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Public Health: Issues & Challenges.

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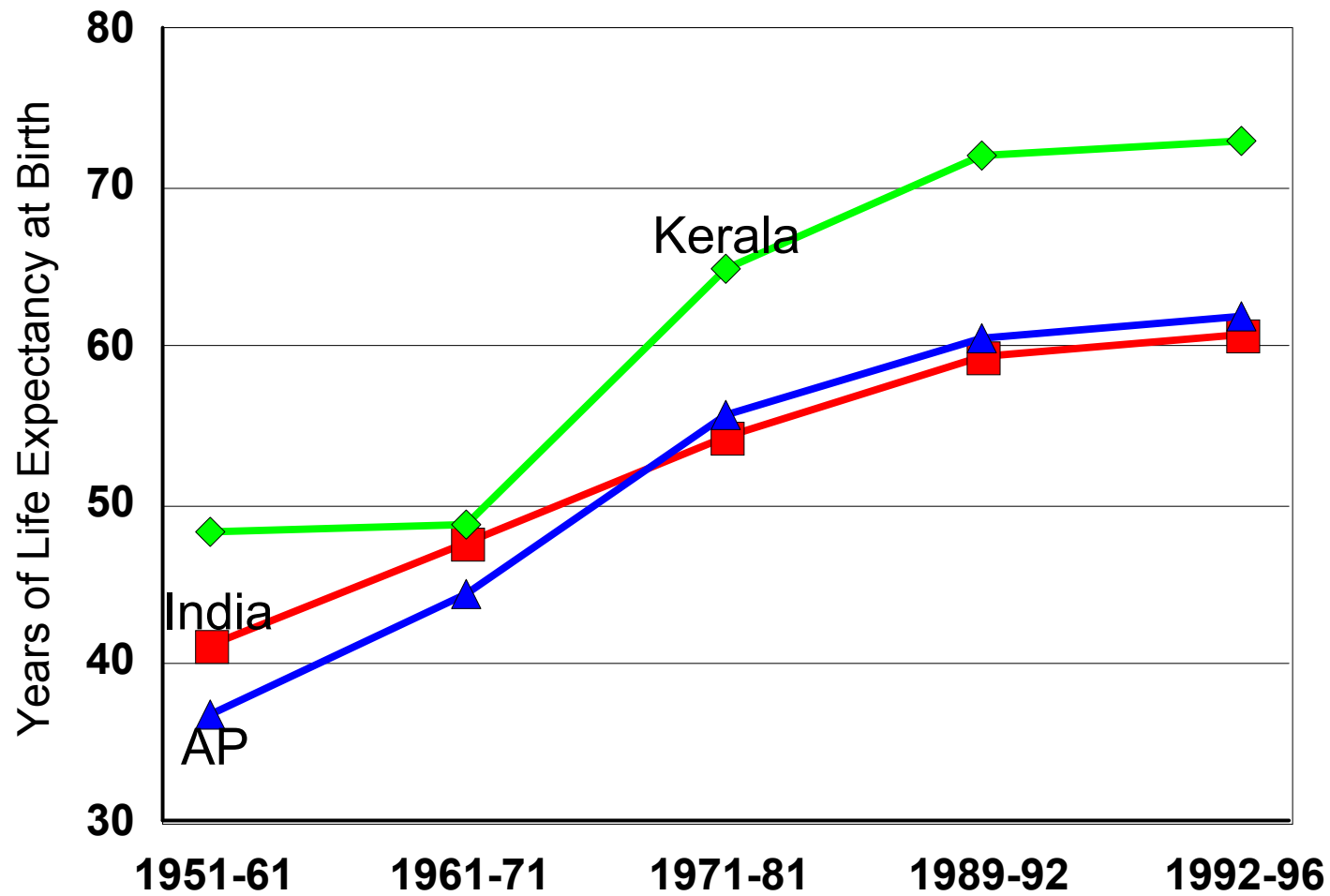


Health Status in India

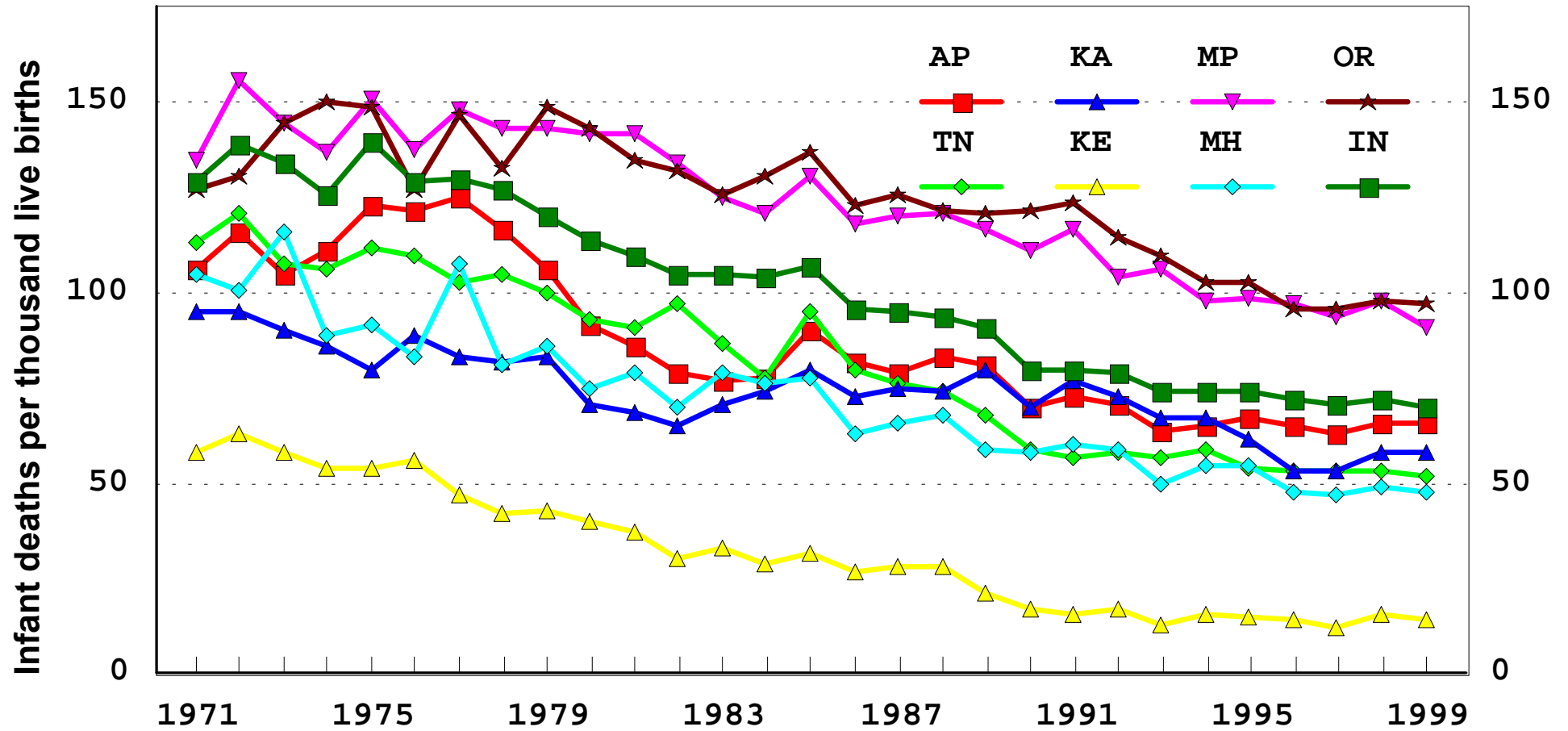
Time Trend and Current Status



Life Expectancy in India.



