



## ಜನಾರೋಗ್ಯ ಅಂದೋಲನ- ಕರ್ನಾಟಕ

JANAAROGYA ANDOLANA KARNATAKA – (JAAK)

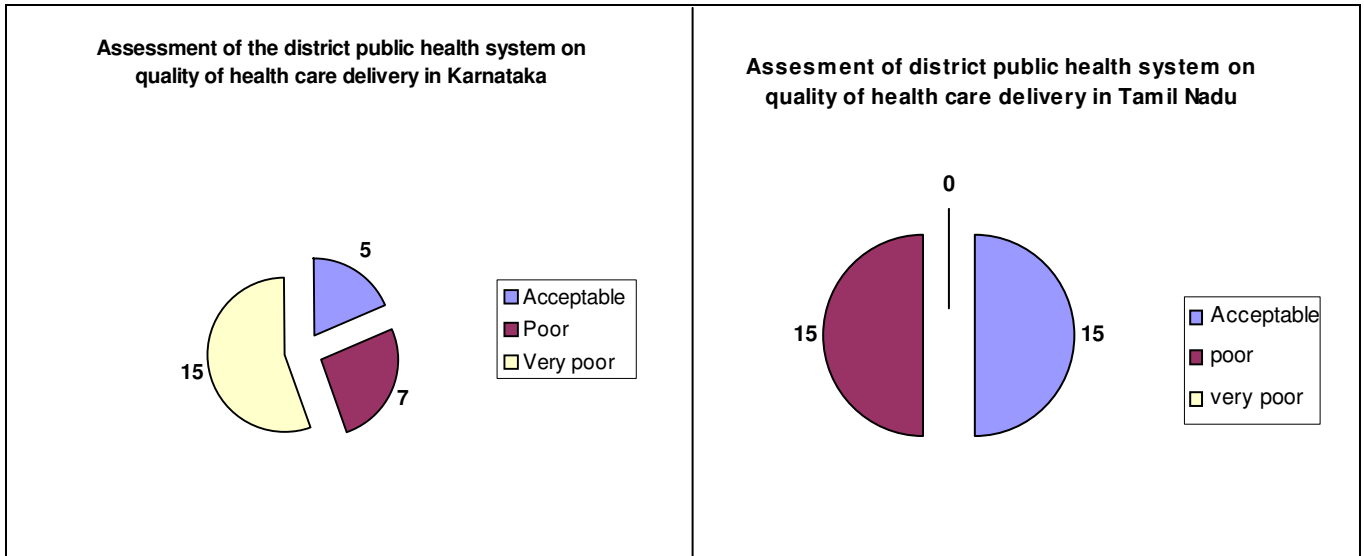
ಸರ್ವರಿಗೂ ಆರೋಗ್ಯ ಇಂದೇ ಎಂಬ ಗುರಿಯತ್ತ ಜನರ ಆರೋಗ್ಯ ಚಳುವಳಿ!!

### People’s Health of “Suvarna Karnataka” in a deep crisis!

“Karnataka is the poorest performing state in the health sector”- Our honorable Prime Minister in 2007. Is there an element of truth in what the Prime Minister said? Read the following and decide for yourself....

How can Karnataka be “Suvarna Karnataka” when<sup>1</sup>.....

- ❖ 55 children in our state, out of every 1000 children born alive, die before their first birthday every year (in next door Kerala it is 10)
- ❖ 70.4 % children below six years of age are suffering from anemia (In Kerala it is 44.5)
- ❖ 50 percent of the women of our state are weak with anemia (In Kerala it is 32.8)
- ❖ 37.6 % of the children below three years of age are suffering from under nutrition and are growth faltering (In Kerala it is 22.9)
- ❖ Only 35% of the people in our state have houses with basic facilities of drinking water, sanitation and electricity
- ❖ Only 55 % of our children have received all doses of the required immunization (In Kerala it is 75.3)
- ❖ **Our honorable state’s spending on health and health care of its people is placed abysmally low at 3.37% of State Gross Domestic Product (SGDP) in 2007- 2008!!** The result is there for everybody to see. A study assessing the performance of district level public health system has found that 7 districts in the state were “poor” and 15 districts were in the “very poor” category!!! Neighboring Tamil Nadu has no district in the “very poor” category<sup>2</sup>.

