HEALTHCARE IN UTTARAKHAND: IMPACT ON HUMAN DEVELOPMENT

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ABSTRACT:

Human Development Index is a composite index to measure the development of human resources in each country and there lies four indicators and life expectancy is one of them. This Human Development Report for Uttarakhand state presents a snapshot view of the prevailing health scenario in the state as well as the thirteen districts based on the household survey of the HDR 2017 and trains its focus on indicators capturing maternal health, child health, per capita health expenditures and the utilization of health facilities for short and long term illnesses. This article reviews health care system in the State of Uttarakhand. Data is mostly taken from official government websites, books and other research works till date. We used the content analysis method in this case study. The objective of the presented research paper is to Study relationship between health care system and improvement in HDI, as it is calculated by the geometric mean (equally-weighted) of life expectancy, education, and GNI per capita. The findings of the study highlight the disparities between the hills and the plains, rural-urban as well as between the social groups for various health related indicators are presented and analyzed.

Keywords: Human Development, life expectancy, health expenditure, geometric mean, disparities.

INTRODUCTION:

Health is one of three basic and important tenets of human development and it is used while calculating the human development index (HDI). The access to and availability of health care facilities is an important enabling factor and determinant of advances in human capabilities as well as human development. Under the Sustainable Development Goals (SDGs), the significance of health is captured in Goal-3 which calls for ensuring good health and well- being of the residents. Safeguarding the health and wellbeing of individuals of all ages is the foundation of sustainable development because morbidity as well as mortality have far reaching impacts on not just economic advancement but on human capabilities and development too. In the Indian context and more specifically, on the account of Uttarakhand, with its regional disparities of hills and plains, the status of the health of its residents and the hindrances in their successful attainment become absolute important when studying and analyzing human development for the state.[1]

OBJECTIVES:

• To analyze the status of Health in the State of Uttarakhand.

• To figure out specific Health requirements in the hilly districts of the state.

• To study the link between Health care infrastructure and improvement in HDI.

• Topromote awareness among the people and proper implementation of health schemes for bringing transformative action in achieving the desired health outcomes.

Human Development Index:

The human development concept was evolved by economist Mahbub ul Haq. Working with Amartya Sen and others in 1990 Dr. Haq published the first Human Development Report, which had been commissioned by the United Nations Development Program (UNDP). The human development model stressed on everyday experience of ordinary people, including the social, psychological, cultural, economic, environmental and political processes. The Human Development Index has become widely used indices of wellbeing in modern world and has succeeded in well-being beyond the important but nonetheless slim confines of profits.[2]

Health in Uttarakhand: A Statistical Outlook:

Life Expectancy at Birth To capture the probability of leading a long and healthy life for the populace, the life expectancy at birth is used as a measure of the realized achievements in the health aspect. The life expectancy at birth is calculated as "the number of years a newborn infant could expect to live if prevailing patterns of age-specific mortality rates at the time of birth were to stay the same throughout the child's life," (UNDP, 2010, p. 224).

The figures for life expectancy at birth in the Indian context has been taken from the Sample Registration System (SRS). The available SRS data (2012-16) estimates the life expectancy at birth for Uttarakhand to be 71.5 years, which was higher that the All India figure of 68.5 years. Female in the state show higher life expectancy at 74.8 years than male at 68.5 years. The female and male life expectancy rate for Uttarakhand was also higher than the all India figures of 70.2 and 67.4 years. In urban areas, life expectancy was marginally higher (72.9 years) compared to rural areas (71 years).[3]

The higher life expectancy rates in Uttarakhand can be taken to reflect the functioning of health facilities in the state as life expectancy at birth which depends on age-specific fatality rate. In the state, low rates of child and adult mortality could be the reason for high rates of life expectancy but there is still miles to go to attaining for all. According to SRS data (2012-16), the infant, child and adult mortality rates of the state were lower than all India including male and female.[4]
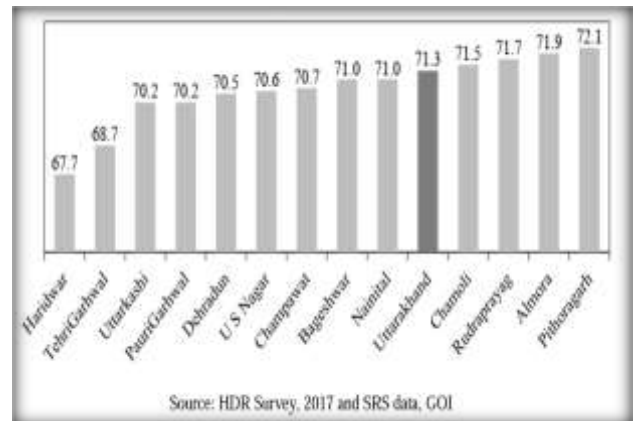