IMR - All India & Selected States.



Source: SRS Annual Reports, 1971 - 1999.

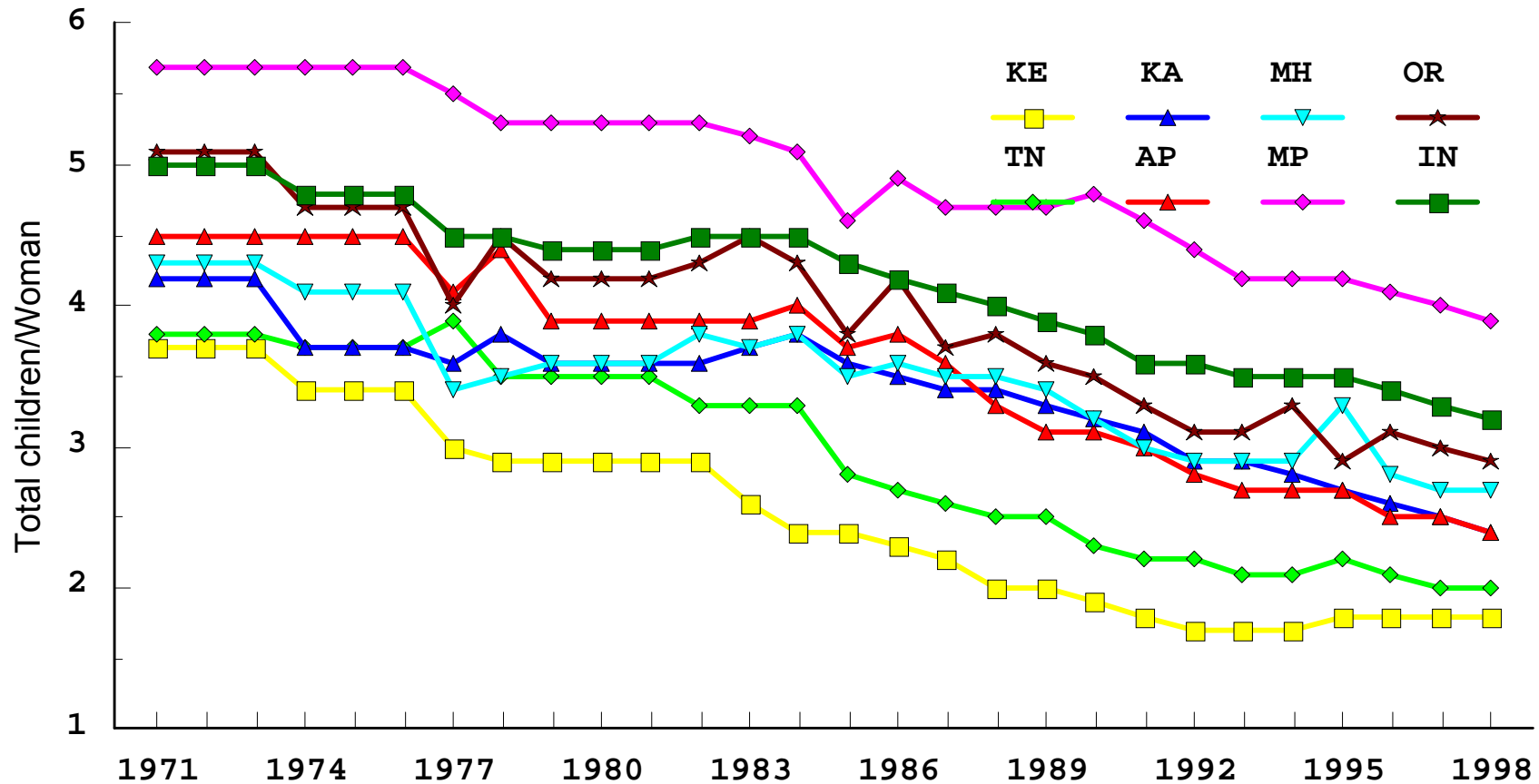
But regional differences persist.

Results from DFHS - Pilots in AP.

District / division	Census estimates		This study - indirect est.		Direct est.
	1981	1991	IMR	95 % CI	
Nellore Dt.	86	46	79	71 - 87	32.71
Gudur Div.			92	70 - 115	26.67
Kavali Div.			58	37 - 79	37.96
Nellore Div.			81	59 - 103	34.32
Chittoor Dt.	115	60	65	59 - 72	36.79
Madanapally Div.			76	60 - 92	29.02
Chittoor Div.			67	46 - 89	27.8
Tirupati Div.			45	27 - 62	65.38
Mahbubnagar Dt.	99	77	115	107 - 122	41.23
Gadwal Div.			93	60 - 127	41.67
Mahbubnagar Div.			110	91 - 128	32.72
Narayanpet Div.			125	102 - 147	42.63
Wanaparthy Div.			62	35 - 89	23.06
Nagarkurnool Div.			140	117 - 163	58.29

Source: Mahapatra, Chalapati Rao, and Satish Kumar; District Family Health Survey (DFHS) 2000. A pilot study in three districts of Andhra Pradesh to estimate IMR, fertility and maternal mortality. Institute of Health Systems, 2001. Table-10

Total Fertility- All India & States



Source: SRS for the period 1971-1998. Estimates for 1971-73, 1974-76 are the average total fertility rates given in SRS 1976-78 (statement no-38). Estimates for 1979-81 given in SRS 1981(statement-15)



Determinants of Health.

And Implications for Public Health





Health - Major Determinants

■ Environment:

- ▶ Water
 - Water Supply Infrastructure
- ▶ Sanitation
 - Sewerage and Sanitation.
- ▶ Air Quality
 - Housing

