# GROUP 2

1. RAMESH MISHRA
2. S.K. SINGH
3. RAJENDRA PRASAD
4. VIKRAM SINGH CHAUHAN
5. RAJESH PRAKASH
6. SRINIVAS SHARMA
7. BALAKRISHNA TRIPATI
8. S.K. LANGA
9. SUSHAMA GODBOLE

# SCOPE

- PUBLIC HEALTH CARE SYSTEM IN INDIA
- ADMINISTRATION OF THE HEALTH DEPARTMENT
- REFORMS IN HEALTH & STEPS TAKEN BY GOVERNMENT TO IMPROVE HEALTH IN INDIA
- VARIOUS HEALTH SCHEMES AND POLICIES
- HEALTH FINANCING
- ISSUES AND CHALLENGES
- SUGGESTIONS AND RECOMMENDITIONS

# Constitutional Status

- Being federal country Constitution assigns the states predominant responsibility for the provision of social services and coequal responsibility with the central government for the provision of economic services.

- State list:

  "Public health and sanitation, hospitals and dispensaries"

- Concurrent list :

I. Population control and family planning
II. Legal, medical and other professions
III. Lunacy and mental deficiency including places for the reception or treatment of lunatics and mental deficiencies

# Public Health Care System In India
# Salient Features

- Low levels of public spending
- Poor Public Health Sstem
- A resulting poor quality of preventive care and poor health status of the population
- The inadequate level of public health provision resulting in high OOP

# Estimated Share Of Deaths In India-2004(in sample of 192 countries India's share of population was 17.4%)

| | Diarrhea % | Childhood cluster diseases % | Leprosy % | Japanese Encephalitis% | Dengue % | Perinatal conditions% |
|---|---|---|---|---|---|---|
| | | | | | | |
| Share of deaths | 23.8 | 34.8 | 38.2 | 55.1 | 28.8 | 29 |
| | | | | | | |

# Selected Health Indicators-2008

| Region | IMR (per 1000 children under age 5) | MMR(per 1,00,000 live births) | Births attended by skilled health personnel % |
|---|---|---|---|
| Arab States | 38 | 238 | 77 |
| East Asia and the Pacific | 23 | 126 | 91 |
| Europe and central Asia | 20 | 41 | 96 |
| South Asia | 56 | 881 | 48 |
| India | 52 | 450 | 47 |

# Disparities in Health Outcomes of India-2012

| INDICATOR | States with good performance | States with greater challenges |
|---|---|---|
| TFR | HP(1.7),Punjab(1.7),Tamil Nadu(1.7)and West Bengal(1.7) | Bihar(3.5),Rajasthan(2.9),MP(2.9) |
| IMR | Kerala(12),Tamil Nadu(21),Delhi(24),Maharashtra(24) | MP(54),Assam(54),Orissa(51),Rajasthan(47) |
| MMR | Kerala(66),Maharashtra(87),Tamil Nadu(90),AP(110) | Assam(328),UP/ Uttarakhand (292),Rajasthan(255), Odisha(235) |

# Administration

- Is characterized by three-tier system.

1. *SUB CENTRE-5000 population in plains and 3,000 in hilly area.
    1. PHC-30,000 population in plains and 20,000 population in hilly area.
    2. CHC-1,20,000 population in plains and 80,000 in hilly area.

Sub divisional and District level hospitals constitute higher tiers.

*Sub centres- ANM, ASHA SANGNI

ASHA at village level most imp. Grass root level functionary

# Functions of the III Tier Health care

- SC,PHC & CHC handle preventive aspects of health care, institutionalize deliveries, treat minor diseases and act as referral centers.
- Sub divisional and district level treat major ailments, but in practice deal all aspects of health care.

# HEALTH SECTOR REFORMS IN INDIA

- In 1997 It was decided in world health assembly to launch a movement known as health for all by the year 2000 with equitable distribution of health resources
- The 58th session of WHA in 2005 defined universal health care as providing access to key promotive, preventive, curative, and rehabilitative health interventions for all at an affordable cost.
- In India, the health sector reforms broadly cover the following areas :
  - Reorganisation and restructuring of existing health care system
  - Involving Community in health service delivery
  - Health Management Information System

# NATIONAL RURAL HEALTH MISSION

- The Government mandates an increase in expenditure in health sector, with main focus on Primary Health Care from current level of 0.9% of GDP to 2-3% of GDP over the next five years.
- The National Rural Health Mission (NRHM) which is the main vehicle for giving effect to the above mandate was launched in April 2005.

