

**Global Health Governance and Health Security: An assessment of  
NRHM in U.P with special reference to Raebareli District**

**ABSTRACT**

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**SUPERVISOR**

**Prof. Ripu Sudan Singh**  
Dean, SAS & Head  
Department of Political Science  
School for Ambedkar Studies  
Babasaheb Bhimrao Ambedkar  
University, Lucknow

**SUBMITTED BY**

**Veer Kumar Rai**  
Research Scholar  
Enrollment No. 081/12  
Department of Political Science  
School for Ambedkar Studies  
Babasaheb Bhimrao Ambedkar  
University, Lucknow

**DEPARTMENT OF POLITICAL SCIENCE  
SCHOOL FOR AMBEDKAR STUDIES  
BABASAHEB BHIMRAO AMBEDKAR UNIVERSITY  
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## ABSTRACT

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### **Global Health Governance and Health Security: An assessment of NRHM in U.P. with special reference to Raebareli District**

In the era of market driven global politics, global health governance has become a popular universal phenomenon. It carries universal appeal as health has been interpreted and declared as a matter of protecting and ensuring health security. It has given an altogether a new dimension to the concept of health as a security issue. Hence, it works for public health security at global, national, regional, and local level. It also clearly indicates that education i.e. knowledge, awareness and consciousness and health i.e. key to a stable, peaceful and contented life, are key factors of human resource development and progress. The WDR 1993, for the first time, mentions that the health security is human security. Later on the Millennium Development Goals (MDG) in 2000 highlights the need, importance and relevance of health security in global perspective. It led 191 members of United Nation expressing their unquestioned commitment to achieve MDG by 2015. In addition to that, WHO adopted the concept of “Universal Health Coverage” as a citizen’s right in 2005 at Alma-Ata-Declaration. India is a signatory country to achieve the goals of MDG and Alma-Ata-Declaration. The Government of India, therefore, launched a National Rural Health Mission on 12<sup>th</sup> April, 2005 to attend the commitment of the global goal under Global Health Governance.

Human development is a parameter of development in developed and developing societies and countries where health related indicators are important variables for measuring HDI. So I selected health sector specially health security under NRHM in Uttar Pradesh as an area of my research. In addition to that, there are various other reasons to choosing these them.

Uttar Pradesh is a confluence of cultures and unique symbols of Ganga-Yamuna civilization. It is not only a geographical unit but also a border state of India. So its strategic importance is more. It is politically important state because nine elected person made as the prime minister of India, but health indicators are worst position. IMR, MMR, TFR and CDR is high, Therefore, It is necessary to understand causes behind worst health indicator of Uttar Pradesh. In this view research topic title **“Global Health Governance and Health Security: An assessment of NRHM in U.P with special reference to Raebareli District”** is most important theme for assessment of health of India and their states.

#### **Objectives of the Study:**

- To understand the factors and forces behind the poor health indicators in Uttar Pradesh index in the era of global health governance.
- To explore the impact of NRHM on socio-economic health governance.
- To find cause of non-implementation of government health related schemes in Uttar Pradesh.
- To explore the impact of nexus between political leaders, bureaucrats, multinational companies, drugs agencies and doctors on NRHM in Uttar Pradesh.
- To find cause of problems of good health governance in Uttar Pradesh.

#### **Statement of Problems:**

- High Infant Mortality Rate (IMR), High maternal mortality rate, (MMR) high birth rate, high crude birth rate and high TFR in Uttar Pradesh.
- High population growth rate in Uttar Pradesh other than south Indian states.

- Not proper health services delivery in Uttar Pradesh to protect health security due to bad governance and corruption. Nexus between political leaders, medical officers, multinational drugs companies and criminals in health sector specially in NRHM in Uttar Pradesh.
- No access to government's health related programme to people in Uttar Pradesh.
- Lack of adequate advance health technologies in hospitals in Uttar Pradesh.
- Lack of awareness in people to their health facilities related to NRHM.
- Not proper implementation of fundamental rights and human rights.

### **Hypotheses:**

1. The major causes of high infant mortality rate, high maternal mortality rate, high birth rate and high TFR in Uttar Pradesh are corruption, bad governance and nexus between leaders, medical officers, multinational companies, bureaucrats and criminals.
2. Population growth rate is higher than other states because health infrastructure facilities like the primary health centers, district hospitals, community health centers, drugs, equipment etc. are not adequately available in Uttar Pradesh.
3. Due to illiteracy and lack of awareness, people do not benefit from government programmes in Uttar Pradesh.
4. State government has kept health security in last priority of their policies.

### **Research Methodology:**

The research study is based on historical, empirical and descriptive to understand the back ground of the health security, global health governance and assessment of aim, provisions goals of NRHM.

