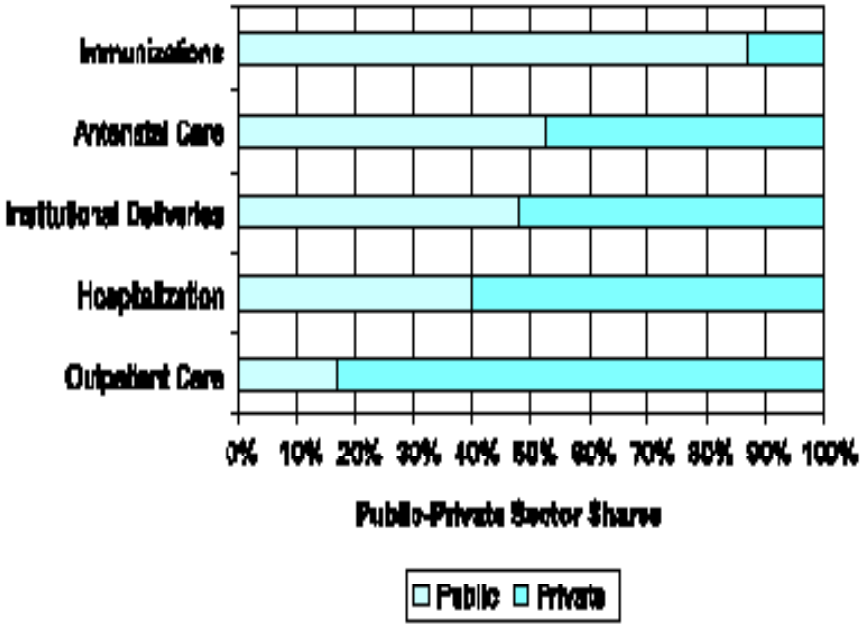
?Filtering-Urban style.

Urban Rural Gap

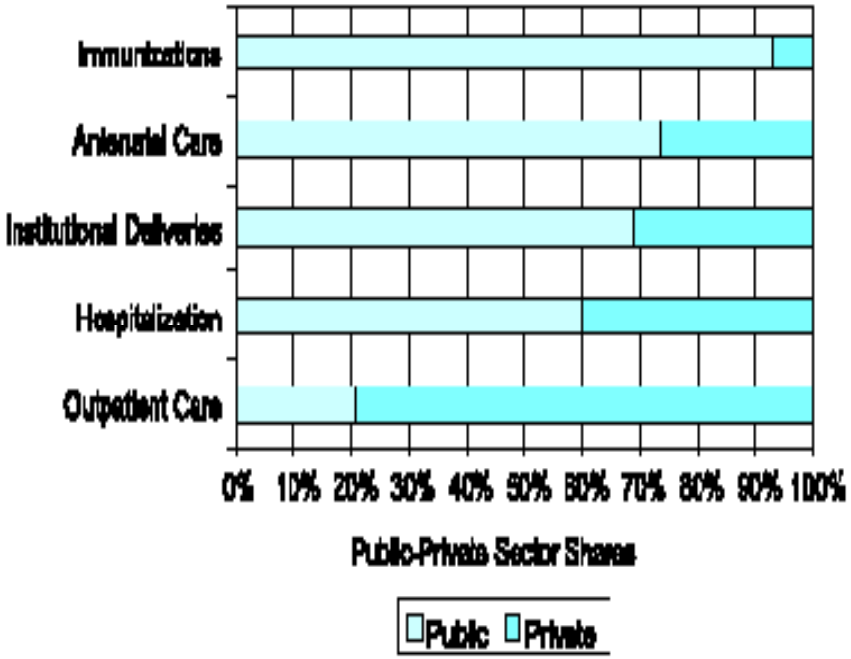
Utilization of Health Care- Public Sector

What is "**Inverse care**" Law?

