

Kerala Health Care Management System: Retrospects and Prospects

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Abstract: Kerala had a glorious past in health care which made it as a model for other developing economies to follow. Various indigenous medical systems particularly Ayurveda and Unani were instrumental in contributing to public health and overall health transition in the State. The State had ensured high accessibility of medical care at low price along with wide spread education, land reforms, public distribution of food and housing. This progress continued till 1986 and gradually the Government contribution to health care had steadily declined owing to fiscal deficits, and thus the quality of health care provided at the public health care centres becomes insufficient to meet the needs of the people. Even though the State of Kerala had outstanding health achievements, due to insufficient resources to health, the situation deteriorated (Ghosh, 2017). Fiscal deficit of the State affected the quality of the health services at the public health care institutions. One of the major challenge the state faces is the over privatization of the health care. The present study is a theoretical analysis of health care management system of Kerala by analyzing the evolution and challenges faced by the existing system. The study also proposes alternatives for improvement and efficient functioning of health care in the state.

Keywords: health care management, private health care system, public health

Introduction

It is reported in April 2017 in *The Hindu* that Kerala tops among other states in India in terms of expenditure of income in health care according to the State Health Accounts for Kerala published by the Public Health Foundation of India. The State spends almost 6.5% of its Gross State Domestic Product for health care out of which public spending comes to 1.5%. Kerala has made remarkable growth in health care compared to other Indian states and many researchers have attributed its achievements comparable to some of the International economies. The health care development model and strategy adopted by this tiny south Indian state had been a matter of study for various academicians, health researchers and policy makers in social development.

Need for the study

Various indicators have proved that Kerala has a successful model of health care. The birth, death and the infant mortality rates, and the literacy rates of the state were always higher than the National average. The same was with the case of life expectancy. High literacy rates, especially of women, along with sustained and long term efforts of the public sector were instrumental in achieving the higher levels of health care for the State (Nithya, 2013). But in the recent past, many of the health indicators in which Kerala had been leading have been reversed. For example, maternal and child health status of the State had deteriorated. Infant mortality rate is steadily increasing as well.

Due to the lack of future oriented policies and strategies, the state of Kerala is going through various challenges and crisis. What Kerala is experiencing now is a transition; both demographical and epidemiological. When the general health of the population improves, they live longer, and thus the percentage of population of the older generation increases, leading to a demographical transition. At the same time, when the people move to better health and advanced living security, the fertility rate may come down, and the pattern of diseases also change, leading to an epidemiological transition (Gangadharan, 2008). Kerala Health Care in the present

scenario is characterized by both these changes. The studies critically analyzing the health care system in Kerala is relatively less, hence exists a research gap in this area.

Objectives of the study

This study is a theoretical analysis of existing literature on the topic of health care management conducted with the following objectives:

- To analyze the history and evolution of health care management system in Kerala
- To identify the challenges faced by Kerala health care management system
- To propose suggestions for the improvement and efficient functioning of Kerala health care management system

Evolution of Kerala Health Care Management System

Traditional method of health care

Kerala had a glorious past in health care which made it as a model for other developing economies to follow. The study made by the Rockefeller foundation in 1985, and the report titled, 'Good Health at Low Cost' has specially mentioned the State of Kerala along with China, Costa Rica and Sri Lanka, as models of relative success. The state had made progress in the fields of education, health care and social transformation even before the country gets independence. Various indigenous medical systems particularly Ayurveda and Unani were instrumental in contributing to public health and overall health transition in the State. Traditional medicines being very popular, the people used to approach local caregivers and practitioners instead of self treatment. The Maharajas had taken special initiatives in educating people and giving good health care.

Along with the developmental policies of the princely States and Maharajas, the Christian missions and churches have also made huge impact by opening up health care formats in different places in Kerala, especially the rural areas, and catered for the health care needs of the needy and the downtrodden. The missionary and Christian churches had established health care centres in the remotest places, making health care accessible to the poor and under privileged. Many of the girls from Christian communities had opted health care as their profession. (Ramankutty, 2000). There were also other factors and interventions responsible for improving the health status of the state. Kerala was the first state in the country to elect the communist party in elections, and it has also paved the way to achieving health outcomes (Nabae, 2003). The activities of various social reform movements, well organized peasants and workers movements and left wing political movements increased the desire of people for education and better health care (Kannan et. al, 1991; Asokan, 2005).

