Conceptual Framework of Public Healthcare in Goa

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Abstract: One of the most important indicators of the Wealth of a Nation is the Health of its population. India adopts a universal healthcare system which functions through their respective State Government. The primary duty of every State Government is to improvise the healthcare services offered to its people that could raise their standard of living. An attempt has been made to understand the conceptual framework of Public Healthcare in Goa using the secondary sources of data. Goa’s rapid increase in population day by day and being a tourist destination where it receives lakhs of tourist annually and also the death of the innocents due to many diseases. Is the healthcare system in Goa well equipped to meet such an influx? Hence, the study figures out the healthcare delivery system prevailing in the state.

Keywords: Health, Public, Healthcare, Goa.

I. Introduction

Health is a basic right of all the citizens of the country and promoting health forms an essential part of the health care system. It is imperative to the growth of an economy, as a healthy workforce is renowned as the key to economic growth and sustainable development. Realizing the importance of health as a driver of economic prosperity, developing countries including India are striving to spend a higher percentage of their GDP on healthcare.

Several factors have an influence on the health status and a country’s ability to provide quality health services for its people. Ministries of health play a critical part in imparting quality healthcare services, apart from it there are other government departments, donor organizations, civil society groups etc.

Healthcare providers undertake methodical activities to cure health problems. Hospital is regarded as a place for the diagnosis and treatment of human injuries. It is also used for the purpose of educating and training the young minds.

According to the “World Health Organization”, Hospital is a central part of a medical and social organisation, its purpose being delivering effective healthcare to its population.

Ownership is one of the basis for classifying hospitals into public and private. Hospitals run by the central government, state government and other local bodies are termed as public hospitals and they include specialized hospitals or general hospitals. On the other hand hospitals that are owned by a group of individuals are private hospitals.

Naturally, private hospitals are getting popularized due to the scarcity of government hospitals and also because non interest shown by the richer section of the society to get treated in public hospitals.

II. Objective of the Study

The main purpose behind the study is to identify the present status of Public healthcare in Goa i.e. knowing the healthcare system adopted by the state, the organizational pattern, the various health services offered and also the expenditure pattern of the government over a period of 5 years.

III. Research Methodology

The study focuses on identifying the conceptual framework of Public healthcare services in Goa. The necessary data has been acquired from the Goa Statistical Handbook available at the Directorate General of State Health Services, World Health Organization and Government of India.

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IV. Theoretical Background

4.1 HEALTHCARE:
WHO defines health as, “A state of complete physical, mental and social well being and not merely the absence of disease or infirmity”. There are different factors that can influence the status of health of an individual; it can be the individual’s lifestyle or their social and economic background.

4.2 HEALTHCARE DELIVERY SYSTEM IN INDIA:
India’s healthcare system is categorized by a multiple systems of medicine, mixed ownership patterns and varied delivery structure. The Central Government is responsible in framing up the policies, guiding, assisting, evaluating and coordinating the work of State health ministry. But mostly the states are independent when it comes to the delivery of healthcare to its people. The Indian healthcare delivery system is follows 3 important links depicted in chart 1.

Chart 1: Healthcare Delivery System-

<table>
<thead>
<tr>
<th>CENTRAL</th>
<th>STATE</th>
<th>LOCAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Ministry of Health &amp; Family Welfare</td>
<td>1) State Ministry of Health &amp; Family Welfare</td>
<td>1) Sub-Division</td>
</tr>
<tr>
<td>2) Directorate General of Health Services</td>
<td>2) State Director of Health</td>
<td>2) Tahsils</td>
</tr>
<tr>
<td>3) Central Council of Health and Family Welfare</td>
<td></td>
<td>3) Community Development Blocks</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4) Municipalities and Corporations</td>
</tr>
<tr>
<td></td>
<td></td>
<td>5) Villages</td>
</tr>
<tr>
<td></td>
<td></td>
<td>6) Panchayats</td>
</tr>
</tbody>
</table>

Source: Researcher’s compilation.

The healthcare system of the country is represented by five foremost sectors which vary from each other by the sources of funds for operation and the health technology applied.
1. Public Health sector
2. Private Health sector
3. Indigenous system of medicine
4. Voluntary health agencies
5. National Health programmes

4.2.1 PUBLIC HEALTH SECTOR:
The public health system constitutes the healthcare facilities owned by the state but funded by the central government. Government of India initiated the Ministry of Health and family welfare to look after the matters of health in the country. The health infrastructure in India includes three levels:

Primary level includes the Village teams, Sub centres and Primary health centres. Village level has a universal coverage there is an equal distribution of health resources. It includes village health guides, local dais
and Anganwadi workers. Sub-centres are manned by the multipurpose health workers along with attendants which is the peripheral contact between Primary health centres and Community health centres. Public Health centres generally act as referral units to Sub centres providing preventive and curative health welfare services, headed by a medical officer and other supporting staff.