APL



BPL

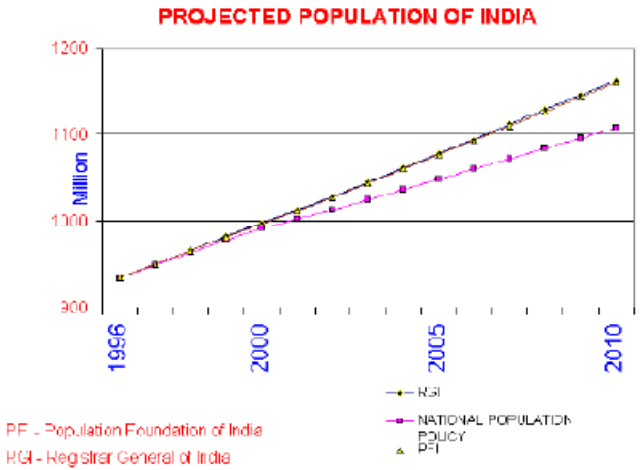


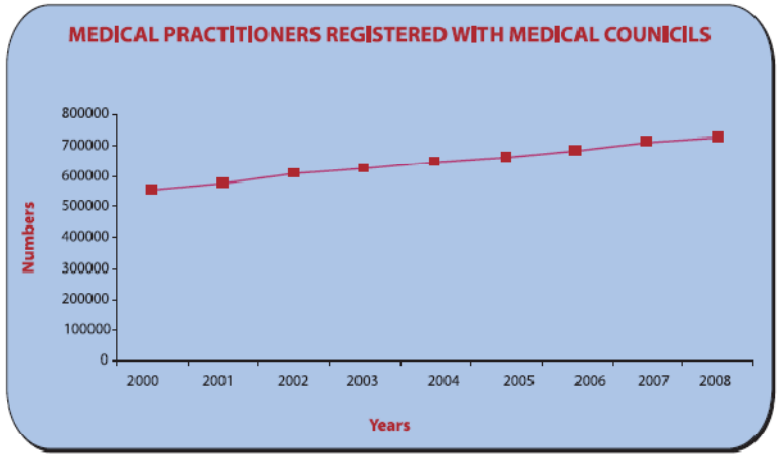
APL Vs BPL Gap/disparity Source: NSSO

Health manpower

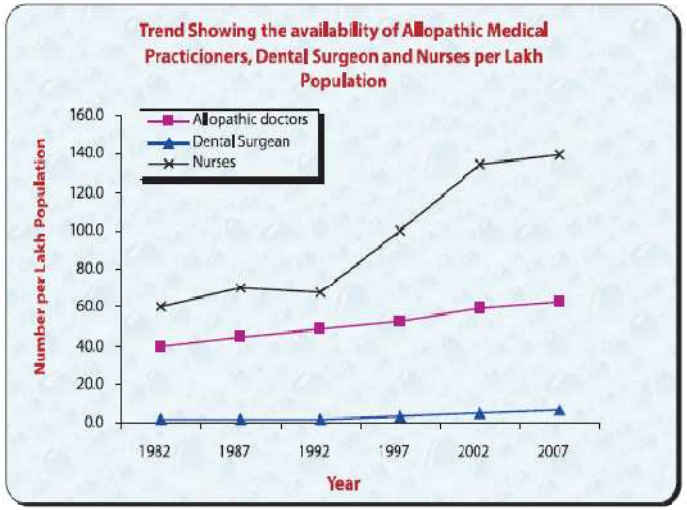
- Doctors
- Scarcity ?
  Availability/Deployment

Growth : Population VS Doctor





Source: Medical Council of India



Source: Department of AYUSH, MOHFW, GOI

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Skewed distribution…….

- The rural areas are still unable to access the services of the Doctors
- 74% of the graduate doctors live in urban areas.
- Serving only 28% of the population,
- The rural population remains largely Un served.

Govt Sector : Number not Adequate

- Total Doctors registered- 725190
- Total Doctor population ratio-1676:1.