Uttarakhand: District-wise Life Expectancy at birth, HDR 2017

Statistics after calculation using the Uttarakhand HDR Survey and SRS data, life expectancy at birth in the state was found to be 71.5 years in 2017. Inter-district variations in the same were also observed. Of the thirteen districts in the state, only four districts had life expectancy rates above the state average of 71.5 years, Pithoragarh Shows the highest life expectancy at 72.1 years. The leftover nine districts had life expectancy rates below the state average. Haridwar is at the bottom with 67.7 years.[5]

Fertility and Mortality Trends in Uttarakhand:

Demographic indicators like fertility and mortality have a direct bearing on maternal and child health outcomes. Data from various NFHS(1998-99 and 2005-06) Rounds indicates that in Uttarakhand, the Total Fertility Rate (TFR)reported a decline to a value of 2.1 from 2.6 in 2015-16.[6]
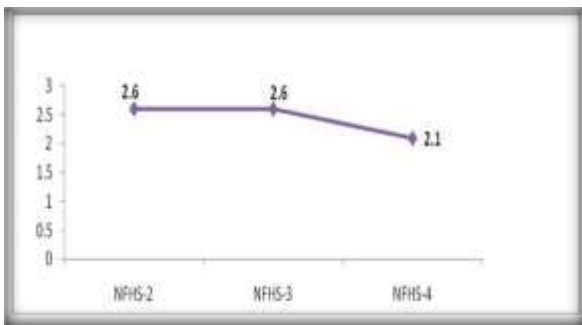
Fertility Trends- Total Fertility Rate (Children per Woman)

The under-five mortality rate (U5MR) has shown a higher decline from 56 to 47 over the very decade. Albeit the state is far better than the All India figures for the U5MR over the considered period, still more to be done to cut down the infant and under five mortality rates in the state.
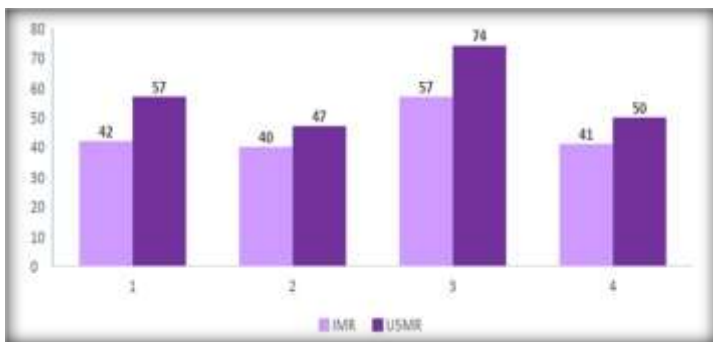

Infant and Under 5 Mortality Rates

Maternal and Child Health:

Improving the health and well-being of mother and children is a development imperative for any state striving for human development. A healthy mother is a guarantee for a healthy child. A child also needs a healthy mother because mother is the primary care giver for her children. Maternal and child health parameters are governed by factors such as access, availability and utilization of health care services, especially during pregnancy, at the time of birth and immunization. In the state of Uttarakhand, Chamoli had the highest proportion of home deliveries in the state wherein one in every two babies in this district is born at home (52.1%). Maternal and child health are integral as human development imperatives and outcomes. Also Place of birth has an important bearing on maternal and child survival.[8]
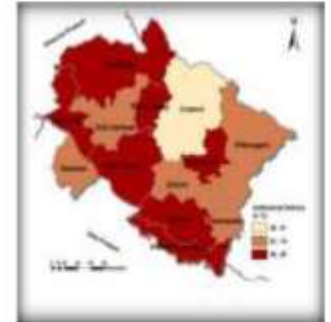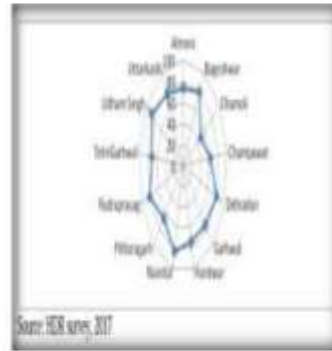
Per Capita Expenditure on Health Care:

The healthcare expenditures incurred by households include out of pocket expenditures and pre payments for various medical services such as out-patient care, hospitalization, surgeries and medicines, many of which are not covered by any health security finance schemes. Out of pocket expenses (OOPE) for health purposes have a debilitating effect on the economic wellbeing of the downtrodden. The HDR 2017 data reports that in Uttarakhand, in 2017, per capita expenditure on healthcare including medical costs was Rs. 3740.58 (per annum which was 9.4 percent of total familial expenditure.[9]
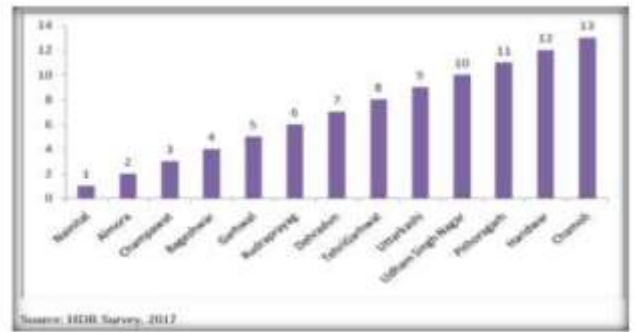
Annual per capita expenditures on services were stated as minimal in the rural and urban households of the hill districts of Champawat and Rudraprayag largely because of inadequate health infrastructure in these regions.
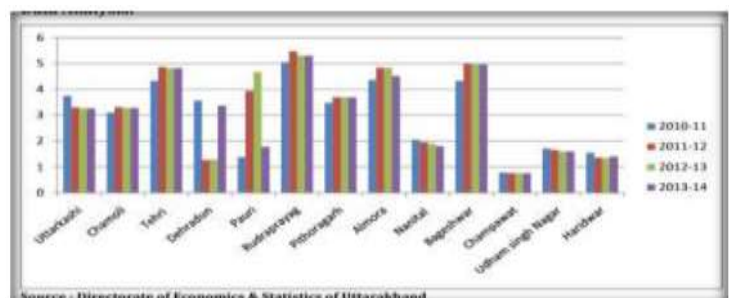
Primary Health Centers per lakh population

This graph shows the number of primary hospitals per lakh population in rural areas of each district of Uttarakhand. The number of hospital in Uttarkashi, dehradun, nanital, udham Singh nagar, Champawat and haridwar heightenedduring the years 2010-11. Whereas, the number of hospitalin Chamoli,Pauri, Almoraremained almost constant after 2010-11. Rudraprayag is the only district having highest number of hospitals during 2011-12.[10]

SDG 3: An Impact of Life Expectancy on Human Development:

In this model, the relationship between life expectancy and human development has been delved. In The following model, the Human Development Index (HDI), Education (EDU), Life expectancy at birth (LEB), Gross national income (GNI) Per capita.
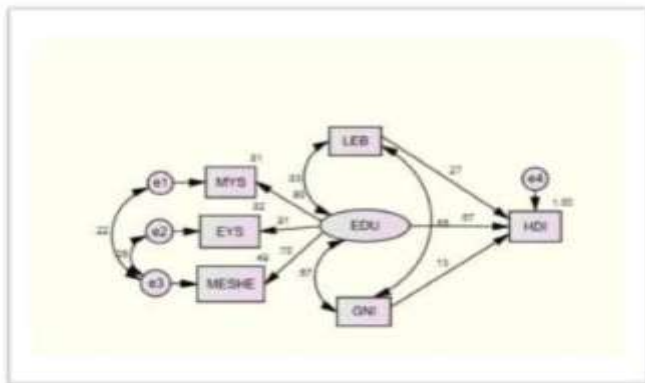
Education, per capita income and life expectancy at birth have a positive impact on human development. On the basis of this model, higher life expectancy leads to high human development and more safer nation to reside in.[11]

Dimensions index = $\dfrac{\text{(actual value} - \text{min.value)}}{\text{(max.value-min. value)}}$

HDI is calculated as the geometric mean of life expectancy, education, GNI per capita as follows:

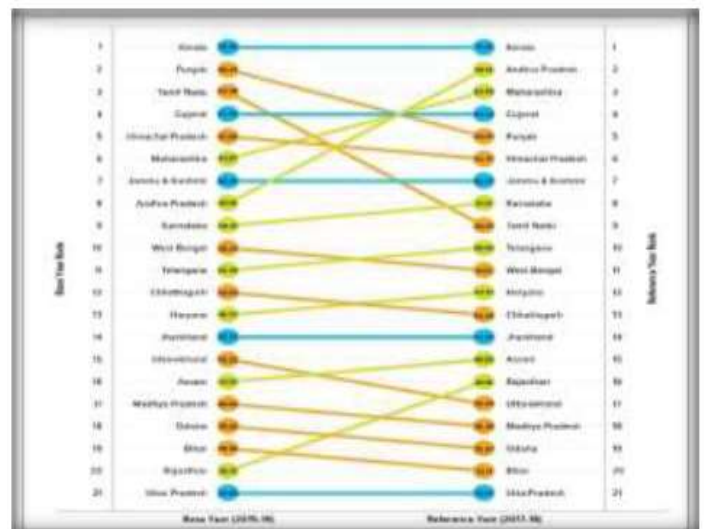$$HDI = (I_{health} * I_{education} * I_{Income})^{1/3}$$