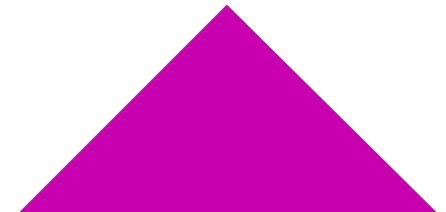
■ Nutritional Status

- ▶ Food Security

■ Healthy Life Styles

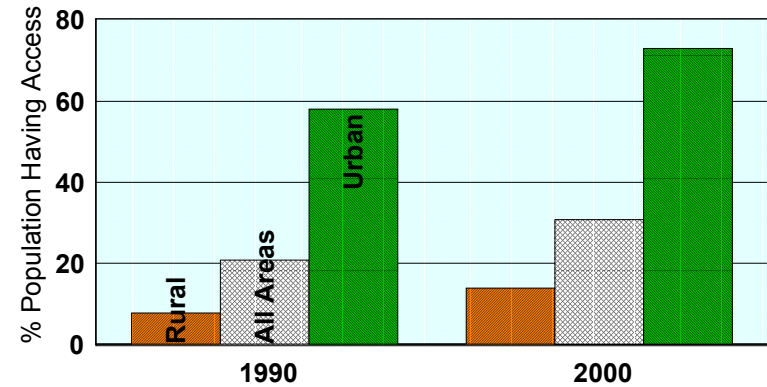
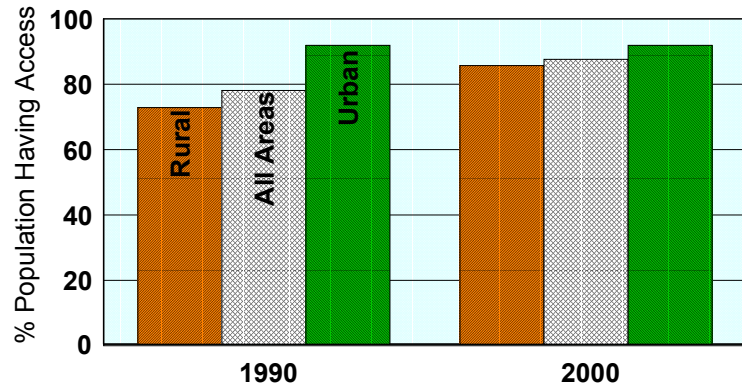
- ▶ Production of health technology
- ▶ Universal Ele. Edu.

■ Access to Health Care Services

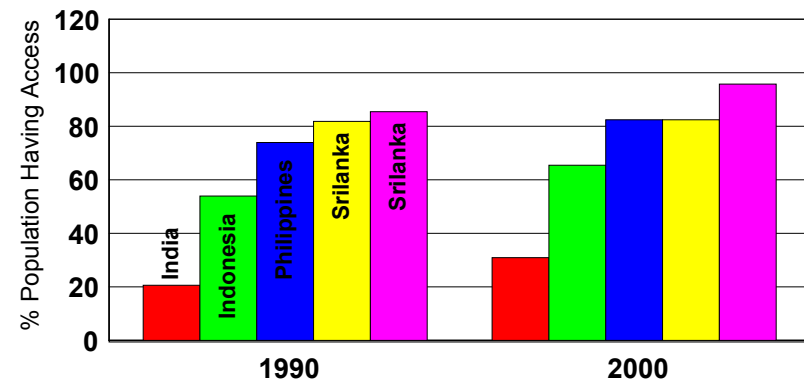
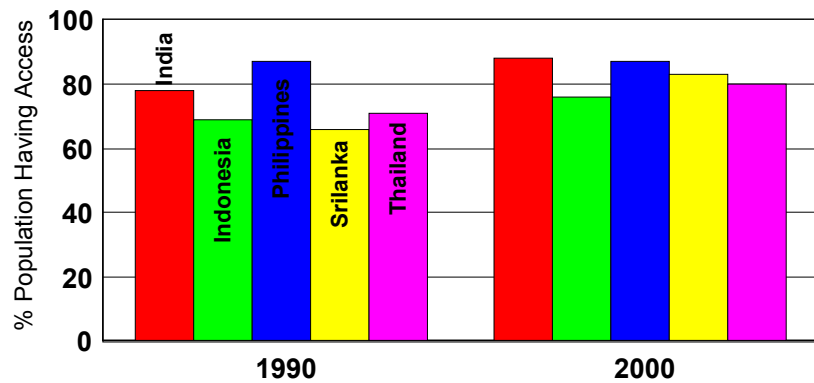