- Total Doctors (Public) 24375
- Govt Doctor population ratio-34000:1.
  - » Source :CBHI, MCI

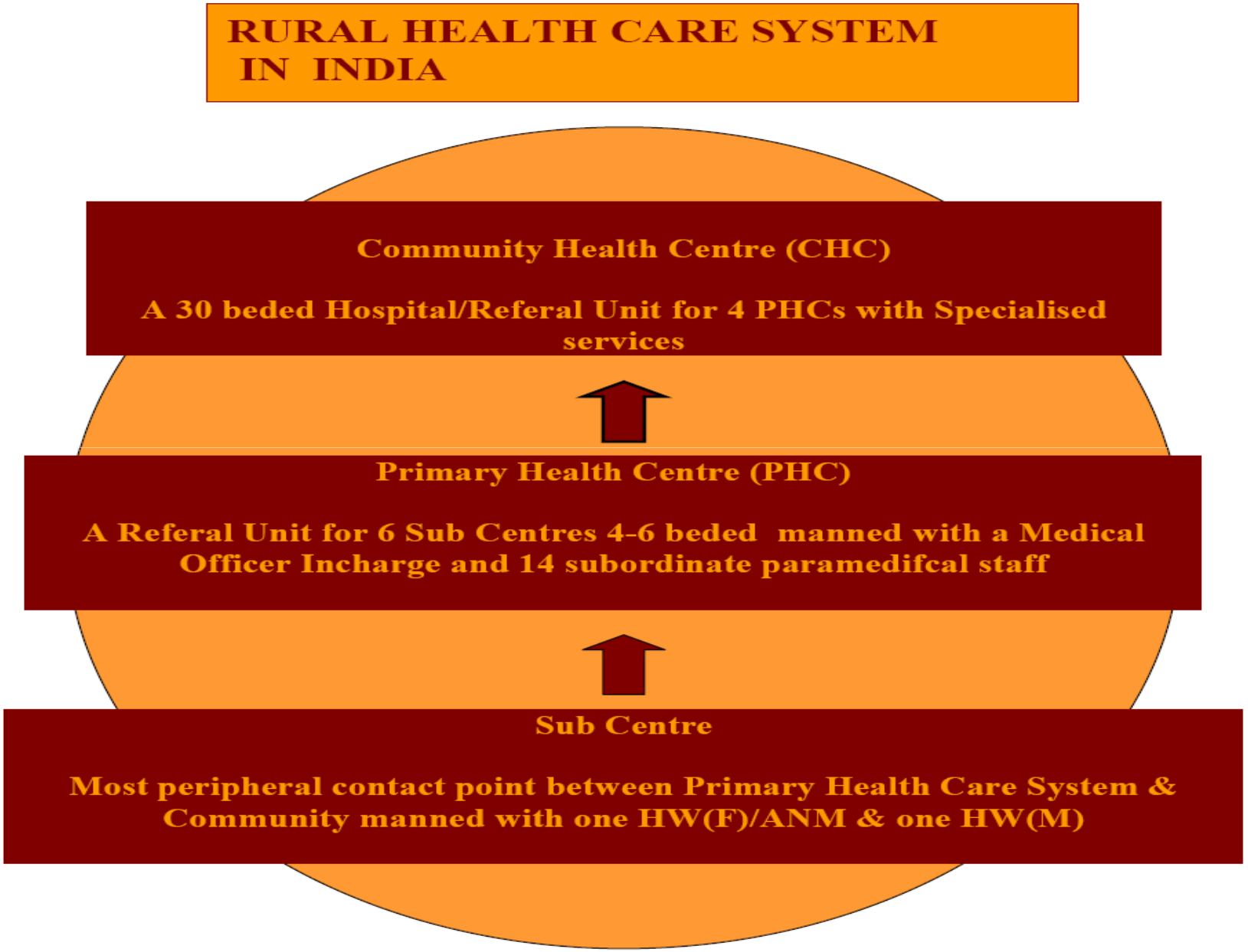
Internal +External brain drain

Govt Doctor Population ratio

Name of state	Health standards	Govt Doctor: Population *	PHC without Doctor
Kerala	Highest	10116	0
Tamil Nad	Highest	9234	0
Assam	Worst	13066	0
Bihar	Worst	23174	1243 ?
UP		23986	197
Bengal		14089	71

- Source : Bulletin of Rural health statistics 2008., CBHI 2008 .

