

## RISE OF HEALTH RELATED ISSUES AND MANAGEMENT OF HEALTH SERVICES IN ASIA

**Mohamed A.M. Iesa**

Department of Physiology, AlQunfudah Medical College, Umm Al Qura University, Mecca, Saudi Arabia.

Corresponding Email ID: [mohamedovi1@gmail.com]

### Abstract

South-East Asia is one of the highly populated and poorest parts of the world. Due to various weaknesses in the region it faces huge social, economic, and health challenges. The pervasive inequality, violence, political instability and high disease incidence has created the situation much worse. In the current investigations, the women health have been addressed and focused on various aspects. Owing to India's fast economic growth and prosperity, the country itself has witnessed a huge rise in dreadful diseases affecting the health of its large chunk of population. The underprivileged people living in poverty are mostly affected by these diseases. Due to uprise in disease spread especially a communicable diseases and spurt in non-communicable diseases resulted in 60 percent of all deaths in 2015 which was 42 percent in 2001-03. In terms of revenue and employment health care system has become one of India's largest sectors. Despite the phenomenal economic growth, India's healthcare sector faces numerous challenges in trying to effectively serve its huge number of population. From the total GDP India spends its 47 percent of GDP on health care.

**Keywords:** South-East Asia, Curable & non-curable diseases, doctors, health problems, poverty, doctor, health care system, nutrition

### Introduction

The nice and good health care system is the most valuable asset one can have in the country. World Health Organization (2021) decided that concrete action is needed to ensure women and girls in all their diversity to enjoy the right to health. Best and efficient working staff all depends on their good health. Physical well-being depends on general good health and the satisfaction of the body's primary needs, whereas psychological well-being is a more abstract notion that depends on personal evaluations and can appeal to social or economic success, pleasure, and harmony with oneself, other persons or the environment (International Council for Science (ICSU); 2015). Individual and collective health and well-being constitute an extraordinary resource that acts on social and economic development, bringing a return of better health and well-being of the populations that endorse it (WHO, 2001; Sachs, 2002; United Nations -

Millennium Project, 2005). Some of the workers who suffer because of poor health conditions and those who fall sick quite often cannot do their job effectively and thus their efficiency remains low. Better health, education, equal and wider job opportunities to all, trustworthy and transparent people's intuition, sustainable and cleaner environment, dignity, self-esteem and life security, among others, are key manifestations of the quality of growth (WEOR, 2012).

Betterment in the health of working class greatly influence the national output through their increasing working capacity. Improved health conditions of the people contributes to economic growth and reduces production losses caused by worker illness and also permits the use natural resources that had been totally inaccessible because of diseases. Best health facilities and good treatment at genuine prices decreases the chances of diseases of the people especially for the children's who are school going hence increases the school attendance and admissions of children in schools. The good physical and mental health helps to understand and learn in a much better way, and it saves lot of resources for alternative uses that would otherwise have to be spent on treating illness. The two important things for well being are; balanced & nutritious diet and the second one is better medical care. Health is also an important entitlement that enhances "capabilities" of the poor people leading to increase in "commodities" and further improvement in health status. As investment on health increases, the productive capacity of the working population, and hence the level of income tends to rise and to that extent it contributes to a decline in the incidence of poverty (Grossman and Rand, 1974). With rapid improvement in health particularly of the poor "vicious circle" of poverty can be converted into "virtuous circle" of prosperity (Ernst and Young, 2006).

