

# Non-us healthcare system analysis essay

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Description: Preferred language style: English (U. S.) Please use 10 or more peer reviewed articles. Present the paper in third person.

Cite the references in APA format according to APA manual of fifth edition suggestions for the body of text and in the list of references. Please use heading and subheadings to present the content Non-US Health Care System Analysis In a 1250-1750-word paper, describe the history and the current status of the health care system used in the country selected. The paper should, at a minimum, include the following:

- Quantitative descriptors, e. g. number of providers, facilities, etc.
- Major events and their effects leading to the current system
- Strengths and weaknesses of the system's current state
- Projections for future direction and growth

The analysis should include a presentation that incorporates a timeline, chart, or graph and at least 5 key dates in the history of the country's health care system. For each date, the status of the U. S.

health care system should also be shown. The significance of the dates should be briefly explained in the content. For the references: Make sure it includes: List authors name, Year of publication with date if available, title of the article or book, name of the magazine or city, state, and name of the publishers.

I am going to select the public health delivery system in India. India is a country in which the public healthcare system is mainly based on managing the diseases the populations is suffering.

Constantly, there has been an organizational change and a structural reorganization in the healthcare system to bring about amalgamation of several components of the healthcare services under one roof. One of the

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major landmarks which has revolutionized the Indian healthcare delivery system has been the Alma Ata Declaration of the health for all goals by the year 2000 and the Bhore Committee's report in the year 1946 (NIHFW, 2002). In fact, the Bhore Committee's report stressed upon the need to primary healthcare units providing basic health facilities for every 10, 000 to 20, 000 population, much before the Alma Ata Declaration could suggest the same. Only since the time of independence in 1947 has the healthcare system in India become better. However, there are several problems associated with the healthcare system. The first PHC was set up in the year 1952 and formed a symbol of the community development program (NIHFW, 2002).

One of the means by which the efficiency of the healthcare system can be assessed is by studying the health indicators. Some of the health indicators which are important in the Indian context include the health policy indicators (such as political commitment, allocation of resources, organizational framework, etc), socio-economic indicators (such as rise in the population, the GDP rate, literacy rate, etc), provision of healthcare (such as coverage by the PHC or referral hospital and the population per healthcare professional or healthcare organization), and the health status indicators (such as infant mortality rate, maternal mortality rate, life expectancy, etc) (NIHFW, 2002). In India, the environmental factors play a major role in determining the health status and the morbidity and mortality rates (Klawiter, 2005).

Just Before independence, the situation of healthcare was pathetic in India. On an average one healthcare organization provided facilities to more than 100, 000 people which lived in more than 200 villages (NIHFW, 2002). In the <https://assignbuster.com/non-us-healthcare-system-analysis-essay/>

entire country about 70, 000 beds existed and the bed to population ratio was about 0. 24 per thousand. One physician served a population of 6000, one nurse served 43000 people, one dentist served 300, 000 people and one midwife served 60, 000 people.

To counteract this, the national Planning Committee was formed by the INC in 1938 to develop a health strategy known as the ‘ National Planning Commission’ (NIHFW, 2002). This committee also aimed at bringing the practitioners of alternative and complementary system of medicine into the mainstream healthcare system. The Crude death rate (CDR) in the country was 27 in 1951, which reduced to 9 in 1998.

The infant mortality rate reduced from 129 in 1970 to about 71. 6 in 1998. The birth rate reduced from 36. 8 in 1970 to about 26. 4 in 1998. The life span increased from 41.

3 year in 1951 to about 62. 9 years in 2000. In 1992, 13, 600 hospitals had about 800, 000 beds and about 48, 000 PHC’s were present. There were more than 137 co-operative hospitals in 2001 (CCBMKAU, 2001). The number of hospitals in 1995 was about 15, 000. The bed per 1000 people ratio was about 67.

More than 600, 000 were present in 1995 (NIHFW, 2005). The Bhole committee took into the consideration the report of one of the predecessor committees known as the ‘ National Planning Committee’ in 1940 (NIHFW, 2002). The British at that time were unhappy at the healthcare system as it failed to meet the needs of the people, especially those who lived in villages. They formed a Committee to provide a solution which was known

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as the ' Health Survey and Development Committee'. It was headed by Sir Joseph Bhore who was the Chairman. He made a thorough survey of the conditions existent in the country and suggested some recommendations to overcome these problems. His report submitted in the year 1946 formed the greatest plan for developing the healthcare facilities in the Country.

The recommendations of the Bhore committee included:-1. He developed a plan for the next 20 to 40 years which was known as the ' 3 million plan'). This planned aimed at the construction of a PHC for every 10, 000 or 20, 000 population.

2. A 30 bedded hospital was to be constructed for every two PHC's within the next 2 to 5 years. 3. He aimed at providing the village health committee to which could help in developing the health program in the villages4. The physician should be able to combine curative and preventive techniques (social doctor)5. A district health board should be formed which is represented by the district health officials and members of the public. 6. To combine with other sectors such as housing, sanitary, water supply, Village Legislative Bodies (panchayats), etc.

