



ಕೆ.ಆರ್. ರಮೇಶ್ ಕುಮಾರ್
ಆರೋಗ್ಯ ಮತ್ತು ಕುಟುಂಬ
ಕಲ್ಯಾಣ ಸಚಿವರು ಹಾಗೂ
ಕೋಲಾರ ಜಿಲ್ಲಾ ಉಸ್ತುವಾರಿ ಸಚಿವರು

ಕೊಠಡಿ ಸಂಖ್ಯೆ: 343
ವಿಧಾನಸೌಧ, ಬೆಂಗಳೂರು - 560 001
ದೂ ಸಂ. 080-22259183
22033475
email: healthminister2016@gmail.com

ಸಂಖ್ಯೆ: ಆಕುಕಸ/
160 /2016-17

ದಿನಾಂಕ: 23/09/16

ಆತ್ಮೀಯರೆ,

ಕರ್ನಾಟಕ ರಾಜ್ಯ ಸರ್ಕಾರಕ್ಕೆ ಒಂದು ಯೋಗ್ಯ ಜನಪರ ಆರೋಗ್ಯ ನೀತಿಯನ್ನು ಸರ್ಕಾರ ಅಧಿಕೃತವಾಗಿ ಜಾರಿಗೊಳಿಸಬೇಕೆಂಬುದು ನಮ್ಮ ನಿಲುವು ಈ ಹಿನ್ನೆಲೆಯಲ್ಲಿ ಕೆಳಗಿನ ಕೆಲವು ಅಂಶಗಳನ್ನು ತಮ್ಮ ಅವಗಾಹನೆಗೆ ತರಲು ನಾನು ಬಯಸುತ್ತೇನೆ.

1. ರಾಜ್ಯದ ಒಟ್ಟು ಜನಸಂಖ್ಯೆ ಪೈಕಿ ಕಡತಗಳಲ್ಲಿ 2011 ಜನಗಣತಿಯನ್ನು ಆಧರಿಸಿ ನಡೆಸಿರುವ ಸಮೀಕ್ಷೆಯ ಪ್ರಕಾರ ಲಭ್ಯವಿರುವ ಎಲ್ಲಾ ಬಿ.ಪಿ.ಎಲ್. ಹಾಗೂ ಎ.ಪಿ.ಎಲ್. ಕುಟುಂಬಗಳು 1.23 ಕೋಟಿಯಷ್ಟು ಇರುತ್ತದೆ.
2. ಈ ಎಲ್ಲಾ 1.23 ಕೋಟಿ ಕುಟುಂಬಗಳಿಗೆ ಉತ್ತಮ ಆರೋಗ್ಯ ಒದಗಿಸುವುದು ರಾಜ್ಯ ಸರ್ಕಾರದ ಹೊಣೆಯಾಗಿರುತ್ತದೆ. ಸಾರ್ವಜನಿಕ ಆರೋಗ್ಯ ಸಾಮಾನ್ಯ ನಾಗರಿಕರ ಸ್ಥಾಪಿತ ಹಕ್ಕು ಎಂದು ನಾವು ಪರಿಗಣಿಸಬೇಕಾಗಿದೆ.

ರಾಜ್ಯದಲ್ಲಿ ರಾಷ್ಟ್ರೀಯ ಆರೋಗ್ಯ ಅಭಿಯಾನದಡಿ ಕೇಂದ್ರ ಸರ್ಕಾರದಿಂದ 2,000 ಕೋಟಿ ಹಾಗೂ ರಾಜ್ಯ ಸರ್ಕಾರದಿಂದ 2,000 ಕೋಟಿ ಒಟ್ಟು 4,000 ಕೋಟಿ ಆರೋಗ್ಯ ಇಲಾಖೆಯ ವಿವಿಧ ಯೋಜನೆಗಳ ಅನುಷ್ಠಾನಕ್ಕಾಗಿ ಬಳಕೆಯಾಗುತ್ತಿದೆ.