RURAL HEALTH CARE SYSTEM IN INDIA



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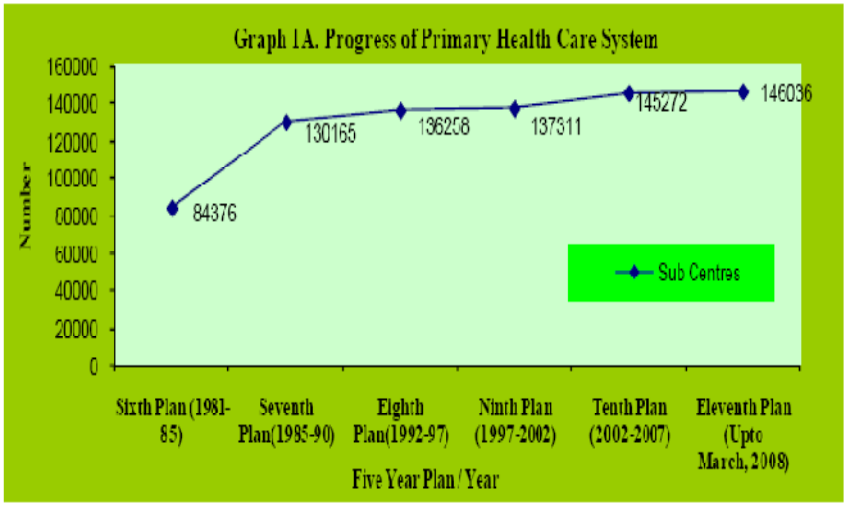
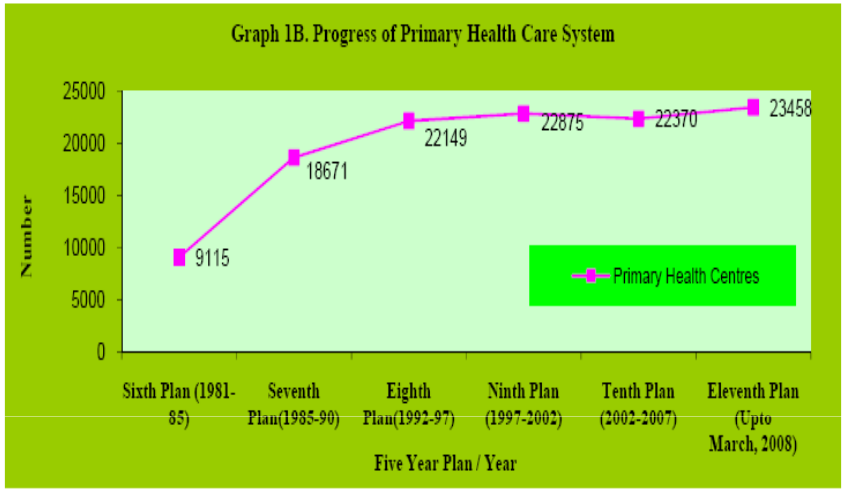
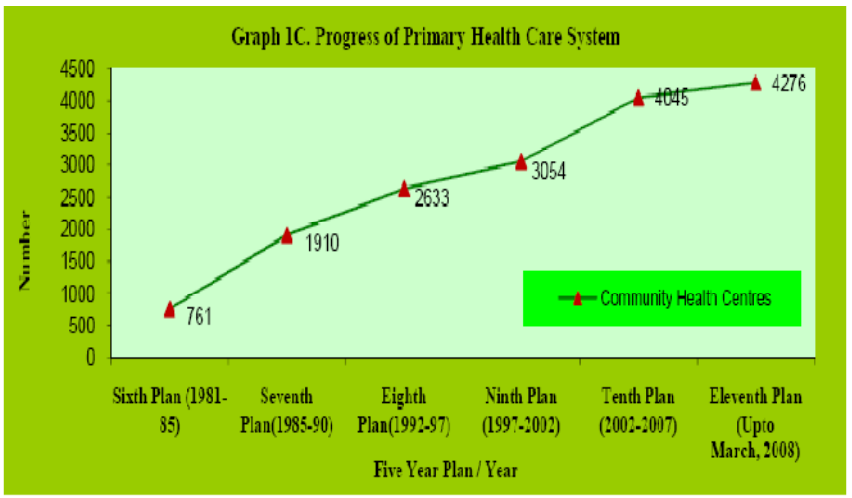






