

Health Policies in Karnataka: A Conceptual Analysis

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Preamble

Health is one of the prime indicators of human development. Health is necessary to live a safe, secured and sound life. There are changing concepts of health, definitions of health, dimensions of health and determinants of health in modern times. Health is rightly termed as the wealth of the people. The state is responsible for the promotion of health of the people. Health is the basis of all the health care in modern society. Health scientists have laid emphasis on the protection and promotion of health through appropriate health policies and initiatives at various levels. The health policy initiatives of Karnataka state are analyzed in this research article on the basis of conceptual analysis.

Historical Contexts

Mysore Public Health services Act, 1936 was enacted before independence to improve the state of health services by the erstwhile rulers. The legislation had led to formation of a public health department which achieved better credibility and reputation in India. The introduction of Indian Medical Service in the post-independence era had facilitated systematic medical education and public health cadre of trained staff to address health issues and concerns. Health management functions are based on the combination of multiple disciplines ranging from demography, social science, economics, epidemiology and bio-statistics. It has created a new generation of public health specialists across the state.

The rationale for an updated health policy document was guided by national and international health centric experiments and developments in Karnataka. The Karnataka Health Task Force, 2001 had prepared grounds for the establishment of a public health cadre in the state. Karnataka state has public health service, private health service and NGO based health service since beginning. Karnataka state has not achieved progress in the health sector on a par with Kerala and Tamil Nadu states in South India. There is regional disparity in health infrastructure and services in the post-independence era. There are also urban-rural inequities in the development of health infrastructural facilities at the secondary and tertiary levels.

Integrated Health Policy, 2004

The Government of Karnataka had formulated the first Karnataka State Integrated Health Policy in 2004 in order to improve the health status of the people. The policy had drawn theoretical concepts from the Millennium Development Goals formulated by the United Nations Organization. The improvement of maternal health, combating communicable diseases and environmental sustainability were emphasized by these goals. The World Health Organization assisted the national authorities to develop health policies and plans. The Government of Karnataka had realized the significance of expanding the healthcare facilities for the benefit of people.

The introduction of National Rural Health Mission in the State in 2005 resulted in the development of health infrastructure in the secondary and tertiary levels. The poor quality of healthcare facilities in the rural and tribal areas was noted by the stakeholders of health management in the state. A large number of trained medical graduates have not entered the public health sector due to lack of infrastructural facilities and promotional opportunities.

Privatization of health sector has benefitted the market forces and privileged sections of society in the country including Karnataka state (Baru, 2006:01). Unfortunately, the state has not addressed the issue of health vulnerability of the marginalized sections of society through effective health policy. Privatization of health sector has brought about the exclusion of weaker sections of society from the mainstream of health management. Public-private partnership is imperative to strike a balance between profit and service in the health sector.

Poor governance and inadequate accountability has impeded the health sector in Karnataka. The Karnataka Lokayukta and Vigilance Director for Health have also played a proactive role in the monitoring and evaluation of health governance which is affected by factors at the individual, organizational and societal levels (Huss et. al, 2010:06). Health policy formulation has not address the issues of bureaucratic corruption and political interference in order to improve the status of health administration in the state.

Mission Group on Public Health, 2013

The Knowledge Commission of Karnataka had provided the vision on public health management on the basis of certain norms and guidelines. The Mission Group on Public Health document (2013) had paved the way for the formulation of integrated health policy in the state. It had transformed the health infrastructure and services considerably. The government also made several changes in the financing of health services to fulfill the aspirations of the people. There was also increased focus on non-communicable diseases, mental health, palliative care and care of the elderly citizens of the society. The government also improved the health infrastructural facilities and technological capacity of health services especially with respect to application of ICTs in health information system.

Karnataka Integrated Public Health Policy, 2016

The Karnataka Integrated Public Health Policy, 2016 had focused on the standardization of health management on the basis of adequate financial and human resources. It provided new dimensions to health management in Karnataka state. It had contained suitable directions for the stakeholders of public health

management in the state. It laid emphasis on healthcare strategies, social policy initiatives and social determinants of health and inequities. The government had established the Centres of Excellence to maximize health efficiency and effectiveness in the health sector.

Karnataka's health policy in relation to cancer, orthopaedics, neurosurgery and cardiology has not enabled the patients to avail economically viable treatment from the healthcare providers (Joshi, 2016:07). Despite certain disadvantages, the government hospitals have provided better healthcare facilities when compared to private hospitals in Karnataka state. Sound health policy is imperative to ensure the implementation of adequate healthcare schemes and health insurance schemes for the benefit of weaker sections of society.

Decentralization of health system in Karnataka state has promoted greater equity and supported people-centered health policy initiatives (Seshadri et. al, 2016:12). Genuine decentralization and effective collaboration between village-level functionaries and health personnel needs to be achieved on the basis of practically viable health policy. Adequate financial resources, manpower, technologies and healthcare facilities should be focused in the health policy for effective management of community level health services.

The health policy, 2016 facilitated public-private partnership for better healthcare management in Karnataka state (Economic Survey of Karnataka, 2017:03). The linkage and coordination among pollution control boards, transport departments and city planning authorities was ensured to achieve the goal of sustainable development. Scientific monitoring and evaluation of health management including the level of distribution of health services was duly emphasized by the policy. The government has adhered to National Health policy, 2017 for providing quality health care for the people of Karnataka.

The strategic analysis of health and nutrition in Karnataka state reveals a huge gap with respect to North and South Karnataka districts. The health policy has not addressed the mismatch between requirements and the provision of health infrastructural facilities (Karnataka Vision 2025 - Health and Nutrition, 2017). Health governance is adversely affected by the large scale corruption and mismanagement in the state. Limited use of modern health technologies and strategies has also affected the process of public health management.

