

HEALTH CARE SYSTEM IN GOA: ANALYSIS OF ROLE IN SUSTAINABLE DEVELOPMENT

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Abstract

The notion of human well-being includes the crucial attributes of leading a healthy life free from illness and ailments and a reasonable life span. Experience shows that economic prosperity measured in terms of quantitative indicators does not always ensure enrichment in quality of life, but it is reflected in broader dimensions of well-being such as health, which is desirable in sustaining the development process. Hence evaluating the achievements on health front acquires importance.

Health policies in developing countries including India have focused on the issues related to population growth, common diseases, nutrition, disabilities, newly emerging diseases such as AIDS, occupational diseases, mental diseases and so on. Along with this earlier health agenda, increasing urbanization has thrown up new health challenges related to environment pollution, increased exposure to toxic substances in everyday life and life styles related health problems.

The paper highlights the importance of a well-managed health care system in economic development. It discusses the vital statistics indicating health status of Goa. It analyzes the trends in health sector expenditure as a proportion of Goa's NSDP. It attempts to examine if the health system in Goa is well-equipped to face the emerging health challenges to ensure sustainable development of the economy.

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Health and Economic Development: The Linkages

Although the importance of health in attaining personal and socially valued outcomes is not easily quantifiable in direct economic terms, the importance of health in sustainable economic development cannot be underestimated. According to Amartya Sen "the value of the living standard lies in the living" and better health is better living. Morbidity has many externalities. It leads to loss of income for poor families subsisting on daily income, may lead to increasing debt burden and distress selling of assets. The neglect of female child and adult females as limited budget is spent on treatment of male members can produce a chain of negative impacts, influencing the levels of future growth.

Health directly affects economic development through

- 1) Human capital - education, job training, physical and cognitive development.
- 2) Corporate capital – organization of the labour force, investment opportunities, capacity to attract work and capital.

Both affect technology i.e. Scientific Knowledge relevant to production, innovation in the national economy etc. eventually affecting each other and in combination economic development.

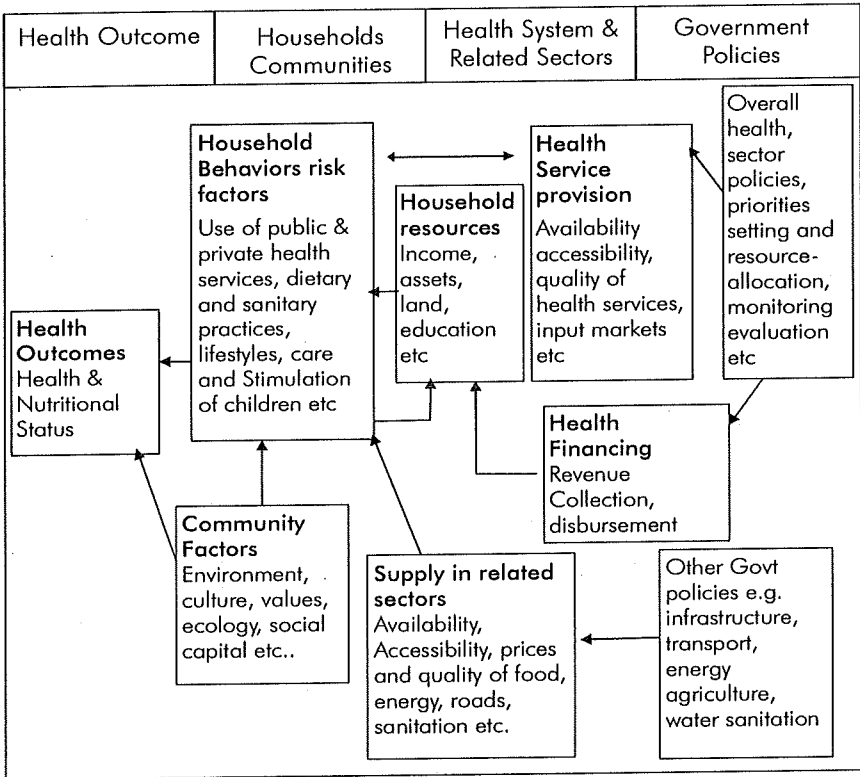
Good health contributes to the promotion of economic growth through faster demographic transition towards lower fertility rates, thus steadying the population growth rate essential for sustainable development. The experience of developed countries indicates that countries with better economic performance have invested more in health. The report of the commission on Macroeconomics and Health (2002) under the WHO, indicates that several of the large booms of economic history such as in Great Britain during Industrial Revolution, Japan's boom at the beginning of the 20th century, the dynamic progress of Southern Europe were preceded by important progress in Public Health. Thus the Report indicates that Public Health was a prerequisite, not a consequence of economic development in most successful countries.