The secondary level infrastructure includes the Community health centres and Sub district hospitals. Community health centre is the referral centre for Public healthcare centre lead by a health officer usually by specialist’s doctors. Tertiary level consists of the district level hospitals and medical colleges, other agencies.

The Ministry of health and family affairs launched different programmes to provide healthcare facilities to people living in the different parts of the country at subsidized costs. National Rural Health Mission, one of the programmes launched in 2005 offered effective healthcare facilities to rural communities. The National Urban Health Mission emerged in 2013 to meet the health care needs of the poor population residing in the urban areas. They are offered essential primary healthcare services at a lesser cost thus reducing their out of pocket expenditure for treatment.

**4.2.2 PRIVATE HEALTH SECTOR:**

The national health policy welcomed the participation of the private sector in all the areas of health activities. The policy encouraged the private agencies to set up various insurance instruments increasing the scope of coverage in the secondary and tertiary sector. Private sector includes private hospitals, polyclinics, nursing homes, dispensaries, private clinics etc. The increase in the private players in healthcare sector can be viewed as a result of lacking quality care, shortage of doctors and overcrowded healthcare facilities.

**4.2.3 INDIGENOUS SYSTEM OF MEDICINE:**

It is the traditional system of medicine that plays a pivotal role in meeting the health needs globally. India has the distinction of having the six recognized system of medicine. A separate ministry was formed in 2014 called as AYUSH (Ayurveda, Yoga & Naturopathy, Unani, Siddha, Homeopathy).

Ayurveda referred to as the science of life, takes a holistic view of the physical, mental, spiritual and social aspects of human health. Yoga means to unite an individuals own consciousness with the universal consciousness. There are eight components of yoga that has the potential to lift up the social behaviour and promote physical health. Unani is a comprehensive medical system which provides preventive, promotive, curative and rehabilitative healthcare. Siddha system of medicine comes from the ancient dravidian culture which emphasizes on the patients environment, physical conditions, age, race, sex etc for the treatment of diseases. Naturopathy is based on the principle of natural healing which is practiced widely across the globe. Homeopathy is a specialized method of treatment. It uses certain natural substances to cure various ailments.

This system of medicine provides bulk of medical care to people living in rural areas. There are various national institution set up to study how the indigenous system of medicine can be utilized in an effective manner.

**4.2.4 VOLUNTARY HEALTH AGENCIES:**

An independent organization whose main motive is not to earn profit but to provide health facilities to people across the country. They are usually engaged in delivering education, services and research related to particular diseases or disorders. They are organized by professionals or layman at the national, state or local level and they are supported by voluntary public contributions. Some of the voluntary health agencies include Indian Red Cross society, Bharat sevak samaj, Indian council for child welfare, Tuberculosis association of India etc.

**4.2.5 NATIONAL HEALTH PROGRAMMES:**

Union Ministry of Health and Family welfare is accountable for the implementation of various programmes in the areas of health at a national level. Some of the programmes include Anti-malaria programme, National AIDSc control programme, Iodine deficiency programme, Dengue control etc. National Health Policy of 2017 has strengthened the role of the government in shaping up India’s healthcare system.

**4.3 HEALTH CARE SYSTEMS IN GOA:**

The history of healthcare in Goa is filled up with ups and downs, but quite a fascinating one. It takes us to the time where Portuguese ruled over Goa. In ancient literature it is known by various names such as Gomanta, Gopakapattam, Govapuri etc.

Portuguese rulers had a positive approach towards the locals and as a result healthcare and medical education advanced in the state. Attempts were made to teach western medicine to the locals around 1546 at the ‘Seminario da Santa Fe’. At that time it was said that Goa achieved a distinction for having one of the best medical schools in Asia called as ‘Escola Medico Cirurgica da Goa’.

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Right in the year 1510, Royal Hospital was founded by Afonso de Albuquerque. It grew in stature upon its establishment and was rightly acclaimed as one of the best hospitals globally. Eventually in the mid 17th century the hospital decayed due to poor treatment of the patients and lack of steady supply of young trained doctors. ‘Hospital Real do Espirito Santo’ came into existence in 1961 where two professors from Portugal started their medical teachings which included a three year course called ‘Aula de Medicina e Cirurgica de Hospital Militar de Goa’.

Today, what we call the Goa Medical College was an upgradation of the same medical school in 1963, after liberation. Before the Portuguese era, traditional Indian system of medicine was looked upon for the treatment of sick people. Ayurveda was practiced at a larger scale than Unani in the state. Goa has a precious history not only for the medical services but also for the medical education. However, before liberation the medical services were only restricted to primary and secondary healthcare. An individual with some serious illness had to be taken to the neighbouring states for treatment. Since liberation the officials have strived hard and bestowed some funds to uplift the stature of Goa Medical College.

Source: Public Health in Goa, Ajay Kumar, 2011-12.

At present, Goa has the tertiary care facilities available in the public sector. Asilo Hospital and Goa Medical College located in the North and Hospicio Hospital, located in the South cater to the majority of people over 15 Lakh residency in Goa including people coming from Maharashtra and Karnataka. Health for all was the goal attained by the Government of Goa by 2000 A.D. through its various healthcare programmes.

