India: Vidarbha farmers face health disaster

A further indictment of the state of public health

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The 3.2 million-plus cotton growers in Vidarbha, a region of the state of Maharashtra that is popularly known as India's cotton belt, have been hard-hit in recent years by plunging cotton prices and the rising cost of fertilizer and other inputs. Crushed by mounting debts, thousands of peasants have committed suicide. In recent months these woes have been aggravated by extensive drought followed by floods, which have devastated crops and precipitated an outbreak of "Chikungunya" viral fever.

The water-bourn Chikungunya virus is spread to humans through the bite of mosquitoes. It causes high fever, headache, severe joint pains, a rash, nausea and vomiting. Symptoms usually appear between four to seven days after an individual is bitten by a mosquito carrying the virus and can persist for several days and, in acute cases, for several months. Although Chikungunya victims generally do not die, the infection can and does cause fatalities among those already in poor health

"People's immunity has gone down due to less food intake," Dr. Milind Mane, a paediatrician and family doctor in Nagpur, Vidarbha's largest city, told the web site indiatogether.org. Dr Mane believes that the outbreak of disease and its epidemic proportion is linked to the declining food intake of Vidarbha's farming families.

According to official statistics close to 200 people have died of Chikungunya in the Vidarbha region, but the actual count is thought to be much higher. According to local news reports, around a million people—approximately 10 percent of the region's population—have been infected by the virus. There is no specific vaccine for Chikungunya, though trials for treatment were reportedly carried out in 2000 until funding for the project was discontinued.

Kishor Tiwari of the Vidarbha Public Movement Committee, which has sought to bring national and international attention to the plight of Vidarbha's farmers, told the media that the Chikungunya deaths are largely due to the lack of state-funded medical aid: "Tens of thousands of farmers simply can't afford" to seek proper medical care. "This is the hidden face of the crisis. The alarming rate of farmer suicides in the region is simply the visible one." He added that 485 farmers have taken their lives since Prime Minister Manmohan Singh toured the region this June, promising an aid package. (See "Indian prime minister visits rural Vidarbha: Move to deflecting mounting anger over agrarian distress")

Thousands of farmers have turned to selling their land and livestock or mortgaging jewellery and ornaments to money-lenders just to pay their soaring medical bills. Treating a routine viral fever with intravenous injections of saline solution costs several hundred rupees, or more that half many peasant's monthly income.

Even before the current Chikungunya epidemic, hospital stays and pharmaceutical costs had been identified as major contributors to the rural debt crisis.

India has one of the world's most privatised healthcare systems. The "pro-market" economic reforms that successive governments have implemented at the national and state level since 1991 have left the already woefully inadequate public healthcare system in a complete shambles. All but the poorest Indians now rely on private clinics and hospitals. India's governments currently spend less than 1 percent of the country's Gross Domestic Product (GDP) on public healthcare, among the lowest ratio of any country in the world.

User fees were introduced in so-called secondary care hospitals (non-primary healthcare facilities) in the state of Maharashtra as part of a reform package initiated by the World Bank. As a result user costs rose sharply in the 1999-2001 period, resulting in a major fall in the use of these facilities.

Farming families such as those in the Vidarbha region have thus been hit by the double blow of an agricultural crisis brought on by the pro-business policies of the successive governments, and rising health costs. This has significantly contributed to the high level of debt owed by the region's cotton farmers, estimated at a total of $5.3 billion, or about $1,650 per family.

"Serve the Essentials: What Governments and Donors Must Do To Improve South Asia's Essential Services," an Oxfam report released last month, confirms that despite rapid economic growth in the region (India has an average annual growth rate of 8 percent), the vast majority of people have seen little if any improvement in their living conditions.

The report highlighted that "across South Asia prevalent social inequities—of income, class, caste, and gender—contribute to lack of access to essential services for the socially marginalised."

The report dedicated extensive sections to India, demonstrating that poverty and social polarization has caused gross inequalities in the delivery of essential services such as health care.

According to Oxfam, the cost of healthcare is driving large numbers of Indians into poverty and debt: "One-quarter of hospitalised Indians fall below the official poverty line as a result of their hospital stay. More than 40 percent of hospitalised people

take loans or sell assets to pay for their treatment.