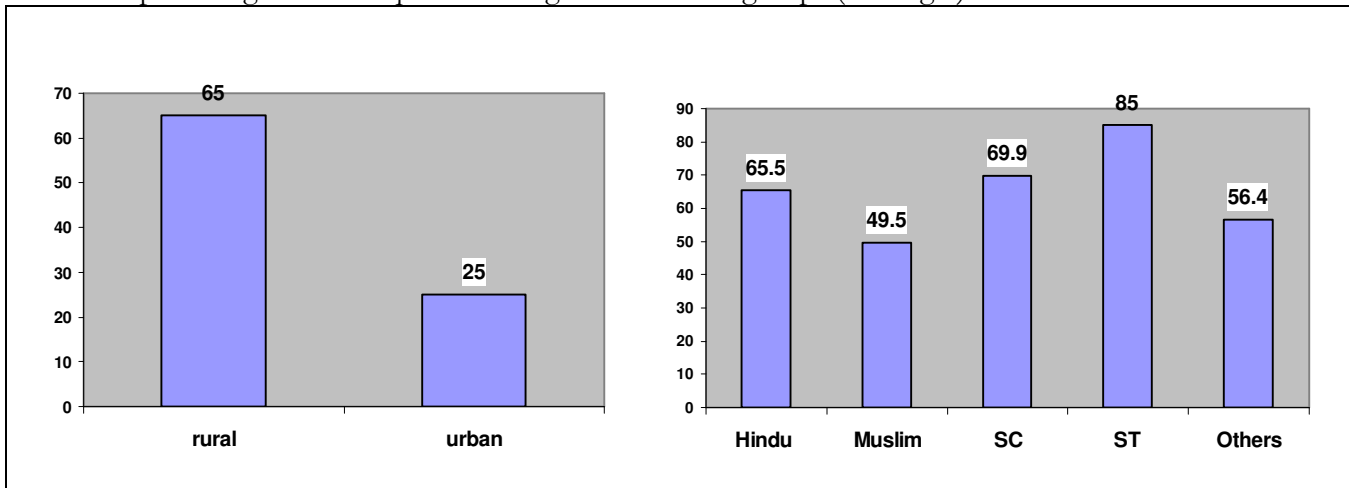


<sup>1</sup> Data Source: NFHS-3

<sup>2</sup> Health for the Millions: Vol 33, No. 4 & 5

The rural-urban and poor-rich inequalities in health and health care are a reflection of the harsh realities of our unjust society: Will our political leaders stand up and take notice at least now.....

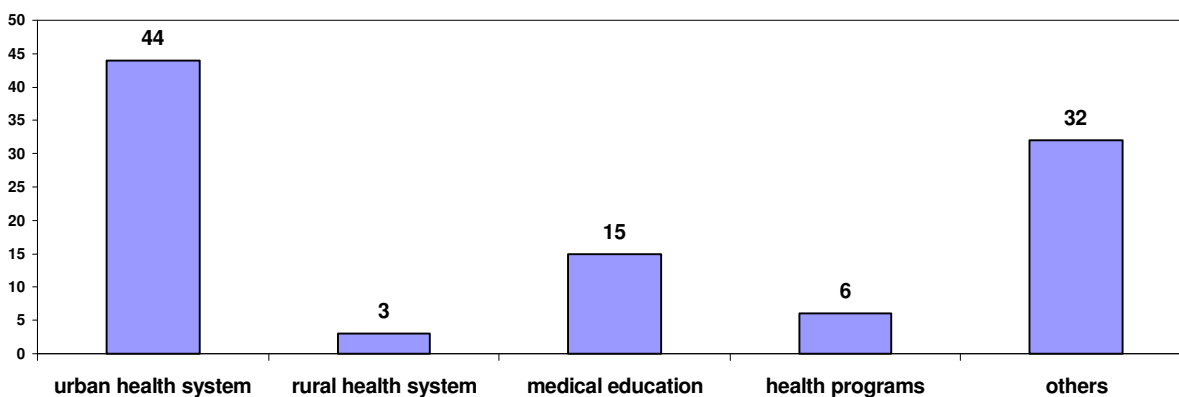
- ◆ **Death among infants (children below 1 year of age):** For every 1000 children born alive every year, children in rural areas are at 2.5 times higher risk of dying before their first birthday as compared to children in urban areas (Number of children who die within their first birthday every year in rural areas is 65 per 1000 live births as compared to 25 in urban areas)! Similarly there are disturbing and avoidable differences in infant mortality among different social groups, highlighting the persisting health inequities among various social groups (See Fig 1).