ಈಗಾಗಲೇ ರಾಜ್ಯದಲ್ಲಿ 2,207 ಪ್ರಾಥಮಿಕ ಆರೋಗ್ಯ ಕೇಂದ್ರಗಳು, 206 ಸಮುದಾಯ ಆರೋಗ್ಯ ಕೇಂದ್ರಗಳು, 146 ತಾಲ್ಲೂಕು ಆಸ್ಪತ್ರೆಗಳು, 21 ಜಿಲ್ಲಾ ಆಸ್ಪತ್ರೆಗಳು ಇದ್ದು, ಇವುಗಳಲ್ಲಿ ಸುಮಾರು 300 ವೈದ್ಯರ ಹುದ್ದೆಗಳು, 600 ತಜ್ಞ ವೈದ್ಯರ ಹುದ್ದೆಗಳು ಹಾಗೂ 13,000 ಅರೆ ವೈದ್ಯಕೀಯ ಸಿಬ್ಬಂದಿ ಹುದ್ದೆಗಳು ಖಾಲಿ ಇರುತ್ತವೆ.

ಆರೋಗ್ಯ ಇಲಾಖೆಯಲ್ಲಿ ಹಾಲಿ ಔಷಧ ವಿತರಣ ವ್ಯವಸ್ಥೆಯು ಅಸಮರ್ಪಕವಾಗಿರುವುದರಿಂದ ಆರೋಗ್ಯ ಇಲಾಖೆಯಿಂದ ಖರೀದಿಸಲ್ಪಟ್ಟ ಅಪಾರ ಪ್ರಮಾಣದ ಅವಧಿ ಮೀರಿದ ಔಷಧಗಳು ಸಂಗ್ರಹವಾಗಿರುತ್ತದೆ. ಇತ್ತೀಚಿನ ದಿನಗಳಲ್ಲಿ ಕಂಡುಬಂದಿರುವ ಡೆಂಗ್ಯೂ, ಚಿಕನ್‌ಗುನ್ಯದಂತಹ ಇತರ ಕಾಯಿಲೆಗಳಿಗೆ ಸೂಕ್ತ ಚಿಕಿತ್ಸೆಯನ್ನು ಕೊಡುವ ಸಾಮರ್ಥ್ಯ ಆಸ್ಪತ್ರೆಗಳಿಗೆ ಇಲ್ಲವಾಗಿದೆ. ಹೀಗಾಗಿ ಅನಿವಾರ್ಯವಾಗಿ ಖಾಸಗಿ ಆಸ್ಪತ್ರೆಗಳನ್ನು ಅವಲಂಬಿಸಬೇಕಾಗಿದೆ.

ಕರ್ನಾಟಕ ಪ್ರೈವೇಟ್ ಮೆಡಿಕಲ್ ಎಸ್ಟಾಬ್ಲಿಷ್‌ಮೆಂಟ್ ಕಾಯಿದೆ ನಿರರ್ತಕವಾಗಿರುತ್ತದೆ. ಖಾಸಗಿ ವೈದ್ಯಕೀಯ ಸಂಸ್ಥೆಗಳಿಗೆ ಸರ್ಕಾರವು ಖಚಿತ ವೃತ್ತಿ ಸಂಹಿತೆಯನ್ನು ಘೋಷಿಸಿರುವುದಿಲ್ಲ. ಖಚಿತ ವೃತ್ತಿ ಸಂಹಿತೆ ಇಲ್ಲದ ಕಾರಣ ಅತೀ ದುಬಾರಿಯಾಗಿ ಹಣ ವಸೂಲಿ ಮಾಡುತ್ತಿರುವುದು ಸರ್ವೇಸಾಮಾನ್ಯವಾಗಿದೆ. ಇವೆಲ್ಲದರ ಒಟ್ಟು ಪರಿಣಾಮ ಸಾಮಾನ್ಯ ಮನುಷ್ಯನಿಗೆ ಅನಾರೋಗ್ಯ ಸಮಸ್ಯೆ ಉದ್ಭವಿಸಿದಾಗ ಸಹಜವಾಗಿಯೇ ನಾಗರಿಕರು ಆತಂಕಕ್ಕೆ ಒಳಗಾಗುತ್ತಿದ್ದಾರೆ.

ಕರ್ನಾಟಕ ಸರ್ಕಾರವು ಪ್ರತಿ ವರ್ಷ ಸುಮಾರು ರೂ.200 ಕೋಟಿ ರೂಪಾಯಿಗಳನ್ನು ಮುಖ್ಯಮಂತ್ರಿಗಳ ಪರಿಹಾರ ನಿಧಿಯಿಂದ ವೈದ್ಯಕೀಯ ಮರುಪಾವತಿ ಮಾಡಲಾಗುತ್ತಿದೆ.