In the countries of the African continent the high morbidity rate and its multiple effects on productivity, demography and education have resulted in persistent, unfavorable effects on growth. A statistical correlation worked out by the commission showed that if life expectancy in low income countries were to grow from 59 to 68 years, the increase in annual economic growth would be 0.5%, roughly, 10% over 20 years.

In countries which spent substantially, in taking care of public health care needs, it is found that average life expectancy is high which a good indicator of quality of life is. In Japan for instance, public health represents 80.2% of total health expenditure, it is 78% in Sweden and 82% in Norway. Life expectancy at birth is 81.1 in Japan, 79.6 in Sweden, 77.1 in Norway. Public expenditure per capita in all these countries surpasses \$ 1300. In contrast, in some countries like Brazil in Latin America where public health expenditure per capita is relatively low at \$ 208, average life expectancy is merely 59 years.

The chart below shows a framework of linkages between Government policies for the health and related sectors, other household and community factors and health outcomes at any point in time.

DETERMINANTS OF HEALTH OUTCOMES



It indicates the influence of household and community factors in determining health outcomes. A health care system is well performing if it improves the health, nutrition and population outcomes of the poor and protects the population from the impoverishing effects of illness, malnutrition and high fertility. It provides equitable access to preventive and curative health, nutrition and population services that are affordable, effective, well managed, of good quality and takes care of financing by mobilizing adequate levels of resources, and maintaining effective control over public and private expenditures.

Health and Economic Development in Goa

Table 1. Selected Health Indicators for Goa & All-india

	Year of Reference	Goa	India
1. Birth rate	2004	17.8	26.1
2. Death rate	2004	7.2	8.7
3. Infant mortality rate	2003	11.67	66
4. Total fertility rate	1999-2000	1.7	3.39
5. Maternal mortality rate/ lakh live birth	2002	39.6	407
6. Expectation of life at birth :	1989-93		
males		68.0	59.0
females		72.0	59.7
7. Doctor – population ratio	2004	1:636	1:2148

Source: Health Profile – Goa (2004): Directorate of Health Services, Govt. of Goa.

When states of India are ranked on a comparative basis in terms of health indicators, Goa occupies a place of pride.

Goa's Crude Birth Rate is the lowest among all states at 17.8%

The Total Fertility Rate in Goa is also the lowest in the country at 1.7. The all India TFR is 3.39.

Goa has surpassed the national targets for low infant mortality.

It is a leading state in the country in terms of coverage of immunization programme. It also has the most number of hospital beds per head in the country. Each hospital

bed in the state has to be shared by only 270 persons. In states like Madhya Pradesh there is just one bed for every 3786 persons.

Progress since Liberation

Table 2.

	Pre liberation (1961)	At the time of Statehood (1987)	As on 1.1.2004
1. Birth Rate	31.99	18.24	17.85
2. Death Rate	13.39	6.72	7.16
3. IMR	69.92	24.88	11.67
4. MMR	1.44	0.48	0.20
5. No. of Government Hospitals	17	31	32
6. No. of Private Hospitals	18	83	123
7. Population served per hospital	34814	10316	9054
8. Population served per bed	211	310	270

Source: Health Profile – Goa (2004): Directorate of Health Services, Govt. of Goa.

