

# **Institute of Health Systems**

## **Director's Report**

### **First annual general body meeting, 9th July, 1994**

Ladies and Gentlemen,

I extend a very hearty welcome to all of you to this very first Annual General Meeting of our Institute. With this august assembly the process of building up of the Institute of Health Systems has crossed an important milestone. As you are all aware the Institute was born on 2nd December 1990 when many of you met in the study of Dr. Mahapatra and decided to give birth to this Institute. The Association was registered under the A.P. Telangana Area, Public Society Act 1350 Fasli vide Registration no. 3748 dated 7th December 1990. The Institute was registered by the Commissioner Income Tax under section 12A of the Income Tax Act vide Commissioner of Income Tax letter no. II/12A & 80G/64/90-91 dated December 19, 1990. The Institute then received exemption under section 80G of the Income Tax Act vide Commissioner Income Tax Andhra Pradesh-II, Hyderabad letter no. H.Qrs. No.II/12A & 80G/64/90-91 dated December 31, 1990. This was valid till March 31, 1992, and is in the process of being renewed.

The Institute had applied for permanent registration under the Foreign Contribution (Regulation) Act (FCRA) . The Application was filed on date November 12, 1992. I am happy to inform you that permanent registration under FCR Act has been received from Government of India, Ministry of Home Affairs vide their letter no. II/21022/61(4)/93-FCRA-III. Our permanent FCRA Registration No. is 010230292. Pending receipt of permanent registration, specific applications were being filed for permissions to receive grants from international agencies. In each case permission was obtained.

As most of you are aware the Institute has started functioning from a small accommodation provided by the Andhra Pradesh Vaidya Vidhana Parishad. Subsequently activities of the Institute expanded. On our request APVVP was kind enough to construct the present accommodation and made it available to us on rental basis. Recently APVVP has informed that they would like to take the accommodation back. Meanwhile discussion has been initiated with the State's Professional Councils like the Medical Council, Nursing Council, Pharmacy Council and Dental Council. I am happy to inform you that the Institute of Health Systems has joined with these Professional Councils to construct an office complex in DMS Complex. An application has been made to the Director of Health in this regard. When the project materialises the Institute has to contribute around Rs. 6.00 lakhs to meet the cost of construction of its share of accommodation.

As you are aware the Institute started functioning with charter member Dr. P.Hrishikesh as our Honorary Director. Dr. G.N.V.Ramana first full time Director of the Institute took charge on February 16, 1993. During Dr. Ramana's directorship the Institute established linkages with various health care institutions and built up its own facilities. During this period Dr. Ramana participated in many projects, one of which is the Andhra Pradesh Burden of Disease Project, which is being done in collaboration with ASCI. Dr. G.N.V.Ramana's interest in APBD Project finally lead to his full involvement in it. Subsequently Dr. Ramana decided to take up full time assignment at ASCI. Dr. Ramana was relieved on May 2, 1994. During the period of transition Mr. P.C.Kasinath, Deputy Director was looking after the administrative affairs of the Institute. I have joined the Institute on the 8th of June. I thank the President and members of the selection committee for having reposed



confidence in me. I am looking forward to the challenging task of building up this Institution. I would like to assure you all of my sincerity of purpose and dedication to the objectives of this Institute.

The Institute has acquired a multidisciplinary faculty. List of faculty and a short resume of each is given in Annexure I.

List of other Staff in Annexure II.

Following are the brief details of Projects so far completed by the Institute:

### **Projects completed**

A chapter on management of financial and material resources in voluntary health agencies was prepared for the Voluntary Health Association of India (VHAI).

A report on “Potentiality and relevance of herbal and traditional medicine for promotion and development of tribal economy in Andhra Pradesh “ was prepared for the Girijan Co-operative Corporation , Government of Andhra Pradesh.

A study on “social and economic impact of asthma” was completed for the WHO --National Heart Lung and Blood Institute, NIH , USA project on “Global Strategy for Asthma Management”.

To facilitate appropriate analysis of health expenditure of the state, the institute has compiled data on public spending on health and related areas for the past decade. This data is available on a diskette, on lotus spread sheet, which enables the researchers and policy analysts to undertake quick and multifarious analysis of health sector expenditure in Andhra Pradesh. This data would be updated every year and new copy will be released by the month of October.

A paper on “Status of health programmes in the state of Andhra Pradesh” was prepared for the National workshop on sustainability of health programmes organised by Rajasthan Institute of Public Administration, EDI, of World Bank and Department of Personnel, Govt of India.

A seminar on MEDFLOR-INDIA and Ethnobotanical Research in Andhra Pradesh was held on 16th and 17th of December , 1993. The Seminar discussed about standard format for collection of Ethnobotanical Information and Editorial Management Policy for MEDFLOR Database.

A pre-project report for the comprehensive tuberculosis control programme for the urban slums of Hyderabad was prepared for the Directorate of Health. This project has been posed by the Government of Andhra Pradesh to World Bank and WHO for funding.

Computerised processing for recruitment of Civil Assistant Surgeons (CAS) for the year 1994 was done for the Directorate of Health, Government of Andhra Pradesh. This enabled quick sorting of application, generation of statements for interview boards and processing of results.