ಈ ಪರಿಹಾರವು ಭಾಗಶಃ ಪರಿಹಾರವಾಗುತ್ತಿದೆಯೇ ಹೊರತು ಸಂಪೂರ್ಣ ಪರಿಹಾರವಾಗುತ್ತಿಲ್ಲ. ಪ್ರತಿ ವರ್ಷ ಸುಮಾರು ರೂ.150 ಕೋಟಿ ಸರ್ಕಾರಿ ನೌಕರರಿಗೆ ವೈದ್ಯಕೀಯ ಮರುಪಾವತಿಗೆ ವೆಚ್ಚ ಮಾಡಲಾಗುತ್ತಿದೆ. ಹಾಗೆಯೇ ರಾಜ್ಯದ ಜನಪ್ರತಿನಿಧಿಗಳು ಹಾಲಿ ಹಾಗೂ ಮಾಜಿ ಶಾಸಕರುಗಳಿಗೆ ಸುಮಾರು ರೂ.30 ಕೋಟಿ ವೈದ್ಯಕೀಯ ಮರುಪಾವತಿಗಾಗಿ ನೀಡಲಾಗುತ್ತಿದೆ.

ಈ ಎಲ್ಲಾ ವರ್ಗಗಳಲ್ಲಿ ಸಾಕಷ್ಟು ಪ್ರಮಾಣದ ಹಣ ಸರ್ಕಾರದಿಂದ ಖಾಸಗಿ ಆಸ್ಪತ್ರೆಗಳಿಗೆ ನೀಡಲಾಗುತ್ತಿದೆ.

ಸಾರ್ವಜನಿಕರಿಗೆ ಸಂಪೂರ್ಣ ನೆಮ್ಮದಿಯ ಭರವಸೆಯೂ ಇಲ್ಲ, ಸರ್ಕಾರದ ಆಸ್ಪತ್ರೆಗಳು ಪರಿಪೂರ್ಣವಾಗಿ ಸಾಮರ್ಥ್ಯವನ್ನೂ ಪಡೆದುಕೊಂಡಿಲ್ಲ. ಆದರೂ, ಕೋಟ್ಯಾಂತರ ರೂಪಾಯಿ ಸಾರ್ವಜನಿಕರ ಹಣ ಪ್ರತಿ ವರ್ಷ ಹರಿದು ಹೋಗುತ್ತಿದೆ. ಇದು ಅತೀ ದುಃಖದ ಸಂಗತಿ.

ವೈಯಕ್ತಿಕವಾಗಿ ನನಗೆ ನಾಲ್ಕು ದಶಕಗಳ ಸಕ್ರಿಯ ರಾಜಕೀಯ ಜೀವನದ ಈ ಹಂತದಲ್ಲಿ ಈ ಎಲ್ಲಾ ಸಮಸ್ಯೆಗಳಿಗೆ ಒಂದು ವ್ಯಾಪಕ ಸಮಗ್ರ ಪರಿಹಾರವನ್ನು ರೂಪಿಸಿ ಪರಿಸ್ಥಿತಿ ನಿಭಾಯಿಸುವ ಅವಕಾಶ ಒದಗಿಬಂದಿದೆ. ಈ ಕರ್ತವ್ಯವನ್ನು ಏಕಾಂಗಿಯಾಗಿ ನಿರ್ವಹಿಸುವುದು ಮೂರ್ಖತನವಾಗುತ್ತದೆ. ಆದ್ದರಿಂದ ಸಮಾನ ಮನಸ್ಕರ ನಿಮ್ಮ ನಿಷ್ಠುರವಾದ ಅಭಿಪ್ರಾಯಗಳನ್ನು ಪಡೆದುಕೊಳ್ಳಬೇಕೆಂದು ಈ ಪತ್ರ ಬರೆಯುತ್ತಿದ್ದೇನೆ. ಈ ಪತ್ರ ಒಳಗೊಂಡಿರುವ ಮುಖ್ಯಾಂಶಗಳ ಹಿನ್ನೆಲೆಯಲ್ಲಿ ಒಂದು ಅಂದಾಜಿನಂತೆ ಕೆಲವು ವಿಷಯಗಳನ್ನು ಪ್ರಸ್ತಾಪಿಸಿ ನಿಮಗೆ ತಲುಪಿಸುತ್ತಿದ್ದೇನೆ. ಈ ಪ್ರಸ್ತಾವನೆ ವಿಮರ್ಶಿಸುವ, ತಿದ್ದುಪಡಿ ಮಾಡುವ, ಸುಧಾರಿಸುವ ಅಥವಾ ತಿರಸ್ಕರಿಸುವ ಸಂಪೂರ್ಣ ಸ್ವಾತಂತ್ರ್ಯ ತಮ್ಮದಾಗಿರುತ್ತದೆ. ನಿಮ್ಮ ಎಲ್ಲಾ ಅಭಿಪ್ರಾಯಗಳನ್ನು ಮುಕ್ತ ಗೌರವಭಾವದಿಂದ ಸ್ವೀಕರಿಸುವ ಮನಸ್ಥಿತಿಯಲ್ಲಿದ್ದೇನೆ. ನಿಮ್ಮ ಅಭಿಪ್ರಾಯಗಳ ನಿರೀಕ್ಷೆಯಲ್ಲಿದ್ದೇನೆ.