Role of State Government

By the time of the formation of the State in November 01, 1956, a medical system accessible and affordable for the general public was already in place (Ramankutty, 2000). Health was always a State subject, it was one of government's top priorities, and considerable allocations in the budget were given to health care. With health care as a Government subject, the system was developed incorporating western, traditional and indigenous medicines which were provided at a low cost, and which was affordable to the common people. The State had ensured high accessibility of medical care at low price along with wide spread education, land reforms, public distribution of food and housing. These factors were all interrelated (Nabae, 2003).

The State Government had taken crucial steps to improve the socio-economic status of the people through primary, secondary and tertiary health centres. The public health system of the State was very strong and efficient which had laid a solid foundation for the health base of the state. The year from 1956 to 1980 was specially to be mentioned since, these years saw huge growth of government health services, resulting in establishment of more health centres and other infrastructure. Kerala's acclaimed health results could be attributed to the government initiation for establishing wide network of public health institutions with primary health centers, community health centers, taluk / district hospitals and medical college hospitals at the primary, secondary and tertiary levels (Nithya, 2013). Along with modern medicine, other formats like homeopathy, ayurveda and unani were also provided. During the post independence period, government had taken specific steps to provide preventive and curative health care.

From 1961 to 1986, the government had extended its health services in a big way, which created a solid impact on the general health of the population. By 1970 the State had a big network of health centres in almost all rural areas and national health programmes were efficiently executed (Ramankutty, 2000). Until 1980s the government health services were given prime importance. This progress continued till 1986 and gradually the Government contribution to health care had steadily declined owing to fiscal deficits, and thus the quality of health care provided at the public health care centres becomes insufficient to meet the needs of the people. Almost all states in the country have been reducing health care spending in relation to total government expenditure. Even though the State of Kerala had outstanding health achievements, due to insufficient resources

to health, the situation deteriorated (Ghosh, 2017). Fiscal deficit of the State affected the quality of the health services at the public health care institutions. The reduced allocation of funds for health and the inability of the State to meet the ever increasing demands for better and quality health services became visible. Because of the deficit budget and policies of the successive governments, the Government was trying to slowly reduce its health care contributions. This had a big impact on the general health of the poor and marginalized.

Entry of private players in health care

Since the living conditions of the people were improving, the demand for better and quality health care is being sought by them. Most of the public health centres were unable to meet the huge demand for health care, and most of the time failed to meet up to the expectations of a society which has got tremendous changes in terms of education, health awareness, living standard and purchasing power. This led to the entrance of private players in the health system (Gangadharan, 2008). The entrance of the private sector was a need of the hour, since Kerala's education levels, economy and health awareness had drastically changed. Lot of technological interventions were happening in this field, and people were looking of quality health care. It is an accepted fact that the private health care is now the major player in the health scenario of the State.

Kerala stands top in the total spending on health care compared to other states. Today they are ready to pay for health services, if they get quality health care. Because of education and technological development, people are more aware of the health care needs. Financially health care is one of the biggest sector; in terms of infrastructure and the number of health care personnel working. Technological advances happening around the world is also getting faster in the State, since many are willing to pay whatever the increase these innovations bring out. Medical education is in high demands and many of the top quality students would like to become doctors and other medical professionals. Many new medical colleges in the public and private sector were opened and the people are having better access to these hospitals. The investment in terms of money, infrastructure, human resource etc. is huge and this makes the health care scenario promising as well as challenging.

The State experienced a visible change by the opening up of health services by the private health providers (Nabae, 2003). Most private providers were for-profit institutions, hence only well to do families and patients could afford the expenses. The health care is seen as an industry controlled by the forces of market, and as a service to be bought with the purchasing power of the patient. Health care is treated like any other private good in the State, even though it has some features which makes it a public good (Ghosh, 2017). The health care becomes a commodity for sale and becomes unaffordable for the general population especially the poor and the marginalized. The people had to spend a large amount of money for health expenditure. Now it's not proper to call the Kerala model as 'Good Health at Low Cost'. The basic characteristic of this model, the assurance that the state will provide the basic health care, has diminished. Today health care availability is dependent on one's financial ability to spent on health services (Ramankutty, 2000)

Challenges to the existing system of health care management system in Kerala

One of the major challenge the state faces is the over privatization of the health care. Much emphasis was given on curative than on preventive medicine in private services. The private health care providers had a very negative impact on health budgets. Over dominance of the private sector has adversely affected the capacity of people for better living, and many had to live in economic deprivation and poverty. In India every year, 60 million people become impoverished because of paying health bills and at the same time one fifth of the population could not access medical care because of their inability to afford the health expenses (Ghosh, 2017).

