

'Kerala Model of Health': Crisis in the Neo-liberal Era

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Abstract: *The present paper is an attempt to analyze health care scenario in Kerala in the neo-liberal era. Since the late 1970's a number of international scholars have held up the South Indian State of Kerala as a "Model of Development". Kerala has made remarkable achievements in health almost comparable to that of even developed countries. But all the evidence we have shows that neo-liberal policies have adversely affected them. The present paper looks at these myriad issues and suggests remedial measures.*

Keywords: Kerala Model of Development, Health, Neo-liberalism, Privatization, Exclusion

1. Introduction

The State of Kerala is known all over the world as an educationally advanced part of the country which has many outstanding achievements in the field of education, health, habitat, land reforms etc, generally constitutes what is widely known as 'Kerala Model of Development'. Kerala model is defined as the Kerala's high standard of living (comparable to US or Europe) at very low per capita income which is only 1/80th of US citizens' per capita income (Ratcliffe 1978, Amin 1991, Frank and Chasin 1994). Much of the uniqueness of the Kerala model of Development is contributed by the pre-eminent achievements of Kerala in the education and health sectors. Modern economic theory says that this combination of under development and high standard of living is impossible. How has Kerala done it?. There were a large number of factors helping the evolution of the 'model' from the demand side. The activities of the Christian missionaries, various social reform movements, well organized peasants and workers movements and left wing political movements increased the desire of people for education and better health care (Kannan et. al: 1991, Asokan: 2005,). Social equality is one of the hall marks of Kerala Model. But all the evidence we have shows that neo-liberal policies have adversely affected them. Public expenditure on health came down after the reform era. Poor quality of health care has been the net outcome of this.

2. Review of Literature

According to Ramachandran (1982) The factors responsible for Kerala's achievements can be attributed to: meaningful land reforms; 'food for all' schemes through fair-price shops and feeding programmes for school children, infants and mothers; providing easy access to primary and preventative healthcare; promoting high literacy, particularly among women, through free and universal primary and secondary education; high mandated agricultural and farm wages; cost-effective transportation facilities; rural electrification; engaging the poor and working people in democratic processes, such as in labor and civic organizations; fostering public dialogue on environmental conservation issues; and developing social movements through the establishment of a civil society to promote environmental conservation and other grassroots projects. Two consecutive surveys conducted by Kerala Shastra Sahitya Parishad (KSSP) in the

1980s and 1990s tried to link the socio-economic and health status of the people. The surveys show that the period 1987-97 saw a pronounced increase in the per-capita medical expenditure. Moreover, it is argued that reduction in public health spending since the mid-1980s has worsened health conditions. Robin Jeffrey (1992), a noted scholar on Kerala, holds the view that a set of ingredients that evolved over a period of time actually produced the conditions for the Kerala model. The major ingredients are politicization, maritime and commercial connections, the presence of a plural society, social reform groups and their leaders, Christianity and Christian missionaries, Communism and communist activists, reform-minded Indian princess and the position of women.

Kerala's Crisis in Public Health by C.R. Soman (2007) argued that Kerala is on the brink of a public health crisis. Private hospitals make more money through over-investigating patients in their own laboratories than from providing care to the patient. Profit at any cost is the watchword. Doctors in the government sector also gain through the nexus between the industry and the profession. He criticized the government that is has made no attempt to regulate the healthcare industry, and often goes out of the way to provide them with more concessions and soaps. Medical care in the state has become dehumanized and privatized.

V. Raman Kutty (2000) point out that Kerala 'model' in health is currently dominated by privatized health care, where services of doubtful quality are offered to an unsuspecting public through advertising and other inducements, many of them unethical, purely as a profit-making venture. Private hospitals now surpass government facilities in the density of beds and employment of personnel. He concluded that if the political leadership has the courage to develop a vision for Kerala's health, a new Kerala 'model' can emerge for ensuring a healthy society.

3. Kerala Model of Health

Health is considered as a fundamental human right and a worldwide social goal. WHO has defined health as "a complete state of physical, mental and social well being and not merely the absence of illness or disease". Kerala has made remarkable achievements in health almost comparable

to that of even developed countries. The widely accepted health indicators like crude death rate, infant mortality rate, and life expectancy evidence this (Table 1). Most analysts have seen Kerala’s achievements in health as something of an enigma. Kerala’s achievement in health in spite of its economic backwardness has prompted many analysts to talk about a unique “Kerala Model of Health” - ‘Good health at low cost’, good health with social justice’, worth emulating by other developing parts of the world. There are many socio-economic conditions unique to Kerala, which have been postulated to make this health model possible. Kerala has a highly literate population compared to other Indian states. This especially the high female literacy, has to be given due credit when we look for explanatory factors. Kerala’s much acclaimed outcomes in health care were to a large extent based on its vast network of public health institutions with the sub-centre and Primary Health Centers, Community Health Centers, Taluk / District Hospitals and Medical College Hospitals at the primary, secondary and tertiary levels, the hallmark of which was universal accessibility and availability of medical care to the poor sections of society. Apart from Modern Medicine, Ayurveda, Homeopathy, and other alternative systems are also very popular in Kerala. According to National Family Health Survey of 2007, the incidence of anemia among women is the least in Kerala among the states in the country. Apart from the remarkable improvements in basic health indicators, it is also marked by the absence of any sharp bias against the girl child and women (K.P. Kannan: 2012). There are many socio-economic conditions unique to Kerala, which have been postulated to make this health model possible. One of the reasons for the better health status of Kerala is its better living conditions. The state has been able to reduce the infant mortality, child mortality, peri-natal and neonatal mortality and maternity mortality substantially.