In this study attempts has been made to assessment of impact of NRHM in the context of health security, quality of life and life expectancy in Uttar Pradesh. Qualitative technique, therefore, has been used to analysis to this purpose.

A quantitative technique has been conducted to determine the beneficiary of society, increasing of health infrastructure, covering of immunization, improvement of health indicators and increasing of doctors. Purposive random sampling technique has been used to select the blocks, village Panchayat and respondent due to hypothesis.

In the present research study, primary and secondary sources have been used. Primary sources are used for data collection of health indicators through Governments reports, International Agency report, gross root performance of programme and impact of implementing schemes, and find the real beneficiary. Under this method questionnaire, structured and non-structured schedule for asking about the government scheme and through selected respondent interview with beneficiary and observation of PHCs, CHCs and SCs conducted time to time research work.

Under secondary sources includes books, journals, magazines, newspapers related website etc. has been used to understanding to the concept of health security and dimension of NRHM.

### **Scheme of Chapterization:**

The present research has been work on “**Global Health Governance and Health Security: An assessment of NRHM in U.P with special reference to Raebareli District**”. The work has been divided into seven chapters. Brief description of the chapter has been given below:

## **Chapter - I**

The first chapter is **“Introduction”**, which deals with historical background of health security in India. It highlights the significance of the present research, its subjective statement of problem, hypothesis, research mythology of the study, historical background of health security in India. Review of literature has been discussed to understand the nature of research work, dimensions of research area and the changes taking place in the Indian health conditions.

## **Chapter - II**

The second chapter is **“Conceptual Frame Work of Global Health Governance”** which provides information of the concepts of governance, GHG, its principles, comparative model of health governance of Indian and China, funding of GHG and some relevant examples.

## **Chapter - III**

The third chapter **“Health Security and Global Institutions”** deals with the nature and scope of global institutions such as World Bank, WHO, Civil Society, Global Private Organization, its role of Health Security in Indian and abroad and makes critical evaluation of its performance in respect to GHG.

## **Chapter - IV**

The fourth chapter **“NRHM (National Rural Health Mission): Indian Experiences”** provides an analytical information of health care system in India, norms of rural health care structure, historical background of health care system, various Central Government funded programmes and schemes, achievement in the health indicators and challenges of health care services and health security. It deals with comparative analysis of India and some selected

states in respect to health indicator improvement after launching of NRHM and controlling of communicable diseases.

### **Chapter - V**

The fifth chapter “**Assessment of NRHM in Rae Bareli district in Uttar Pradesh**” deals with in depth field survey information based health security, position and health indicator improvement, impact of socio economic condition and awareness of people in respect to Government scheme and programme related to health of Raebareli district. Under this chapter NRHM related aims, goals and provisions has been critically examined at grass root level that what is actual position of NRHM and future impact.

### **Chapter -VI**

The sixth chapter “**NRHM (National Rural Health Mission): An observation and Experiences of Uttar Pradesh**” provides information about what is the position of actual NRHM related plans and scheme in Uttar Pradesh. It deals with the health security conditions of Uttar Pradesh and challenges of better implementation of NRHM.

### **Chapter- VII**

The seven chapters “**Conclusive and Suggestive Remarks**” deals with the conclusion of all previous chapters and future dimensions and possible approaches the Governments may adopt and suitable and practical suggestions have been discussed so that changes at the ground level may be brought and achieved.

NRHM is an effective medium and vast means to achieve and ensure health security and other issues and objectives related to the governance of human life and society. The scheme itself is a challenge in the market driven

global politics. It clearly emphasizes that health is still and will always remain the responsibility of a state. The state may retreat and withdraw from other responsibilities of governance other than health security and welfare. In any eventuality, the state has to ensure health security of people under its governance. The concept of health as a security issue built world public opinion which led the Government of India also to adopt this policy without delay and hindrances.

Thus, the main aim of NRHM has been to provide better health services, facilities in rural areas of the country and improve access to rural people, especially poor women and children to equitable, affordable, accountable and primary health care. Its other aim is to prevent and control of communicable diseases, including local endemic diseases. Therefore, in view of aim, Government of India initiated various programmes and schemes to achieve the aim of NRHM, MDG and Alma-Ata-Declaration, which are JSY, JSSY, 108 National Ambulance Services, and Mission INDRADHANUSH etc.