Meanwhile, "the number of users who reported not being able to access healthcare due to the financial constraints imposed by increased user fees" has risen sharply.

"For the poorest expenditure deciles, the rate of untreated ailments increased by 40 percent" during the 1990s. "It is estimated that almost 43 percent of households affected by HIV had either borrowed money (double that of non-HIV households) or liquidated assets for consumption."

The Oxfam report further states that 65 percent of the Indian population is without access to "essential medicines."

According to Oxfam, a girl born to a poor Indian family is three times more likely to die before her fifth birthday than if her family were rich. The organisation further cautioned that the poorest 20 percent of the population in India have more than double the mortality rates of the richest quintile. Scheduled castes (the former untouchables) and tribal people constitute a grossly disproportionate share of the poor and those with the lowest life expectancy.

The report gives a stark indication of the massive inequalities of India's privatised health sector when it points out that 150,000 patients from all over the world come to India to receive comparatively inexpensive treatments at a few state-of-the-art medical facilities. It adds that "five-star hospitals and medical tourism" are the beneficiaries of "government incentives."

The study also provided statistics concerning the inadequate and often overused and dysfunctional public health infrastructure in the rural areas, where two-thirds of the entire Indian population lives.

"Despite its massive size, the infrastructure barely covers half of India's population—PHCs [Primary Health Centres] serve only 21 percent of villages and medicines are not available in 74 percent of villages. And most PHCs do not have essential drugs, running water, electricity, or medicines for even the common cold, let alone telephones or vehicles. In rural India only half the community health centres have the required delivery room and only a quarter have hygienic delivery kits."

As a result of the lack of government support for healthcare facilities in rural and poor urban areas, the better-off actually benefit more from state-run facilities than do the poor. Reports Oxfam, "The poorest 20 percent of the population captured only 10 percent of the total net subsidy from publicly-provided clinical services while the richest quintile received more than the three times that."

The gross shortages in health and social infrastructure are the results of the pro-big-business policies pursued by all sections of the political establishment from the Congress Party and Hindu supremacist Bharatiya Janata Party (BJP) through the Stalinist-led Left Front.

Swept to power in May 2004, largely due to the vote of the rural poor, the Congress-led United Progressive Alliance government has continued the neo-liberal economic policies of the BJP-led coalition that preceded it. The UPA has opened further sectors of the economy to foreign investment, while lavishing billions of rupees on energy and transport infrastructure projects designed to facilitate the exploitation of the Indian working class by big business.

In the hopes of deflecting criticism, the UPS has announced some modest social spending increases—increases it has invariably dressed up as bold new initiatives.

For example, in April 2005 the government launched a National Rural Health Mission (NRHM) with much fanfare. The NRHM falls far short even of the promises the UPA made in its Common Minimum Programme, the document that ostensibly outlines the government's aims and the basis for the Left Front propping up the Congress-led UPA in parliament.

The Common Minimum Programme promised to raise public expenditure on health, increase investment in the control of communicable diseases, ensure healthcare for the poor through a national health insurance scheme, improve the availability of life-saving drugs at a reasonable cost and introduce a targeted population control programme in 150 districts in the country. Most of these promises remain a dead letter.

Existing government health programmes were folded into the NRHM, which has a total annual budget of just Rs. 6713 crores (approximately $150 million).

According to the government the NRHM will result in "architectural corrections"—i.e., structural changes—in the rural health infrastructure, guaranteeing universal access to equitable, affordable and quality healthcare. Yet the government is providing annual funding of just Rs.10, 000 ($223) per community health centre.

Under the NRHM a "band of community-based functionaries" called Accredited Social Health Activists are being trained to facilitate the participation of Non-Government Organisations in the provision of healthcare—i.e., to smooth the progress of further privatisation in the rural health system by handing over more responsibility to charitable organisations. According to Oxfam, healthcare analysts in India are already critical of the NRHM's approach, saying it will not improve the basic primary health infrastructure nor will it address the root causes of ill health.

The latest health disaster in the Vidarbha region reveals the gross inadequacy of the Indian government's "free market"-based health programmes and the incompatibility of essential social needs with the profit interests of big business.