

Kerala's Healthcare Journey: Navigating Development, Challenges, and Synergies

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Abstract

The health-development nexus is pivotal for societal progress, with health serving as a cornerstone of human capital and economic growth. Kerala, despite economic challenges, has achieved remarkable health milestones, earning global acclaim as a development model. Its success is rooted in a holistic approach, integrating education, healthcare, and social infrastructure. Kerala's health indicators surpass those of many developed nations, with high accessibility and low-cost healthcare. The state's effective healthcare system, coupled with non-health sector contributions like education and land reforms, has fostered health consciousness and institutional deliveries, setting it apart nationally and globally. Historical legacies, including indigenous medical traditions and colonial healthcare interventions, laid the groundwork for Kerala's modern health system. However, post-1980s fiscal constraints led to a burgeoning private healthcare sector, exacerbating inequalities. While public-private collaboration has expanded healthcare access, challenges persist, including rising non-communicable diseases and disparities in healthcare quality. Transforming Kerala's healthcare system necessitates addressing barriers to access, improving primary care, and mitigating the economic burden of illness.

Key Words:

Kerala Model, healthcare development, public-private healthcare, social determinants of health.

Introduction

Health plays an important role in the development of any society. The health status of population is relevant to the economic development of a region. Health is a major determinant of human capital. If the quality of human capital is not good, physical capital and natural resources cannot be properly utilized and growth could neither be sustained nor be qualitative. A region with good health tends to be productive and productivity tends to uplift economic and social development which, in turn tend to improve the indicators of health status and quality of life. Kerala, the southernmost state of India, has attracted international attention for its outstanding achievements in population health despite its economic backwardness of Kerala has achieved substantial progress in the fields of education, health and other social infrastructures at a low level of State GDP and PCI. This paradox, often referred to as the 'Kerala Model of Development, has been studied since the 1970s, and has become an ideal model of development for many poor income countries in the world. Many of its health indicators surpass those of other Indian states; some are even on par with developed countries. The healthcare landscape in Kerala stands out compared to other states in India, particularly in parameters such as infant mortality, maternal mortality, and longevity of life (Sahadulla, 2017). The state has been recognized as a positive outlier in health outcomes over time (Madore, et, al (2018)). Kerala's healthcare model has been acknowledged as one of the best performers in the country

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by the health index NITI Aayog (Sahadulla, 2017).

Kerala is unique on its own. These incredible achievements have occurred despite its low economic status and low health expenditures. Key contributing factors to these outcomes are often attributed to its effective health care system, which has ensured high accessibility at low cost, and non- health sector contributions including widespread education, land reforms, public distribution of food, and housing. The spread of education has obviously heightened people's health consciousness - which explains why 95% of pregnant women get antenatal care and 92% of deliveries are institutional here as it is only 25% for the rest of India. Similarly the immunization coverage of children between 12 and 24 months is among the highest in the world." The Kerala development model is considered the best in the country. These are based on the excellent performance of the state in the education and health sector. Kerala's development experience has been distinguished by the primacy of the social sectors and made a remarkable achievement in Health compared to all other states. How Kerala performed so well in health care? Who all are the players in the health care contributed for this remarkable achievements?

Performance of Health Sector in Kerala before its Formation

Before its formation, the health sector in Kerala faced numerous challenges and deficiencies. These challenges included poverty, lack of education, and the isolation and remoteness of basic health facilities (Alanezi et al., 2020). These factors played a critical role in conditioning the health status and limited the opportunities for accessing medical care for the population. Additionally, the fragmented nature of the healthcare system in Kerala contributed to the difficulties in providing efficient and comprehensive healthcare services. This resulted in gaps in healthcare delivery, duplication of treatments, and unnecessary expenditure. The limited resources at the disposal of public hospitals further exacerbated the challenges faced by the health sector in Kerala.

Although Kerala state was formed in 1956, the good health status of the population had existed prior to its formation. The cause behind this pre-existing high health status may be explained by the fact that traditional medicine, or Ayurveda, was so prevalent. Kerala had a well-developed indigenous system of medicine. Before the advent of European medicine, families of practitioners of indigenous systems like Ayurveda handed their traditions from generation to generation (Kutty, 2000).

British colonial rule in Kerala brought about significant changes in the healthcare system, including the introduction of modern medical practices and the establishment of hospitals. During the British colonial period in Kerala, there were notable changes and developments in the field of medical care (Sriram et al., 2021). The British introduced modern medical practices and set up hospitals in major cities like Kochi and Thiruvananthapuram. In the 19th century, the princely rulers of the former states of Travancore and Cochin (which later were integrated into the state of Kerala along with the Malabar district of the Madras presidency in British India) took the initiative in making the western system of care available to their subjects. These hospitals provided healthcare services to both the British officials and the local population. The introduction of modern medical practices by the British during their colonial rule in Kerala significantly impacted the healthcare system in the region. It was basically with the hands of Protestant missionaries from the nineteenth century onwards that, medical mission and Western medicines were introduced in different

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regions of the Indian subcontinent. This resulted in introduction of scientific methods for diagnosing diseases, and provide both preventive and curative methods for it. Alongside, there was an increase in the number of doctors visiting the country, and establishment of hospitals and dispensaries as well (Roy, 2021). Mission hospitals were established in remote areas under the auspices of Christian churches. (Kutty, 2000). The Basel mission brought attention to colonial health in Kerala during the British period. So it can be concluded that, historically, services were provided privately even before the foundation of the state, in institutions such as mission hospitals.