**Fig 1: Infant Mortality Rate (IMR) among various groups in Karnataka**

Source: Karnataka Human Development Report 2005

- ◆ The latest data indicate that our state Government spent only 3% of its total health expenditure on rural primary health care system in 2005 (which includes Sub centre, Primary Health Centre(PHC), Community Health Centre(CHC) and Taluk hospitals), where more than 60% of the people of Karnataka live and who are among the poorest and neediest!! (World Health Organisation (WHO) recommends spending at least 30% on primary health care provision). By contrast Government spent 44% of its health expenditure on a few, large and highly specialized urban hospitals.



**Components of medical and public health expenditure in Karnataka in 2002-03**

Source: Karnataka Human Development Report 2005

**Janaarogya Andolana – Health demands of the people of Karnataka**

## What are the reasons for “Suvarna” Karnataka’s very poor performance in the health sector?.....

- ◆ Constitutionally health is a state subject. However, successive Karnataka state governments have consistently ignored it and have almost forgotten it.
- ◆ **Neglect of the rural primary health care system:** Suffering political, financial and administrative neglect over several years, the primary health care system in the rural areas has become very weak and as a result rural people’s health has suffered. As described earlier the government has been spending a paltry 3 percent of its total health expenditure on rural primary health care system comprising the primary health care centers, community health care centers and taluk hospitals which are meant to serve the needs of the most poorest and marginalized rural people who comprise more than 60% of the total state population.
- ◆ **Step- motherly treatment to health sector in the state budget:** Government that collects tax to provide social services to its citizens earmarks only 3.62% of its total budgetary allocation for health sector. Even more disturbing is the fact that the proportion of government expenditure on social sector in general and health in particular has shown a consistently decreasing trend since 1990s. For instance just a decade ago in 1997- 1998, government had spent 5.62 percent of its total expenditure on health and in 1987-89 this proportion was 10%<sup>3</sup>. Some of the main effects of such actions are the freezing of new recruitments and inadequate budgets for supplies and maintenance in the public health system.
- ◆ **Debilitated public health system:**
  - **Forgotten “Comprehensive Primary Health Care” principles:** Government has forgotten the comprehensive primary health care principles that include provision of an integrated health services including health promotion, disease prevention, curative and rehabilitative care in the operation of its health systems which are more effective and efficient. Instead, it is solely focusing on high-cost and less effective specialized curative care based in large hospitals.
  - **Absence of basic facilities** in the public health system such as well- kept buildings, running water, toilet, electricity, staff quarters and so on which has resulted in people and health care workers loosing confidence in and moving away from the public health system alike.
  - **Lack of key staff at all levels of the public health system:** Karnataka takes pride in producing 3335 doctors every year. However the sweet irony of the situation that the state finds it almost impossible to find full time doctors to run its public health system!! (In neighboring Tamil Nadu we see a striking contrast where doctors and other health personnel are not only posted but are providing services in the rural public health system).
    - **Sub- center:** 14% centers do not have ANMs and 54% centers do not have male workers
    - **Primary Health Centre:** 50% of centers do not have male supervisors and 100% centers do not have lab technicians
    - **Community Health Center:** 54% centers do not have paediatricians, 34% centers do not have surgeons, 15% centers do not have obstetricians/ gynecologists<sup>4</sup>.
  - **Chronic shortage of drugs:** The government allocation for drugs annually for one Primary Health Center that caters to a population of 30,000 is a paltry Rs.75000. This translates into Rs.2.50 per person per year spent on drugs!!! Studies have shown that among inpatients, 80 percent of the cost incurred is towards medicines. So, is RS.2.50 per person per year