The level of health care services & treatment, diagnose of some of the killing diseases in India is very low which clearly indicates huge percentage of morbidity and mortality rate and the small children's being the primary prey in the country. It has been studied that the main reason for this is that the economic conditions of most of the people in India is below the average line and cannot afford high priced medical treatment. Due to the shortage of the money, unbalanced diet, inadequate medical care and unhygienic living conditions, the poor people suffered the most and for several of the major diseases death is the ultimate resolution in the favour of the people. The bad climatic also has a great role to play in poverty. Climate change will have evident health repercussions, and good health should favour a better resilience of the affected populations (Guegan et al., 2015). The phenomenon of massive urbanization in different regions of the world will affect the health status of populations, particularly due to air pollution and urban heat island phenomena (Guegan et al., 2016). Intensive agricultural and livestock production, while providing food resources for the world's population, may also contribute, in part, to the destruction of natural habitats, biodiversity loss, decreased water quality and soil erosion, as well as the deterioration of peasant and

farmer health. The prominent and lead cause of poor and bad health condition of the people of India is widespread poverty and corruption of medical department. This research article strives to put forward the actual existing problems in health care service system in India and to find out the different paths to solve the problems. Objectives of the Study are

1. To study and know about the problems that is confronted in health system in India.
2. To examine the different problems and their serious consequences upon the Indian society.
3. To suggest the ways for the betterment of the problems.
4. To put forward recommendations for developing the health services & system in Indian health service department.
5. To put forward an ideal model for solving the health service problems and compare it with total health system in India.
6. To give a picture of the real condition of most of the government hospitals, private nursing homes and most of the rural & urban health centre and to know about the doctor's negligence about the patients.

### **Methodology of the Study**

To resolve the issues related the health issues in India, the data for research was collected and drawn from secondary source in India. Besides online sources the other common sources from where data was gathered includes censuses, information collected by government departments, organizational records and data that was originally collected for other research purposes. The analysis will be made on the basis of the information. The various sources such as books, journals, reports, websites, university libraries, planning commission, govt. publications (central and state), district wise & state wise investigation report, various health developing committees etc from where the secondary information was collected.

### **Statement of the problem in health education and system**

The allopathic health service system and treatment is very expensive in India which a common lay man cannot afford. The common man suffers a lot. The rate of various important drugs have gone up thus more priority should be given to alternative system of medicine like Ayurveda, Unani and Homeopathy system which are less costly, hazardous free and will serve the common man in better way. The main problems of Indian health systems are like shortage of medical personal like doctors, nurse, shortage of hospitals and dispensaries, insufficient fund for purchasing medical instrument, obsolete & old medical machinery, less and incompetent medical staff, poor health infrastructure, low levels of health Insurance, Urban Vs Rural divisions, less spent

on healthcare system, lack of hospitals in rural area, unwillingness of the doctors to serve in rural area, neglecting medical research on drugs & vaccines for tropical diseases by international companies because of their limited profit, highly imbalances & social inequalities for getting health facility especially neglecting people of rural, hilly & remote areas where poor and backward people are far away from modern health service. Moreover proper health education is given by none. The service equality and standard, hygiene, cleanliness of the health centers are in poor condition so that they do not give minimum health education to nearest people.

**Table-1: Different health indicators used in India to check annual growth rate in last sixty years**

Indicator/year	Birth rate	Death rate	Infant Mortality Rate	Maternal Mortality Ratio	Total Fertility Rate
1951	40.9	25.1	148	1323	6
1961	38.6	20.5	129	1180	5.7
1971	36.8	14.8	120	853	5.2
1981	33.7	12.5	110	813	4.3
1991	29.6	9.8	80	424	3.7
2001	23.9	7.4	58	256	2.9
2011	21.6	6.7	44	198	2.4
AAGR	-1.101***	-2.249	-2.016	-3.381	-1.579

AAGR stands for Average Annual Growth Rate in Percent; Note: \*\*\* represents that coefficient is significant at 1 percent level of significance.

