

IMPROVING ACCESS OF HEALTH CARE SYSTEMS



BY POOR PEOPLE



IN THE STATE OF RAJASTHAN, INDIA.



Rajasthan is a provincial state of India which is a developing country. The local government of Rajasthan state is facing a severe problem of shortage of public sector medical doctors to ensure better access of health care services by its people especially for those inhabiting in deserted and difficult rural areas.

Due to all these and many other reasons as well, health officials tell that presently around 25% posts of public sector medical doctors are lying vacant.



The major health sector challenge before the government of Rajasthan is to provide affordable or free quality health care services to the people of the state near their residences without putting additional burden on tax payers and lowering out of pocket expenditure on utilization of health care services specially for poor populations which they incur on paying for medicines, investigations, transportation and hospital charges and others, more so in private sector.

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The reasons behind disinterest of medical doctors in government health services include low pay off, insufficient infrastructure for staying (Lack of power, water and sanitation facility) and education of their children, political interference of local leaders in health system activities, rules, regulations and circumstances that render health service providers easily vulnerable in cases of deaths and disabilities caused to patients.

Due to all these and many other reasons as well, health officials tell that presently around 25% posts of public sector medical doctors are lying vacant.

Every year the state government announces recruitment programmes to fill vacant posts. The doctors take part in recruitment drives but even after getting an appointment letter they either do not join the medical services or they leave the job. Overall doctor and population ratio in Rajasthan is around 1:2000 (Population as per 2011 census and number of doctors as per Registrations in Rajasthan Medical Council).



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The state government of Rajasthan is very much determined to substantially increase health financing for providing accessible quality health services at an affordable price and therefore it keeps increasing its annual health budget along with making efforts for recruitment and retention of the health workforce.

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The Budget allocation for health sector was 6.07% of gross budget for the year 2016-17 while it is 7.20% for the current year (Source; Annual Budget of Rajasthan, [www.finance.rajasthan.gov.in](http://www.finance.rajasthan.gov.in)). But this budget allocation for current year is just 0.7% of GDP which is estimated to be INR 767167 Crore (Source; <http://www.prsindia.org>).

However, despite lots of efforts of recruiting doctors and not being able to fill all the posts in public sector health facilities, the state government is in need of alternative means of health care delivery.

Government has introduced MNDY scheme in 2011 and MNJY scheme in 2013 for all and later on BSBY scheme in 2015 to provide free health services to very poor (BPL) population of the state incorporating both public and private health care facilities (Source; [www.rajswasthya.nic.in](http://www.rajswasthya.nic.in))

To provide affordable health care services and expanding the span of health care delivery up to remotest area of the state is a real challenge and in wake of shortage of doctors in public sector, shortage of infrastructure in rural area and a large number of population not well off to pay for health services from their pocket, the state government of Rajasthan should explore innovative means of health care financing to involve private sector for increasing access to quality health care for the poor people in remote areas.

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There are many private sector hospitals in Rajasthan which cater to the need of rural people in addition to public sector health facilities. These include small clinics which provide outdoor consultancy services and medium to big size hospitals which also provide indoor patient services, intensive care, specialized care and emergency care services.

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1) Making health insurance mandatory for all. The government would divide the population in to various income groups, provide subsidy on insurance fee for some and 100% cost bearing for very poor income groups.

Improving access of everyone to health care systems and achieving SDG 3, the state governments should like to mobilize private sector to provide affordable health care services to all and should seek for workable public private alliances involving health insurance companies as insurer of health care delivery for all by taking a few reformative steps-



2) Implement regulatory norms on fee structure of private sector hospitals and clinics, establish tripartite alliances with them including insurance companies to bear the cost of health care. The existing rules and regulation system should also be revamped according to need.

3) Amend existing laws to enable private sector to deal with accidental emergencies and work in a fearless environment free from political interference and frequent attacks by locals on service providers.

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4) Involve private sector to build up infrastructure in rural area for public sector health facilities by making alliance with them. One such alliance could be inviting private developers to build residential infrastructure for health workforce, which can be owned by the health worker itself or by someone else who rents this out to health workers, wherein the government shares land with the private builder to build low cost apartments in a multi-level building and receives its share out of the sales of apartments. The builder gets its fair share as it doesn't have to invest in land. Other such alliances are also possible in the areas of education, so that children of medical staff may get quality education and renewable sources of energy, so that hospitals get uninterrupted power supply. Importantly the poor people in the community will also get employment in these projects as masonry workers, fitters, helpers, and if professionally qualified people are available they can also be employed.

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5) Bringing transparency and corruption free state in procurements of medicines, equipments and health care supplies.

6) Improving salary structure, career advancement schemes and allowances for attracting more doctors to work in rural areas.

7) Improving salary, incentives and stay conditions of field health functionaries to motivate them for strengthening of rural health services

8) Mobilizing additional funds from international agencies like World Bank or IDA to meet out immediate need of extra funds for revamping the health systems.