Global Institutions play important role in conducting of programme and schemes through provide technical and financial assistant to India. World Bank, the Bill and Melinda Gates foundation provides financial assistance where as UNDP, UNICEF and WHO provides technical assistance to attain Health Security. Such as UNDP and UNICEP provide technical assistance, Mission INDRADHANUSH and NMEP. On other hand UNAIDS provides global leadership on its broadcasting policy and surveillance capacity building. Global fund also provide global level cooperation against the control and hiking of AIDS, TB and Malaria. It plays a vital role to bring together local and global stake holder to developed proposal for funding from global fund. Private actors also play a vital role to attend health security in India under global health governance such as William J. Clinton foundation and The Bill & Melinda

Foundation. Civil society is a participant of Global health governance, which help to provide health services to beneficiary directly.

The government of India adopts multi level and multi dimensional health care system to improved health indicator and control of epidemic disease. Although allopath medicine is dominant but AYUSH medicine system play important role in preventive and curative treatment for patient. Due to implementation of various progammes, the health indicators are improved at the gross root level. Health infrastructure is strengthening after launching of NRHM. Overall it is said that hypothesis is proved by collection of data through primary sources and secondary sources.

### **Validation of research of Hypothesis:**

Field survey and Governmental documents reports provide the basic and scientific reason along with factual data to prove the hypothesis which are following:

The **first hypothesis** states “**The major cause of high maternal mortality rate, high birth rate and high TFR in Uttar Pradesh are corruption, bad governance and nexus between leaders, medical officers, multinational companies, bureaucrats and criminals**”. This hypothesis proved through 10,000 crore scam of NRHM in Uttar Pradesh, BRD Hospital, Gorakhpur incident in August, 2017 in which more than 72 children died due to bad governance and nexus between medical officer, medical administration, politicians, bureaucrats and multinational companies. According to police FIR Pushpa Sale Private Ltd., Medical Officer and former Principal of BRF Hospital, Gorakhpur and 07 other staffs were accused. **Graph number 11-** in chapter VI also proved this hypothesis.

The **second hypothesis** states **“Population growth rate is higher than other states because health infrastructure facilities like the primary health centers, district hospitals, community health centers, drugs, equipments etc. are not adequately available in Uttar Pradesh”**. This hypothesis is also proved through government documents report and fields survey reports. Table no. 2 in chapter I give the information about what is the required and in position health infrastructure in Uttar Pradesh. Statement of Health Minister of Uttar Pradesh Mr. Siddhartha Nath Singh during Legislative Assembly Session 2017-18 (Winter Session) said that field there are 7,000 doctors short fall in Uttar Pradesh. Still, 31<sup>st</sup> March, 2015, 20,521 Sub-Centre are in position and requirements are for 31,037 Sub Centre. According to rural health statics 2016, almost 91 percent of primary health center do not have a lady doctor on duty and 60 percent do not have a functional operation theaters (mentioned in chapter VI). Field survey table no. 14 in chapter 5 also proves that shortage of doctors and bad health infrastructure in the state.

The **third hypothesis** states **“Due to illiteracy and lack of awareness, people do not benefit from government programmes in Uttar Pradesh.”** This hypothesis is proved by number of tables in chapter IV and field survey of Raebareli district. It was found in field survey that average 30 percent women and 20 percent men do not know about ASHA function, several government schemes.

The **forth hypothesis** states **“State government has kept health security in last priority of their policies.”** It is also proved through BRD Hospital, Gorakhpur tragedy of children death accident in August, 2017. Government of Uttar Pradesh did not give priority to pay of Rs. 63.65 lacks to Pushpa Sale Private Ltd. for due of supply of oxygen payment.

The above hypothesis related critical analysis makes it clear that health security and governance in Uttar Pradesh is not in good shape and size compared to other states such as Kerala, Karnataka, Maharashtra, Tamil Nadu etc. In the developed south Indian states, health indicators are favorable due to high literacy rate and high level of awareness about Government health related programs and schemes. Due to awareness and activism of non-government actors and civil society members, Government has been forced to take health security as its priority and preference.

### **Finding of Research work:**

The finding of research work is based on comparative analysis of health indicators of selected states and Uttar Pradesh, field survey, data collection and Government documents reports along with newspaper information. Despite the entire hypothesis proved right, conditions of health in Uttar Pradesh in general and Raebareilly District in particular have improved. These findings are as follows;

- Health indicators of Uttar Pradesh and India improved after implementation of NRHM. IMR, MMR, Birth rate, Death rate and TFR have declined after 2005.
- ASHA plays an important role in bringing awareness among reproductive age women, to help transport services for pregnant delivery and immunization of children etc.
- Government programs and schemes helped increase institutional delivery of pregnant women.
- Sub-Centers, PHCs and CHCs got increased in number after the implementation of NRHM.
- Deaths from communicable diseases have declined due to free of cost medicines given to patients at the level of SCs, PHCs and CHCs.

