CHAPTER I

BACKGROUND TO CASE STUDY

INTRODUCTION

Overview Of Public Health Service In Mauritius.

Since Independence in 1968, Mauritius has made appreciable improvements in the health status of its population. Communicable diseases have been brought largely under control. There have been marked reductions in infant mortality. Life expectancy for both men and women has risen substantially. These achievements have been made in a piecemeal and uncoordinated manner. The ingredients responsible for the progressive improvement of health are: better sanitation and nutrition, immunisation, better access to health services and the general impact of economic development. Industrialization and changing lifestyles in Mauritius have created new patterns of diseases with growth in cardiovascular diseases rise in prevalence of diabetes and renal problems. Past successes in increasing life expectancy are now leading to an ageing population and an increase in the burden of disease among the elderly. There is a growing expectation from the population for more and better health services, especially in areas of high technology care. A new systematic approach in health care delivery is required to deal with the emerging epidemiological, demographic and social challenges.
The present public health system consists of the central Ministry of Health and five main Regional Hospitals with each located in one of the five health zones. Apart from the main Regional Hospitals there are four District Hospitals and four specialised hospitals. To expand, decentralise and make the health service more accessible to different localities, a Peripheral Health System has been set up. The Peripheral Health System consists of a network of 26 AHCs and CHCs to provide essential Primary Health Care. The CHC attends to a population catchment area of about 5000 inhabitants and it is the first tier of the public health system. The AHC looks after a bigger population catchment area of about 25,000 inhabitants. The AHC is meant to be the second tier of the public health system. The public health system is organized in such a manner that there is an inter-relationship between the CHC, the AHC, the district Hospital or the main Regional Hospital. If a patient calls at a CHC for dental care, a service not available at the CHC, he is referred to an AHC which provides dental care. If a patient attending an AHC requires an X-Ray diagnosis, as no X-Ray apparatus is found at the AHC, the patient is referred to a district hospital or a Regional Hospital. In general a Regional Hospital is meant for treatment of complicated cases and for high technology care. At this stage a brief description of the Public Health System has been outlined but more detail about the Public Health set up has been given at Chapter 3 where we consider the economic quality of the Peripheral Health System.
CHAPTER I

Under the present structure although the Peripheral health system is intended to reflect a move towards decentralisation of public health service in practice there is a tendency towards over-centralization by the central Ministry of Health. There is centralization in relation to the financing of the Peripheral health system which obtains a major portion of its financial resources from funds allotted by the Ministry of health. This implies centralized decision-making in respect of health programmes with no leeway at the level of the Peripheral health system to embark on a programme suited to a specific locality. Usually it is the central Ministry of Health which employs physicians and health personnel, irrespective of the fact that the physician or the health personnel belongs to the area or locality where the health center is located. Although lately provision has been made for the setting up of a Regional Medical store in each health zone the purchase of medicine, equipment and consumables continues to be made by the central Ministry of health. If there is an equipment breakdown at a health center it takes time to replace the equipment. In most cases health centers continue to utilize furniture and accessories such as consulting couches supplied to them at the time of their opening years back. Over time the furniture and accessories have become old. It is considered that working in a setting where you have old furniture and accessories such as consulting couches may have a negative effect on the morale of the health staff of a health center. Being given that health centers are relatively far away from the main Regional Hospital or the Ministry of Health management at the health centers tends to be rather lax. There are instances when a Physician may not show up for a medical session at a health
center where patients wait for medical consultation. There are other instances where most of the time of the Physician is taken up in curative service attending on patients waiting for medical consultation with the result that there is neglect of preventive and health promotive activities which may contribute to curb the incidence of disease and improve the health condition of the community. It is evident that the way the public health system is organized explains why the peripheral health system is marred by inefficiency, which has repercussion on the quality of service provided.

**Statement Of The Problem**
The way the public health system is presently organized has in-built organizational rigidities and weaknesses so that the peripheral health system does not run effectively. It is felt that in the implementation of the peripheral health system scheme the aspect of political representatives may have come into play. Certain political representatives may have used their influence to provide for a health center in a particular area just to get the support of the inhabitants of the region overlooking the fact that not far away a Regional hospital or a district hospital may be located or there exists within the vicinity of the region a private clinic or a number of private physicians. This may lead to duplication and waste of effort and low level of utilization of the health center. In recent years there has been rising expectation among the people in respect of health. Health is regarded as a basic right and Government's policy is to provide free health service through the public health system. There is growing concern about the
escalating cost of health care. Further as the country is witnessing a rapid pace of development, there tends to be competition for resources. So that there is limitation on overall resources allotted to the health sector. The challenge is to provide better health service with shrinking resources. It is becoming imperative to pay more attention to cost-effectiveness to effective use of resources and to review processes, devise innovative systems of health care to improve quality of service.

