

Evolving Consumer-Friendly Healthcare System in India: improving policies and practices in Assam

Date:-5th July 2011, Guwahati, Assam

Opening session

The Evolving Consumer-Friendly Healthcare System in India: improving policies and practices in Assam programme started at around 10.00 am in the Brahmaputra Ashok Hotel. The invitees were from various civil societies, research institutes, consumer organisations and media. Mrs Indranee Dutta, Director, OKDISCD had chaired the session. She started with a welcome note to all the participants after which a self introductory was done among the participants. In her introductory speech, she said that the rise of GDP has led to an increase of privatised health care population and decline in public health system. There are more money spend on health sector during procurement, diagnostic and also due to the nexus between the doctors and the clinics. The people feel burdened, therefore, Consumer Unity and Trust Society (CUTS) had brought out this ‘timely study’ to bring out the issues publicly for awareness.

Sunil Kaul, ~~the ant~~, emphasises that it was not the end but advocacy component had to be addressed in the health system. Quantity wise, it was meeting the people’s aspiration but quality wise things needed a room for improvement like changing the attitude of the people. There were unethical practices among the practitioners, if nothing could be done, it would be like ‘shadow boxing’, and therefore the time was to introspect the issue.

Rijit Sen Gupta of CUTS said that consumer rights in healthcare had to brought as a think tank issue and the importance of moving forward in this regard. He also mentioned that the challenge for the future was to see how the health care facilities develop a consensus and a roadmap for more consumer friendly, forming goal for future advocacy.

Dr J.B. Ekka, Mission Director (NRHM), began with the question, “what was the true picture and what were the people looking from the other side?” He said that the National Rural Health Mission (NRHM) was set up so that the health facilities could be accessible affordable and of a better quality. He commented on the primary health that although current statistics showed Assam with poor

Maternal Mortality Rate (MMR), however he was confident that the next study would show significant decline in MMR.

Dr. Ekka said that resource was not a constraint or issue but the standard of health was, in matter such as, insufficiency of nurse and doctors. The quality was of immense important and therefore alternatives such as Ayurvedic and Homeopathic doctors were seen too. To breach the unavailability of doctor, courses were offered such as Bachelor of Rural Health Care so the requirement of Medical Officers may be reduced. The plan of more nurses, paramedical should be set up and more public institution should be done.

He said that the numbers of facilities were more in quantity wise as well as the human resources and area of operation. If there were facilities and people then the question lied was why the institution not functioning and the necessity to improve the quality of service?

On commenting about the drugs, he admitted that there were black sheep in the system that cannot be denied. He emphasised on generic medicines that lots of people doubted the efficacy of generic medicine which might be 1 or 2 percent less efficient but it was not substandard and also that the public health was for public interest.

Dr. Ekka mentioned some points that if taken seriously, would help the healthcare of the public

1. The public should be educated on health because they people didn't understand the system
2. There were lots of cynicism because of the government supply therefore educating people that generic medicine will cure had to be instilled among the people.
3. The expiry of medicine is due to the system of storage system so it had to be according to first in first out basis.
4. A standard supply of medicines all the year round would be an answer.

At the PHC level, there was integrated drug management to make plan and to push the medicines whenever required. Therefore the supply should be intended on the amount of medicine needed and a regular supply should be insured

Dr, Ekka has said that Assam healthcare was looking out at the Tamil Nadu system of working. Randomly checking the prescription, setting up drug life inventory, 108 Ambulance in both inland and waterways for easy transportation

of the patients and call centre for health care were the measures that were in process. He concluded saying that there were lot of scope for improvement and he was looking for suggestions as well as cooperation.

Saswati Choudhary, OKDISCD brought out the in her presentation the statistical indicators of health comparing at the state and national level. She also showed data of social sector mainly education, poverty and nutrition and came out with the conclusion that only education could solve the problem.

Rijit Sen Gupta presented on the Collusive Behaviour in Health Care and Impact on Consumers with the findings from Assam. He presented an anecdote of a lady called Mamoni *Das* who had gone to hospital for treatment and encountered difficulty in the hospital due to unavailability of the medicines. He shared the overall findings and recommendation of the project

In his conclusion, he says that the lack of structure and the lack of minister for coordination had left the consumers at the mercy of the providers. He also said that drugs could be bargained when purchased.

Floor discussion:- During the floor discussion which had been open for the participants, Dr Sunil Kaul said that the doctors should be motivated and the supply of medicine should be on regular basis. The market had penetrated deeply in our mind that had cause lots of problem in the health sector. He wished a debate on generic V/S branded the TV local channel too.

One of the participants had raised a question as to who would raise the voice against the doctor to write the generic medicine. To this, the reply was the central government should make it mandatory or legislation should be set up. All the government run hospitals should make it mandatory with proper monitoring.

The display of availability to medicine should be done on everyday bases and in local languages so that the people would know the amount of availability of medicine in the hospital. Also, response was that a mere display of medicine was not enough but it should be made available in the stock too so the doctors would not have a choice. The procurement of medicine should be made centralised.

There should be a computerised medical stock list so that the amount of stock could be traced easily , it would also benefit the people to see the amount of stock available and the medicine that were not available they would go for

advocacy. Moreover, GMCH could be set up as an ideal medical college for others to follow.

Social commitment was very important and it was vital to emulate a procurement model so that rates were reasonable. The community monitoring system should be emphasized. The National Antibiotic Policy, Assam Public Health Bill 2010, Essential Drug List 2007, Drug Procurement Policy needed to be addressed at a wider basis to bring an overall achievement in healthcare system.