Let's plan for national health

The health of a nation is a reflection of the health of the people. The health of a nation is a composite variety of health indicators, of which the chief are infant mortality rate, maternal mortality rate, and life expectancy. The Health of India lags behind that of many nations both developed and developing, something which the Government has been trying to improve for the last 64 years. Obviously our country needs to divert more resources to health than the amount countries ahead of us do. Yet, there is the problem that resources are limited and many other developmental works are all vying for them. The country is caught in a bind: The poor health of the people demands more resources, yet shortage of resources means that no more can be allocated to health. In this situation, the Ayurveda Yoga-Naturopathy Unani Siddha and Homoeopathy (AYUSH) health systems can certainly play an important role in providing inclusive, affordable, and accessible healthcare services to millions of people.

In the Eleventh Five Year Plan (FYP), Government spending on health was below 1% of the Gross domestic product (GDP), a figure the government admits was dismally low. This of course, should not be confused with the total health expenditure, which stands at around 4.5 to 6% of the GDP. Most expenditure on health comes from private sources, which in the year 2001 – 2002 amounted to Rs. 81,810 Crores. In the same period Government spending was Rs. 21,439 Crores.[3] Thus, private spending formed almost four fifths of the total health expenditure. As against the 1% that the government spends on health, developed countries spend as much as 10 to 16% of their GDP, most of which is from the government or sponsored plans.

The Planning Commission admits that India’s health indicators are not improving as fast as other socioeconomic indicators. Maternal mortality stands at 3.01 / 1000 as against a target of 1 / 1000, Infant mortality rate stands at 58 / 1000 against the targeted 28 / 1000. Good healthcare is perceived to be either unavailable or unaffordable. This is one of the challenges that the planning Commission hopes to address in the Twelfth FYP. One of the first proposals is to increase the allocation for health. It is proposed to allocate 2.0 to 2.5% of the GDP to health. This figure is still way behind developed countries, but represents a marked improvement over the last plan.[2]

One of the most laudable actions of the Commission has been to invite suggestions from the people for formulating the Twelfth Five Year Plan.[3] The involvement of the most important stakeholders in the planning process is something that has long been required and will hopefully make the plan more people-friendly. It is often noted that there are more ideas in people at large, than those seen in a select formal group. Opening the Twelfth Plan to suggestions and comments by the people also democratizes the process of planning.

AYUSH has conventionally been the sufferer in budgetary allocation. It usually receives less than 3% of the small health budget. It is therefore not surprising that the gap between AYUSH and modern medicine keeps widening. The presence of people like Dr. Syeda Hameed, Mr. Darshan Shankar, Dr. Ram Harsh Singh, and many other experts on various committees that interact with the Planning Commission should help magnify the focus on AYUSH. The government recognizes the need to strengthen Rural Health Services and has implemented the National Rural Health Mission (NRHM) of which AYUSH is an integral part. Other initiatives of the government like co-location and co-posting of AYUSH personnel to health centers will surely help reduce the gap between AYUSH and modern medicine.

Our country has 495 undergraduate and 106 postgraduate colleges devoted to teaching and training in AYUSH. The capacity of these institutions is annually 26,790 at the undergraduate level and 2,384 at the graduate level. We need to upgrade these colleges and institutions, ensure that there is adequate teaching staff, and modern teaching aids for the students. The level of the graduates needs to be brought on par with other graduates, and they must be made capable of handling public health challenges and medical cases that appear before them. It is not necessary that every practitioner of AYUSH attempts to treat every case before him or her, but should know which system offers the best chance for the patient in the particular circumstances. Availability of the right diagnostics and medicines is again the crucial issue.
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There is a serious lack of institutes where high quality AYUSH research is carried out. Robust documentation of AYUSH practices is much needed to build the necessary evidence base. The holistic approach in healthcare, as against the technological one is now appreciated worldwide; AYUSH needs to be supported, to utilize its intrinsic strengths in the prevention of disease and promotion of health. Yoga, dietetics, meditation, and other methods to promote health must be given importance, but it must also be recognized that people do not take efforts to practice them. Medical emergencies therefore do occur, and practitioners must be trained to manage those as well.

An offshoot of AYUSH is the large industry dealing in herbal products. This industry has made tremendous gains, while AYUSH itself has remained untouched. There is an increasing market for wellness clinics, Spas, nutraceuticals, and cosmeceuticals, all of which need governmental support in order to flourish. There needs to be an all-round process to revitalize Indian health traditions. Finally, it is important to prioritize significantly, the enhancing interdisciplinary research in biomedical, basic and clinical sciences, pharmaceutics, and appropriate technology for the AYUSH drug industry.

Practitioners of AYUSH must acknowledge that the modern medical or scientific community does not sufficiently appreciate their potential. This is not because of lack of efficacy, but because the efficacy has not been demonstrated in a scientific manner. Scientific research and clinical trials of AYUSH systems must be conducted using the appropriate research methodology and trial designs, be supported by statistics, and put before the scientific world.[4] We have a rich treasure of knowledge, and we must first ensure that it is used optimally within India, and then take it to the rest of the world.

Increased budgets, increased man power, and resources for AYUSH place a great responsibility on all of us, the proponents of integrated medicine. Some areas where we need to focus have been identified; more efforts must go into the identification and strengthening of weaknesses that have cropped up in the system. The recent J-AIM editorial suggesting an 11-point agenda for 2011, may be given due consideration.[5] We have to ensure that AYUSH delivers the service expected of it. When a significant percentage of allotted money is allocated to a project, people’s aspirations become attached to it. Any shortfall in delivery will affect AYUSH in the subsequent FYP.

Casual visits to AYUSH facilities ranging from Primary Health Centers (PHCs) to colleges reveal everything that is wrong with them. Compared to facilities available in modern hospitals and research laboratories, there is little here to evoke patients’ confidence. There is lack of both professionalism and the sense of urgency, which one associates with medical facilities. AYUSH facilities must not only be professional and efficient, but must also be seen to be so. This has to change, the people’s perception of AYUSH must change, and AYUSH must rise to new levels of respect among the people. This is the responsibility of those who believe in AYUSH, and want to see it restored to its past glory. In this context, it is important to note and appreciate a comprehensive critical review and analytical report by Ms Shailaja Chandra, former Secretary of the Department of AYUSH.[6]

The resolve of the Planning Commission to better the lot of AYUSH as a discipline and its practitioners is a welcome move. So long as our strategy is to move forward, stagnation can be avoided. The Commission makes a plan, gives guidance, and provides resources. What is needed from the side of AYUSH is affirmative action, to ensure that public funds are used in a transparent and professional manner, where stakeholders are involved in governance and implementation as well. We need both strategy and tactics to mainstream AYUSH in India, and then to take it to the world. We would thereby have mainstreamed it to one-sixth of the world’s population.

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