

IAS PARLIAMENT

A Shankar IAS Academy Initiative

KURUKSHETRA - JULY 2017



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1. TOWARDS A HEALTHIER INDIA - IMMUNISING EVERY CHILD

Immunisation is one of the most cost effective public health interventions and is largely responsible for reduction of mortality and morbidity rates caused by vaccine preventable diseases.

The eradication of small pox globally and the elimination of polio, yaws and maternal and neonatal tetanus from our country are clear reminders of the power of vaccination.

As India is a rapidly developing country it is associated with rapid migration and urbanisation. This also makes the movement of pathogens from one place to another and makes way for the easy spreading of diseases.

The success of attaining free status of polio, yaws and maternal and neonatal tetanus is due to the successful implementation of the Universal Immunisation program (UIP).

Since 1997, immunisation activities have been an important component of the National Reproductive and Child Health Program and are one of the critical areas of National Health Mission since 2005.

Under the UIP, Government of India provides vaccination to prevent 11 vaccine preventable diseases namely Diphtheria, Pertussis, Tetanus, Meningitis & Pneumonia caused by Haemophilus Influenza type B, severe form of Childhood Tuberculosis, Polio, Hepatitis B and Measles across the country and against Rubella & Rotavirus Diarrhoea in selected states and Japanese Encephalitis in endemic districts.

Besides these, Government is in the process of launching the Pneumococcal Conjugate Vaccine in the states of Himachal Pradesh and Parts of UP & Bihar this year.

As a part of Polio end game strategy, India has switched from trivalent OPV to bivalent OPV in Polio campaigns and routine immunisation. The country has been validated free of trivalent OPV after the switch.

"Mission Indradhanush" was launched to cover those children who have been left out of routine immunisation drives or partially immunised.

The platform of Mission Indradhanush is also used for distributing the OPS packets and Zinc tablets to children to encounter the problem of malnutrition.

Efforts towards total immunisation are guided by the universally accepted fact that health and development are intertwined - healthy people generally have longer lives and are more productive enabling them to save more thereby contributing to Nation's prosperity.

2. HEALTH CARE FOR ALL - THE NATIONAL HEALTH POLICY 2017

Article 47 of Indian constitution says that it shall be the duty of the state to raise the level of nutrition and the standard of living and to improve public health.

Health sector policy making in India is extremely challenging and have many obstacles. Despite the Government providing free care in public hospitals the burden of out of pocket expenditure remains quite high.

National Health Mission

The NHM sought to revitalize rural and urban health sectors by providing flexible finances to the State Governments. It comprises of 4 components namely National Rural Health Mission, National Urban Health Mission, Tertiary Care Programs and Human Resources for Health and Medical education.

NHM brought together at National level the two departments of Health and Family welfare. The

integration resulted in significant synergy in program implementation and enhancement in health sector allocations for revitalising rural health systems.

Reproductive and Child health services were the primary focus of NHM. The successful implementation of JSY and ASHA programs had a significant impact on behavioural changes and brought large number of pregnant women into health institutions.

The NHM created a peoples' movement for health care. ASHA workers were deployed as transformational change agents in every village. They also empowered the villages through village health and sanitation committees for policy formulation at village level.

New Initiatives

The Mission Indradhanush, depicting seven colours of the rainbow, targets to immunize all children against seven vaccine preventable diseases namely Diphtheria, Pertussis, Tetanus, Childhood Tuberculosis, Polio, Hepatitis B and Measles. In addition to this, vaccines for JE (Japanese Encephalitis) and Hib (Haemophilus influenzae type B) are also being provided in selected states.

India Newborn Action Plan (INAP) was launched for accelerating the reduction of preventable newborn deaths and stillbirths in the country - with the goal of attaining 'Single Digit Neo-natal Mortality Rate (NMR) by 2030' and 'Single Digit Still Birth Rate (SBR) by 2030'.

