Public Health Care : India
An Overview

State Institute of Health & Family Welfare,
Jaipur
Constitutional commitment:
Health: State subject
Central List
International Health, Port Health Research
Technical & Scientific Education
State List
All other Health issues
Concurrent list
Epidemics
Milestones:

- NRHM-2005
- NHP-2002
- NPP-2000
- RCH-1996
- UIP-1985
- NHP-1983
- Alma Ata-1978 (HFA)
- Smallpox eradicated-July 5, 1975
- NFPP-1952
- India Joins WHO-1948
- HSDC-1946
- SIHFW: an ISO 9001: 2008 certified Institution
NO Health Policy for 36 years

Committees and Commissions

Single issue addressed by Committee

Comprehension was missing

Recommendations- reiterations of Bhore Committee.

Individual “Health” Programs - situational exigency.

Uni-purpose workers later baptized as Multi-purpose.

Programs worked in complete isolation till 1980 (e.g. NTCP).

Fragmented approach to Health
Still... 62 yrs. of Health Services

- Crude Death Rate ↓
- Crude birth rate ↓
- Life expectancy ↑
- S.pox & G. worm eradicated
- Leprosy eliminated
- IMR ↓
- Infrastructure – expanded
Public Health

- Well developed administrative system
- Skills
- Reasonable Infrastructure
  - Poor health outcomes
- Design
- Misdirected efforts
<table>
<thead>
<tr>
<th>Five year Plan</th>
<th>Period</th>
<th>Major areas addressed</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>1951-55</td>
<td>Infrastructure</td>
</tr>
<tr>
<td>II</td>
<td>1956-61</td>
<td>Industry</td>
</tr>
<tr>
<td>III</td>
<td>1961-66</td>
<td>Panchayat &amp; Green Revolution</td>
</tr>
<tr>
<td>IV</td>
<td>1969-74</td>
<td>Expenditure, Agriculture</td>
</tr>
<tr>
<td>V</td>
<td>1974-79</td>
<td>Agriculture</td>
</tr>
<tr>
<td>VI</td>
<td>1980-85</td>
<td>Health, Technology</td>
</tr>
<tr>
<td>VII</td>
<td>1985-89</td>
<td>Poverty, Agriculture &amp; Justice</td>
</tr>
<tr>
<td>VIII</td>
<td>1992-97</td>
<td>Pop., Agriculture, Poverty</td>
</tr>
<tr>
<td>IX</td>
<td>1997-02</td>
<td>Employment, Basic facilities</td>
</tr>
<tr>
<td>X</td>
<td>2002-07</td>
<td>HRD, Industry, Technology</td>
</tr>
<tr>
<td>XI</td>
<td>2007-12</td>
<td>Education, Health, Empowerment</td>
</tr>
</tbody>
</table>
Bhore Committee, 1946

PHCS: nodal points for Health care
Phased expansion
Prevention stressed

Population based
Health – State Subject?

- Centralized planning
- Decentralized implementation
- Fiscal control of central Govt.
- Centre dictates States for Objectives & Priorities
Health Care in India

- Entitlements by policy and not rights
- Focus on preventive and promotive care
- Grossly under-provided facilities
- Poor investments hitherto
- Declining public expenditures and new investments
- Structural Adjustment programming under World Bank dictate
Core Functions of Public Health

- Monitoring health situation
- Disease surveillance
- Health promotion
- Regulations
- Partnerships
- Planning & Policies
- HRD
- Reducing impact of emergencies on health

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Health– A Dynamic Phenomenon

Health System ought to be, for-

a. Rising costs,

b. Changing political situations, and

c. Social contexts (expectations of people from System)
Public Health– Dilemma:

- Equity and Equality
- Quantity and Quality
- Public/Private/ Voluntary sector
- Education/ Persuasion/ Coercion
- Professional/ Para Prof/ Auxiliaries
- Privatization/ Disinvestment
Service delivery: 3-tier Structure

- Tertiary care
- Secondary Care
- Primary care
- Underutilized for:
  - Services
  - Supplies
  - Funding

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Committees & Commissions

- **1959-62 Mudaliar committee** (Health Survey And Planning Committee)
  - Health services restructuring
- **1963: Chaddah committee**
  - TOR-Malaria
- **1964: Mukherjee committee**
  - Family planning
- **1964-67: Junglewala committee**
  - Integration Of Health Services
- **1972-73: Kartar Singh committee**
  - MPW scheme
- **1974-75: Srivastav committee**
  - Medical Education & Support Man-Power
## Limits to Modern Medicine

<table>
<thead>
<tr>
<th>Spectacular Advances – Low Cost</th>
<th>Nutrition, Immunization, Antibiotics, Aseptic surgery, Maternal and child care, Healthy life styles</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grey Areas – High Cost</td>
<td>Degenerative diseases, Autoimmune diseases, Malignancies</td>
</tr>
<tr>
<td>Dark Areas</td>
<td>Idiopathic, iatrogenic, Hospital Infections, Progressive, irreversible disorders</td>
</tr>
</tbody>
</table>
Problems:

- Indirectly related to health
  - Environment
  - Education
  - Empowerment

- Directly affecting Health
  - Diseases
    - Communicable
    - Non Communicable
    - New emerging
  - Fertility
    - Population
    - Growth rate
    - Total Fertility
  - Nutrition
    - Malnutrition
    - Obesity
Problems—Why

• Access
• Availability
• Utilization
Challenges

- Manpower- Number & Norms
- Rural / Urban differential
- Geographical divide across States
- S-E groups –accessibility/ reach
- Gaps between Policy & Action
- Health sector expenditure
- Newer Infections
CHC– XI FYP vs. PG seats

Source: RHS 2011 MCI, 2012 (www.mciindia.org)

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## Rural : Urban Differentials

<table>
<thead>
<tr>
<th>Sector</th>
<th>Pop. BPL (%) (NHP 10) ref. period ‘04-’05</th>
<th>IMR/ Per 1000 Live Births (SRS 2011)</th>
<th>&lt;5Mortality Per 1000 (NFHS III)</th>
<th>Weight For Age- % of Children Under 3 years (&lt;2SD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>India</td>
<td>27.5</td>
<td>47</td>
<td>74.3</td>
<td>44.9</td>
</tr>
<tr>
<td>Rural</td>
<td>28.2</td>
<td>51</td>
<td>82</td>
<td>45.6</td>
</tr>
<tr>
<td>Urban</td>
<td>25.7</td>
<td>31</td>
<td>51.7</td>
<td>32.7</td>
</tr>
</tbody>
</table>
### Differentials in Health Status Among States

<table>
<thead>
<tr>
<th></th>
<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Kerala</td>
<td>15.0</td>
<td>13</td>
<td>16.3</td>
<td>22.9</td>
<td>95</td>
<td>0.23</td>
<td>2162</td>
</tr>
<tr>
<td>Bihar</td>
<td>41.4</td>
<td>48</td>
<td>84.8</td>
<td>55.9</td>
<td>312</td>
<td>1.08</td>
<td>1149</td>
</tr>
<tr>
<td>Raj.</td>
<td>22.1</td>
<td>55</td>
<td>85.4</td>
<td>39.9</td>
<td>388</td>
<td>0.19</td>
<td>47054</td>
</tr>
<tr>
<td>UP</td>
<td>32.8</td>
<td>61</td>
<td>96.4</td>
<td>42.4</td>
<td>440</td>
<td>0.81</td>
<td>59114</td>
</tr>
</tbody>
</table>

@ref. period ‘04-’05
$ $ ref. period 2004-06

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# Health status Differentials among Socio–Economic Groups (NFHS III)

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Infant Mortality</th>
<th>&lt;5 Mortality</th>
<th>% Children Underweight Under 3 years (&lt;2SD)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>India</strong></td>
<td>57</td>
<td>74.3</td>
<td>44.9</td>
</tr>
<tr>
<td><strong>Social Inequity</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>S/C</td>
<td>50.7</td>
<td>65.4</td>
<td>47.9</td>
</tr>
<tr>
<td>S/T</td>
<td>43.8</td>
<td>53.8</td>
<td>54.5</td>
</tr>
<tr>
<td>OBC</td>
<td>42.2</td>
<td>54.5</td>
<td>43.2</td>
</tr>
<tr>
<td>Others</td>
<td>36.1</td>
<td>42.1</td>
<td>33.7</td>
</tr>
</tbody>
</table>

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Planning Commission has decided to increase its spending on health to 2.5% of the GDP in the 12th Five Year Plan.
Share in health care spending

- Private expenditure: 71.6%
- External flow: 1.6%
- Public expenditure: 26.7%

Source: NHP 2011
### Goals: 2000–2015

<table>
<thead>
<tr>
<th>Goal</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eradicate Polio and Yaws</td>
<td>2005</td>
</tr>
<tr>
<td>Eliminate Leprosy</td>
<td>2005</td>
</tr>
<tr>
<td>Eliminate Kalazar</td>
<td>2010</td>
</tr>
<tr>
<td>Eliminate Lymphatic Filariasis</td>
<td>2015</td>
</tr>
<tr>
<td>Achieve Zero level growth of HIV/AIDS</td>
<td>2007</td>
</tr>
<tr>
<td>Reduce Mortality by 50% on account of TB, Malaria, and Other vector and water borne diseases</td>
<td>2010</td>
</tr>
<tr>
<td>Reduce Prevalence of Blindness to 0.5%</td>
<td>2010</td>
</tr>
<tr>
<td>Reduce IMR to 30/1000 And MMR to 100/Lakh</td>
<td>2010</td>
</tr>
<tr>
<td>Increase utilization of public health facilities from current level of &lt;20 to &gt;75%</td>
<td>2010</td>
</tr>
<tr>
<td>Establish an integrated system of surveillance, National Health</td>
<td>2005</td>
</tr>
</tbody>
</table>
Health care Governance in India
Health System’s Organization—India

Central Govt.
Planning Commission
National Development Council
MOHFW

FW
Secretary
Jt. Secy.
Director

Medical & Public Health
Secretary
Addl. Secy.
Jt. Secy.
DGHS
Addl. DGHS

ISM&H
Secretary
Director
Jt. Secy.