Karnataka Integrated Public Health Policy, 2017

Karnataka has a strong track-record in the formulation of health policies which have improved the status of health management. The actual performance of the State in terms of health and nutrition outcomes leaves much to be desired. The paucity of funds has a negative impact on availability of medical infrastructure and services (Kurian and Sinha, 2018:08). Immunization coverage remains a major concern in the State since the state has achieved about 60% of success in this regard. The health policy has not enhanced the nutritional status of the children and mothers who are prone to both chronic and acute under-nutrition. However, Karnataka Integrated Public Health Policy, 2017 has provided sound political, economic, social and legal framework for better health management in the state.

The new health policy developed by the Karnataka Knowledge Commission has made prescription audits at both private and public sectors mandatory in order to improve medication safety. It has paved the way for a new state-wise antibiotic policy and infection control program which is applicable both to public and private healthcare institutions in the state (Vijay, 2017:14). The government has approved the policy and decided to evolve a time bound roadmap with periodic assessment evaluation and institution of necessary corrective measures in the interest of people. It has also prepared grounds for the inclusive and participatory approach to health management in Karnataka state. It specifies the role of each stakeholder in delivering the health agenda while taking into account the specific state machinery which already exists. The policy would be implemented through a 10-year state integrated strategic plan which facilitates high-quality, uniform, equitable and easily accessible public health service system in the state.

Karnataka Medical Establishment (Amendment) Bill, 2017

The Karnataka Medical Establishment (Amendment) Bill, 2017 was passed to amend The Karnataka Medical Establishment Act, 2007 which had failed to secure the right to healthcare of the citizens. The private healthcare sector in Karnataka had lacked appropriate regulations to ensure quality based services at affordable rates to the people. The people had lost confidence in the healthcare system as a whole due to inadequate intervention of the state in the management of health. The patients who need emergency medical care should be allowed by the private hospitals and the government reimburses the cost borne by the private hospital for medical treatment (Paul, 2018:09).

Arogya Karnataka Yojane, 2018

The Arogya Karnataka Yojane, 2018 was implemented to ensure that medications are accessible to all citizens in the state. The government has also established the Mobile Medical Units to deliver quality healthcare services to the people on a pro-active basis. New information and communication technologies are actively utilized to enhance the public accountability of health delivery system in the state. A new digital healthcare has benefitted the stakeholders of health management to make available real-time information on patient treatment, diagnosis, deliveries handled and drug availability.

The new regulation also allows for the release of the body of the deceased even when the claimants to the body are not able to pay the hospital bill. It brings accountability to healthcare services in Karnataka state. The private hospitals which are found guilty of not complying with the Act could face legal consequences which include stringent penalties up to 10 lakh rupees. This is indeed a people friendly health legislation which provides for the creation of a win-win situation between the medical establishments and the patients in the state from the point of view of protection of lives.

Karnataka state is in the forefront in providing quality health care to economically backward families through meaningful health policies and initiatives (Roy, 2018:10). The healthcare units are established at various levels to provide preventive, promotive and rehabilitative care to patients based on quality. The Karnataka healthcare model has gained national recognition over a period of time. The government has expanded and developed health infrastructural facilities at various levels for the benefit of common masses.

Mental Healthcare Act, 2017

The Mental Healthcare Act, 2017 of Government of Karnataka was a progressive step towards addressing the issue of mental illness on a par with physical illness (Bijal et. al, 2019:02). It was enacted specifically to ensure better access to mental health care to the people including health insurance in the context of universal health coverage. This provision also covers financial risks under the state-sponsored health insurance schemes in accordance with the Sustainable Development Goals. Karnataka state has formulated progressive and constructive mental health policy and developed mental health institutions across the state (Gowda et. al, 2019:05). A new generation of mental health professionals has been promoted with a view to address the issue of mental healthcare through effective functioning of mental health institutions.

Latest Policy Initiatives

Karnataka state has become a model state from the point of view of health management due to implementation of progressive health policies over a period of time. Political decentralization and health decentralization have complemented each other in the state (Seshadri and Kothai, 2019:11). The elected representatives, government functionaries, health personnel and volunteers of NGOs are yet to go a long way in achieving better co-ordination and synergy in the health sector. Government is responsible for undertaking sustained capacity building of the community level health personnel and social workers to improve the status of community health management.

Karnataka state has implemented Yashaswini and Vajpayee Aarogyasri health insurance schemes for the attainment of the objective of taking quality healthcare to the doorsteps of the citizens. The health policies have practically transformed the health sector on the basis of proactive approaches. The government has also formulated the health policies with a focus on people oriented development of health services. It had also implemented the Universal Health Coverage scheme for the first time in the country. About 60 million population of the state was covered under the Arogya Bhagya scheme by merging existing health schemes under a single umbrella (Elets News Network, 2020:04).

Conclusion

The Government of Karnataka has constituted the vision group on health to enrich the healthcare infrastructure and provide quality-oriented healthcare facilities in the government hospitals (Sudhakar, 2021:13). The vision group is responsible for advising the government on upgradation of healthcare facilities in Karnataka state. This initiative has also ensured better coordination between the policy makers and healthcare professionals. The current health care sector in the state is divided in three components namely - primary, community and district level health services.

Presently the government is pre-occupied with Covid-19 management which has shaken the foundation of health sector in the country. Integrated health management needs adequate focus in the forthcoming health policy on the basis of active involvement of health administrators and professionals. Establishment of Ayush centres at all Primary Health Centers would facilitate expansion of health management technologies including telemedicine facilities in the state. Improved health status of the people invariably enhances the productivity, income and access to health among the people through increased public investment on health.

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