Status of Health Sector in Kerala during the state's formation in 1956

The foundation for a medical care system accessible to all citizens was already laid during the formation of the state in 1956. But, during the formation of the state of Kerala in 1956, the health sector faced several challenges and had limited infrastructure (Mubeena & Akram, 2016). Limited government investment in health resulted in the inability to carry out major projects, hindering the development of the sector. Additionally, there was a lack of resources and facilities, including proper sanitation and healthcare services.

During the formation of the state government's budget allocation for health was considerable. The period from state formation to the early 1980s was characterized by great growth and expansion of the government health services. The unswerving governmental support for the welfares sectors till the mid-1980s served as a catalyst for the development of health services in Kerala. This was also reflected in the expansion of health infrastructure. From 1961 to 1986, the state greatly expanded its government health facilities. The annual compound growth rate of government health care expenditure for the period at 13.04% (at current prices, without deflation), outstripping both the annual compound growth rate of total government expenditure at 12.45% and the annual compound growth rate of the state domestic product at 9.81%.

Health sector investments continued till the mid-1980s. But, thereafter the pace of growth of public health care system slowed. The public health care expenditure decreased by 35% between 1990 and 2002, making Kerala one of the states with the highest reductions in public sector contributions and the highest increase in private funding for health care. (Mubeena & Akram, 2016). The major growth phase of facilities of health care in the government sector was before 1986. Policies of political parties', both left and right front were focused on the need of the poor, including land reforms and the institution of social welfare measures. Whatever be their political leaning, Investment in health infrastructure has been a consistent policy of all elected governments in Kerala. Government support for health development has been a catalyst for the advancement of health care in the state.

Health Sector in Post 80s: Fiscal Crisis of the State Government and its Effect on Healthcare Service

The period from the mid-1970s to the early 1990s has been termed a period of 'fiscal crisis' for the state government. There was unprecedented growth in revenue deficits continued to grow into the 1990s. This is due to the salary component in revenue expenditure- Successive governments, being committed to

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growing expenditure on salaries. This increased scarcity of funds in the health sector. In addition to this, by 1990–94 the central government severely curtailed spending on health as a natural consequence of its own policies. Reductions in health spending at the national level—due, in part, to India’s fiscal response to economic liberalization and World Bank policies—also affected Kerala’s health budget. Reluctant to lower salaries or cut positions, the health department lowered costs by reducing spending on drugs and medical supplies and froze infrastructure growth and hiring (GHD, 2018).; this is reflected in the reduced plan expenditure in Kerala. This affected the quality of medical care in the government hospitals. People started to prefer better behaving private hospitals than government hospitals with lack of proper attention.

Growth of Private Healthcare system in Kerala

The growth of the private healthcare system in Kerala has been a significant factor in the state's healthcare landscape. After the mid 1980's, there has been a gradual shift towards the private sector in the provision of healthcare services, leading to increased availability and accessibility of private healthcare facilities (Nair & Varma, 2020). From 1986–1996, private-sector growth surpassed public-sector growth by a wide margin.(GHD, 2018). The private sector accounted for 77% of facilities and 62% of hospital beds. In 1960, there were four private-sector doctors for every six public-sector doctors. In 1976, the government accounted for 53% of health care facilities and 59% of beds. The prevalence of non-communicable diseases (NCDs) was growing in Kerala, spurred in part by rising household incomes, lifestyle changes, and increasing life expectancy. Reductions in government health spending during the 1980s and 1990s had led to the deterioration of public health care facilities and growing use of the costly private health care sector. (Madore A, et. al., 2018). Private hospitals have far outpaced government facilities in the provision of hi-tech methods of diagnosis and therapy. Increasing per capita income and the spread of literacy also paved the way for preference towards private healthcare in Kerala. Ballooning of private hospitals without proper governmental control and these private hospitals running for huge profit generation is a feature of Kerala.

The ageing of the population, Increased Life expectancy, the growth in disposable incomes, the high level of education, especially female education, the settlement pattern in Kerala, with comparatively easy accessibility to the towns and other centers where medical institutions are situated etc. led to the high demand for health care in Kerala probably provided the impetus for the growth in its private health sector. As a cause and effect relation, the private health sector exploited this demand in its growth. The private sector often offers specialized services, advanced medical technologies, and a reputation for efficiency and quality of care. According to the survey of private medical institutions conducted during 2017-18 by the Department of Economics and Statistics, there were 12363 registered private medical institutions in Kerala with some providing services of more than one system of medicine. Out of the 12363 institutions, 56% (6920) provide modern medicine services (Nair & Varma, 2020) The following table gives the recent status of public and private healthcare institution in the state compiled from the estimate done to assess the infrastructure available to manage covid-19 in India by the Centre for Disease Dynamics, Economics & Policy.