### **Ongoing projects**

#### **A. A.P. Health Institutions Database (Ford Foundation)**

The institute has set up a data base of all health care delivery institutions in the State of Andhra Pradesh. The Database has a public health institutions component and private

institutions component. The publicly owned health care institutions component is being built up using the core grant received from the Ford Foundation. The private health care delivery institutions component is being built up as a part of the IHPP funded accreditation case study. Together these two components provide comprehensive data base of health care institutions in the state. This data is currently available on Fox format and a C programme is being developed to facilitate quick search through remote login facility. This database is linked to the primary census abstract data of 1991 census. This linkage provides an unique opportunity to understand the distribution of health care facilities in relation to other socio-economic and demographic variables.

### **B. Assessing the Need for and Designing an Accreditation Systems: A case study in Andhra Pradesh. (International Health Policy Programme)**

Health services sector in India is a multi-provider system comprising of public, private and non-government organisations. Private sector in India offers a wide range of facilities and services. There is also wide variation in the quality of care provided by the private sector. This provides an ideal ground for development of an accreditation system. Strangely no such systems has developed yet. Any talk of quality assurance have been met with resistance from the medical profession and / or hospital owner managers. Even if hospitals were to accept accreditation, there is hardly any capacity to operate an accreditation service. One of the fundamental requirements for accreditation is a set of agreed standards. India has hardly any standard in the area of hospital procedures, facilities etc. In this context the main objectives of this study are:

1. to study the feasibility of building up and maintain a database of health institutions in the private sector.
2. to assess the demand for accreditation services by studying the views and attitudes of the consumers and providers
3. to develop locally relevant product and process standards for private health institutions by applying various consensus building methods.
4. to apply Policy Delphi method for arriving at contents of an accreditation policy.

This project is funded by health policy network (HELPONET) project of the International Health Policy Programme.

### **C. Medflor-India: An Ethnobotanical Database (Girijan Co-operative Corporation)**

The Institute of Health Systems has set up a computerised database of Medicinal flora called "MEDFLOR - INDIA". Its objectives are:

1. To systematically collect all available ethnobotanical information, mainly the usage of medicinal plants by different ethnic groups of Andhra Pradesh.;
2. To systematically code available literature and to develop a computerised database of collected ethnobotanical information;
3. To provide search and query services to researchers, research institutions, public health workers about medicinal plants in A.P.

For this purpose published and unpublished literature is collected. The articles are then coded by ethnobiologist to yield relevant information for the database. This database was set-up in the year 1993. To start with, the Institute is focusing on the medicinal plants in A.P. So far 200 unique usage entries of 400 plant species have been incorporated in the database. The database is available to institutions and individual scholars for query according to their areas of interest. Query services are offered on site as well as through post. Facilities

for remote login through PSTN and querying of the database are being developed. The database was set up in collaboration with the department of pharmacy, University of Illinois at Chicago (UIC) and the department of botany, S K university, Anantapur. In this connection, Dr. Beecher, associate professor from UIC visited the Institute during December 1993 and conducted a two week long workshop to train faculty from IHS and S.K. University. In addition a two day workshop was organised on 16th and 17th December 1993. This provided a common platform for interaction between botanists and specialists of Indian systems of medicine. The workshop resulted in development of editorial guidelines for MEDFLOR and format for Coding and Data Entry.

#### **D. AP Burden of disease and cost effectiveness of interventions**

(ASCI - World Bank)

This study is primarily undertaken by ASCI. It seeks to estimate the burden of disease, in terms of a comprehensive indicator: the Disability Adjusted Life Years (DALY). This combines both mortality as well as disability caused by diseases. Role of IHS is limited in making available certain faculty's time and computer services.

#### **E. Training of Health Workers in Bhadrachalam ITDA:**

This project seeks to develop need based, appropriate training material for different categories of health workers as follows:

1. Non formal health workers
2. Formal health workers and
3. PHC Medical officers

A system of continuous research and development is adopted for this. To start with an on the spot assessment of the local morbidity pattern, and skill gaps of health workers is done by a team of faculty. This is followed by listing of topics for coverage. Literature is then developed on each topic. The write up on each topic is first discussed by faculty group and then released to experts for critical appreciation. The feed back is used to refine the course material. Training programme is then organised with batch of IHS faculty, local faculty and guest faculty. Each course is evaluated and the feed back is used to refine the course material for necessary training.

#### **F. District Hospital's beneficiary assessment**

(ASCI-World Bank)

Objectives of this study by ASCI are:

1. Assess the current distribution of health care facilities and access to them.
2. Supply factors that may adversely influence utilisation of health care facilities.
3. Estimate future demand for health care services in A.P., based on a study of current patterns of utilisation of public and private health care facilities etc.

During the first phase of this study an in-depth analysis of three databases will be done. One of this is the AP health institutions database maintained by IHS.

I would now request you to consider this report and give your valuable advise and guidance for further development of the Institute. I and my colleagues would like to assure you that we will do our best to relate your ideas and suggestions into action.

Date: July 9, 1994

Dr. Alex George, Director