Access to Water & Sanitation

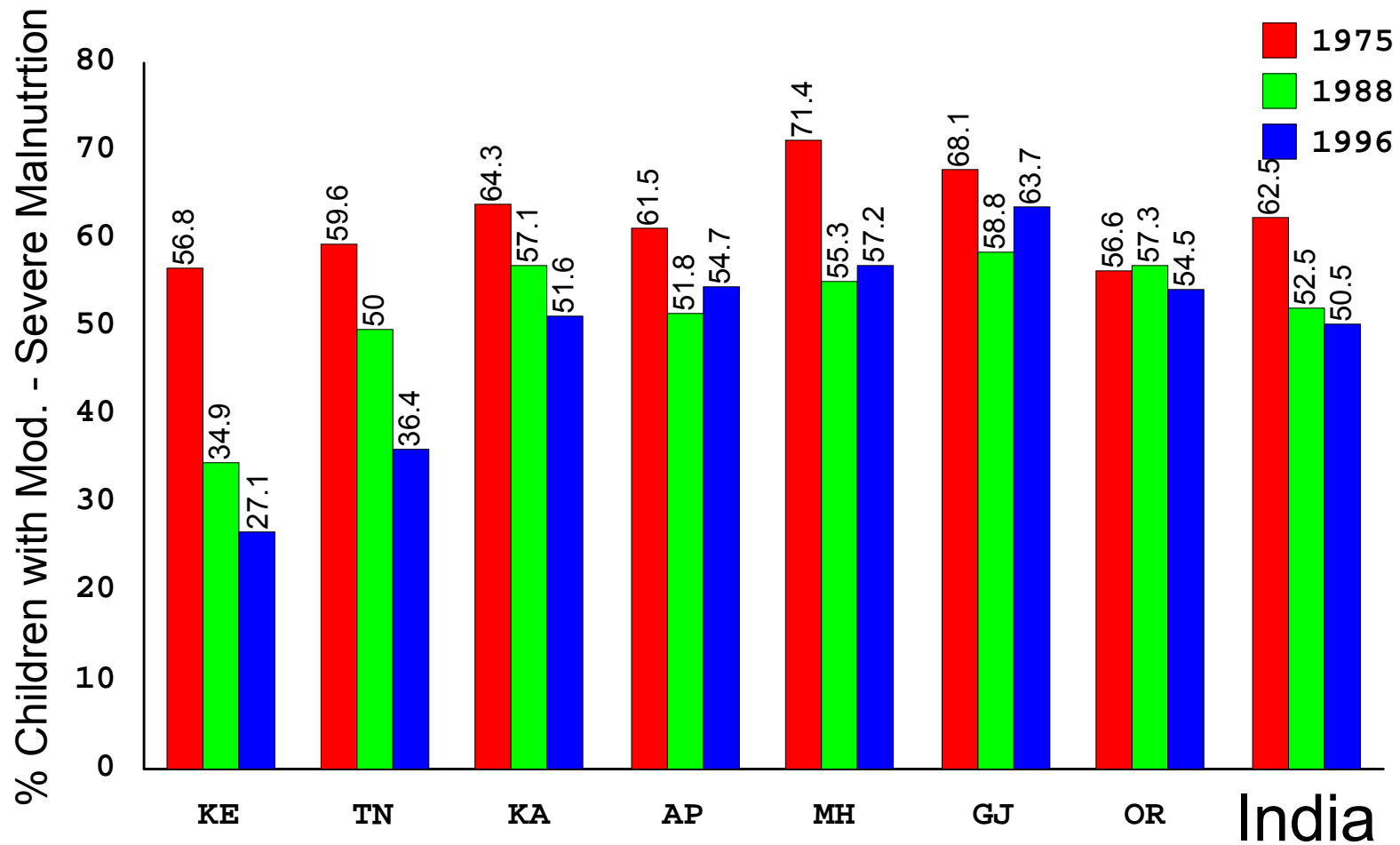
Drinking Water - India



Drinking Water - India & Other Countries

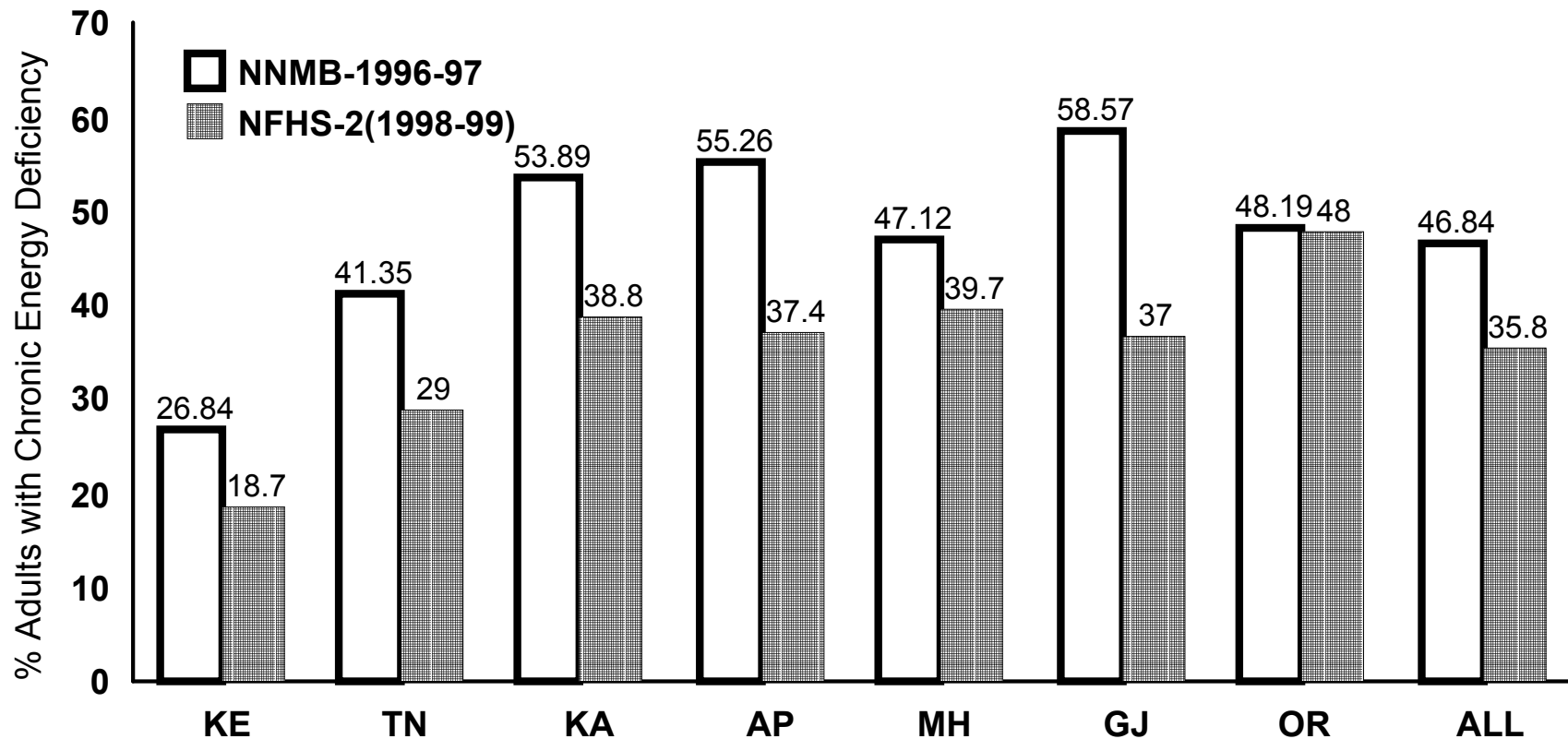


Malnutrition among preschool children in India and States.



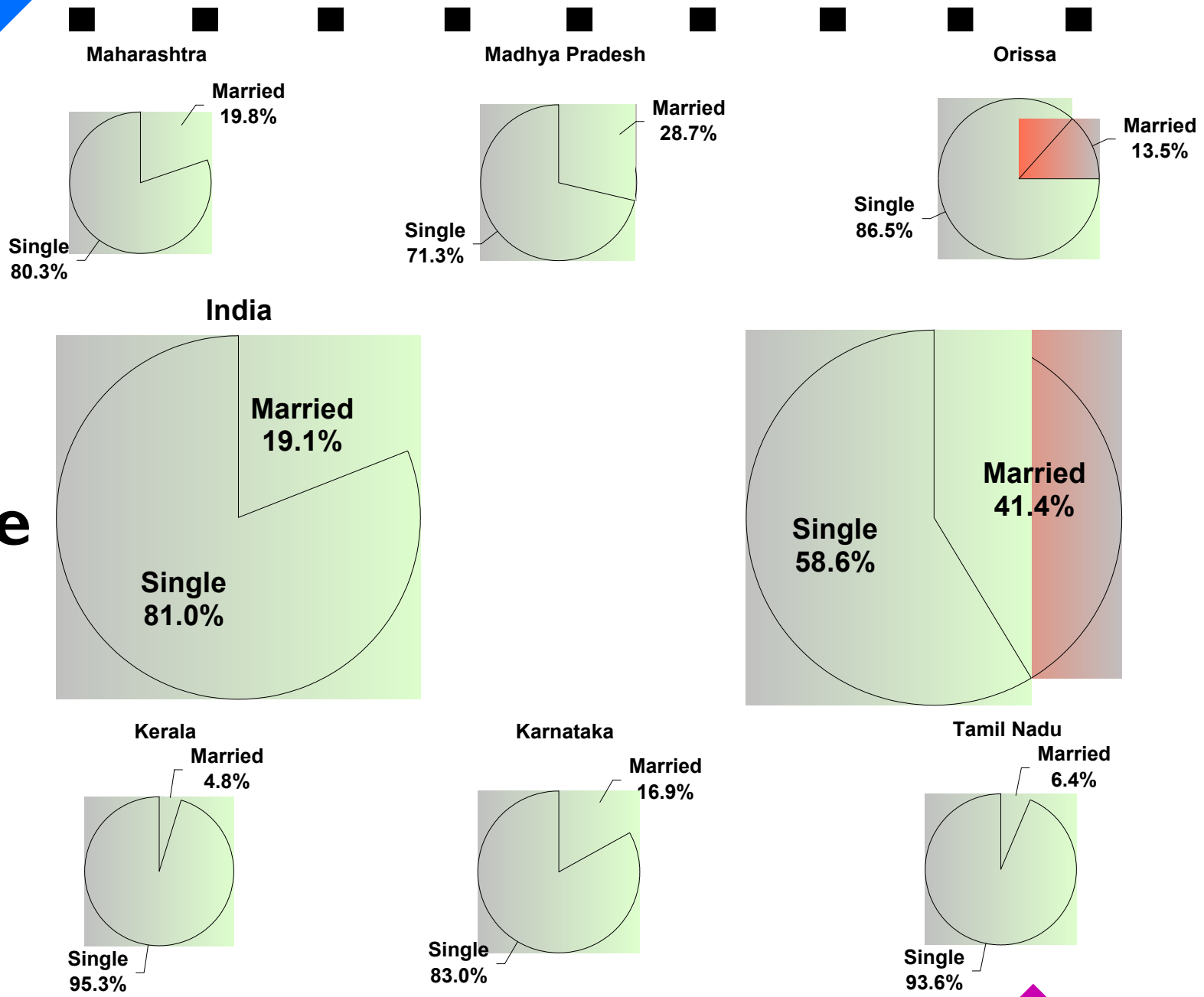
Source: Based on Weight-for-age data from NNMB Repeat Surveys 1975-79, 88-90, and 96-97.