Table 1
Hospitals in the Public and Private Sector in Kerala

Particulars	Number of Hospitals in Public Sector	Number of Hospitals in Public Sector	Total Number of Hospitals
Hospitals	1280 (38.3%)	2062 (61.7%)	3342 (100%)
Beds	38004 (38.3%)	61223 (61.7%)	99227 (100%)

Source: Kapoor G, Sriram A, Joshi J, Nandi A, Laxminarayan R. Covid-19 in India: state-wise estimates of current hospital beds, intensive care unit (ICU) beds and ventilators. Center For Disease Dynamics, Economics & Policy, 2020

Form the table, it can be analysed that out of the total 3342 hospitals in Kerala, more than 60% of the hospitals are in the private sector.

The Role Played by Public and Private Healthcare in Kerala's Healthcare Achievements

Impressive healthcare achievements of Kerala owes much of its to the synergy between public and private healthcare systems. Both the Public and private healthcare providers in Kerala have played a crucial role in achieving significant milestones in the state's healthcare sector (Raman & Bjorkman, 2008). These healthcare providers have worked hand in hand to ensure access to quality healthcare services for the population of Kerala.

Kerala has a strong network of public healthcare system ensuring accessibility to healthcare services even in remote areas. These centers offer essential healthcare services, including preventive care, maternal and child health services, and treatment for common illnesses. The state invests significantly in government hospitals, which serve as the backbone of its healthcare system. Private healthcare facilities in Kerala complement the public sector that often pioneer innovative medical practices and adopt cutting-edge technologies to enhance patient care. Through public-private partnerships, the government has been able to leverage the resources and expertise of private healthcare providers to expand healthcare facilities and services in Kerala. The last two decades, Kerala had several private hospitals coming in the private sector and has a very good public healthcare delivery system. So it can be concluded that private hospitals and clinics in the state have significantly impacted the healthcare landscape, providing additional healthcare options and contributing to the state's healthcare achievements and also have played a complementary role sometimes a leading role to the healthcare system in meeting the healthcare needs of the population.

Transforming the Healthcare System: Need of the Hour

In the 1970s, development researchers in Kerala coined the concept of “the Kerala model” for equitable development.²⁹ Kerala drew international recognition for its health achievements despite low per capita income and was regarded as an example for other countries.⁽³⁰⁾ Record indicates that Kerala has one of the best healthcare systems in the country, but it still faces certain challenges that need to be addressed (Muraleedharan & Chandak, 2021). The current healthcare system in Kerala is in need of

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transformation to address several key issues and meet the growing healthcare needs of the population (Kutty, 2000). The Nipah outbreak and the Covid-19 pandemic does not test Kerala's developed healthcare infrastructure, but the state is facing a health crisis that is rooted in its social transformation. The demographic, epidemiological, migratory, and environmental transition presents new challenges to Kerala's health sector. Kerala's demographic change can alter disease burdens, the health care system, its costs, family and social structure, economies, trade, and human migration patterns.

Several factors contribute to the need for transforming the current healthcare system in Kerala. Firstly, there is a growing population and an increasing burden of non-communicable diseases in Kerala and the increasing demand for healthcare services is overwhelming the existing public healthcare system. Secondly, the dominance of the private sector in the healthcare sector has created a disparity in terms of accessibility and affordability of healthcare services (Ramankutty, 2000). Thirdly, there are several barriers within the healthcare system that hinder efficient and effective delivery of healthcare services, such as a lack of comprehensive primary care protocols.

The challenges of a high prevalence of co morbidity are yet another characteristic of Health in Kerala. Kerala's health gains are uneven in a closer analysis between districts, population groups, and age groups. The apparent impressive gains of overall averages hide that many are being left behind (Thomas, 2021). Lifestyle diseases major threat in Kerala. In Kerala, there is high prevalence of diabetics, heart diseases, cancer, geriatric care challenges and high-risk factors. The economic burden of ill health is high in Kerala, which could eat away some of the overall development gains. Kerala is increasingly called the diabetes capital of India, with a prevalence of diabetes as high as 20% — double the national average of 8%. In a large multi-centre study involving nearly 20,000 subjects, the prevalence of diabetes in Thiruvananthapuram (Kerala's capital city) was 17% compared with 15% in Hyderabad and New Delhi, 4% in Nagpur and 3% in Dibrugarh (Thomas, 2021).

Economic status of Kerala remains poor irrespective of the other achievements. Financial crisis of the state government is one of the reasons for reduced public health expenditure. The government has to invest in the public sector to revitalize the underutilized facilities for that Kerala must raise tax revenue. There are lots of critical aspects in Kerala like over hospitalization, over medication, and over privatisation of medical care, ballooning of specialists, high cost of health care, decline of professional ethics etc.

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