- Covering of immunization got increased after vaccination campaigns.
- Life expectancy has also increased.
- Health Care Services are accessible for poor families in rural area.
- Cases of Anemia in women have declined
- Participation of Gram Pradhan, ANM and Ward Member has increased in the management of rural health area.
- Health infrastructure is worth position in Uttar Pradesh.
- Global health governance is working in Raebareli district under NRHM.
- 102 NAS are working very well in transporting to carry pregnant women and neo-natal Infant from their home to public institution for health care.
- ASHA and ambulance services promote to increasing institutional delivery.
- Number of incentive Rs. 1400 for institutional delivery such as public health institution or registered health Centre are increasing since 2005 after launching JSY under NRHM.
- Percentage of institutional delivery of SC/ST, OBC and Muslim and general categories pregnant women are increasing.
- Before the launching of NHRM in 2005, home delivery with only 39 percent was more prevalent compared to public institutional delivery. The annual health survey report 2012-13 of UP clearly indicates that after the implementation and introduction of NHRM, the percentage of institutional delivery has increased. As per the Government survey report the delivery of SC/ST women in the public health centers have increased and gone to 68 percent in 2012 in all categories. My field survey also proves the above notion but it adds that the number of institutional delivery have increased in all categories including SC/St, OBCs and minorities.

- General and economically and socially well off SC/ST/OBCs and minority women prefer private institutional delivery due to better health facilities than poor SC/ST, OBC and Muslim pregnant women. They prefer Public health institution due to easy access and availability of 102 ambulance service, incentive Rs. 1400, free of cost medicines etc. These facilities also attract well of women in all categories to public health institutions. Also there is a marked difference between private and public hospitals in terms of infrastructure facilities, but as far as the quality and trained doctors are concerned, public hospitals have an edge over private health centers.
- Mission INDRADHANUSH covered more children and pregnant women due to involvement of Gram Pradhan, ANM at Sub-center, ASHA and NGO in immunization campaigning on every Wednesday and Saturday. As a result, IMR, MMR, TFR have declined in Raebareli after implementation of various programmes under NRHM.
- 2.5 percentage of at home delivery of pregnant women of SC/ST are found in my field survey.
- Lack of literacy in SC/ST women, OBC and Muslim women Mission INDRADHANUSH for vaccination is affected.
- Presence of ANM at Sub-Centre is very low. After interview of 80 women and 20 men, presence of ANM at sub-centre during office time is 15%.
- Required facilities such as Beds, Doctor, Supply of oxygen etc. are not available.

## **Future Prospective of Health Security and their Impact:**

In future there is certain future prospective of Health Security and their impact of society, economy and Human Resource Development, these are as follows;

- Health Security would be strengthened in Uttar Pradesh along with India due to curative and preventive approach involve of NRHM.
- Social Justice would be attained through providing better health facilities under NRHM.
- Qualitative Human Resource would be developing in India in future time due to better implementation of NRHM schemes.
- Social prosperity and well being of common people could be possible through NRHM.

## **Suggestions:**

- Continuous health awareness programs are required to be undertaken by State and non-state actors in Uttar Pradesh. For this purpose, budget allocation may be done by the State and Central Governments together.
- Health facilities in public health institution should be increased such as increased beds, new technical equipment etc.
- Financial allocation from State and Central Government should be increased.
- Co-ordination between private companies and public health institution should be made.
- Ambulance services should be and special funding of financial allocation in the sector of health.
- Women should be educated.

- Role of ANM and ASHA should be increased in vaccination and institutional delivery.
- Women should be empowered to take decision in respect to own health.
- Government should be given priority to health.
- Most importantly, each health centers may necessarily be provided facilities for alternative and traditional methods of treatment such as Yoga, Vipassana, Unani, Chinese acupressure and acupuncture and Ayurveda.
- Government must spend money on preventive health along with curative health as preventive health will help increase health awareness and consciousness in the common people at the rural level.
- In each village, nazul i.e. Government land must be located and earmarked for villagers for strolling and exercises and to practice alternative methods of treatment.
- Attempts by Government to reduce dependence of common people on curative medicines may be immediately taken through involving village representatives, Government officials, journalist and social workers.
- Also, the state Government must accept the prevalence and existence of Jhola Chaap doctors (quakes) and Dayee (midwives) in the health sectors. A rigorous attempt may be taken at official level to enlist them area wise and provide them basic health training so that a collective efforts may be made to make NHRM successful.
- At level of the primary education to higher education must be added general courses on Health, Yoga and other alternative methods of treatment. Also each village must be provided with play ground to ensure preventive and curative health.

- Attempts at the Government level must be taken to bring all methods of treatment under Integrated Medicines so that health awareness may be brought.