After the Bhore Committee was developed several other committee's were formed which aimed at improving the quality of healthcare delivered to the masses. Some of these committees included:-The Mudaliar Committee (1959 to 1961) - It was Headed by Dr. L. Mudaliar which gave importance to upgrading the PHC's and the District hospitals. It aimed at providing mobile service units for the villages. It also aimed at forming a long term insurance strategy for the masses and providing University Grants Commission for

health education. It aimed at forming national health program for malaria, filarasis and leprosy.

The Chadha Committee was formed by Dr. MS Chadha in the year 1963. He gave a lot of importance to malaria which was a major public health problem at that time in India. It also aimed at providing multi-purpose domiciliary health services. THE Mukherjee Committee was formed in 1965 and aimed at improving the administrative setup for healthcare.

It also aimed at separating and giving greater importance to malaria from the other national health programs. The Jain Committee formed in 1967 aimed at improving the standards of medical care in various hospitals and improving the functioning of a central health scheme meant for the central Government employees known as the ' CGHS'. The Kartar Singh Committee formed in 1972 aimed at proving a multipurpose health worker and providing mobile health units for family medicine.

The Srinvastava Committee formed in 1974 aimed to provide Health assistances and improving the medical education processThe Bajaj Committee formed in 1986 aimed at improving the human resource required. Vocational education was being implemented to train aspiring healthcare professionals. It recommended the formation of several paramedical health workers namely the ANM's, radiographer, ophthalmic assistant, dental hygienist, etc.

The ANM (Auxiliary Nurse Midwife) serves a population of 5000 at the village levels. They provide the basic health facilites. Several of these ANM's have

received PDA's which can help them to record and view data. This data can be recorded and analyzed at higher levels (Sastry, 2003).

The Sixth Five Year Plan (1978 to 1983) gave a lot importance to the Alma Ata declaration which aimed at providing health for all by the year 2000. This strategy had several objectives including:-Provision of cost effective healthcare to the massesUse of basic health workers and specialized health workers at different levels. Placing responsibility in paramedics and community health workersHelping the economically backward segments of the population. Free healthcare services through a PHC and a referral system. Use of community participation and a multi-disciplinary health team.

Working as per the health needs of the population. Strengths of the system's current stateThe administration and the technical skills available are of top quality (Gupta, 2004). Several organizations including research, healthcare and educational are available for medical care, training and research.

The Government formulates policies after conducting thorough research in that particular area. Efforts are on to raise the GDP from the present 0.9 % to 2 %. This suggests that the public healthcare sector in India is growing. The role of the private sectors and the NGO's is increasing. The investment in health research is increasing suggesting that any measures taken in the future are going to be based on current and relevant studies. In 2005, the spending on health research was about 1 %Weaknesses of the systemThe health outcomes are poorCertain issues are heavily concentrated on (such as immunization), whereas the others are completely neglected. The healthcare system comes into play only if a problem develops.

Only about 0.9 % of the GDP has been used for healthcare. There is shortage of human resources including healthcare professionals in the system. There is a shortage of logistics in the healthcare system. The quality of care provided in corporate hospitals and that of public health organization varies hugely.

The management at the lower levels does not evaluate and monitor the quality of healthcare provided (Gupta, 2004). The ability to form a flexible strategy that would be able to reassign the resources is absent (Gupta, 2004). The Government is previously known to function in isolation and does not include the other players (Gupta, 2004). Sl.

NoPeriodIndian health care systemUS Healthcare system1. 1950-1956The initiation phase of the healthcare system in India. The first five year plan was implemented in 1951. New national health programs for controlling several communicable diseases such as filarial, TB, leprosy, malaria, etc were initiated.

Sanitation, water supply and housing plans were started. Major Legislations brought about in Public health and social medicine such as the Public Health Service Act, 1944. 2.

1956-1974Improving the health and family medicine system in India and improving the health status. Basic healthcare services and facilities were to be made available to the public. Major developments in the field of medical informatics management, development of MEDLARS at the NLM, etc. Efforts to create awareness in the field of heart Disease, cancer, stroke, cancer, etc, after DeBakey gave his report.

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3. 1974-1979 Aimed at removing poverty and bring about community capable of meeting all its needs. A national health planning commission launched. Improvements in the national health insurance schemes

4. 1978 – 1985 The Health for all plans was initiated. A long-term national health policy was formulated. Aimed at democratization of the health services so that the people and the communities were self-sufficient

Standards and quality control standards brought about.

Population reports brought about and efforts to improve the status of the population launched.

5. 1985-1990 Improving the quality and the effectiveness of the healthcare programs. Laying greater emphasis on NGO's. Population control and family planning techniques also given a lot of importance. Act aimed at improving mental health services launched.

Another act EMTALA launched for helping patients requiring emergency care.

Efforts on the cover for prescription drugs of the patients.

6. 2000-2005 THE GDP on healthcare is about 0.9 %. Expected to increase to 2.5 in 2010

The GDP on healthcare is about 15 %. Expected to increase to 19.6 % by 2016.

In future, the Indian health system is going to improve due to an associated growth of the economy. The Government has recently opened the door for private investment in the healthcare sector. The implementation of computerization and automatic medical records in the field of medical informatics has helped to improve the quality of care. The Government has also setup a number of medical educational institutions which provide high-quality medical education.

This will definitely help to overcome the deficiency in the medical professionals. References: AMA (2007). U. S. health care system reform, Retrieved on May 24, 2007, from AMA Web site: <http://www.ama-assn.org/ama/pub/category/17563.html>

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