The Directorate of Health services in Goa play a vital role in the administration and provision of health services depicted in chart 2. Raising the overall quality, extending accountability and delivering services reasonably and effectively are its main purpose.

Chart 2: State Health Administration-

There are different services offered to individuals residing in rural areas through a set of integrated health delivery system. The healthcare infrastructure has been classified into a system of three tiers: Primary, Secondary and Tertiary care. The district-wise distribution of total number of public hospitals located in Goa is listed in table1.

<table>
<thead>
<tr>
<th>Table 1: District-wise distribution of Public hospitals in Goa for the year 2015-16.</th>
</tr>
</thead>
<tbody>
<tr>
<td>NORTH GOA</td>
</tr>
<tr>
<td>1. District Hospitals</td>
</tr>
<tr>
<td>2. PHC</td>
</tr>
<tr>
<td>3. CHC</td>
</tr>
<tr>
<td>4. UHC</td>
</tr>
<tr>
<td>5. Sub Centres</td>
</tr>
<tr>
<td>TOTAL</td>
</tr>
</tbody>
</table>

Source: Directorate of Health Services (Goa)
The total number of beds in the public hospitals along with the total number of indoor patients and bed per patient ratio over a period of five years from 2011-12 to 2015-16 is shown in table 2.

<table>
<thead>
<tr>
<th>YEAR</th>
<th>TOTAL BEDS</th>
<th>INDOOR PATIENTS</th>
<th>BED PER PATIENT RATIO</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011-12</td>
<td>2,903</td>
<td>1,05,359</td>
<td>36.29</td>
</tr>
<tr>
<td>2012-13</td>
<td>2,918</td>
<td>1,32,714</td>
<td>45.48</td>
</tr>
<tr>
<td>2013-14</td>
<td>2,933</td>
<td>1,43,002</td>
<td>48.76</td>
</tr>
<tr>
<td>2014-15</td>
<td>2,951</td>
<td>1,87,585</td>
<td>63.57</td>
</tr>
<tr>
<td>2015-16</td>
<td>2,963</td>
<td>2,12,334</td>
<td>71.66</td>
</tr>
</tbody>
</table>

Source: Directorate of Health Services (Goa)

It can be inferred from the table that as the no of patients increase the total no of beds also increase but at a lower rate. The bed per patient ratio tell us the per bed availability for indoor patients. It can be seen in 2011-12 that one bed is available for 36 patients in a year and so on. In 2015-16 the ratio has increased to 71.66, which indicates that for one bed will be used by 76 patients in a year. Now this is not a good sign, bed per patient ratio should be decrease as the number of patient increase in a year.

Following are the different services offered by the health department to its citizens:
1. EMRI 108 and Ambulance services
2. Casualty and emergency services
3. Blood Banks and laboratory services
4. Cardiac monitoring services and mobile health camps
5. Specialized and Radiological facilities
6. Medico-legal services

To provide those services at a reasonable rate, the government has to spend on the healthcare system of the state so that it delivers the quality for its citizens. Chart 3, shows the trend of financing expenditure in the form of revenue and capital expenditure made by the Government from 2011-12 to 2015-16.

<table>
<thead>
<tr>
<th>Year</th>
<th>Revenue Expenditure (Rs. in Lakhs)</th>
<th>Capital Expenditure (Rs. in Lakhs)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011-12</td>
<td>37,600.18</td>
<td>3,031.82</td>
</tr>
<tr>
<td>2012-13</td>
<td>40,555.67</td>
<td>3,300.53</td>
</tr>
<tr>
<td>2013-14</td>
<td>47,179.58</td>
<td>4,258.22</td>
</tr>
<tr>
<td>2014-15</td>
<td>50,381.73</td>
<td>5,472.33</td>
</tr>
<tr>
<td>2015-16</td>
<td>63,313.62</td>
<td>9,038.33</td>
</tr>
</tbody>
</table>

Source: Directorate General of State Health Services (Goa Statistical Handbook)

The table depicts the trend of revenue and capital expenditure over a period of 5 years. It can be clearly seen that there is an increasing trend of expenditure on the health sector. As the population is increasing and more number of people fall sick, the state government is making an effort to improve the healthcare system of the state.

V. Conclusion

Even though, Goa has developed the 3 tier level healthcare infrastructure i.e. primary, secondary and tertiary, a larger section of the society living in rural areas have been unable to gain access to the same. Primary healthcare facilities should be made easily accessible at a lower cost for all the people. The delivery mechanism of Goa’s healthcare system is well designed and the Directorate of Health services play an important role in the administration and provision of healthcare services.

There are different services offered by the Public health centres and the most striking one is the emergency service 108 which services all parts of Goa. However, the entire set up is marred by a huge number of posts that are vacant, demotivated staff and unavailability of crucial drugs at the Public health centres. The government officials should also ensure that the data available on the official website is regularly updated and accurately provided.
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