**Objective Of The Study**

The study looks into the cost of running of the health centers of the peripheral health system and also compares the cost of delivery of various services. The object is to determine whether in terms of the overall functioning of the health center or the provision of individual service such as curative service the principle of economic quality is being adhered to. This means whether costs among say AHCs are similar or the costs vary. If the cost of a particular AHC is too high whether there is scope to economize resources. If the cost of a service is excessive, say general service, what may be the cause or what alternative may be resorted to in order to reduce cost. The study also focuses on the expectation and perception of patients of the peripheral health system to examine whether the health service is oriented towards patient-driven quality of care. This implies that in the provision of care special attention is paid to the interest of the patient/customer. Health care is perceived as an intensely human type of service. Besides exhibiting professionalism the health personnel need to be
caring and supportive to make the patient/customer experience that the service is effective, satisfying and of quality.

**Assumptions**

It is assumed that the CHCs and the AHCs have respectively the required complement of staff, equipment, instruments and medicines to provide health care. This is important in order to be able to compare costs between the AHCs and the CHCs.

For the purpose of the study on economic quality of health service it has been assumed that the Lady Ramgoolam Area Health Center (Eastern Health Zone) with a high attendance rate be taken as a model for AHCs. Similarly the Highlands Community Health Center (Central health Zone) with a high attendance rate is assumed to be a model for CHCs. The designation of models for the AHCs and the CHCs has been found necessary in order to have standards to compare costs.

For the study on patient driven quality of health care of the peripheral health system the total attendance of all the AHCs for the year 1997 has been assumed to represent the total population covered by the AHCs. This assumption has been made to be able to work out the number of patients to be interviewed at each Health Center included in the sample of health centers.
Limitations

The study has limited itself to look at costs in the public health centers. Due to time constraint it has not been possible to undertake a study to examine health cost in a public health center and a private health center of identical size and offering a similar range of service. Such a study may be useful to compare health cost between a public health center and a private health center.

The study on economic quality of health service has addressed the cost of curative service, the cost of specific services and the cost of pharmaceuticals but it has not dealt with the cost of treating various diseases. Such a study may give an indication about which disease is costly to treat and how health prevention action may be intensified to bring down the prevalence of the disease. The study may also help to opt for a less costly method to treat a disease for instance diarrheal disease among children is treated with an anti-biotic which is costly but it may be treated at a lower cost with the use of oral rehydration solution (ORS).

In the study on patient-driven quality of health service attention has just been given to the perception of the patient/customer but due to time constraint it has not been possible to examine the perception of the health personnel who make up the internal customer section. Such a study may help to determine whether there is a gap between the perception of the health personnel and the perception of the patient/customer or that the perception of the health personnel aligns with that of the patient/customer.
Source

For the purpose of the study data from the statistical report of the Medical Statistics Division of the Ministry of health of the Government of Mauritius for the years 1997 and 1998 have been utilised. The Report of the WHO/World Bank on "Action Plan for Health Sector Reform in Mauritius" (1997) and The UNICEF Report on "costing of Peripheral Health Services in Mauritius" (1994) have been consulted.

Organisation Of The Study

Broadly speaking the study unfolds itself as follows:-

Chapter 2 presents a review of literature on the concept of quality and the spread of the notion of quality to the public sector and the health service. It covers the concept of quality and features such as economic quality and patient-driven quality. It spans over the approach to economic analysis and the theory of customer satisfaction in relation to health service.

Chapter 3 covers the study on economic quality of health service and the findings of the study.

Chapter 4 looks into patient-driven quality of health service by way of an analysis of the expectation and perception of patients in respect of health service.
Chapter 5 gives an insight as to how a synthesis of the economic quality approach and the patient driven quality approach may contribute to the improvement of health service.

Chapter 6 pertains to the recommendations of the case study.