Due to various reasons like cleanliness, technological advancement, bed availability, timely response and quality treatment; majority of the population opted for private health providers, and very few are now opting for State health services. Even that minority number too, the government could not satisfy, and the medical care being provided at these centres are always a matter of criticism and discussion. The people were demanding quality health care and the public sector found it difficult to provide the same.

Kerala had made remarkable progress in the health care sector, but new challenges like ageing population and the morbidity load has affected the so called health care model. The morbidity rate of the state is now one of the major challenges though the national figures are also increasing. Because of higher life expectancy and better access to health care, there is an increasing ageing population, resulting in higher morbidity rate and demand for geriatric care. Another challenge for the system is the life style diseases like diabetes, cholesterol, blood pressure and cancer which the State need to handle, which came as a result of the changes in the living standards and styles of living of the population. An ageing population, along with lot of life style diseases has taken the State as one of the biggest health care consumers.

The over privatization of the health care has led to over hospitalization, over administration of medicines, increasing number of specialists, escalation of the health care cost, marginalization of the poor, large number of ill-qualified doctors, decline in professional ethics in the health sector, increase in medicine's price, lack of political commitment, bureaucratic inefficiency, corruption and lack of proper planning (Nithya, 2013). Many of the new and infectious diseases came back, and the state accounts for highest in the rate of suicides, especially among the younger population.

With both public and private health formats, the demand for health care is at a high rate in the State. But even with the increasing number of health care facilities and technological innovations, the state is still facing serious challenges to be addressed on a serious manner, which is directly affecting the general health of the population. The factors that challenges the `Kerala Health Care Model` need to be analyzed and its high time to look into the matter.

Future of Kerala Health Care Management System

Many argue that there was never a Kerala Model of Health Care since there was no conscious effort from the part of policy makers to create such a model. What was projected as a model was the result of a demographic transition that happened in Kerala faster than any other place. Health was never priority for the successive governments which had in power for decades. In health, as in many other areas, Kerala had become a `non model` (Ramankutty, 2000)

Kerala has the biggest educated population, and many have the exposure of living and visiting abroad. (Ramankutty, 2000) It is not a state where there is lack of resources. The health care model as we see now in the State is slowly moving towards the model of some of the foreign countries, whereby it has become a commodity for sale. The health care system as of now has all the characteristics of a capitalistic system, in which health providers are also looking for profit making, and market forces decide the health care pricing. Many of the foreign countries are depending on the health insurance schemes for health care services, and slowly insurance sector has entered the system. In a capitalistic society, private insurance schemes could be accessible only for those who could afford it. Even in a developed country like United States, 30% of the people are still out of the insurance schemes, and are denied health services.

It's a known fact that the medical expenses are going to be higher, since all components in the health care costs are paced to growth; be it salary component of the doctors and other health care professionals, cost of technological innovations, infrastructure facilities or the price of the medicines. Even now, health care becomes a burden to many of the family's budget, and they are forced to take insurance. But there will be a substantial population which will be out of this insurance coverage, if this system continues.

Suggestions for improving the prevailing system of health care

For a state like Kerala, it is high time that a planned approach and policy making is at place. In order to approach the health care strategy of the state, the relevant challenges of the present system need to be analyzed and discussed. Depending upon the changes happening in the society, and the life style and attitude of the people, the state needs to focus on the future and its way forward. As in education, health care need to be considered as one of the basic necessities of human life, and the intervention of the government is very essential. It should not be left fully with the private sector which will make it market driven, costly and unaffordable and inaccessible to the majority of the population, especially the marginalized. In order to ensure the social justice and equality of people in, there need to be a scenario whereby both public and private health care need to work together for the betterment of the State. A sustainable model where everyone irrespective of their economic condition must have access to a qualified doctor and a reasonable health service must be within their reach (Ramankutty, 2000).