Contd.

# NATIONAL RURAL HEALTH MISSION

- Architectural corrections in delivery systems in reforms agenda
  - Promote equity, efficiency, quality and accountability
  - Enhance community based approaches to health
  - Ensure public health focus
  - Promote new innovations, methods & new approaches
  - Decentralize and involve local governing bodies
- District health societies
- NGO involvement
- Integration of ISM (AYUSH)

# RMNCH+A STRATGIC APPROACH

- Reduction of Infant Mortality Rate (IMR) to 25 per 1,000 live births by 2017
- Reduction in Maternal Mortality Ratio (MMR) to 100 per 100,000 live births by 2017
- Reduction in Total Fertility Rate (TFR) to 2.1 by 2017

# National Health programs

- National health mission

NRHM

NUHM

- National mental health program
- National program of  control of blindness
- National program of prevention and control of deafness
- National leprosy eradication program
- Revised national tuberculosis control program
- National program of prevention and control of fluorosis
- National malaria control program
- National tobacco control program

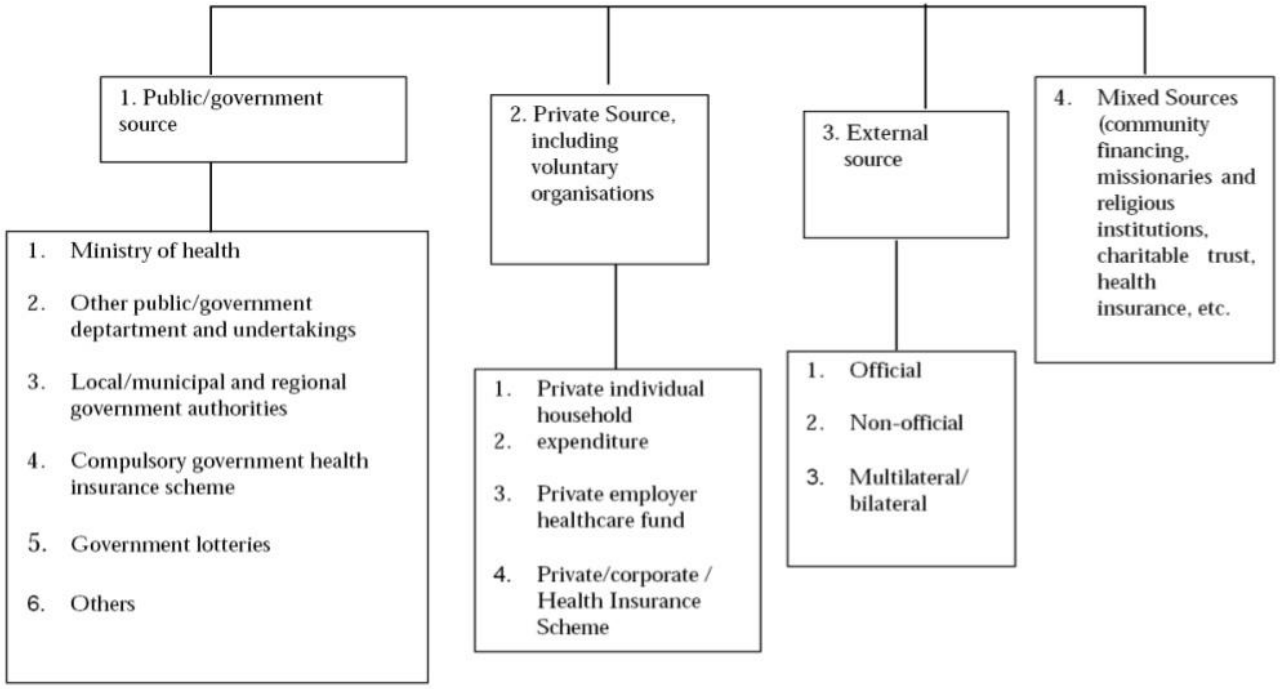
Contd.

