VOLUME 3 | ISSUE 1

INTERNATIONAL JOURNAL OF ADVANCED LEGAL RESEARCH

AAM AADMI MOHALLA CLINIC (AAMC): HEALTH SERVICES AIMING TO FULFIL THE PROMISE OF "HEALTH FOR ALL" IN NEOLIBERAL TIMES

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Abstract: Aam Admi Mohalla Clinics launched in 2015 by the ruling government in various localities of New Delhi has been lauded for its critical intervention in public health sector ever since. The clinic aims to bring primary care to doorsteps of people belonging to underprivileged and marginalized background of the urban neighborhood. However now the scope and reach of the clinic has broadened to encompass the middle class too.

Mohalla clinics aim to provide primary care services by establishing this structure within the locality. Currently the clinics are operational at ratio of 1/ 2000, which is one clinic over a population size of two thousand people. This way the clinic tries to reduce the burden of the tertiary and secondary care sector in India. Moreover, availability of the clinics within the locality facilitates the public with quality and hassle-free health service without delay.

AAMC are lauded both nationally and internationally for their services and it has also led to increase in the number of clinics within Delhi. Other state governments of UP, Madhya Pradesh, Chhattisgarh, Punjab have passed ordered to replicate the model in their respective states. AAMC apart from providing quality care is playing a crucial role in providing the universal goal of "health for all" and in a way is extending the right to life under Article 21 of the Indian constitution to each of its citizen irrespective of their social and economic background. This

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paper tries to investigate how are Mohalla Clinics catering to health goals and basic human rights in India.

Keywords: AAMC, AAP, Primary Care, Right, Health, Article 21, Life

Introduction

Out-of-pocket expenditure on health care in India has been the highest among the total health expenditure. The recent report released by the National Health Accounts Estimates 2018-19 observed that the total health expenditure is 3.2 per cent in the year 2018-19 whereas out-of-pocket expenditure in the same year has been 48.2 per cent. Largely there has been a decline in OOE from 2014 to 2018 still the figure is high. The reasons attributed to this nature of public ding is both personal and structural, personal because an individual aims to avail the best health services which he is capable of affording and structural because today health is a commodity. A commodity, a thing of value which can be bought and sold in the market, and health unfortunately has been reduced to become one today. Structural because most of health services in India are provided by private health players and government expenditure on health care directly or through spending on insurance scheme has been low.

This reality is in complete contradiction to the fundamental promise of the Indian constitution which guarantees health as primary right under article 21 (right to life). Both the Centre and states are responsible towards the delivery of basic health care facilities to the people, however, for administrative purposes health is categorized as a state subject therefore the primary responsibility is of the state. In the neo-liberal phase with the advent of liberalization and structural adjustment in the health sector, the reality of health care has become different from what it should be. The discourse has shifted from rights to commodities, as more and more privatization led to the negligence in providing basic and affordable health care to all. One who is capable of purchasing it can have access to premium health services but the one who cannot, is left denied of it.

Moreover, this dichotomy has also provided enough groundwork to the debate between paternalistic and the traditionalists in the laissez faire economy where the paternalists, believe

that health care has unique economic characteristics (of public good, merit good, etc.) which deviate from the basic prerequisites of competitive market model, argue in favor of free provision of health care services by the state. Liberals, on the other hand, claim that healthcare is in no significant way different from other economic goods and services, and demand for leaving the provision of health care to the private market (Kethineni, 1991). Certainly, this contradiction of theory and practice is nothing but the denial of basic rights and in opposition to the Alma Atta promise, "Health for All".The Bhore Committee Report 1946, Alma Ata Declaration 1978, The National Health Policies of India have emphasized on the need for universal health and "Health for All". However, the importance of this goal has not been realized yet.