Many health care researchers have suggested lot of solutions to respond to the challenges that the system faces. The political will of the state government is very essential and the State need to invest in health (Veron, 2001). Only a planned policy making and involvement of the state government will ensure a sustainable model of health care in the state. It is an accepted fact that the state could not satisfy the health care requirement of the population, and the role of private sector need to be acknowledged, but the primacy of the government health services need to be emphasized (Nithya, 2013). The government should take definite role in regulating the whole health care system, especially the private sector. Even though market forces play a definite role in pricing and other cost factors, the government should pro actively involve in taking care of the marginalized and the poor sections of the society, who could not afford a private medical care. Then only social equity could be maintained whereby the general health of the state improves.

Many a times, political affiliations and priorities dominate the health policies, and that will negatively affect the growth and sustainability of the system. Most of the time, the state government and the private sector are seen confronting each other, be it in the case of medical education, or in health services. The major reasons

for these confrontations are the lack of professionalism among policy makers, corruption, political differences and priorities, vested interests and lack of clear vision about the health care system itself. Both public and private sectors need to compliment each other to provide equitable health services to the population.

The government should not reduce the health care allocation and need to consider proper funding and maintenance of public health services. There should be proactive steps to reduce morbidity, both in communicable and chronic disease. Better drinking water, sanitation, drainage, cleanliness, proper usage of the existing facility, making available essential health care personnel in primary health centres and hospitals, public awareness etc. (Gangadharan, 2008).

There is a definitive role for NGOs and non-profit organizations in the whole health care system of the state. Since almost all private hospitals and corporate institutions are for profit organizations, the only scope for maintaining equity in the health care system is the role of non-profit organizations along with government. These types of health care institutions cannot survive by running it as charitable institutions. Considering the developments happened in the system and the ever increasing health care costs, also the demands for quality health care, these institutions could not serve the poor and the marginalised if they could not run it as a sustainable model. To make these institutions affordable for the public, the State government need to support them by giving subsidies, financial support, at the same time, regulate them to fulfill the purpose. The public also need to consider getting investments from many philanthropists and make these NGOs sustainable.

It is a welcome move by the current Central Government to distribute generic medicine through `Janaushady` medical stores where medicines could be bought at subsidized prices. Measures are to be implemented to distribute medicines at cheaper rate. Both the public and private medical institutions have a definitive role in doing the awareness campaigns and programmes to educate the people about healthy living and wellness. There needs to be a joined effort from all those who are involved in the health care system to reduce the rate of morbidity and these efforts need to be done in a continuous manner. Many of the new contagious diseases are coming up, mainly because of the lack of awareness and preparations. The government need to proactively anticipate the spread of such seasonal diseases and should initiate the defensive and preparatory mechanisms to control the spread of such diseases. For that, the medical personnel at all levels need to be given proper orientation and motivation. The state should consider taking the support of private institutions and encourage them to do such awareness programmes, since private institutions dominate the health care services and systems in the state.

The role of research and development in the progress of the health care system also becomes very crucial. As far as the state is considered, very few institutions are promoted to do research in health care, and it is not given adequate importance. The role of research in finding out new solutions, cutting down the health care costs by inventing new machines and equipments, reducing the price of medicine by making new medicines, should be considered and proper orientation and support need to be given to the medical professionals and researchers.

Primary health centers are to be strengthened, and suitable personnel need to be appointed at these centers, to make it efficient and working. These centers are to be established even in remotest villages and places and the medical professionals working in such centers are to be incentivized. The government should also promote private and non-profit institutions at remote places, and should support such institutions for sustaining those centers.

Conclusion

Surely there were many valuable lessons from the past achievements which could be catalysts for its future growth. A critical analysis and understanding of the past will be helpful in policy making and effective utilization of the resources and facilities. Compared to any other states, Kerala has the biggest potential in creating health care model for the country. Kerala is a state with biggest health awareness and education, highest per capita spending on health services, higher number of health care professionals and a burgeoning private sector which invests big in building secondary and tertiary level health care formats. The State should reinvent a new model which is an opportunity as well as a challenge.

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