- CGHS STARTED IN 1954
- JSK
- JSSK
- RBSK
- RKSK
- RSBY STARTED ON APRIL 2008
- 108 EMERGENCY RESPONSE SERVICE 24x7 IN 14 STATES AND 2 UT

# OTHERS

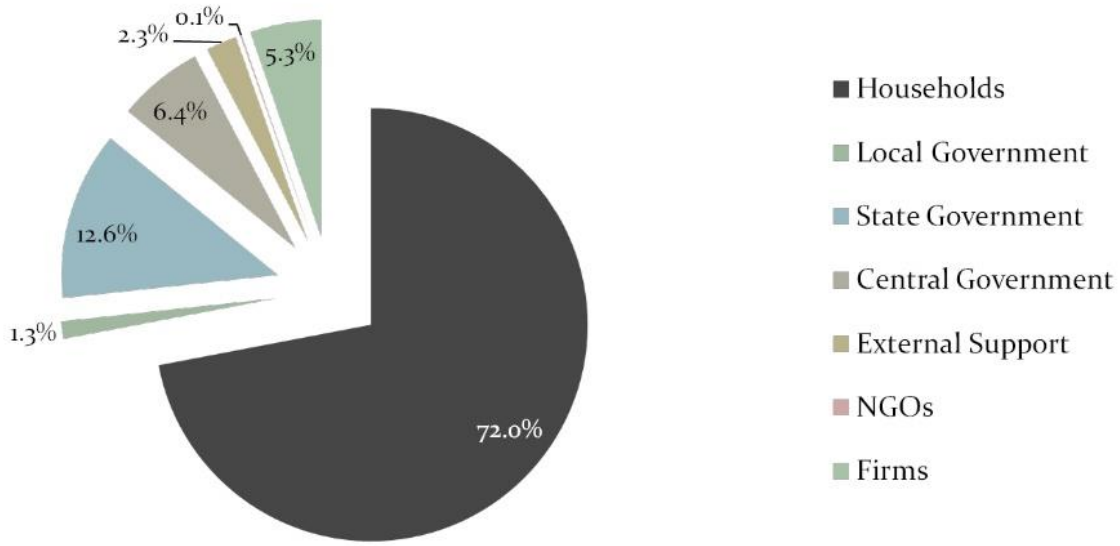
- ESIS
- ARYOGYASHREE IN TELANGANA
- DEENDAYAL CHALIT ASPATAL IN M.P.
- M.P.RAJYA BIMARI NIDHI
- DEENDAYAL ANTYODAYA UPCHAR YOJANA IN MP
- CM BALHRIDAY UPCHAR YOJANA IN MP
- JANANI EXPRESS YOJANA IN M.P.
- VIMO SEWA
- YASHASHIVINI IN KARNATAKA THROUGH COOPERATIVE SOCITIES

# What are the sources of health financing in India?




Source: Kataria,M., Finances of Health Care Services (BOP-WHO Workshop-1995)

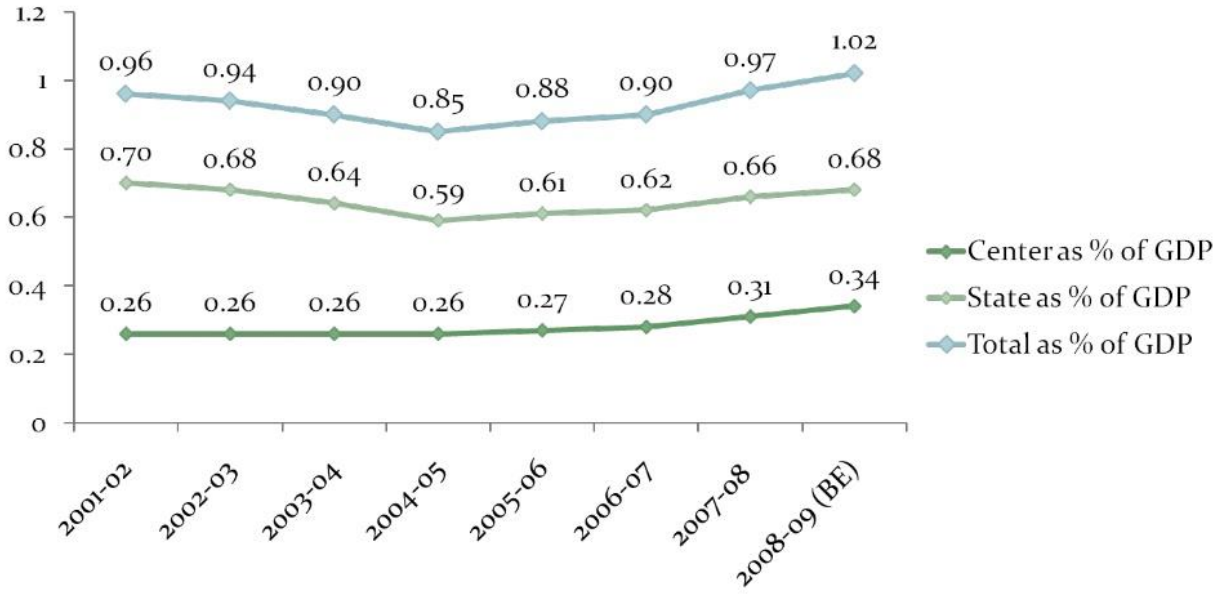
# Statement of funds for health care in India