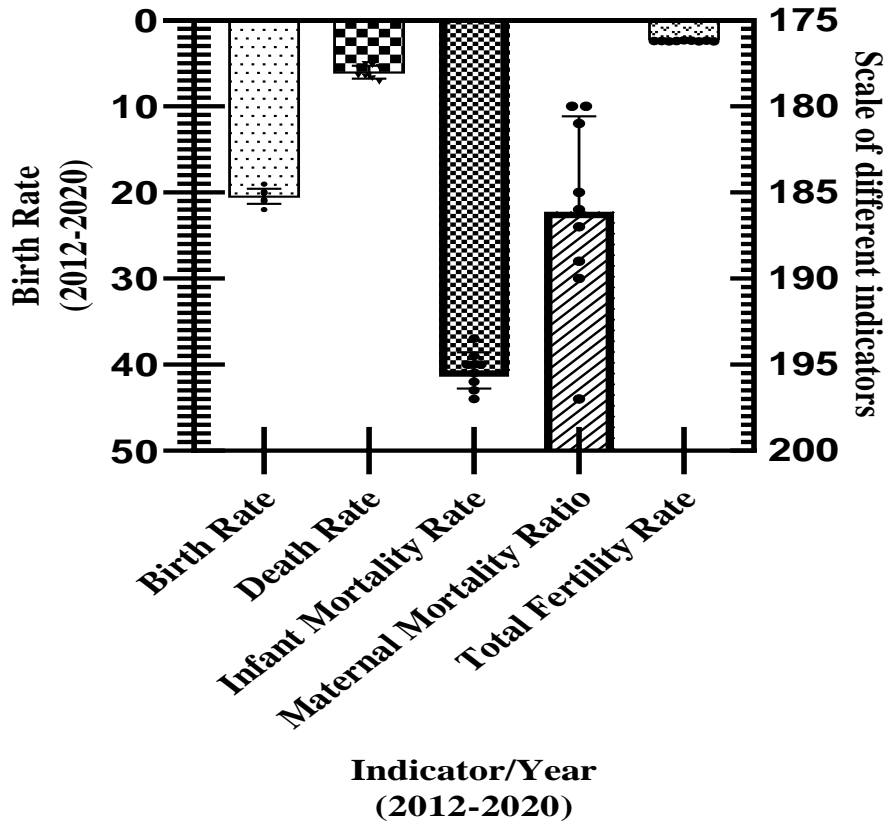


Fig 1: Graphic (column) representation of birth rate in different indicator years determined from 2012 to 2020

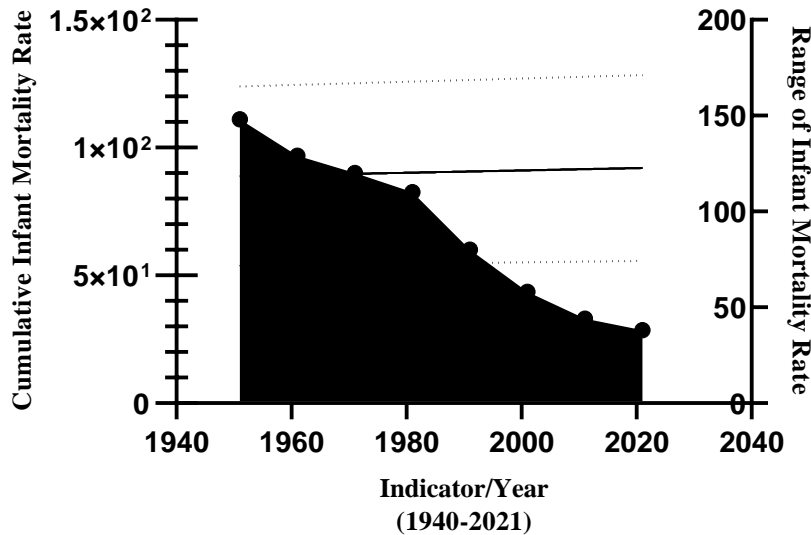


Fig 2: Graphic (column) representation of different indicator years w.r.t cumulative frequency of infant mortality rate from 2012 to 2021

Table 1 reveals that in the period from 1950 to 1971, India was engulfed in health deterioration as the values speak so high. Further, the graphic (Fig-1, 2) representation also showed the health conditions of the women from 2012 to 2020. The trend continued with the gradual decrease in the values of the health indicators. The annual growth rate after every ten years declined. From the values of AAGR, all the indicators have shown a declining trend with death rate decreased twice the birth rate, and same situation followed in other indicators as well. Thus a dramatic change resulted with an improvement in health sector.

