

## LETS INITIATE TO INNOVATE

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Sir,

More than 70% of the population in India lives in villages. There are 6,38,365 villages in India<sup>1</sup> and approximately 2.5 million practitioners of Traditional Indian Medicine. Some call them quacks but I would like to call them Village Health Practitioners (V.H.P.). They mostly practice modern medicine (allopathy) and even flourish in these villages<sup>2</sup>. Some are registered with Traditional Indian Medicine, most of them are not while some even with no formal qualifications. If we believe in the Supply-Demand cycle of economics there is a demand to these Village Health Practitioners that is why they are flourishing. Other reason can be their accessibility to the village people as they stay close to their habitat. Various studies have demonstrated that number of Village Health Practitioners exceeds the number of registered doctors (of modern medicine) in our country<sup>2,3</sup>. Additionally, the registered doctors are concentrated in the urban areas. Let us face it, V.H.P. have become an integral part of the rural lives, staying close to their habitat and accessible whenever they are needed.

Primary Health Centers (PHC) together with subcenters are the first level contacts with the health set up for most people in India. Various studies have demonstrated the reasons why the P.H.C. failed to discharge their responsibilities and come up to expectations<sup>4</sup>. Some of the identified reasons include absenteeism of doctors (doctors do not want to live in villages), no clear career path for the doctors working in PHCs, poor infrastructure of PHC, lack of drugs and supplies and even poor accessibility of these PHCs for the patients. There are many instances which indicates that people in these villages prefer to go to V.H.P. for their health needs instead of PHCs as the V.H.P. are perceived to be always available in their good and bad times. Some times these visits help alleviate their health problem, but more often than not the suffering continues as the quack fails to make a correct diagnosis or initiate an evidence based treatment.

Some bold steps need to be taken to address these issues. My view is that we need to look at the following initiatives atleast on pilot basis and see whether we can scale them up.

### **1. Inclusion of Village Health Practitioners for improving the health of community.**

There are instances where the National Health Programmes such as NPSP-India and NACO have successfully sought support from V.H.P. It may not be possible to prevent people from visiting these practitioners for their health needs, but it is surely possible to ensure they are not harmed. It may be worthwhile to train these quacks at least in syndromic management of common ailments and encourage a referral mechanism for serious, life threatening conditions. Induction training, periodic training and retraining may build their capacity. Online periodic training can also be an option in the longer run. If nothing else training them in Maternal and Child Health may help in bringing down Maternal Mortality rate and Infant Mortality rate in India.

### **2. Public Private Partnership (PPP) in Primary Health Centres**

Though PPP in Primary Health Centres have been instigated in some parts of country more insight needs to be gathered. PPP can be a tool for augmenting the public health system and not an abdication of government responsibility. 'Private' in PPP could be the Profit/Non-profit/voluntary sector. Perception is that it may even improve the quality of services. On pilot project basis, even Non Governmental Organisations (NGOs) can be handed over some PHCs. The government can provide cost towards personnel, medicines and consumables and the N.G.O. can contribute towards it. Selection of the N.G.O. partner should be on SWOT analysis. Performance of such a

partnership can be readily monitored on the basis of outcome-based indicators such as personnel availability, quality and availability of services, patient turnout, immunization coverage, institutional deliveries, outreach activities and even patient satisfaction etc. Evaluation can be external and concurrent.

### 3. Telemedicine

Connect the PHCs to the Community Health Centres (CHCs)/Rural Hospital (RH), CHCs/RH to district hospital and PHCs to district hospital by telemedicine (video-conferencing) for doctor to doctor consultations. This may not only help in improving the quality of services by providing the specialist services at the door steps of the patients but also save the money spent on referral transportation . It will also increase the patient turn out and patient satisfaction. In this era of technological boom it may be worthwhile to look at this initiative atleast on pilot basis.

Let us initiate and explore the newer opportunities for improving the health of community.

### REFERENCES

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