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Vice President's Secretariat

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There is also a need to promote the concept of family doctor in a big way;

Inaugurates 15th World Rural Health Conference

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The Vice President of India, Shri M. Venkaiah Naidu has said that a possible solution to address the shortage of doctors in rural areas could be mandatory posting of fresh MBBS graduates in rural areas before granting them their first promotion. He was addressing the inaugural session of 15th World Rural Health Conference with the theme "Healing the Heart of Healthcare – Leaving no one behind", organized by the Academy of Family Physicians, here today. The Minister of State for Health & Family Welfare, Shri Ashwini Kumar Choubey and other dignitaries were present on the occasion.

The Vice President said that the rural-urban divide in terms of providing effective healthcare services is more pronounced in the low income countries and developing countries due to shortage of infrastructure and manpower. He further said that extreme rural-urban inequities exist in Asia and the Pacific regions, while 83 per cent of Africa's rural people have no entitlements to health care. The ILO report also mentioned that there was a shortfall of seven million health workers in rural areas across the globe as compared to three million workers in urban areas, he added.

The Vice President said that there has to be concerted efforts from all stakeholders in the health sector to remedy the situation and a comprehensive and systematic approach can address these inequities and ensure access to affordable healthcare services. He further said that the private sector, NGOs and doctors' organizations like Academy of Family Physicians of India can play a bigger and more participative role in supplementing the efforts of the governments in ending the urban-rural divide. A possible solution to address the shortage of doctors in rural areas could be mandatory posting of fresh MBBS graduates in rural areas before granting them their first promotion, he added.

To overcome major bottlenecks in the delivery of an effective healthcare system like low doctor-patient ratio, lack of skilled paramedics and poor infrastructure, the Vice President said that there is a need to have strong political commitment and strong advocacy from relevant national and international organizations with support of nongovernmental organizations.

Highlighting the need to promote the concept of family doctor in a big way, the Vice President said that a family doctor provides primary and continuing care to the entire family within the communities; addresses physical, psychological and social problems; and coordinates comprehensive health care services with other specialists, as needed. Family physicians deliver a range of acute, chronic and preventive medical care services, he added.

Following is the text of Vice President's address:

"I am happy to inaugurate the 15th World Rural Health Conference organized by the Academy of Family Physicians of India under the aegis of WONCA, World Organization of Family Doctors, a non-profit organization.

The conference's theme "Healing the Heart of Healthcare – Leaving no one behind" is indeed appropriate and timely.

Approximately half of the global population lives in rural areas, but those areas are served by only 38% of the total nursing workforce and by less than a quarter of the total physician workforce. Globally it has been found that health inequity exists regardless of economic development. I am told that high income countries too are facing the shortage of health workers in remote and rural areas. For instance, only nine per cent of registered physicians in the USA practice in rural areas where 20 per cent of the people live.

While the rural-urban divide in terms of providing effective healthcare services exists in many countries, it is particularly more pronounced in the low income countries and developing countries. This is due to shortage of infrastructure and manpower. According to a 2015 report of the ILO, 56 per cent of rural residents worldwide are without legal health coverage as against 22 per cent of urban population. Extreme rural-urban inequities exist in Asia and the Pacific regions, while 83 per cent of Africa's rural people have no entitlements to health care.

The ILO report also mentioned that there was a shortfall of seven million health workers in rural areas across the globe as compared to three million workers in urban areas.

The report highlights that nearly 63% of the world's rural population do not have access to health care because of underfunding, compared to 33% of the urban population.

Deficits in per capita health spending are twice as large in rural areas as in urban areas. The deficits observed result in unnecessary suffering and death, as reflected for example in rural maternal mortality rates that are 2.5 times higher than urban rates.

Sisters and Brothers,

It is also a matter of concern that the South Asian countries fare poorly on Human Development Index. Home to one quarter of world's population, South Asia is a high-priority region due to many public health concerns. 78 percent of expectant mothers throughout the developing world receive at least one antenatal checkup, that number falls to 68 percent in South Asia, and it is compounded by lack of health services and malnutrition leading to one of the highest maternal mortality in the world. South Asians are also more prone to develop heart diseases and diabetes than others.

Burden of communicable diseases, including HIV/AIDS, TB and malaria in South Asia is high. Development and resurgence of drug resistant cases make it more difficult to manage. Poor funding, low skilled staff, lack of infrastructure, and poor access to diagnostic and treatment facilities are some of the reasons for the situation. Non communicable diseases have put huge burden on health system. NCDs account for sizeable proportions (from one third to two thirds) of all death and disability in the region.

In India too, the rural areas are lagging behind urban areas in terms of medical services. I think the time has come for us in India to treat this unhealthy gap in providing preventive and curative medical services in the rural areas on a war footing. Low doctor patient ratio, poor access to health services and low utilization of health services are some of the major problems.

There has to be concerted efforts from all stakeholders in the health sector to remedy the situation. A comprehensive and systematic approach can address these inequities and ensure access to affordable healthcare services. According to Rural Health Statistics 2016, about 4.6 per cent of functional PHCs in India are un-electrified. In other words, over 38 million rural households are dependent on health facilities that have no electricity.

The private sector, NGOs and doctors' organizations like yours can play a bigger and more participative role in supplementing the efforts of the governments in ending the urban-rural divide. The scope is unlimited and what we need is a collaborative approach to meet the shortage in terms of medical personnel and infrastructure, especially in the remote and far-flung areas. It requires willingness and commitment on the part of doctors and paramedical personnel to serve in rural areas as most prefer to work in urban areas.

A possible solution to address the shortage of doctors in rural areas could be mandatory posting of fresh MBBS graduates in rural areas before granting them their first promotion.

Major bottlenecks in the delivery of an effective healthcare system are low doctor-patient ratio, lack of skilled paramedics and poor infrastructure. To overcome this, there is a need to have strong political commitment and strong advocacy from relevant national and international organizations with support of nongovernmental organizations.

We see this happen in India in recent times. The Government has announced a massive health insurance programme to benefit 10 crore families under Aayushman Bharat. Similarly, as part of improving the well being of the people, the government proposes to set up 1.5 lakh health and wellness centres across India.

National Health policy 2017 objectives seek to progressively achieve universal health coverage, reinforce trust in public health system and align the growth of private health care sector with public health goals.

Finally, the perception that the public health sector is mostly for preventive health and not for curative health needs to change at the ground level, particularly in rural areas. Today, India has one of the most privatized health systems in the world with 72% of health expenditure made in private sector. Out of pocket expenditure is a major area of concern with about 80% of population spending on health services from their personal expenses and only 3% of the population, especially in the formal sector, is getting some type of health insurance.

There is also a need to promote the concept of family doctor in a big way.

A family doctor provides primary and continuing care to the entire family within the communities; addresses physical, psychological and social problems; and coordinates comprehensive health care services with other specialists, as needed. Family physicians deliver a range of acute, chronic and preventive medical care services.

We should also explore how efficiently we can utilize the expertise of AYUSH doctors in strengthening rural health care.

With people in rural areas also falling prey to lifestyle diseases like diabetes, cancers and stroke, it

has become highly imperative to provide an effective, affordable healthcare delivery services to the rural people. This can be achieved through public-private partnership.

I hope this conference will come out with some practical suggestions on ways to improve the well being of people living in rural areas.

JAI HIND!"

AKT/BK/RK

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