Aam Aadmi Party's recent intervention called the Aam Admi Mohalla Clinic is directed towards the achievement of this 'Health for All target. Mohalla clinics aims to provide primary care facilities in communities at affordable rates and accessible reach. Delhi government officials claim that once they achieve their full target of 1000 operational Mohalla clinics in Delhi, it will be instrumental in decluttering government hospitals. Which can enable government hospitals to focus on in-patient care. With this achievement the party claims that Mohalla clinics can successfully deliver primary health facilities in the community.

Its impact on the public health system largely is yet to be judged however Mohalla clinics have been instrumental in bringing a considerable change. The fact that Former United Nations Secretary General Ban Ki-moon and former Norwegian Prime Minister Gro Harlem Brundtland lauded Aam Aadmi Party's Mohalla clinic initiative, speaks about the presence of these clinics in the international political circle. Harvard University's T.N school of Public Health has proposed to study these clinics as a part of their project. Nationally these clinics have garnered much praise from fellow Indian states as well. Madhya Pradesh, Jharkhand, Telangana, Karnataka and UT of Jammu and Kashmir have already announced that they will be replicating the initiative.

What makes Mohalla Clinics Unique?

Accessibility

Accessibility to health centers in urban areas remains an important matter of concern. Especially for the underprivileged and marginalized, the process to reach a clinic/ hospital involves lot of uncertain variables like transportation, money, time and energy. In most cases a doctor's visit can cost an entire day's salary of a worker or contractual employee. It is not only the distance from their respective residence to the concerned health facility but also the time taking procedure and uncertain waiting period at the facility that adds to the burden of accessibility. This problem discourages the patient to not visit any health facilities unless their ailment has become unbearable. Mohalla Clinic addresses the issue of accessibility successfully by being located within the community and with a ratio of 1/2000 per population it provides easy and timely access.

This is one kind of accessibility issue another kind of accessibility concern is the larger problem of inadequate access to quality health public services in the country. This makes accessibility to quality healthcare for the beneficiaries of public health more difficult. Baru et.al. (2010) in their article *"Inequities in Access to Health Services in India: Caste, Class and Region"* mention three kind of inequities that influence health services: Accessibility, Affordability and Availability. They identify five key health service factors that affect equity in access to health services which include:

1. Insufficient investments in public sector
2. Variable quality of care in public and private sectors
3. Unregulated commercialization and rising costs
4. Health sector reforms
5. Lack of accountability in the public and private sector

With benefits like free medicines, lab tests and qualified professional doctors appointed by the Directorate of Health Services, Delhi. Accountability and reliability of these clinics have increased.

Affordability

The life expectancy in a country is directly related with per capita public health expenditure. Most of the Out-of-Pocket Expenditure comprises of the diagnosis fee, medicines and majorly lab test. The Economic Survey of India has timely observed that bulk of the healthcare in India is provided by private sector. "Private hospitals charge much higher than government hospitals for treatment of same ailment and higher charges do not assure better quality''. High charges and rising private pharmacy industry has led to huge monopoly in Indian Health market. As quoted by Sengupta and Nandy (2005):

"Despite the suspicions of the people who use the service that many private providers of health care perform unnecessary diagnostic tests and surgical procedures, Indians are choosing the private sector in overwhelming numbers. This is because the public alternative is so much worse, with interminable waits in dirty surroundings with hordes of other patients. Many medicines and tests are not available in the public sector, so patients have to go to private shops and laboratories. Each harassed doctor may have to see more than 100 patients in a single outpatient session. Some of these doctors advise patients, legally or illegally, to "meet them privately" if they want more personalized care.[2]"

By providing services like free medicine, free diagnosis and free lab tests Mohalla clinic have offered to reduce the burden of public spending on health care. The clinics initially began with a vision to provide quality care to under privileged and marginalized urban poor but the nature and impact of these clinic so much that the slowly the middle class has also become one of the beneficiaries of these facilities. A total of 212 lab tests are provided for free, good stock of nearly all sorts of primary care medicines along with a trained pharmacist, lab technician and qualified doctor are available at these health facilities. A patient can access the nearest clinic for any kind of ailment and avail the health service by showing their Adhar Card.

