

Lok Satta

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 To: <loksatta@satyam.net.in>
 Sent: Sunday, August 29, 2004 1:13 PM
 Subject: Comments

Dear Jayaprakash,

Thanks for sharing your paper with me and congrats for putting together a whole range of issues plaguing the sector. I am sorry for the delay in sending you my response but I have been travelling quite a bit and while at Delhi, got caught up with a whole lot of things....

Based on a reading of the paper and reflecting mainly on chapter IX as requested by you, some quick comments are as under :

First of all, of the ten interventions you propose I fully agree with most, if not all...the VHGs, decentralization, institutional autonomy and user fees, focus on sanitation, ethics, medical education and Family planning. These areas need attention and focussing on them is a must. My critical comments are as under :

1. The question is HOW. I think the paper tends to simplify the issues which due to utter neglect all these years have become very complex. So it is not just a question of 950 crores but when it comes to the implementation part, several non financial barriers come up. Take for example even the issue of decentralization to PRI's which is a constitutional provision and has a legal sanction has not been implemented in a majority of states. Besides, it is not enough just to say decentralize to PRI's and believe it has no financial implications. Actual realization of this reform, which is so necessary, requires institutional capacity, financial and human resources, and a strategy to negotiate and sort out all the nitty gritty of how it will function, the reordering of the different relationships etc. (example Kerala, Karnataka). In fact there is simply no intervention which is either value free or not involving financial implications....
2. There are some recommendations I don't agree with. For example and specifically - privatization of medical education. I would urge you to study the case of AP in this regard and analyze the adverse impact it is going to have on the quality of health care in the future years. Privatization of medical education has been one disastrous development in India and the scenario that is emerging is very scary. Basically privatization is not the issue but privatization needs to be within the context of a strong regulatory framework. This is not my statement but of Adam Smith's!! Those countries that have private health care (US) also have strong institutions of governance. Canada which has private providers and public financing has over 450 laws just for health sector. We don't even have one decent one and those that are there - the MCI Act is not even enforced. I can't think of any country where the Supreme Court had to set aside a legal body like the MCI on charges of corruption and with no sense of shame among the professionals! So the lack of any mention of the need for strong regulations and institutions to enforce them in the paper is one serious lacuna. I also don't agree to the campaign mode of health care...55 years of implementing campaigns have clearly shown how limited has been their impact - China in 1950's and 60's had campaigns - but for water and sanitation, or be

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healthy...for changing behaviour etc. not for one disease or other...look at the farce of the AP RHD day they had in all hospitals yesterday. I saw it in Khammam...of the 391 patients who turned up were 350 or so with heart ailments - 98% of them had already been examined by the leading hospitals and specialists...Khammam DH is merely sending the patients back to those hospitals and given the capacity it will take a good five years or more to operate them all !!! Or take the Polio Pulse Campaign...eradicating one disease has not only cost a close 2 billion dollars but also a severe beating of primary health care, large scale demoralization and fatigue in health workers etc. so much so in some states the workers threatened to go on strike.....once, GOI had to depute the entire department at 3000 Rs. per diem and send them for 10 days to UP...and reviews show how the gains of the carefully built up momentum under the Universal Immunization Program has had a setback. Donors will not agree nor will the elite groups like Rotarians as their money and prestige is at stake and they have the ears of our policy makersthis is therefore a holy cow none can question.....and voices of concern are hushed up. It does not mean that PPI is bad or good....it is just the weighing of options and the benefits with costs. We are now in a trap and we cannot get out of it now and have to go through this pain for another couple of years.... but what a price the Indians have paid. all for just one disease which is not even virulent or devastating like small pox was or yellow fever could be! And knowing as I do the politics of Polio campaign..I feel even more saddened...

I will try to meet you tomorrow but I have two very very important issues to sort out ...that is why I postponed my departure to tomorrow evening. If I cant finish my work tomorrow we will meet next time I come or when you come to Delhi. Health needs to be debated widely, critically and on evidence and not perception...this is why I consider your paper and your efforts valuable. This is what we are working towards in the Commission ...placing evidence on the table so policy interventions are based on that and not on perceptions alone.

With kind regards,

Sujatha