The multidimensional approach to infectious diseases and their control, since 62 to 75% of new emerging infectious diseases are shared between humans and domestic and wild animals, explicitly underlines the difficulty of medical interventions. In general, vaccinations, particularly those related to the eradication of the human smallpox virus, represent an obvious success. However, in some regions of the India, such as rural and far flung areas, public health interventions are still difficult to carry, or their results do not live up to expectations. In many of the states, the health situation is catastrophic, and many infectious or parasitic diseases affecting public and animal health that were previously under control, currently show dramatic levels of incidence and prevalence ( Hay et al., 2013).

Poor health conditions and poverty often go hand in hand because an infected person becomes less productive and therefore has a lower capacity to generate income. So, the poverty trap could be caused by infections, particularly since many endemic tropical diseases develop all or part of their transmission cycle in the environment; therefore. Clearly, One Health/EcoHealth approaches adopting a broad ecological perspective may help to anticipate and proactively mitigate these kinds of risks by considering interactions with ecosystems (Asakura et al.,2015). Additionally, some countries or regional territories may have managed to overcome certain infectious diseases by proximity effects. However, if the interventions of the surrounding territories or countries fail, the failure can influence the reinvasion of the pathogen, its vectors or its reservoir (Maxwell et al., 2017). In addition to inequity in health services, the quality of health services and governance of public health organizations are also matter of concern. First the infrastructural facilities are inadequate followed by their poor maintenance. Secondly most of public health institutions are understaffed accompanied by a high absence rate among the personnel. Thirdly, medicines are normally not available in the health institutions (Dreze, 2004).

In government health centers, patients are badly treated, doctors, nurse's even medicines also are not always available to the patients demand. Many cases have been documented in which medical negligence and unavailability of doctors made to pay the price by taking life of the very much patient. To ward off this problem, in government schools health education should be mandatory and colleges should make as compulsory education to give importance on them. In addition to this, social awareness like health education programme should be conducted and free primary health checkup should be done by good reputed doctors by organizing special medical health camp in remote village area, far flung areas, towns and cities.

The government should take this responsibility on their own shoulders and need to appoint skilled efficient employees in health sector to raise the standards starting from the common man. Number of medical colleges and university should be increased and there number of sits and capacity for admitting new medical students should be strengthen. The standard of medical colleges should be improved and there should give facilities in new medical research so that better new treatment procedure and medicine should be discovered. The selection list in different medical colleges should be purely based upon the merit regardless of separate quota for girls and other economic weaker classes of the society. Keep neighboring surroundings neat & clean and environment education should also be imparted in school, colleges, social awareness programmes and camps etc. The teachers in school & colleges should be educated about the health care so that they train the students in health education such that they will take good care of themselves and their parents which will greatly help in spreading of at least communicable diseases. Budget in health sector should be increased to remove these

entire difficult investments. The government has taken many strong steps in health sector and education, but still now many defects and limitation are still floating in the health care service system. Government should focus on grave issues and their disposal by effective planning & allocating more funds. The Government should step up its support if public health goals are to be achieved at a large level.