ವಂದನೆಗಳೊಂದಿಗೆ,

ತಮ್ಮ ವಿಶ್ವಾಸಿ.

(ಜಿ.ಆರ್. ರಮೇಶ್ ಕುಮಾರ್)

ANNEXURE

APPROACH TO QUALITY HEALTH CARE IN KARNATAKA STATE - 2016

Department of Health & Family Welfare is committed to provide the health services essential at all stages to 6.20 crore citizens of Karnataka state, particularly to the poor.

By providing patients with all free diagnostics, medicines and the necessary tests, the poor in the state need not worry that health services is ridden with exorbitant costs.

It is the objective and commitment of Government of Karnataka to make good quality public health affordable to all the people of the state. To implement this objective successfully, policy will have to be framed as follows.

- 1. Constituting a Legislation:-** In the interest of the public, Government has realized the need for bringing suitable amendment to the currently prevailing Karnataka Private Medical Institutions Act 2007. Therefore a committee would be constituted with experienced, senior doctors, officers and some retired officials in government service, representatives of renowned private hospitals and various voluntary organizations and with those who are in movements for public interest against lacunae in the system.

Main objectives of the Committee:-

- (i) In order to critically view the problems faced by patients in private medical hospitals and to resolve their grievances, it is to constitute a statutory committee including representatives with expertise in medical and legal fields and the concerned organizations.
- (ii) It will be made mandatory to fix the price of various diagnosis / procedures / different medical services and display them.
- (iii) To make provision to take strict action against those medical institutions which are found to indulge in misusing citizens with malafide intentions / derogatory manner.
- (iv) The objective of established private medical institutions should not be limited only to make profits.

The report of the committee would be prepared as per the above formulae within 8 weeks for official implementation.

2. Bridge to Community by ASHA volunteers :-

- (I) In the current system, the pillars providing health care are the 'ASHA volunteers'.
(recognized social health workers)
- (II) To provide all necessary encouragement to avail their services comprehensively.

3) Filling up vacant posts :-

- (I) To fill up all vacant posts of medical and paramedical and 'D' Group in the state government Primary Health Centre, Community Health Centre, Taluk Hospital and District Hospitals within time limit.
- (II) Open provision would be made for treatment of patients by opening Ayush Divisions in all Taluk Hospital Centres of the state.

4) Ambulance Services :- To make ambulance service available in the radius of 10 kms from all villages of the state.

5) Provision of Medicines in Government Hospitals:

- (I) To make generic medicines available in all government hospitals of the state from PHC to District hospitals.
- (II) To provide mandatorily all essential medicines free in all government hospitals of the state, i.e., from PHCs to District Hospitals.
- (III) From PHCs to District Hospitals, doctors in all government hospitals of the state to submit the demand for all essential medicines through online to the department as per the demand of patients from time to time and provide medicines to patients in appropriate time.
- (IV) In any government hospital of the state, it would be prohibited for government doctors to prescribe branded medicines through prescription advice slips to patients.

6) Establishment of Dialysis Centre:- Dialysis Centres would be started in all taluk hospitals of the state.

7) Establishment of ICU: Establishing Intensive Care Units (ICU) with ventilators at all Taluk Hospitals to cater to all emergency needs.

8) Establishment of Blood Banks:

- (I) Blood Bank facilities will be established at all Taluk Hospitals across the state.
- (II) Blood Bank facilities with Blood Component Separation Units will be established at all District Hospitals across the state.

9) Tele Medicine Facility: The policy also envisages the optimal use of telemedicine and virtual clinics online to support healthcare delivery at all levels irrespective of the location and human resource constraints. In this regard, the telemedicine facility will be provided to link all Primary Health Centers, Community Health Centers and Taluk Hospitals to KIDWAI, Institute of Nephro-Urology, Jayadeva Institute of Cardiology, Sanjay Gandhi Institute of Trauma and orthopedic Center, Indira Gandhi Institute of Child Health, Minto Eye Hospital and Rajiv Gandhi Institute of Chest Diseases.