In 1985, the Public Health machinery in the State was reactivated with the enactment of the Public Health Act, 1985, which comprehensively covered preventive and curative aspects of health.

While on the birth rate front, the record is good, states like Kerala, Manipur, Mizoram and Nagaland manage to have a lower crude death rate compared to Goa's 7.2.

We can see the demographic transition that has taken place in Goa over the period, accompanying the progress on the health front. Despite high in-migration, the decadal growth rate of population between 1991 and 2001 was an impressive low of 15.21. This stable growth rate is essential for sustainable development.

If we take urbanization as an indicator of economic development in Goa, we note that over the period the percentage of urban population in Goa has increased from 14.8% in 1961 to 32.03% in 1987 to 49.77% as of now.

Table 3.

Year	1961	1987	2004
Decadal Growth rate in population (in %)	7.77	26.74	14.89
Urban population to total population (in %)	14.8	32.03	49.77

Table 4

Per Capita income (Rs) at 1980-81 prices year (2001-2002)	28,314 (Goa)	10,653 (India)
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In Goa, the improvement in the quality for health over the years is reflected in some of the basic socio-economic and demographic variables such as literacy, PCI, and reduction in levels of poverty.

The public health care delivery system in Goa is organized in a 3-tier system.

- i) At the primary level, there are 24 primary health centers and 172 subentries.
- ii) At the intermediate level, there are 5 community health centers and 2 district hospitals. There are 4 urban health centers in all.
- iii) The tertiary level facilities are affiliated to the Goa Medical College and hospital which is the focal point of health care delivery in Goa. It evolved in 1963 from the Escola Medica Cirurgica De Nova Goa that was established by the Portuguese in 1842. This was indeed the first Allopathic Medical School in Asia which produced world renowned physicians and surgeons.

While the efforts of the State Govt. in investing in health infrastructure and improving the health status of the population are commendable, there are also at the same time, several areas of contradictions. There are certain facts which do not augur well for a state which boasts of being a model state on the health front. There are several gaps at the availability, accessibility and administrative levels and these have to be addressed to strengthen the health care delivery mechanisms for Goa's sustainable development. Goa's three main income generating sectors are tourism, alcohol distillation and mining and there is evidence to prove that all contribute adversely to the health situation in Goa. There is evidence of diseases like silicosis which are caused by airborne dust generated by heavy ore trucks in the mining areas. The easy and widespread availability of alcohol, drugs and the promotion of gambling as an acceptable social activity can have serious negative impacts.

The fact that human health and well-being are intimately tied to the health of the ecosystems that sustain life is all the more true for Goa. Under the pretext of promoting tourism, the fragile ecological balance is being destroyed by encroachments into reserved forest areas, destruction of mangroves and illegal and unauthorized construction activities in the Coastal Regulatory Authority notified zones.

At the infrastructure level, there are questions about the maintenance of existing facilities. It is pointed out that low quality of manpower, lack of efficient supervision and coordination adversely affect the public health system. The public health care facilities are accessed by the high income groups also so that the low income people are either denied or have to wait in never-ending queues to access the facilities. There is considerable inequality in the access of tertiary level health facilities in Goa. Primary health centers are also not well equipped to deal with major health problems.

A study of the disease profile of Goans reveals that there is an increase in the diseases due to lifestyle related changes. The latest annual report on Registration of births and deaths available at the Registrar of birth and death is that for the year 1999. It shows that deaths due to cancer, diabetes mellitus and heart diseases alone accounted for 40.5% of total medical cause related deaths for the year.