The Government launched of MAA (Mothers Absolute Affection), a flagship programme to ensure adequate awareness is generated among masses, especially mothers, on the benefits of breastfeeding.

The **Pradhan Mantri Surakshit Matritva Abhiyan** (PMSMA) is aimed to reduce maternal and infant mortality rates through safe pregnancies and safe deliveries. The national programme will provide special free antenatal care to about 3 crore pregnant women across the country in order to detect and prevent high risk pregnancies.

The "Kayakalp" initiative will encourage every public health facility in the country to work towards standards of excellence to help the facilities stay clean and hygienic. This does not apply only to physical cleanliness, but to develop and put in place systems and procedures for activities such as bio-waste disposal or protocols etc.

National Health Policy

The primary aim of the policy is to strengthen and prioritize the role of Government in shaping health systems, make additional investments in health, healthcare services, prevention of diseases and promotion of good health.

The NHP seeks to increase the health sector spending to 2.5 % of GDP, create patient centric institutions, empower the patients and lay down standards for quality of treatment.

It also sees to strengthen health infrastructure to 2 beds per 1000 population and provide free drugs, free diagnostics, and essential health care in all hospitals.

It envisages private sector collaboration for strategic purchasing, capacity building, skill development programmes, awareness generation, developing sustainable networks for community to strengthen mental health services, and disaster management.

The policy affirms commitment to pre-emptive care (aimed at pre-empting the occurrence of diseases) to achieve optimum levels of child and adolescent health. The policy envisages school health programmes as a major focus area as also health and hygiene being made a part of the school curriculum.

In order to leverage the pluralistic health care legacy, the policy recommends mainstreaming the different health systems. Towards mainstreaming the potential of AYUSH the policy envisages better access to AYUSH remedies through co-location in public facilities.

The policy supports voluntary service in rural and under-served areas on pro-bono basis by recognized

healthcare professionals under a 'giving back to society' initiative.

The policy advocates extensive deployment of digital tools for improving the efficiency and outcome of the healthcare system and proposes establishment of **National Digital Health Authority** (NDHA) to regulate, develop and deploy digital health across the continuum of care. An online patient centric feedback system called Mera Aspatal has been introduced.

The NHP places a lot of emphasis on human resources as a vital component of India's health care. 5000 Post Graduate seats per annum is created to ensure adequate availability of specialist doctors to strengthen secondary and tertiary level.

3. MATERNAL AND CHILD HEALTHCARE IN RURAL INDIA

India has made phenomenal economic gains in the last three decades but is still on the task to improve health status of its population on similar terms. The public health challenges are enormous, highest number of maternal and infant deaths worldwide and accounts for one fifth of total global maternal mortalities.

India's MMR is estimated about 167 maternal deaths per 1,00,000 live births. Similarly infant mortality rate remained inappropriately high rate at 41 per 1000 live births and Neo natal mortality rate at 29 per 1000 live births.

Poor nutrition compounded by inadequate care during pregnancy is the main cause of high maternal mortality. The predominant direct medical causes of death responsible for maternal deaths include hemorrhage after delivery, sepsis or infection, abortion and difficult labor conditions.

Programmes and Initiatives

Large numbers of ASHAs deployed under NRHM have huge potential for expanding coverage of community based interventions, which can be facilitated and monitored by Village health sanitation committee.

Janani Suraksha Yojana (JSY) is a safe motherhood intervention under the National Rural Health Mission (NRHM) being implemented with the objective of reducing maternal and neo-natal mortality by promoting institutional delivery among the poor pregnant women. JSY is a 100 % centrally sponsored scheme and it integrates cash assistance with delivery and post-delivery care. The Yojana has identified ASHA, the accredited social health activist as an effective link between the Government and the poor pregnant women.

The programme Janani Shishu Suraksha Karyakaram (JSSK) entitles all pregnant women delivering in public health institutions to absolutely free and no expense delivery including Caesarean section. The initiative stipulates free drugs, diagnostics, blood and diet, besides free transport from home to institution, between facilities in case of a referral and drop back home. Similar entitlements have been put in place for all sick infants accessing public health institutions for treatment.

The Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA) is aimed to reduce maternal and infant mortality rates through safe pregnancies and safe deliveries. The national programme will provide special free antenatal care to about 3 crore pregnant women across the country in order to detect and prevent high risk pregnancies. This nationwide programme will provide fixed day assured, comprehensive and quality antenatal care to pregnant women on the 9th of every month.

The Village Health Nutrition Day (VHND) is to be organized once every month at the AWC in the village. On the VHND, the villagers can interact freely with the health personnel and obtain basic services and information. They can also learn about the preventive and promotive aspects of health care, which will encourage them to seek health care at proper facilities.

The Maternity Benefit Program will provide compensation for the wage loss in terms of cash incentives so that the women can take adequate rest

before and after delivery and not be deprived of proper nutrition. Pregnant Women and Lactating Mothers who are eligible will receive a cash benefit of Rs.6,000/ for first live birth.

Challenges

The barriers for these programmes can be divided into three categories -

i. Barriers to Availability - This includes availability of critical components required to deliver healthcare services such as infrastructure, human resources and financial resources to run the programme.

ii. Barriers to Accessibility - Accessibility means physical access of health services to clients. Barriers include financial barriers, geographical access or distance, language, socio - cultural, ethnicity related barriers, lack of knowledge and awareness, and inequalities in quality of care which can together lead to low demand for and use of services, particularly by the poor.

iii. Barriers to Utilization - This describes multi contact services, e.g. first antenatal contact or BCG immunization. Cost of care, distance from health facilities and poor quality of care, poor maintenance of equipments are some of the major reasons why people do not seek care from public health facilities.

4. TACKLING HEALTH HAZARDS IN RURAL INDIA

Health is an important component for ensuring better quality of life. Large masses of the Indian poor continue to fight constantly losing the battle for survival and health.

Key Health Issues

Lack of Primary health facilities: Though, the existing infrastructural facilities for providing health facilities in rural India are in right track, yet the qualitative and quantitative availability of healthcare facilities are below the level of WHO recommendations.

Proximity of Health services: Nearly 86% of all medical visits in India are made by rural people with majority still travelling more than 100 km to avail health care facility of which 70 - 80 percent is born out of pocket landing them into poverty.

Women and children are more susceptible water borne diseases like Typhoid, Cholera and Diareahoea due to poor sanitation facilities. In our tradition Women have to go for open defecation , where they are vulnerable to various infections and diseases.

Lack of appropriate care during pregnancy and child health, inadequate services for detecting and managing complications are the main causes for the maternal deaths.

Inadequate nutrition in childhood affects women in their later life. More than 50 percent of women and children in rural and tribal areas are anemic.

The Indian epidemic is concentrated among vulnerable populations at high risk for HIV. Among totally affected nearly 40 percent are women.

Protein Energy malnutrition affects the child at most crucial period of time of development, which can lead to permanent or temporary disability. It also leads to the diseases like Marasmus, kwashiorkar, stunting and wasting.

Iodine deficiency in pregnant women limits foetal brain development where it can develop neuro related diseases and mental disability. Iodine deficiency disorders are the single largest cause for preventable brain damage worldwide.

Way Forward and Government Initiatives

The WHO country cooperation strategy has been developed by the Ministry of Health and Family Welfare and WHO. Its aim is to contribute in improving health and equity in India.

India and SDGs - Health plays a central role in United Nations Sustainable development goals.

UNICEF India is also in the forefront in strengthening coverage of existing nutrition facilities for women in flagships through policy, advocacy and system strengthening strategies.

Integrated Child Development Services (ICDS) is an Indian government welfare programme which provides food, preschool education, and primary healthcare to children under 6 years of age and their mothers.

The “**Kayakalp**” initiative will encourage every public health facility in the country to work towards standards of excellence to help the facilities stay clean and hygienic.

Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA) is aimed at reducing maternal and infant mortality rates through safe pregnancies and safe deliveries. The national programme will provide special free antenatal care to about 3 crore pregnant women across the country in order to detect and prevent high risk pregnancies.

A nationwide **Mother’s Absolute Affection programme** was launched in an attempt to bring undiluted focus on promotion of breastfeeding and provision of counselling services for supporting breastfeeding through health systems.

The **National Rural Health Mission (NRHM)** was launched to improve the healthcare services, particularly in rural areas. NRHM has been subsumed as a Sub Mission of the overarching National Health Mission (NHM) with the National Urban Health Mission as the other Sub Mission.

India Newborn Action Plan (INAP) was launched for accelerating the reduction of preventable newborn deaths and stillbirths in the country - with the goal of attaining ‘Single Digit Neo-natal Mortality Rate (NMR) by 2030’ and ‘Single Digit Still Birth Rate (SBR) by 2030’.

RMNCH+A approach has been launched in 2013 and it essentially looks to address the major causes of mortality among women and children as well as the

delays in accessing and utilizing health care and services. The RMNCH+A strategic approach has been developed to provide an understanding of ‘continuum of care’ to ensure equal focus on various life stages.

Government of India has launched the **Janani Shishu Suraksha Karyakaram (JSSK)** to benefit pregnant women who access Government health facilities for their delivery. Moreover it will motivate those who still choose to deliver at their homes to opt for institutional deliveries.

Rashtriya Bal Swasthya Karyakram (RBSK) is a new initiative aiming at early identification and early intervention for children from birth to 18 years to cover 4 ‘D’s viz. Defects at birth, Deficiencies, Diseases, Development delays including disability.

The **Rashtriya Kishor Swasthya Karyakram** was launched for enabling all adolescents in India to realize their full potential by making informed and responsible decisions related to their health and well-being and by accessing the services and support they need to do so.

5. ADOLESCENT HEALTH IN RURAL INDIA

Adolescence is characterised by transformation from being cared by someone to taking care of someone. It is a transitional phase between childhood and adulthood, characterised by number of cognitive, emotional, physical, behavioural, intellectual and attitudinal changes as well as by changes in social roles, relationships and expectations.

India is home to more than 200 million adolescent and more than 60% of these population live in rural areas. Adolescents group represent a huge opportunity that can transform the social and economic fortunes of India.

Adolescence is ideally a healthy period. More than 33% of the disease burden and almost 60% of premature deaths among adults are associated with the behaviour or conditions that associated with the

adolescence, for example, tobacco and alcohol use, obesity, sexual abuse and risky sexual behaviour.

Health program for adolescents should be based on social determinants that are associated with poor health outcomes and links relevant initiatives for the improved health of adolescents.

Requisites of Essential Adolescent Health Program

Any adolescent health program should cover every individual in adolescent group irrespective of whether they are in or out of school, working or unemployed, married or not, desires a service or not.

With mobile phone penetration into rural areas, and adolescents being the prime users of these social media, it is essential to make use of this technology for e-counselling and e-health services.

India is encountering the twin problem of nutrition i.e malnutrition and obesity nutrition. They must be given due importance in policy making.

One of the most crucial events that take place through adolescent period is acquiring reproductive function. Sex education is an essential component in this aspect.

Increasing competition in sports, studies and everyday life puts extreme mental pressure on adolescents which they are neither aware of nor prepared to handle. So focus on mental well-being must be there.

Adolescence marks the beginning of experimentation with surrounding, habits and choices. In doing so many times they land up in wrong habits due to the peer pressure so it is essential to educate about these habits.

The main risk factors for non-communicable diseases - tobacco and alcohol consumption, poor dietary habits, sedentary lifestyle and stress are preventable, it is imperative that a healthy lifestyle is promoted from a very young age.

Since most of the clinics give the curative treatment to the patients, we need to create special adolescent

friendly clinics which are oriented and better equipped to provide health facilities to the adolescent group.