Short falls .Based on 2001 census

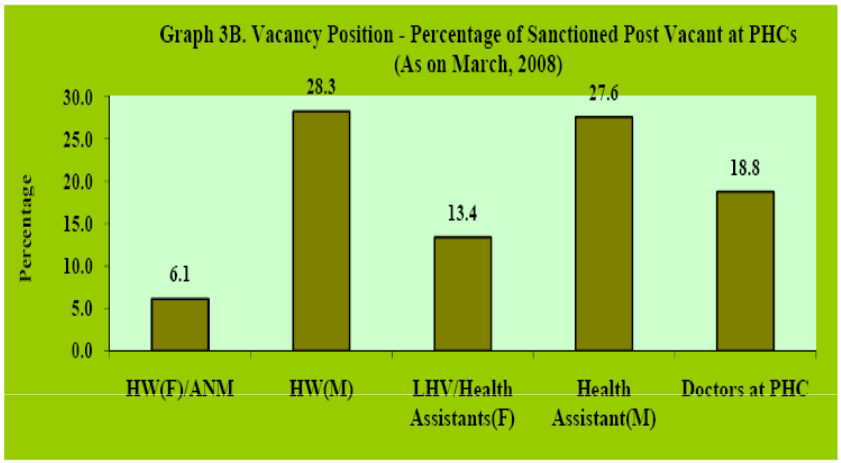
20486 Sub Centres

4477 PHCs

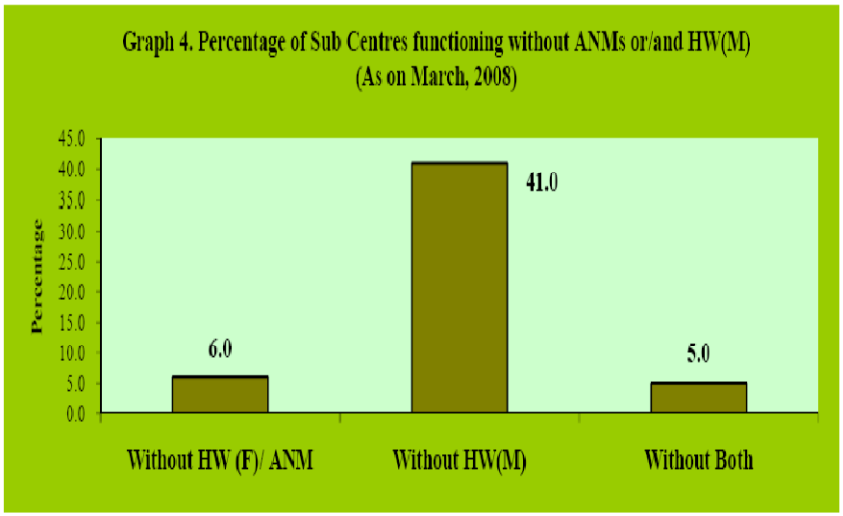
2337 CHCs

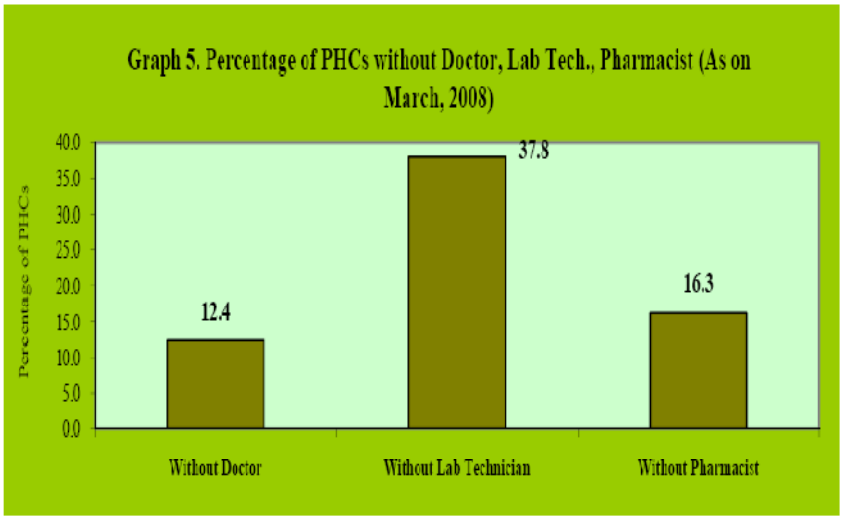
Where there is no doctor……

MO-PHC : 19%

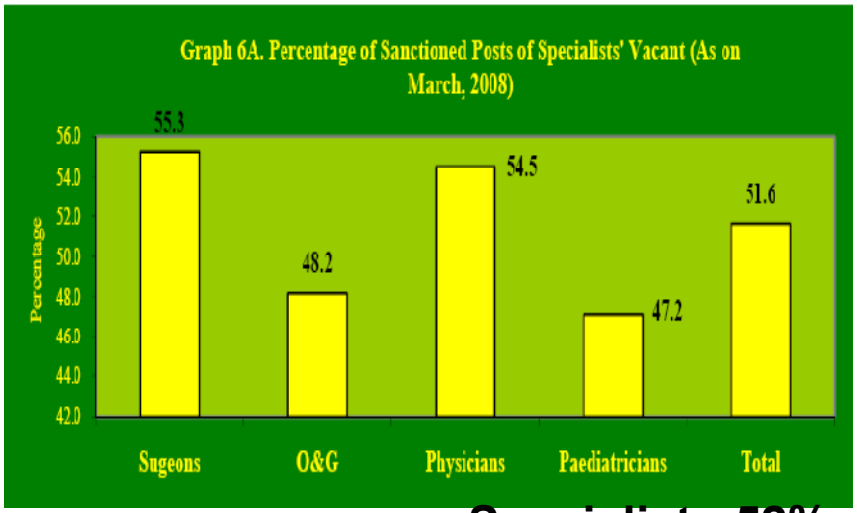


HI:41%





Lab tech:38%



Specialist : 52%

Filling the blanks…….

Contract basis

- Doctors
- CRRI
- Provides a poor quality person for these jobs, and with very short term commitments to working there.

State of "state subjects"

Male Health workers

HI,JHI

Remain unfilled

No permanent solution……

- ***Compulsion will not work :"After all, one can force a horse to the water, but one cannot make it drink**." 2010Joe Vargh ese*

Drawing picture without wall?

- Shortage of the physical infrastructure in the public health sector.

- **Community Health Centre :CHC–68%**
- **Primary Health Centre :PHC–31%**
- **Sub Centre: SC-29%.**

Short fall of infrastructure in Rural areas.

1212/23458 PHC No building

PHC Population

4	30000-40000	9	Maharashtra	30715
			Punjab	33257
			Daman & Diu	33619
			Tripura	34914
			Andhra Pradesh	35287
			Goa	35636
			Uttar Pradesh	35680
			Haryana	35784
			Madhya Pradesh	38626
5	40000-50000	1	Bihar →	45287
6	Above 50000	3	West Bengal →	62499
			Jharkhand	63491
			Delhi	118091
	All India[1]	**34**	**All India**	**31652**

1-PHC for 30000 population,
13 states it is above 40000.