The Health Index:

Health is a crucial component in determining human development. Using multiple indicators, we have attempted to assess the overall health condition in Uttarakhand by calculating a health status index. Districts with ranks 1, 2 and 3 include Nanital, Almora and Champawat having the maximum geometric mean. Chamoli, Haridwar and Pithoragarh were the districts with the minimal value for the health index.[12]

Healthy States Progressive India Report by NITI Aayog (2019):

This report ranked Uttarakhand among the least performing States with 5 others: Uttar Pradesh, Bihar, Odisha, Madhya Pradesh, and Rajasthan. Uttarakhand categorized as not improved state in incremental performance calculation.Following figure shows the decline in the rankings of Uttarakhand in healthcare by two.[13]

Uttarakhand Vision for SDG 3:

By 2030, good health and well-being will be ensured for all citizens of the state by attaining robust child and maternal health, reduction or elimination of communicable and non-communicable diseases as well as expansion of healthcare services.[14]

Focus for Tomorrow:
• To reduce maternal mortality and child mortality.
• To reduce the incidence of communicable dis eases such as TB and malaria.
• To tackle the incidence non-communicabledisease with the help of alternative medicines such as ayurveda, yoga, homeopathy, naturopality, unani, Siddha etc. (AYUSH)
• To increase universal health coverage an reflected in Antenatal Care, Post-natal Care. share of institutional delivery, etc.
• plug the gaps between the health servicespersonnel requirement and availability

CONCLUSION:

This paper brings forth some of the pressing issues concerning the health status in Uttarakhand, highlighting spatial, geographical and other dimensions that are reflected through various health indicators such as infrastructure, morbidity and mortality patterns, health expenditures as well as maternal and child health at the state as well as district levels.

Health infrastructure in Uttarakhand suffers from an acute shortage of Primary Health Centres which are the first point of contact for those seeking immediate care. The reason for the worrying indicators can be attributed to the gloomy picture painted by the article about the state's health infrastructure. Almost 70% of the state's primary health centres (PHCs) had no medical officers (worst among all big states) while 68% of the district hospitals did not have specialists (second- worst). Also, it took the government treasury over 109 days to transfer the funds under the National Health Mission to the implementing department. U5MR is still higher than IMR, which indicates immunization coverage and early childhood care are still far to reach to the mark. In rural areas 72.5 percent of deliveries took place in institutions, mostly belonged to marginalized sections of the society. all are an inescapable impediment for the successful provisioning of health care especially to the poor and adversely affects efforts at reducing maternal and child mortality.

Active involvement of the government in the effective implementation of health care programmes, their monitoring and evaluation and ensuring accountability of the stakeholders can ensure that healthcare benefits reach all the beneficiaries, especially the most deprived, poor and vulnerable.

Recommendations:
• To increase number of doctors and health personnel, especially in the hilly districts.Access in the hills is a major challenge and retention of doctors is even more of a hurdle.
• As regards public health facilities, there is a need to pay attention towards infrastructural shortage of human resources such as bed strength, and the total number of facilities.
• In order to combat the situation of maternal and child death, presently two Centrally Sponsored Schemes are functioning in Uttarakhand, viz., the Pradhan Mantri Swasthya Suraksha Yojana (PMSSY), and the Integrated Child Development Services (ICDS). For attaining

the targets by 2030, the state government has to work hard with the Central Government to execute the centrally sponsored schemes effectively.

• To ensure safe delivery and reduce delivery-related complications, there is a need to increase the number of delivery facility points that can work round the clock, with a special focus on the rural areas in the state.

• The increase in awareness among the public regarding various programmes also entails a rise in the coverage of institutional deliveries

• To reduce the burden of non-communicable diseases, there is need to focus on the establishment of District Wellness Centres in all hospitals for achieving early detection, treatment and referral of NCDs.

• For promotion of mental health and well-being in the community, there is need to generate awareness about mental illness and augment treatment facilities for mental patients.

• It is expected to have good linkages with the referral facilities below the district levels, that is, Sub-divisional Hospitals (SDHs), CHCs, and PHCs, as well as external institutions run by NGOs and private voluntary health organisations.

• Lack of manpower, institutional and other facilities also play a major role in not achieving the desired results and also Logistic management needs to be improved so that the projects can deliver the desired outcomes.

• In order to attain the targets of SDG Goal No. 3, the state needs to ensure the following

• Decrease in the MMR from 165 to 94 per 1,00,000 live births by 2024;

• Decrease in the U5MR from 47 to 31 per 1000 live births by 2024;

• Decrease in the IMR from 40 to 29 per 1000 live births by 2024;

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