### **The causes of the problems in health services and education**

The efforts in upliftment of health services and its outcomes has been very running at a very slow rate which has rendered India to face high disease burden, low productivity of Indian workers and lower earnings. Due to premature deaths of infants and preventable illness, recently India losses 6% of its GDP. The main causes of wicked health services of India are as follows;

1. Public health expenditure in India is lowest in the world despite it has moved up over the past decade. It was merely 1.3% of total expenditure of India in 2015.
2. Public health expense of India is very less and as well as regressive. Only 17.3% of lower income classes get benefit from the public health system as against 22% of higher income classes.
3. The health care services from the public as well as private sectors taken together are inadequate and meager to satisfy the demands of the population. The number of doctors & auxiliary and midwives nurses is 45 & 75 per lakh population whereas desirable number are 85 and 225 per lakh population respectively at the starting of the Eleventh year plan. The grave shortage creates wide geographical variation in availability across the country. Moreover, most of the doctors are not good. As a result patient's death occurs because of the wrong treatment of the doctors.
4. Quality of health care services in both the public and the private sector is of great concern. Many practitioners in the private sector are not qualified doctors. Regularity and standards of the hospitals are not adequate.
5. For the vast majority of the population in India affordability of health care service expenses is a grave issue. Due to lack of extensive and adequately funded public health services put forward a large numbers of population to take a heavy loss out-of-pocket expenditures on services purchased from the private sector.
6. Because of highly inflated health care cost and increasing life expectancy, a large portion of our population in India become vulnerable to non Communicable Diseases (NCDs), which largely require highly expensive medical treatment.
7. In 2008-09 on healthcare in India public, private and household out of pocket expenditure the total expenditure was about 4.1% of GDP. The money spent on health was only about 27% of the total expenditure in 2008-09 which is very low by any



standard. Besides, people mostly opt for private health care system because the country's public health facilities are very limited, and not run in a way it should be.

8. In most of the states of the country health sector runs very badly. Infant mortality rate is very high in relatively backward states like Utter Pradesh, Bihar, Orissa, and Rajasthan.

9. Health workers work at very low wages by risking their lives as a result they do not have enough energy to work efficiently. For example ASHA workers do the work of a primary health worker without a regular salary and are paid Rs 350 only per institutional delivery.

10. The Patient's undergo a lot of problems for the medical treatment and in most of the hospitals & nursing home doctors are not available in any time. Even most of the accident & serious cases they does not take the responsibility of the patients. Many patients are not able to afford medicine because of high cost which is also unavailable in hospitals. Nurses do not take care of the patients in all time & neglect them.

11. Mental health is also a focus of target. Suicide accounts for 8.2 percent of deaths among young adults ages 15–29 globally and is the second leading cause of death after road traffic injuries for that age group (World Health Organization. 2016).

12. More over in remote village & hilly area, there are not any good hospitals & health centre. Number of patients went abroad for better medical treatment which requires lot of money. Incidents are recorded were patient's death has been occurred due to carelessness & negligence of the doctors & hospitals.

### **Recommendations for solving the problem Health problem is very serious problem in recent India.**

To come out of the problem different measures should be undertaken which are as follows

1. The health care system should be enhanced in terms of beds and rooms in hospitals so that patient carrying capacity of the hospitals rises.
2. As far as attendance of government doctors & nurses is concerned the government should adopt strict policy in their regular duty especially the timing of the duty.
3. The high cost medicine should get available in hospitals & more over good quality of food should be provided. The sanitary condition of the hospitals, nursing home & other health centre should be improved.
4. There should be betterment in quality of treatment in government hospitals & nursing homes. The doctors appointed should be efficient ones in hospitals and health centers.

The govt. should also increase the number of medical colleges, & nursing training college for making suitable doctors & nurses. In rural area health centre plays a vital role for giving better medical treatment. Public awareness special health service awareness programmes need to get arranged in every village, block wise level & also the schools where special health check up should be done by the doctors at free of cost.

5. The government should increase budget expenditure on health services & take highly cost expensive health project to improve the health care services. In rural area the govt. should also increase number of nurses, ASHA & other health workers by giving them good salary so that they are encouraged to do their duty well. Special child care programmed should be arranged regularly where children are given vaccine against diseases & pregnancy mothers are also given check up & medicine at free of cost.