Access For Women

[2] [4] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1285083/

Inequities in health services is not limited to regional disparities, caste and class divide but it also extends to gender. Gender has historically been a subject of discussion in Indian health care sector, where women specifically have been the most affected. Even after the variety of schemes and policies brought out by the government the nation is yet behind in providing adequate health care resources to women across. With a population of more than 1.4 billion, India is still struggling to get proper health care facility for women. "Gender" and "women empowerment", a concept has been only visualized theoretically in context to health care services as many of the women still face severe challenges to accessing health related services among different parts of the country (India). The reasons are well known and documented in literatures, but practice is not being followed in the health-related services.

Mohalla clinics appear to served critically in this regard as availability of these clinics within the community makes access to a health facility specially for women hassle free and motivates them for timely intervention for any kind of minor/major ailments. This point has to be understood a little more elaborately. With women who are dependent on the family or spouse it is difficult to reach out to a hospital or health Centre independently unless their problem has not aggravated. Moreover, stay at home wife/mother usually are unable to find time to spend on long waiting hours at hospitals which only demotivates them from availing critical intervention when needed. It is only when the ailment becomes acute then the women take the pain of reaching out to a health facility. However, with the advent of Mohalla clinics in the neighborhood women are confident to reach out this facility independently and avail health services in a manner that any major ailment gets nibbed in the bud. Therefore, Mohalla clinics have indirectly helped in women medical empowerment.

Quality professionals:

Despite being in a metropolitan city, Delhi has a number of doctors who are under qualified, unprofessional and untrained yet working successfully at the risk of people's health and life. Their clients are mostly people who do not have much knowledge and means. Largely it is the marginalized and underprivileged who get affected by the gimmicks of such quacks. With the coming of AAMC patients who were affected by quack services are now visiting AAMCs

instead. The primary reason why such unprofessional could run their business is because they provided cheap services. AAMC have filled in this gap by providing quality services, medicines and lab tests free of cost.

However, a much more detailed study in this regard is needed. Doctors for Mohalla Clinics are hired by Delhi Government on a contractual basis after going through a process of walk-in-interview. The candidates who appear for the interview are not just retired doctors or candidates looking for part-time work but serious candidate willing to serve at these clinics. Transparency and accountability of the doctors is maintained by the reimbursement policy fixed by the government. Unlike other government jobs (at hospitals) where one receives his/her salary with or without effective work. Here doctors are reimbursed in proportion of the number of patients they see in a day which is 40 rupees per patient. This helps in securing to a certain degree a level of transparency and responsibility towards work.

Reduces the burden of tertiary care sector:

Health systems/infrastructure work at three levels in India: Primary, Secondary and Tertiary Care. Primary care centers cater to minor problems and are located within the community which means one area/population would have one primary care center each, secondary care centers are referral units and poly clinic structure with bed facilities. Secondary care units are in proportion of 1:4 which means one secondary care centers 2/4 area. Tertiary centers provide major health service like operation, surgeries and treatment for major illness and its access is limited.

However, in practice India does not has a strong primary care infrastructure due to various reasons like scarcity of resources, lack of infrastructure, poor access to remote locations and lack of human resource. Which has led to poor and pathetic conditions of primary health care structures in India and by default burdening the tertiary and secondary care centers because. Two issues have emerged from here: one lack of access to primary centers have led to poor health conditions of the community which demand tertiary care, second, lack of primary centers have directed the population towards these tertiary Centre even for minor illness and in both cases the burden on tertiary units has only increased. In this problem scenario Mohalla clinics have helped

enormously by providing primary care. AAMC are located within the community, they provide basic primary care for major to minor illness, all sorts of medicines are available here, basic lab testing facilities are available free of cost. Most of the problem are addressed that the primary level and only ailments which require tertiary attention reach bigger hospitals.