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<sup>3</sup> World Bank Report, 2004

<sup>4</sup> Bulletin on Rural Health Statistics in India, 2007

enough???? This situation is similar across all levels of public health system. No surprise that the shortage of essential medicines is cited by common people as the main reason for their unwillingness to go to public health system for their health care needs!

- The communities have been reeling under the burden of being forced to pay for every service and disillusioned by the rampant corruption plaguing the public health system. **These have converted public health system into a place to be dreaded and avoided by people, especially for those who need them the most- the poor.**

- ◆ **Privatization of health services:** The successive governments are pursuing the course of indiscriminate privatization of public health care services in both urban as well rural areas including contracting out of health services and privatization of health centers.
- ◆ **Commercialization of health care:** Private for-profit medical institutions, hospitals, drug companies, diagnostic centers, insurance companies have grown tremendously in last decade or so and remain unregulated by the government in all aspects be it their number, their quality or their prices. This has led to not only increasing costs of medical and health care but also contributed in a major way in the erosion of public health system in the state.
- ◆ **Laxity in the functioning of the health department:** Even in the meager health budget, the administration is returning 10.8% of the budget as unspent funds! This is not only unfortunate but also a violation of people's health rights.
- ◆ **Discrimination within the health sector:** People from rural, dalit, tribal and several other marginalized communities have been the target of systematic discrimination by the health sector.

### **The disastrous consequences of debilitating public health system...**

The debilitating public health system affects the access to health conditions and health care services for the poor and marginalized people more than people from any other social strata. As a result of it, more and more poor people are forced to buy health care from the market with the following catastrophic consequences:

- ◆ Disproportionately high number of premature deaths and high burden of disability of rural and poor people caused by easily preventable and completely curable diseases
- ◆ 40% of hospitalised people are forced to borrow money or sell assets to cover expenses and most of them are our agricultural laborers and poor farmers.
- ◆ About 25 percent of those hospitalized are pushed below the poverty line because of hospital expenses.
- ◆ Hospital expenses are among the leading causes of indebtedness in rural areas, one of the main reasons for high rates of farmer's suicides.

### **We, Jana Arogya Andolana, want to raise the issue of the health aspirations of the People of Karnataka and we make following demands towards fulfillment of their health rights...**

**We, the Jana Arogya Andolana, demand for:**

1. Recognition and realization of **HEALTH AS A HUMAN RIGHT** of **ALL CITIZENS**. Furthermore, we call for the state to create necessary conditions to towards initiating a collective action of amending the Constitution of India to make **HEALTH CARE AS A FUNDAMENTAL RIGHT**.