The issue of health human resources in rural areas is not limited to their non-availability

- "Namukku
  Gramangalil chennu Raapaarkam……."

Why they are reluctant to go ?

Facilities At PHC (As on March 2008)

Name of state	Health standards	No motorable Road	No water supply	Without Electricity	No Telephone	No Computer
India						
Kerala	Highest	5.3	0	0	59.5	0
Tamil Nad	Highest	0	0	0	NA	0
Assam	Worst	5	0	44.4	82.3	83
Bihar	Worst	5	21.3	NA	77.6	77
Jarkhand	Worst	27	50.9	29	87.9	NA
UP		10.4	10.4	13	91.4	96
Bengal		34.6	34.6	9.8	84.6	NA

Indian Public Health Standards.....!!!!!

- Source : Bulletin of Rural health statistics 2008., CBHI 2008 .

Medical Education

- Total medical Colleges :300
- Medical seats :34000.
- Increasing day by day – Private sector

- Who cares?
- Criteria for selection?
- Govt – Only merit,
- Pvt –Only money
- Aptitude/ Attitude.

Medical Education
Not problem (need) Based

Figure 2: Mismatch between Curricular Content & Morbidity Pattern in Ambulatory Setting (OPD)

Morbidity Pattern in Ambulatory Setting	Content Coverage Faculty Perception	Topics Covered in Examination – Students' Perception
• Upper Respiratory Tract Infection	• Ischemic heart disease	• Asthma
• Skin Diseases	• Diabetes	• Malaria
• Trauma	• Hypertension	• Thyroid
• Musculo-skeletal	• Urinary Tract Infection	• Typhoid
• Anemia	• Upper Respiratory Tract Infection	• Tetanus
• Fungal	• Convulsions	• Anemia
• Epilepsy	• Low Back pain	• Renal failure
• Helminthiasis	• Vertigo	• Pericardial disease
• Hypertension		

Source :NRHM Task force

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Regional distribution of Medical Colleges

ANNEXURE - 2

States with a very large number of Medical Colleges/Seats

Name of the State	Total	Total No. of Seats
Maharashtra	39	4410
Karnataka	32	4005
Andhra Pradesh	31	3925
Tamilnadu	22	2515
Kerala	15	1650
Gujarat	13	1625
Percent	62.8 %	66.6%

6 southern states: 65%
EAG states : Only 17.5%
NE Hilly : 2.5%.
Regional imbalance=Scarcity