So earlier when patients crowded bigger hospitals for minor problems the burden on tertiary units was large as they had to provide both in-patient and out-patient care, most of the time quality of care was compromised. AAMCs filters patients who require primary care from the ones who need tertiary care, thereby reducing the burden of bigger hospitals.

Referral Services: This is an important feature of Mohalla Clinics. As primary care unit, AAMC provides every kind basic health care facility however sometimes there is a requirement for advanced medicines, tests or diagnosis for which one looks up to tertiary or secondary care unit. Doctors at Mohalla clinic not only guide the patient for tertiary care but can make a referral to any poly clinic or government hospitals in Delhi. With this referral patients can avail the necessary test and service from the respective hospital.

Provides Primary Care

Mohalla clinics do provide primary care facilities but is it an equivalent to urban primary health centers, is an ongoing debate. Here the matter of concern is whether do they provide adequate primary care facility. Mohalla clinics are functioning as primary care unit to provide all basic minimum health care facilities to the respective community. Such that health care is easily available and accessible to all. A structure to be regarded as primary care unit needs to fulfil a certain criterion like it caters to the certain number of populations, it should have basic minimum health care facility for minor to major ailments. It should be located within the community and not only provide curative but preventive care. In a manner that it not only serves the health of the individual but of the community at large. Mohalla clinic for now fulfills all these criteria expect for working on preventive care. So Mohalla clinics are potential structure of primary care serving people within the locality.

Provides community care

Community health refers to the health status of a defined group of people and the actions and conditions, both private and public (governmental), to promote, protect, and preserve their health (McKenzie, Pinger and Kotecki, 2005)[3]. In this regard Mohalla clinic stands as a potent model as it is based on the premise of "health for all", easily accessible and affordable health care services for the community in which it is located and is serving.

Quality Infrastructure

Mohalla clinics are located in porta cabins or rented apartment structures. With a waiting area for patients, cabin for doctors, space for lab test and pharmacist. In some areas the clinics have utilized the campus area well for beautification and medicinal purposes. The cost of having a Mohalla clinic is lesser the establishing a brick-and-mortar structure of hospital or clinics. Mohalla clinics are located well within the community, clearly visible and accessible.

The required staff in an AAMC includes: (i) a doctor to check and prescribe medicines (ii) a pharmacist to disburse the medicines; (iii) a lab technician/phlebotomist to collect blood samples for tests; (iv) an Auxiliary Nurse Midwife (ANM); and (v) a multitasking staff (MTS) to clean and keep the premises hygienic, and to also do some clerical work.

Doctor-Patient Rapo

Doctors working at AAMC are appointed by Delhi government on contractual basis after qualifying a walk-in-interview round. Every doctor is paid according to the number of patients he-she attends in a day. The timings for these clinics are 8am-2pm and in some area's clinics run in two shifts as well. Patients are called number wise and attended properly by the doctor for their complain. Every patient is given at least two minutes of investigation time after which they are directed for the necessary treatment, medicine or test. These patients who visit the clinic are recurring patients whose patient history is well known by the doctors. This mechanism helps in maintaining doctor-patient repo where the doctor is able to understand the root cause of the

[3] https://alraziuni.edu.ye/uploads/pdf/An-Introduction-to-Community-Health.pdf

problem and prescribe him/her treatment as per their health condition which is an effective method of health care delivery.

Limitations

No policy and model are absolute in its formation rather they grow gradually if they accommodate their limitation. There are certain shortcomings of the Mohalla clinic structure too, which is not directed for criticism perse but for further improvement such that this structure becomes absolutely effective.