**Estimated health expenditure in India =Rs 108,732 crore or 4.8% of GDP at current market price**

Source: National Health Accounts, 2005

# Government Health Expenditure (as % of GDP)




Source: RBI Bulletin, Expenditure Budget, Govt of India

# HEALTH SPENDING AND GOVERNMENT HEALTH SPENDING-2012

| | | Government health spending | |
|---|---|---|---|
| | Total health spending as % of GDP | % of total health spending | %of total government spending |
| INDIA | 3.8 | 30.5 | 4.3 |
| GERMANY | 11.3 | 76.7 | 19.3 |
| MEXICO | 6.1 | 51.8 | 15.8 |
| CHINA | 5.4 | 56.0 | 12.5 |
| SINGAPORE | 4.2 | 35.9 | 11.1 |
| UNITED KINGDOM | 9.3 | 84.0 | 16.2 |
| UNITED | 17.0 | 47.0 | 20.0 |

# Private health spending, including out of pocket, as % of total health spending-2012

| | Private health spending as % of total health spending | OOP spending as% of total spending |
|---|---|---|
| INDIA | 69.5 | 60-6 |
| GERMANY | 23.3 | 13.0 |
| MEXICO | 48.2 | 44.1 |
| CHINA | 44.0 | 34.3 |
| SINGAPORE | 64.1 | 60.1 |
| UNITED KINGDOM | 16.0 | 9.0 |
| UNITED STATES | 53.0 | 11.9 |

# Effects Of Maximum OOP Expenditure

- 60% of total household annual income spend low – income families facing hospitalization and catastrophic illness.
- 40% of these rely on loans and sale of assets.
- 25% of these families felt in bankruptcy.
- Poverty head count increased by 3.7%.
- Over 63 million persons faced with poverty every year.

# Skewed Composition Of Health Spending

- 28% of total public expenditure for tertiary health care services , higher than target of a 10% recommended by NHP.
- Overwhelming portion of the expenditure for wages and salaries.
- Little expenses for drugs and other material supplies.
- 30% of PHCs and 35% of SCs have less than 60%of essential drugs.

# Structure of Health Sector Spending

| Budget Heads | % Allocated |
|---|---|
| Salaries and Wages | 70 |
| Drugs, medicines, supply, | 12 |
| Purchase of equipment and machinery | 8 |
| Maintenance of equipment, buildings, electricity, rent, taxes etc | 5 |
| Other routine expenditures | 5 |
| TOTAL | 100% |

# ISSUES AND CHALLANGES

- Demographic Increase
- Modernization and life style
- Rapid proliferation in pollution level
- Road accidents
- Inadequacy of current health system
- Supply of medicines particularly to poor
- Need of much financing
- Transparency
- Low Institutional Delivery in Govt. hospitals
- Non availability of blood banks at CHC and Sub div level
- Lack of monitoring
- Infrastructure lacking at counselling centres
- More involvement  of counsellors in early identification of adolescents with problems
- Referral issues in critical cases
- No thrust on Public Health

# SUGGESTIONS / RECOMMENDATIONS

- Strong IEC
- Increase in the private as well as public sector health related infrastructures
- Blood bank or blood availability at sub div. level Preventive health care
- Special attention to vulnerable groups such as women ,children,  the disabled and aged.
- Starting smart health scheme
- Referral of critical cases to be simplified
- Strengthening staffing pattern of I tier
- Start a separate Public Health Unit in the Directorate

THANKS