**Janaarogya Andolana – Health demands of the people of Karnataka**

2. **Immediate formulation and passage of the “Karnataka State Public Health Act”**, as per the recommendations of the national Human Rights Commission (NHRC) towards compulsory fulfillment of people’s health rights.
3. **Universal, free, good quality and comprehensive health care for all** in the public health system, as indicated in the National Rural Health Mission (NRHM), with priority being given to those with special needs such as Dalits, tribal communities, women, persons with disabilities, people living with HIV/AIDS and other such marginalized communities.
4. **Increasing government funding for health:** Increase the funds available for health expenditure from the current budgetary allocation of **3.37% (2007- 2008) to 10% of the total state expenditure** with a target of reaching at least 5% of SGDP as public expenditure on health care.
5. **Revitalization of rural health system:** We demand revitalization of the long neglected rural health system and call for raising the government expenditure on rural health services and systems as proportion of its overall health expenditure from the current paltry 3 percent to 30 percent. In addition we demand for **allocating Rs.1023.20 crores annually for rural public health system** from immediate effect. This is the recurrent financial input needed for effective operation of rural health systems, calculated in accordance with the guidelines of Indian Public Health Standards (IPHS) under NRHM and the report of National Commission on Macroeconomics and Health.
6. **Strengthening of public health system:** We call for urgent, progressive and targeted steps towards making Karnataka’s Public Health System complaint with the standards prescribed under the Indian Public Health Standards (IPHS) of NRHM. In this context the following actions need to be taken immediately:
  - a. **Provision of basic facilities** including good buildings, drinking water, electricity and staff quarters facilities in all public health institutions
  - b. **Filling up of all 64811 positions required by our rural health system** to run according to the Indian Public Health Standards.
  - c. Appointment of full-time staff only and **stopping all forms of contractual staff appointments** from immediate effect.
  - d. **Ensuring all time availability of essential drugs in all the health centers and increasing the funds available for drugs and medicines** in all the health centers:
    - i. For a sub- center increase funds from the current Rs.5650 per annum to Rs.18000 per annum.
    - ii. For a Primary Health Center increase funds from Rs.75000 per annum to Rs.3,00,000 per annum.
    - iii. For a Community Health Centre increase funds from Rs.1,25,000 per annum to Rs.10,00,000<sup>5</sup> .
  - e. Take appropriate steps to **uproot corruption** that has eroded people’s confidence in the public health system
  - f. Provision of **better and enthusiastic working conditions for public health system functionaries** including provision of staff quarters, competitive salary structures and provide opportunities for professional growth and development through continuing education and training.
7. **Immediate regulation of private health system** including regulation of number, location, quality and cost of medical/health care in private health system. Immediate and purposive actions need to be undertaken to include private health system under the “Karnataka State Public Health Act”.
8. **Initiate provision of primary health care services in urban areas** and ensure their good quality.
9. **Stop and reverse all forms of privatization and commercialization of public health services.**
10. **Immediate moratorium on establishment of new private medical colleges** and strengthening of government medical colleges.

<sup>5</sup> Source: National Commission on Macroeconomics and Health

11. Ensure compulsory two-year rural posting for all recent medical graduates from government, semi-government and private medical colleges.

*Janaarogya Andolana Karnataka is a forum of various pro- people's groups, activists, intellectuals, progressive people's movements, NGOs and CBOs working to strengthen the health sector in Karnataka. JAAK is the state unit of global People's Health Movement (PHM) and the India Jan Swasthya Abhiyaan (JSA) which is working towards ensuring universal, comprehensive health care by reviving the public health systems based on the principles of Primary Health Care. **Its goal is to ensure and realize the "RIGHT TO HEALTH" of oppressed, dalit, poor, rural and all marginalized communities.** Currently the Andolana has district units in 17 districts of the state. District Units include all progressive pro- people's movements and NGOs in the district.*

*In order to achieve its goal, in the period 2003- 04 in collaboration with the National Human Rights Commission (NHRC) organized public hearings on "Denial of Right to Health Care" in different parts of the country and documented such cases in the public health system and placed it before the Commission. The Human Rights Commission responded positively to the problems and demands made by us and has directed the national government as well as the state governments to **ensure that the public health system functions efficiently.** After 2004, the Andolan initiated a movement to **"REVITALIZE PRIMARY HEALTH CARE IN KARNATAKA"**. As part of this movement, the Andolana monitored the health systems in the districts, identified problems and gaps in the system and brought it to the notice of the department and built pressure to ensure that the department took appropriate action to deal with the same. As a culmination of this action, the Andolana in active partnership with communities observed **"Karnataka State People's Health Action Day"** on 1<sup>st</sup> February 2007 and 29<sup>th</sup> October 2007 simultaneously in all the districts of Karnataka.*