Table 5. Death by Cause (1999)

Diseases	Total deaths	
Cancer	318	} 40.5%
Diabetes Mellitus	237	
Heart Diseases and Heart Attacks	3334	
Other Diseases	5693	
Total	9582	

Source: Goa State Annual Report on Registration of Births and Deaths (1999)

Health condition reports prepared by Health Information Bureau at the Directorate of Health Services indicate that main cause of sickness among Goans is due to respiratory illnesses.

Table 6. Health Condition Report Regarding Communicable Diseases in Goa

Year	Acute Diarrhoeal*	Acute Respiratory*	Pulmonary T.B* Treated	Total Of All Diseases
1994	12926(17.9)	31067(43)	3870(5.36)	72088
1995	17138(22.6)	25326(33)	2190(2.8)	75826
1996	9891(11)	23128(25)	5671(6.3)	89518
1997	7583(6.3)	33030(27)	5190(4.3)	119389
1998	11175(5.9)	41503(21)	3959(2.0)	189092
2003	8122(6.4)	337677(26)	8064(6.4)	125164

Source : Health Condition Reports for various years, Directorate of Health Services, Govt. of Goa.

*-Cases treated

There is a need for a shift in public health concerns in Goa from a mere increase in infrastructure to a more balanced approach which recognizes that non-communicable health problems such as mental and psychological disorders, road traffic accidents, cancer and heart diseases, other life-style related diseases and diseases related to environment factors are potentially greater challenges to be addressed by the public health system. In view of this State Government's initiative, involvement and investments have to be maintained at higher levels.

Table 7. Total Health Expenditure (Rs. in Lakh)

Year	On Revenue Acct.	% of NSDP	On Capital Acct.	% of NSDP	Total Expenditure as % of NSDP
1997-98	5672.82	1.36	370.08	0.08	1.4
1998-99	7010.79	1.34	315.13	0.06	1.4
1999-2000	7658.78	1.31	534.29	0.09	1.4
2000-2001	8236.37	1.26	398.63	0.06	1.3
2001-2002	8537.08	1.28	348.63	0.05	1.3
2002-2003	9208.25	1.26	455.73	0.06	1.3

A look at the figures shows that the allocations of expenditure on Revenue Account is declining. A large part of it goes as payments of salaries and wages to medical staff and health workers. A large amount also is spent in devising and implementing various family welfare programmes. This may explain why the maintenance of existing facilities at Primary Health Centers and other Government hospitals are quite deplorable.

A look at the allocations for health expenditure on Capital Account indicates that expenditures are not even 1% of NSDP. Goa does not have very sophisticated techniques and equipment of health care and most often patients are referred to neighboring cities. While the state spends around 1.3% of its NSDP on health, the corresponding allocations in states like Kerala and Gujarat are higher. In view of the fact that the private sector involvement in the field of health care is not very high in Goa, the Government should increase the allocations to the health sector due to its importance in sustainable development. This should be done by pruning down excess expenditure in other unproductive sectors so as to make health care facilities more affordable and accessible to the majority especially to the low income people in rural areas.

Concluding Remarks

The key health statistics have significantly improved in Goa over time. The state has improved its performance vis-à-vis other states on the health front. However the inequalities in terms of access to health care are widening in the state. According to a report one-third of Goa's children are undernourished. An emerging area of concern is environment related health problems. The Government should take all necessary steps to prevent major catastrophes like the outbreak of Viral Hepatitis that struck Goa in Aug-Sep 2003 due to contaminated water supply. Monitoring of environment related health problems is essential. Goa is also under the treat of diseases such as HIV/AIDS, since it is a migrant receiving state. There is therefore a need to maintain a comprehensive data base that profiles the health status of state's diverse populations. Although sufficient health infrastructure exists in Goa, the health centers in rural areas lack in staff, equipments, medicines etc, usually owing to lack of adequate funds. Therefore it is suggested that the State Government improve allocations to the priority needs in the Health Sector. The Government should also aim at providing decentralized accountability of the health centers by giving power of supervision and monitoring to Village, Taluks and District Panchayats.

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