Infrastructure

It is praise worthy to see how these clinics are functioning in porta cabin structures and rented properties. However, these structures have certain limitations for instance the rented properties are too small and congested with lack of patient waiting area or no space to even stand. Field work at these clinics in the rented property revealed that there was space only for stock and the staff to sit, patient was either crowding near the doctor's cabin and queueing up on the road. Porta cabins were relatively spacious however the patient waiting area was still small and, in some clinic, it was extending outside without a proper shade or wall. Which made it difficult for the patients to access the clinic during monsoon or peak summers.

Healthcare Facility

As for now majority of the clinics were equipped with almost every kind of basic medical facility however an increasing demand for gynecology and health services pertaining to women and child care was received during the field survey.

Security/Safety

Many Mohalla clinics were located in remotest of the remote location with stocks of medicine, expensive medical instrument and other furniture without any security or safety. It was informed at one location that many instances of theft were reported. In some instances, theft of syringes and other medicine facilitated illegal activities like drugs and addiction.

Human Resource

Mohalla clinics located in prime locations received a good number of patients per day like it would reach sometime 150 patients during one shift. However, the staff available at these clinics is limited to handle on rush days. Clinics that receive higher footfall can be equipped with increased staff to handle matters effectively.

Reimbursement

At Mohalla clinics doctors are recruited on contractual basis with no fixed salary but reimbursement. Where they are paid according to the number of patients seen per day which is 40 rupees per patient. The pharmacist and the multitask worker have fixed salaries however they do not have leave provisions. This payment as per patients seen is a hard policy to maintain as it may give a chance for forging the data entry of patients seen.

Cleaning/Maintenace:

These clinics do not have a cleaning staff who can look after daily cleaning and hygiene at the clinic. A multi task worker is present but cleaning still remains undefined and thus is left for granted at many places. Some places where the doctor and staff are responsible, they take care of it but at other facilities cleaning is not made a priority. Which is a matter of concern specially during the pandemic or usually.

Similar situation is observed with the maintenance staff, the facility is provided with lot of electronic and medical devices however there is no provision for getting device or electronics repaired in case of emergency. No institution or person is deployed for this task which makes it difficult for the staff members to operate.

Improved facility for Recording Patients Medical History:

These clinic function in a defined area dealing with limited number of populations. Most of the patients are recurring. It is convenient for doctors working at AAMC to keep a track of the patient medical history than for doctors at bigger hospitals. However, most of the times doctors at these clinics are not equipped or trained to record patient medical history. At facilities where

some doctors are in such practices is purely due to their interest and mostly based on their memory. If the arrangement to record patient medical history is improved with provision of specific equipment and human resource it can bring exemplary change in dealing with challenges of population and community health care.

Conclusion

The reasons which make AAMC a unique model have been listed with its limitation. These combinations of factors have led to success of AAMCs in Delhi with other states looking forward to replicating the same model. Apart from being a policy success AAMC have strengthen the larger goal of "health for all". Moreover, it has extended article 21 which is Right to Life to every citizen in an institutional manner. Right to Health is an undefined right but has been evoked time and again under article 21. Post liberalization this right has been compromised severely by the government and private players equally. The worst affected group has certainly been the underprivileged and the marginalized. Commodification of health care post neo-liberalization has denied many underprivileged from their basic right to health which is constitutionally their due. AAMC has been able to make critical intervention in this area. By providing quality care at minimum and affordable costs for that matter no cost at all. AAMC have improved the lifestyle of the vulnerable thereby ensuring respectable life and health to all.

In this regard, the party and clinic have done well however in order to become effective and serve people in the longer run. Aam Admi Party (AAP) needs to have a clear social vision which becomes the primary anchor in the functioning of this health policy. If the party aims to run this service model effectively and hence becoming a key player in the health system. It is important for them to accommodate the limitations and work on them seriously rather than focusing on increasing the number of clinics. It is for the party to take care that the quality does not gets compromised in search of quantity. Moreover, a crucial intervention like this should become instrumental in bringing a revolutionary change. If these limitations are not accommodated well by AAP, then a fear of this policy becoming history or losing its quality will persist.

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