ANNEXURE - 3

Number of Medical Colleges in Empowered Action Group States

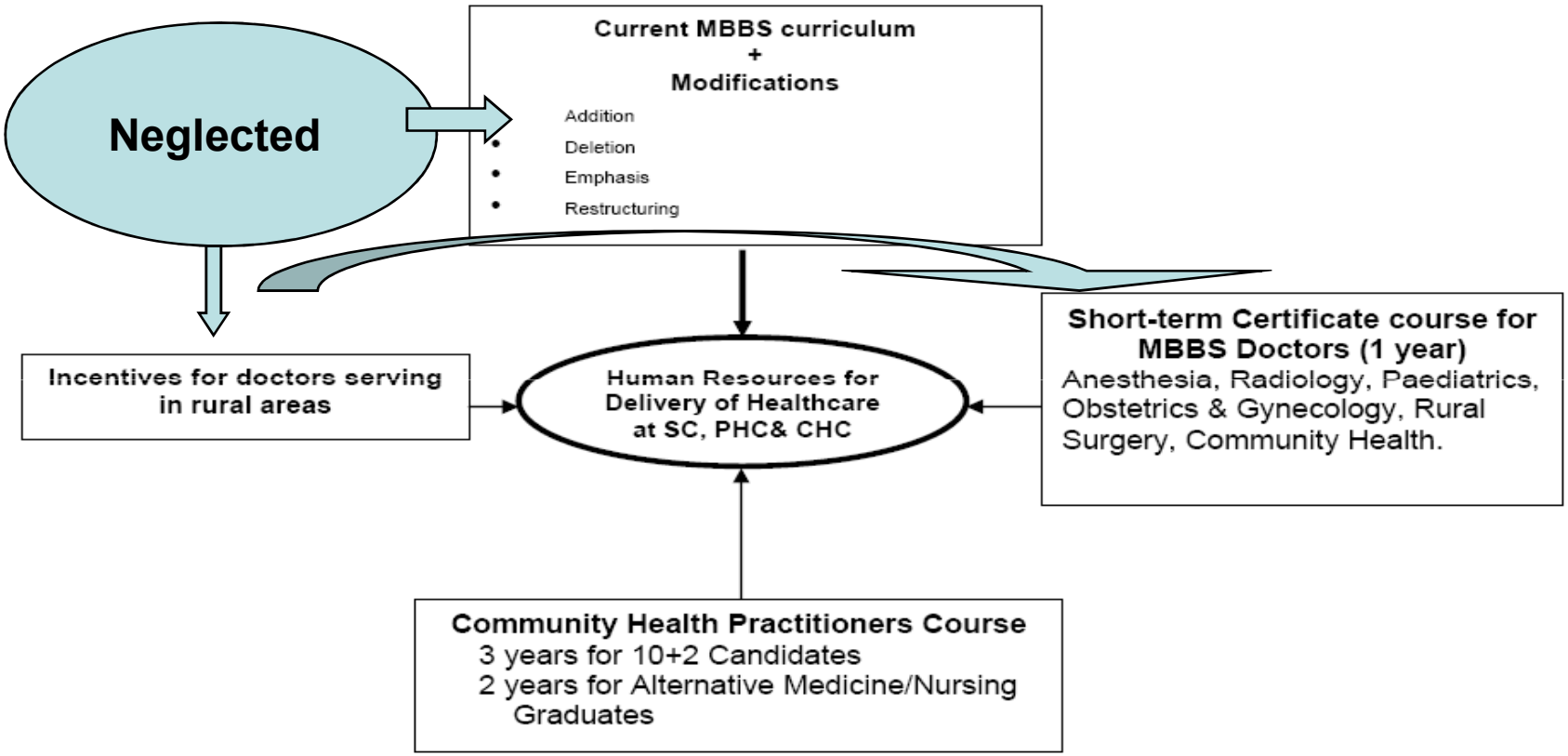
Name of the State	Total	Total No. of Seats
Uttar Pradesh	13	1412
Uttaranchal	2	200
Bihar	8	510
Jharkhand	3	190
Madhya Pradesh	8	970
Chhattisgarh	2	200
Rajasthan	8	800
Orissa	4	464
Percent	19.8%	17.5%

Number of Medical Colleges in North-Eastern/ Hilly States

Name of the State	Total	Total No. of Seats
Assam	3	391
Manipur	1	100
Sikkim	1	100
Tripura	1	100
Arunachal Pradesh	-	-
Meghalaya	-	-
Mizoram	-	-
Nagaland	-	-
Percent	2.5%	2.5%

NRHM Task force Recommendations

Figure – 5
Schematic Presentation of the Recommendations of the Task Force



Coverage all over India

Applicable to health service

Twin track health care system .
1 Superior urban .2. Sub standard rural

- **Do we need another substandard undergraduate degree to our rural population because most of our trained doctors are unwilling to serve them?**
- **Will the cadre be able to handle the population's healthcare needs?**
- **why should there be substandard care for the rural population?**
- **if candidates for the BRHC course are selected from a rural background, will they serve rural areas after qualification**?
- After 5 years ?

- One of the principles of healthcare ethics is the principle of justice
- Important expression of justice is equity .
- The provision of a primary level of care to all sections of society according to their need is crucial in achieving equity in healthcare provision.

MCI Act 1956-Section 12b: Minimum qualification for Medical practitioner - $4^{1/2}$ year+1 year internship. LMP abolished in 60's.

" The Heart of India lies in it's villages"

Mahathma Gandhi

.....Thank You