Adults: Chronic Energy Def.



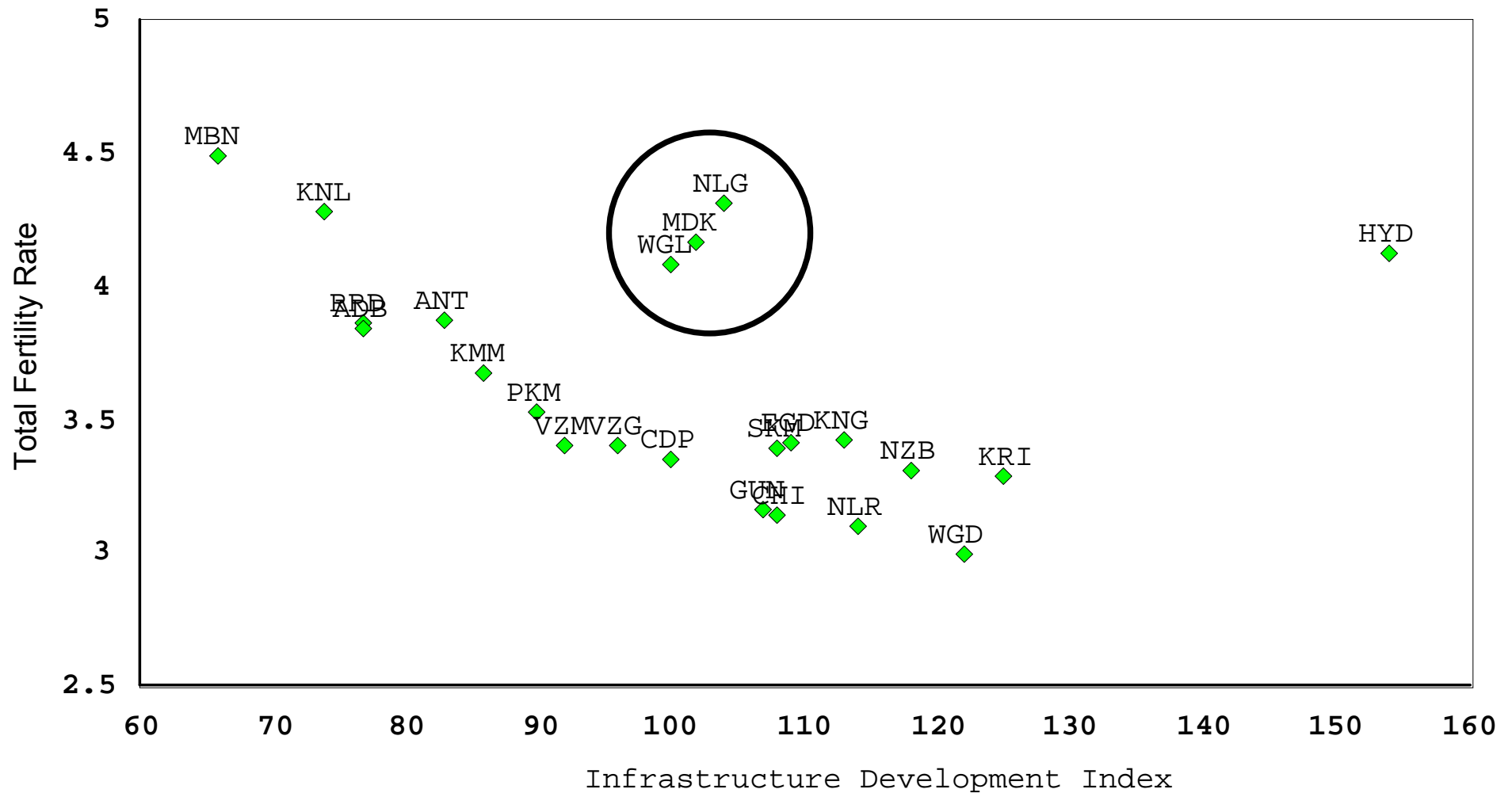
Source: Based on Body mass index (BMI) data from NNMB Repeat Survey 1996-97 and NFHS-2

Early marriage in India.



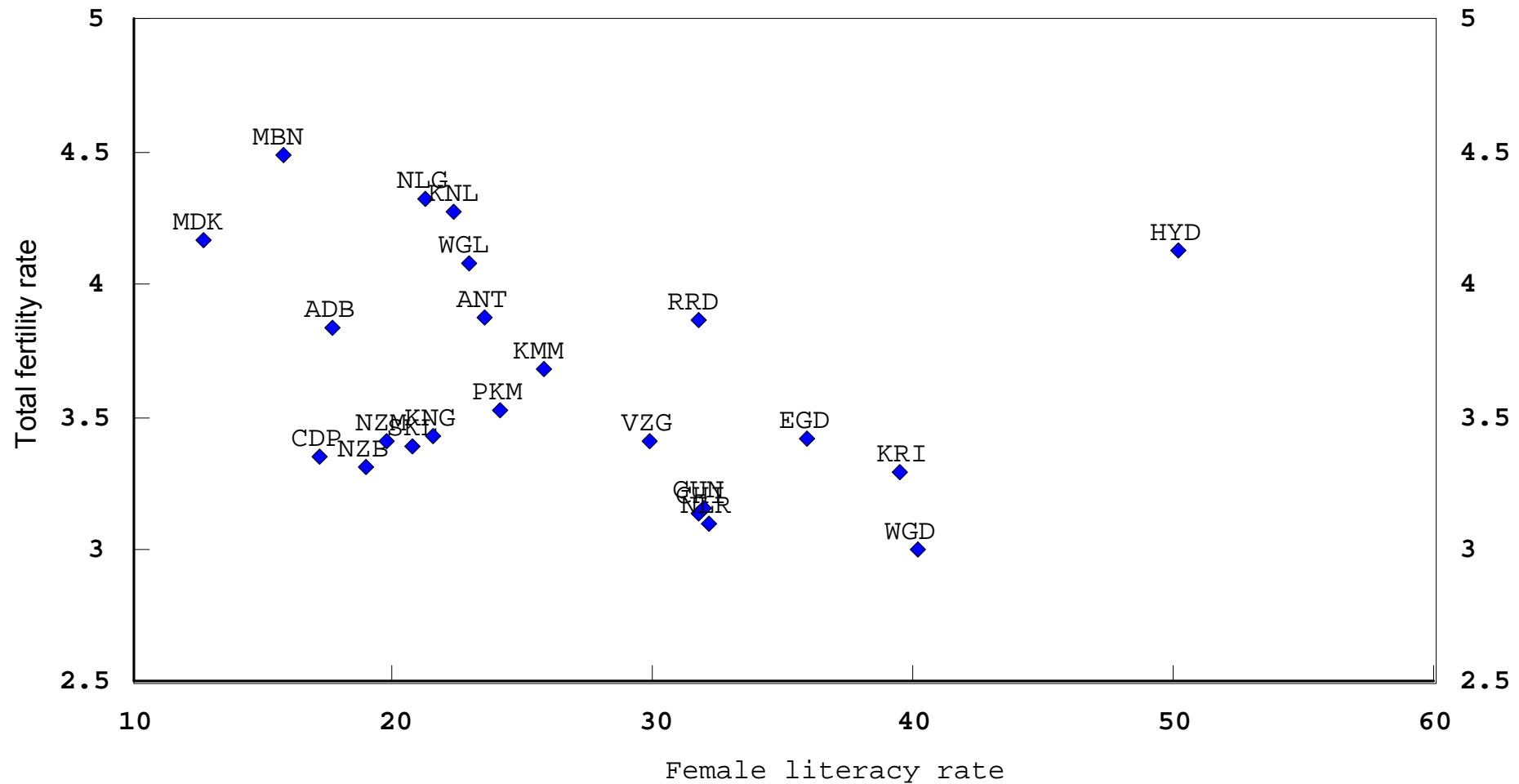
Source: Median of estimates for years 1993-98 from SRS 1993-94 statement-12, p28; 1995-96 statement-11, p28; 1997-98 statement-11, p27.