10. Providing Equipments to Government Hospitals:

- (I) Depending upon the level of care in the facility the required equipment will be provided and AMC will be provided for proper maintenance of the existing equipment.
- (II) For effective utilization of scanning and X- ray machines in Taluk & District hospital across the state the required staff will be provided.

11. Staff Quarters facility: It is mandatory for the medical officers and paramedical cadres to stay at head quarters wherever good quarters facility are available. Wherever such facility is not there house rent at market rates will be provided to ensure headquarter stay.

12. Establishment of Canteens: At all Taluka and District hospitals of the state the canteen facilities will be made available with maximum discount rates for essential food requirement of patients and the attendants in association with department of Food & Civil Supplies and MSIL.

13. Establishment of RO Drinking Water units: RO plants to provide clean drinking water in all taluka hospitals will be set up in co-ordination with department of Rural Development and Panchayat Raj.

14. Establishment of HOPCOMS and KMF stalls: At all Taluka and District hospitals of the state, the availability of fruits will be done through HOPCOMS, the milk and butter milk will be made available through KMF outlets.

15. Barber shop facility: At all Taluk and District Hospitals space would be provided for barber shops for the benefit of the patients.

16. Forming of Taluk Level Committee: At all Taluk level government hospitals, a committee with local member of Legislative Assembly as the president will be constituted with the representatives from all the categories of community specially minorities, backward castes and backward tribes, town municipalities, women representatives, labour unions, self-help groups. The roles and responsibilities of this committee will be notified.

17. Distribution of tricycles and other equipment to the Disabled: The tricycles and other equipment to all the disabled in the State will be distributed successfully by 31st March 2017 in co-ordination with the Department of Health and Family Welfare, Social Welfare, Women & Child Development and department of Labour.

18. Organ Transplant: To simplify, expand and implement Organ Transplant facilities in the District Hospitals at Hubli, Mysuru, Kalburgi, Mangalore, Shivamogga and Ballari.

19. Biomedical Waste Management: To implement the Biomedical Waste Management policy 2016 at all Taluk and District Hospitals across the state.

20. Providing Mortuary facility: Providing Mortuary facilities at all the Primary Health Centres

and Community Health Centres across the state.

21. Health Helpline 104: To replicate a toll free Health Help Line No.104 (Arogya Sahayavani) centers at all revenue divisions of the state.

22. Medical Re-imbursement: All cadres of the government employees and public representatives have to seek the health services on priority at first instance in government hospitals only. In the scenario of non-availability of such treatment/services at government hospitals, may avail the treatment/services at Private Health Sectors. In case of those who approach private hospitals directly for treatment they will not be entitled for medical re-imbursement.

23. Distribution of Health Smart Cards: To distribute Health Smartcard to all the families in the state to facilitate the reach of existing health schemes. Through this card, the essential treatment procedures will be simplified. All the families in the state will be covered through Health assurance and the cost for the same will be borne by the government in the form of premium. Special emphasis will be given to unorganized labourers, agricultural labourers and other weaker sections of the society so that an assured atmosphere will be created to avail quality health services.

24. Starting of D.N.B Course: To address the shortage of specialists specially the critical cadre of obstetricians, pediatricians and anesthetists an in-house DNB Course will be started as per need in all government district hospitals across the State.

25. Super Speciality Hospitals: The existing district hospitals at Mysuru, Ballary and Davanagere will be provided with super speciality facilities in Oncology, Cardiology, Nephrology and Orthopedics and the Hospitals at Bengaluru, Belagavi and Kalaburgi will be upgraded for super speciality in the above speciality services.

26. Research and Training: To improve health services through the department of Health & Family Welfare and the Department of AYUSH in our state, it is necessary to develop effective treatment procedures in traditional system medicine. In this regard, the Karnataka State Health System Resource Centre to be strengthened.

27. Re-organization of the department by Implementing Public health cadre and revision of C& R rules: Creation of public health cadre will lead to reallocation of the existing cadres and new positions at state level. This needs restructuring of organization at state, district and taluk levels. Accordingly based on the profile of the position and the job responsibilities revision of existing C & R rules will be done.

(B.V. Srinivasaiah)

Under Secretary

Department of Health & Family Welfare