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Role of Central Govt. in Health Care

- Policy formulation
- Maintaining International health relations
- Administration of central health institutions
- Regulating Medical education through statutory bodies-MCI/DCI/Councils
- Medical & Public health research-funding
- Standards- laying & maintenance(Drugs/Education)
- Coordination-Other ministries/States/Statutory bodies
- Central Health Acts
- Negotiation with International agencies
Functions of Dept of Family Welfare

- Policy preparation & Planning
- Information collection & Evaluation
- Contraceptive-Research /Supply
- Seeking International support
- EPI/UIP/CSSM/RCH/ARI/ORT-Trainings & area development
- IEC
- Rural Health
- Paraprofessional training
- NGO support
- Development of Sub-center

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Functions of Medical & Public Health

• Health Policy preparation
• National Health Programs conduction
• Drug Control
• PFA enforcement
• Diseases control - Communicable/Non-communicable
• Supplies & Disposal Maintenance
• CME & Trainings
• Medical Education & Research
• Vital statistics & Health intelligence
• International support

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Organization at State level

Rajasthan Government

Minister Medical Education
Secretary-ME

(Medical Education)

Principal Secretary-Health

Directors (Service divisions)

FW
Public Health
AIDS
IEC

Addl. Directors
Jt. Directors
Dy. Directors
State Program Officers
Zonal Directors

MoH & FW

Secretary-FW

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District Health Care Administration
District

An Administrative unit
Defined Geographical boundary and Population
- Peripheral most Planning unit
- A self contained segment of National Health System
## District Health Organization

**CMHO (Rural), Preventive**

- **Dy.CMHO**

**PMO (Urban), Curative**

- **Program Officers** (registered society-DHS)

### Block CM&HO

#### CHC

- **Pop.** 80000-120000
- **Beds** (30)
- **Specialists** (7-IPHS)
- **Referral**

#### PHC

- **Pop.** 20-30000
- **Primary health**
- **Medical Officer** (2-IPHS)

#### SC (3-5000)

- **HW-M/F**
- **SBA/AWW/VHG/ASHA**

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Functions of District Health System

- Liaison between Field units & Headquarter
  - Field reports
  - Inspections
  - Meetings
- Implementation of Policy & Programs
- District level planning & Action Plans
- Rationale use of Finance & Resources
- Communication Management
  - Plans/Schedules/Progress/Problems
- Control & Monitoring
Problem Areas at District

- Quantity v/s Quality
- Cluttered Policy guidelines
- Decentralization on papers
- Roles/Responsibilities poorly defined
- Program integration?
- HMIS-generation & use?
- Managerial skills
- Donor initiative – “Societies”
- Resource restriction
Rural Health services

- Institution–
  - Primary Health Centers(20-30000)
- Functions-
  - Medical Care
  - RCH services
    - Immunization
    - Child Health
    - Obstetric services
    - MTP
    - NHP
  - School Health
  - Environment
  - Health/ Nutrition education
  - Management
## Manpower at PHC

<table>
<thead>
<tr>
<th>Position</th>
<th>Existing</th>
<th>Recommended (IPHS)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Officer</td>
<td>1</td>
<td>2(one AYUSH or LMO)</td>
</tr>
<tr>
<td>Pharmacist</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Nurse-midwife (Staff Nurse)</td>
<td>1</td>
<td>3 (for 24-hour PHCs) (2 may be contractual)</td>
</tr>
<tr>
<td>Health workers (F)</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Health Educator</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Health Asstt. (M&amp;F)</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Clerks</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Laboratory Technician</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Driver</td>
<td>1</td>
<td>Optional/vehicles out-sourced.</td>
</tr>
<tr>
<td>Class IV</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>15</strong></td>
<td><strong>17/18</strong></td>
</tr>
</tbody>
</table>

SIHFW: an ISO 9001: 2008 certified Institution
• Sub-Centre (3-5000)
• Manpower- Male & Female Health Worker, Additional ANM under IPHS/NRHM
• Support manpower-
  – VHG
  – SBA
  – AWW
  – ASHA
  – Jan Mangal Couples
Thank You

For more details log on to www.sihfwrajasthan.com or contact: Director–SIHFW on sihfwraj@yahoo.co.in