Table 1: Vital health statistics of Kerala and India: 1951-2011

Year	Birth Rate		Death Rate		Infant mortality		Sex Ratio	
	Kerala	India	Kerala	India	Kerala	India	Kerala	India
1951	44	40	18	22.8	128	146	1028	946
1961	39	41	16.11	17.6	94	129	1022	941
1971	32	37	11	15.4	61	114	1016	930
1981	26	34	6.6	13	34	110	1034	935
1991	18	30	6.0	10	16.5	92	1040	928
2001	17.3	26	6.6	9	11	70	1058	933
2011	14.8	20.9	7	6.6	13	48	1084	940

Source: Census of India, Various Years

The sustained efforts of the government, both before and after independence, along with high literacy rate, especially female literacy rate, were the major correlates of this achievement (K.K. George and N. Ajith Kumar: 1997). However, the widely acclaimed Kerala Model of Health has started showing a number of disturbing trends recently.

4. Health Sector in the Neo-liberal era

Neo-liberalism is a label for Economic liberalism. It supports free trade and open markets, privatization, deregulation, and decreasing the size of the public sector and cut backing social programs. The important aspects of the present health scenario in Kerala are:

- The privatization of medical care
- Over hospitalization
- Over administration of medicines
- Increasing number of specialists
- Escalation of the health care cost
- Marginalization of the poor
- Large number of ill-qualified doctors
- Decline in professional ethics in the health sector
- Increase in medicine’s price
- Lack of political commitment
- Bureaucratic inefficiency
- Corruption
- Lack of proper planning

Neo-liberal policies adversely affected the health sector of Kerala. The expenditure on medical and public health as a per cent of total government expenditure was 5.01% in 1990’s then steadily declined to 1.5 in 2005. Along with the reduced budget allocations for education and health, the growing commercialization of these sectors under the reform regime materially weakened the Kerala model. Proliferation of medical colleges contributes to the unlimited growth in the number of doctors. In 2005, the doctor – people ratio in Kerala was 1:960. As a result of the increase in number of colleges and seats the ratio in 2025 will be 1:430 (Ekbal 2006). Disproportionate increase in the number of doctors irrespective of the social demand creates many problems. The privatization of medical care is leading to over medicalization and escalation of the health care cost. The establishments of large number of self financing medical colleges are worsening the situation further. Because of private sector boom and also the tendency towards specialization doctors are refusing to join the government hospitals and hence there is a severe dearth of doctors in the rural and even some urban centers and medical colleges. The net result is the marginalization of the poor and it is roughly estimated that at least 30% of the people in the state are denied health care or find it extremely difficult to meet the growing health expenditure (B. Ekbal 2006). Commodifying healthcare - increasingly driven by profit - will demolish all that the state had achieved in the health sector during the last decades of the 20th century. Kerala has the country's highest caesarians rate of 30.5 per cent which is not just three times the national average but also higher than the World Health Organization’s recommended rate (15 per cent).

Recent statistics show that, in Kerala the per capita health expenditure and the ratio between family expenditure and health expenditure are increasing very rapidly. The low expenditure for quality health protection, which is an important feature of Kerala Model of Development, has almost diminished (Asokan 2010). Needless to say in detail, it would have negative consequences for the marginalized people and low income groups. The decline of quality in medical field has dreadful impact on the whole society. The

self-financing colleges are producing more number of doctors without sufficient quality which further causes to degrade the moral standards of medical profession. A doctor's profession is considered as service more than a job for income and profit. The self-financing colleges, whose ultimate aim is to make profit, may cause attitudinal change among the young doctors' (Ekbal 2006). Those who are obtaining degrees from these colleges would be more concerned about money than service. Since the students, of self-financing medical colleges spend a large amount of money, when they start medical practice their main objective would be to recollect it at any cost. It is interesting to note that both infectious diseases like dengue fever, diarrhoea, leptospirosis etc and the so called life style diseases are both prevalent in Kerala. More over the incidence of many life style diseases are more than the national average. Another disturbing trend is that the Public Health System is getting alienated from the people and only 50% of the people even from the lower income group seek medical help from the Government hospitals. This is because of the fall in the quality of services at the government sector. The social milieu of the state is changing and features of a consumer society are visible in all occupations. This has led to the commercialization and the Commodification of health care. Health is no more seen as a right but as a commodity to be purchased by money. The huge remittance of foreign exchange from gulf countries even to the low and middle-income group houses further reinforced this attitude.

5. Who are the Victims?

The privatization of medical education and the withdrawal of state from public sector, leads to the exclusion of those disadvantaged social groups who don't have money to compete with the rich. The great sufferers of the marketization of education are the Adivasis, Dalits and fisher folk community. In general, the privatization provides no hope for the poorer strata of the society. Those who are admitted to a government hospital are generally from poor and lower middle-class families and they are usually at the whims and fancies of the hospital authorities. If the doctor has to attend to a patient he/she has to be bribed otherwise the patients' condition is bound to turn for the worse. Commodifying healthcare - increasingly driven by profit - will demolish all that the state had achieved in the health sector during the last decades of the 20th century. As far as a politician is concerned these ones are vote-banks only.

6. Summary and Suggestions

Privatization insists the governments to withdraw government allocation from the service and welfare sector. A new version of capitalism emerged and it reveals how the state promotes and sustains a new capitalist class arising out of the business of health. Toning up of the health care system in the state and making it capable of taking on the burden of provision of equitable, efficient and good quality health care needs concerted actions from the political parties, social movements and the professional organizations.

Suggestions

- Reinstating the primacy of the government health services
- The health expenditure should be controlled
- Social control on private sector
- Providing Health Care Facility to marginalized Group
- Formulation and implementation of Kerala Public Health Act
- Compulsory government hospital posting for doctors after the completion of MBBS for one year.
- Government should start new government medical colleges based on social needs
- Active role of civil society and media.

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