Development and Fertility



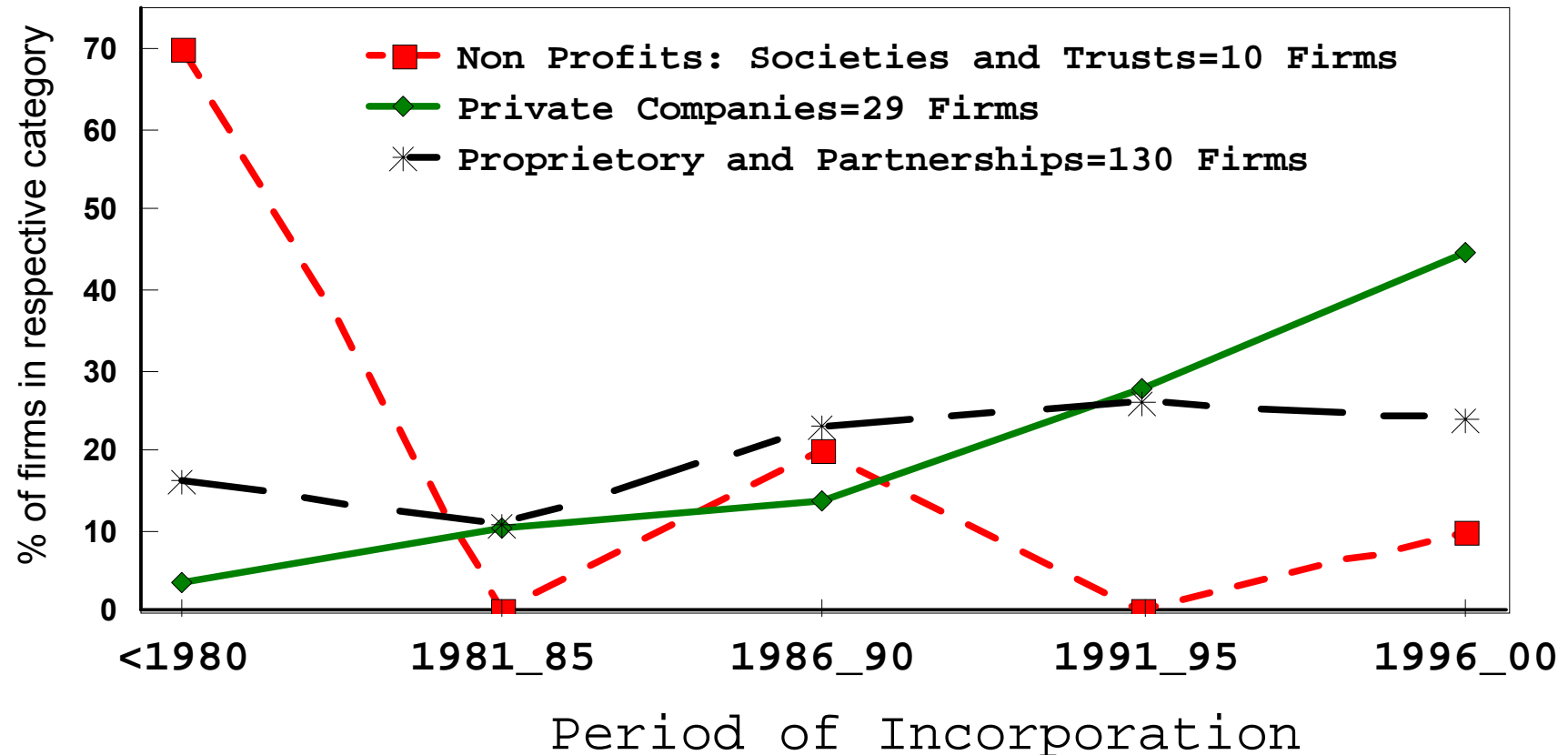
Source: CMIE, 2000. The computations of Infrastructure Development Index is for 1995. District level estimates of fertility and child mortality for 1991 and their interrelations with other variables. Occasional paper No.1 of 1997 RGI.