6. The best thing that government has done is the issuance of golden card to the people which is the very nice initiative to get patient cured running out of money. Continue research should be done in medical sector for discovering new type of medicine for the diseases which are not easily curable like cancer.

7. Infant mortality rate is a big and serious problem in the rural areas for which special effort should be made by government to reduce it.

8. Infrastructure of hospitals, nursing homes, health care centers & sub centers should be developed to meet the needs of people.

9. Leadership development aiming at a higher coherence and coordination among the goals to integrate different health determinants.

10. Integration of individual and peoples' rights.

11. Enlistment of civilian populations and their guaranteed participation.

### **Major health programme, s**

1. National Health Mission (NHM): The multidimensional programme was launched in 2013 to enable universal access to equitable, affordable and quality health care facilities. Provision of accessible, affordable, effective primary health care facilities especially to the poor, bridging the gap in rural health care services through creation of ASHA maintaining gender balance are features of this health care service programmers.

2. Janani Suraksha Yojana: It is a safe motherhood intervention under the NRHM being implemented with the objective of reducing maternal and neo-natal mortality by promoting institutional delivery amongst the poor pregnant women. It integrates cash assistance with delivery and post delivery care.

3. The National health policy, 2002 and the common minimum programme: Launched by congress government the main aim of programme was to stress out the need for achieving an acceptable standard of good health amongst the general population of the country.
4. Pradhan Mantri Swasthya Suraksha Yojana (PMSSY): The objective of this programme was correcting regional imbalances in the availability of affordable/reliable tertiary health care services and to augment facilities for quality medical education in the country. Under this, the government establishes AIIMS like institutions and upgrading existing medical college institutions.
5. Swachh Bharat mission programme: Launched on October 2, 2014, by the prime minister Narendra Modi aims at attaining an open defecation free India by October, 2019 by giving access to toilet facilities to all rural households and initiating solid and liquid waste management activities in all gram panchayats to promote cleanliness.
6. Other programme: It includes the Revised National Tuberculosis Control Programmes (RNTCP), National Vector Borne Disease Control Programme (NVBDCP), National Programme for control of Blindness (NPCB) and National Leprosy Eradication Programme (NLEP). NVBDCP programmes were implemented for prevention of vector borne diseases like malaria, kalazar, Japanese encephalitis, Dengue etc.
7. National health policy: It was approved on March 15; 2017. It's aims were at achieving universal health coverage and delivering quality health care services to all at affordable cost. Various steps are also advocated for developing medical health care providers, expanding AYUSH (Ayurveda, Yoga and neturopathy, Unani, Siddha and Homoeopathy) services, providing facilities for nursing education, certification programmes for ASHA workers etc.

## Conclusion

The system of health care services in India from the recent years have suffered very badly and is now in depriving conditions when two critical waves of corona hit the country. The first and foremost reason being the poor health services lack of nutritious diet, inadequate medical care and living under unhygienic conditions, corruptions in medical department, incompetency and inefficiency of proper medical staff, bad infrastructure, lack of good doctors & nurses, low quality of treatment, wrong recognizing & treatment of diseases, poor quality of foods and high cost of medicine & medical treatment etc. The majority of Indian are still living under the below poverty level and naturally they are not even in a position of eating nutritious food let alone purchasing medicines and bearing high cost of medical treatment. Huge amount of population still in India do not get two square meals a day. So better medical treatment

is like a dream to them. In addition to that, most of the good hospitals and private nursing homes which situated in urban areas are far away and not within the reach of most of the rural population which eventually lead to improper medical treatment. Therefore to enhance the health service condition of the country the government should adopt good health service by improving and developing strong measures along with eradicating poverty of the people of the country which ultimately lead to the prosperous nation in a phenomenal way. In the absence of technology solutions the healthcare sector cannot achieve its full potential as there would be cases of excess and insufficient capacity of specialized services at various locations. All this can be achieved with the help of integration and thus helping our own economy to be at the zenith.

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