Literacy and Fertility



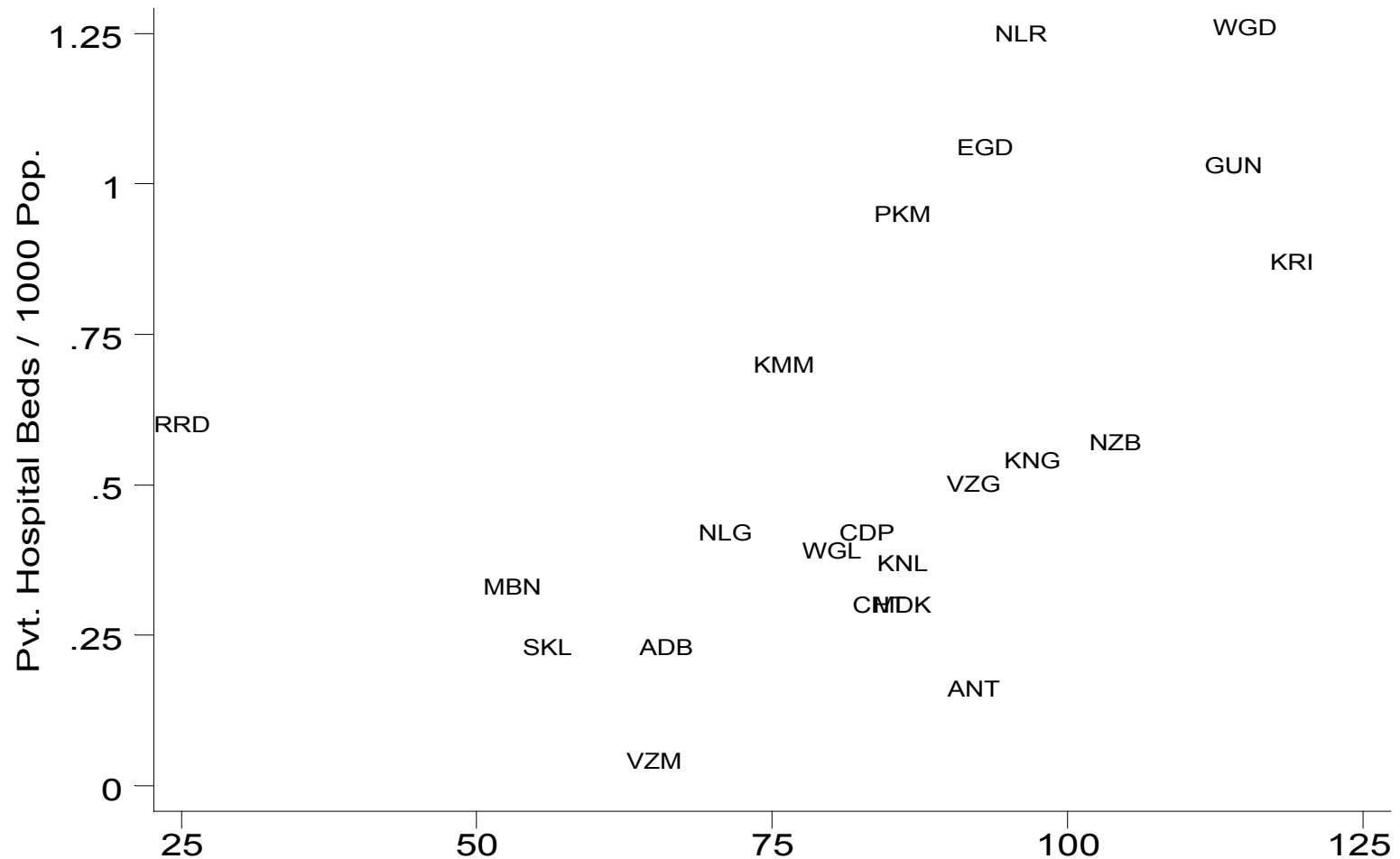
Source: District level estimates of fertility and child mortality for 1991 and their interrelations with other variables. Occasional paper No.1 of 1997 RGI. Female literacy rates are computed from the data on No.of female literates given in Provisional population tables .
Census-1991

Changing motivations for est. of private health care institutions.



Source: Mahapatra P, Sridhar P., Rajshree KT. Structure and dynamics of private health sector. Implications for India's Health Policy. Hyderabad: Institute of Health Systems, 2002..

Development & Pvt. Hospitals



Source: Mahapatra P, Sridhar P., Rajshree KT. Structure and dynamics of private health sector. Implications for India's Health Policy. Hyderabad: Institute of Health Systems, 2002..



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Operational Issues & Challenges





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Health Care Professionals (HCP) - Availability

- Factors contributing to HCP availability.
 - ▶ Cadre and recruitment.
 - Specialists, General duty medical officers.
 - ▶ Number of posts.
 - ▶ Team composition.
 - ▶ Work Environment.
 - ▶ Popular attention.
- Manager - HCP Relationship
- Transfer and Posting Policy.



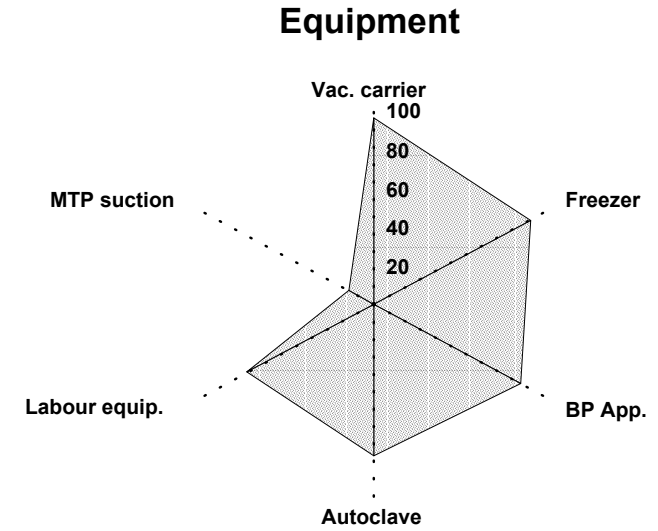
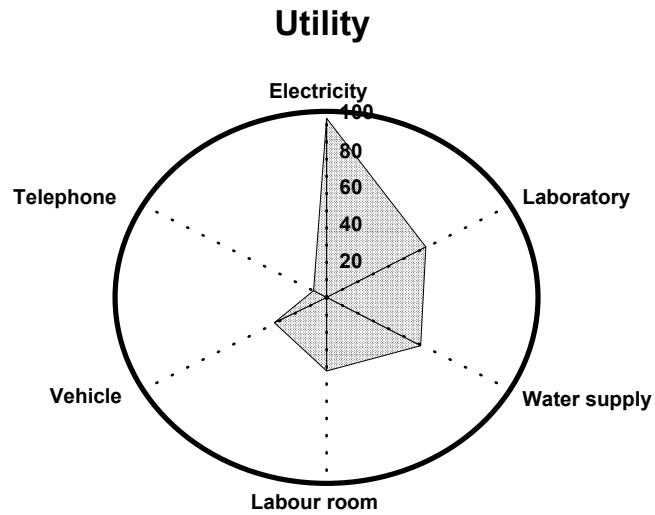


Transfer & Posting Policy

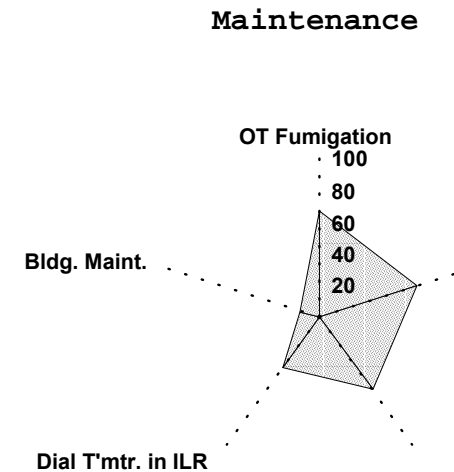
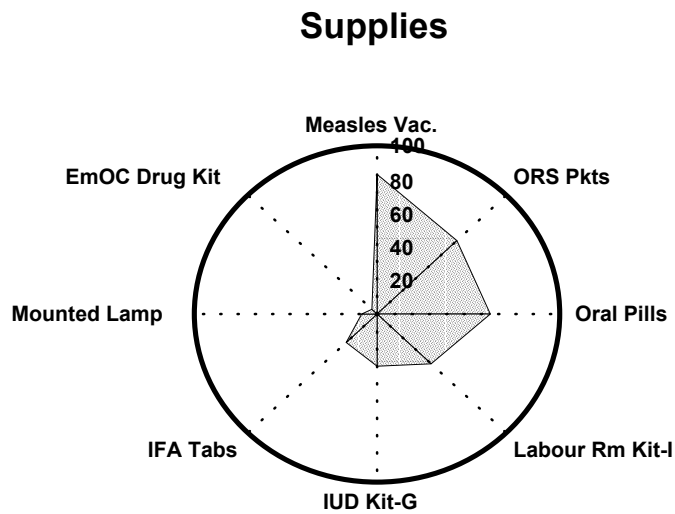
- Clearly spell out the objectives of transfer and posting of the category of employees to whom the policy will be applied.
- Provide for classification of various stations on the basis of availability of infrastructure and the distance travelled to get the non available services.
- Categorise the posts in a cadre on the basis of functional criteria.
- Fix the normal tenure for various categories of positions.
- Provide for treatment of commonly occurring transfer and posting events, like first posting, reposting, posting on promotion, annual and mid term transfers etc.
- Provide for balanced distribution of vacancies.
- Provide for incentives for postings to difficult stations, e.g.. compensatory allowance, preferences for grant of vehicle loans, option for next posting, etc.



Public Health Infrastructure -Management




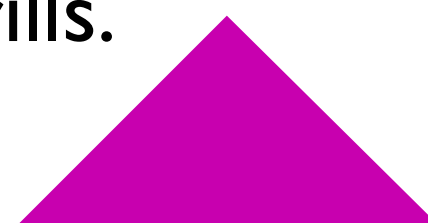
Shaded area means all listed facilities available. Clear area is the gap.





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A few tips about health care building maintenance.

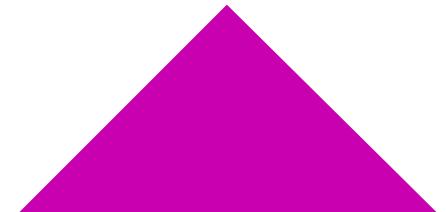
- Toilet is Top Priority.
 - Water Supply and Drainage System.
 - ▶ Tap open close test!
 - ▶ Toilet maintenance skills.
 - Recruitment & Training.
 - Sanitation Tools.
 - Toilet Use Education (TUE).
 - Sign Posting.
 - Lubrication & Mobilisation Drills.
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A few tips about equipment maintenance.

- **Clearly spelt equipment maintenance policy.**
- **Maint. of Common Ward / Lab Equipment**
 - ▶ Train the allied health care professionals.
 - ▶ Equipment maintenance persons.
 - ▶ Response quality and Uptime linked AMC.
- **Monitor service delivery indicators.**
 - ▶ Lab test ratio, Imaging ratio, surgery rate, etc.
 - ▶ Zero value might be due to equip. problems.
- **Monitor equipment maintenance.**





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Availability of drugs and supplies.

- Human and Material Resource Balance.
- Hospital Formularies.
- Logistics - Purchasing and distribution system.
- Quality of drugs.

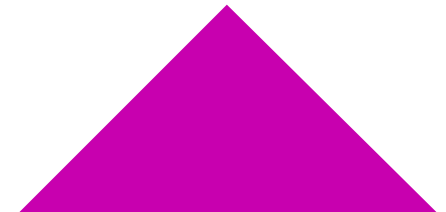




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Ambulatory Medical Care

- Notice the confusion in terminology: ambulatory care vs acute care.
- NSS surveys have shown that private sector provides maximum satisfaction even for the poor.
- Hence private provision and public funding of ambulatory care services to poor. Beneficiary families should have option to change provider at year beginning only.





Primary Health Centres

- Free them from family planning targets.
- Instead bind them with RCH targets.
- Focus on
 - ▶ public health surveillance,
 - water quality monitoring,
 - first aid service delivery through multipurpose health workers,
 - escort services for the poor.
- Regulatory authority on environmental health.





Policy on Hospitals

- Public Hospitals:
 - ▶ Distinguish First referral and Tertiary hospitals.
 - ▶ Invest in First referral hospitals.
 - ▶ Measurement of hospital performance
 - ▶ Strengthen hospitals linkage to PHCs and general practitioners in its area.
- Encourage Charitable & Non profit Hospitals.
 - ▶ How to recognise a nonprofit?
 - ▶ How to encourage?





Panchayatiraj and Health

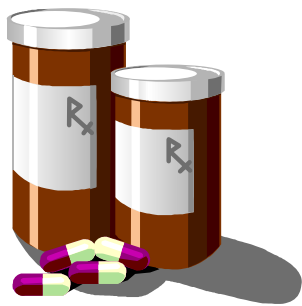
- Note that in many of the PR pioneer states PHCs originally set up by PR institutions gravitated to state government.
- Equip PR leaders with capacity to assess health professionals work.
- Enrich public health and hospital management team capacity by inducting people with interdisciplinary skills.





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Health Insurance



The Fashion and The Facts

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Characteristics of Health Insurance

■ Actuarial difficulty:

- ▶ May start with catastrophic health insurance
- ▶ Eventually has to cover routine preventive care like immunisation, antenatal checkups, and ambulatory care.
- ▶ As a result the covered events are no more rare! This is the basic disconnect between general insurance and health insurance.

■ Administrative difficulty:

- ▶ Moral hazard.
- ▶ High transaction costs.
- ▶ Cream skimming, differential risk rating, and its effect on equity.





Types of Health Insurance.

■ Private Health

Insurance:

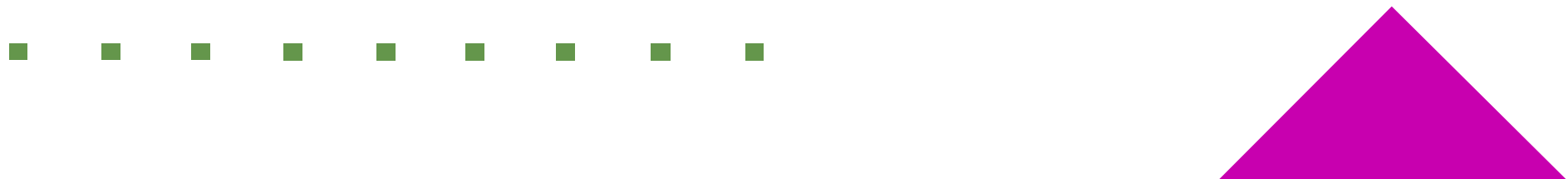
- ▶ Individual or small group risk rating.
- ▶ Voluntary
- ▶ Medclaim by GIC Companies are Private Health Insurance!

■ Social Health Insurance:

- ▶ Community risk rating.
- ▶ Mandated coverage.
- ▶ Ex: ESI, CGHS.

■ Health Maintenance

Organisations:

- ▶ Healthcare providers act as insurers, at least for part of the risk.
 - ▶ Reduced transaction costs.
 - ▶ Incentive to reduce moral hazard.
- 



Thank You All



And Lets Talk