Counselling is essential to enable adolescents to develop a better understanding of change happening around them and to make positive changes in their lives with respect to these changes.

Schools should made as centre of any adolescent health program as other than home the adolescent group spend most of the time in schools.

Strategic partnerships are needed to forge an alliance between allied ministries, NGOs, and educational institutes to strengthen existing service and prevent duplication.

Government initiatives for Adolescent Health Promotion

The weekly iron folic acid supplementation is an evidence based programmatic response to the prevailing anaemia situation amongst adolescents girls and boys through supervise ingestion of IFAs and bi-annual deworming.

Adolescent Reproductive and Sexual Health (ARSH) programme proposes to ensure improved service delivery for adolescents through routine sub-centre clinics as well as on fixed days/timings at the PHCs and CHCs.

Menstrual Hygiene Scheme (MHFW) aims at promoting menstrual hygiene among adolescent girls from rural areas.

Kishori Shakti Yojana which aims at improving health, nutrition and educational status of girls aged between 11-18 years.

The major aim of **Balika Samridhi Yojana** is to raise the age at marriage of adolescent girls. The programme envisages achieving this goal by bringing about improvements in enrolment and retention of the girls at school.

Under School Health Programme, emphasis is laid on nutritional interventions, promotion of healthy lifestyle, counselling and immunization.

Adolescence Education Programme of the MHRD envisages to impart age-appropriate and culturally relevant accurate information to the adolescents.

Under Rajiv Gandhi Scheme for Empowerment of Adolescent Girls (SABLA), the adolescent girls are provided iron-folate supplementation, nutrition/health education, adolescent reproductive/sexual health and life skill education; and for older girls (>16 years) vocational training is imparted as part of National Skill Development Programme.

6. TELEMEDICINE - CONNECTED HEALTHCARE FOR RURAL INDIA

Health is not everything but everything else is nothing without health. A nation with 1.3 billion people, out them 700 million in rural areas, ensuring better access to healthcare has been a quite task for governing bodies.

This is where "Telemedicine" comes to the rescue. The developments in Information technology and communication lessens gap between the patient and doctors and provides better healthcare facilities.

The modern world telemedicine is more comprehensive. It is not about getting a video feed of the remote patient. In the current generation, it is about apps which are installed in smart phones, desktops and laptops and offer multi-dimensional support.

In preventive care it enables to give information, counselling, better lifestyle practices, promotion of good habits and helps to monitor the people so that preventable diseases can be eliminated.

In curative care this system enables for sound diagnostic practices, multiple opinions, patient tracking, better quality of service at free or negligible cost etc.,

In the last decade the focus of healthcare system gradually changed from the curative care to the preventive care as many lifestyle and non-communicable diseases are on the rise. From corporates to Government made a push to yoga, marathons and walkathons motivating people to know about their body and to take care of themselves.

Remote consulting enables the patient to connect to doctors whenever they are in need through mobile apps and smart phones.

Remote monitoring enables doctors to keep track of their patients in remote areas and get real time access to his medical data or parameters.

Health kiosks can be set up under paramedics to enable certain functions like BP monitoring, blood sample checking can be established and further opinion can be obtained from doctors through video feed. This reduces the need of workforce in rural areas.

Common man in the rural area will definitely benefit as better and affordable healthcare is available to them at their door steps at negligible or free of cost.

There are platforms like lybrate, askapollo, doctorsinsta, practo which offers 24 X 7 consultation online including some of the mobile apps like curefy and docsapp offers the first consultation with doctors at free of cost.

The Government in collaboration with Apollo Hospitals launched a telemedicine initiative called "SEHAT", under which the people can consult the doctor through video link.

Recent IT Initiatives to promote Healthcare

Financial and technical support is being provided to State Governments for strengthening and promoting Telemedicine network under their respective States/UTs Programme Implementation Plan (PIPs) of National Health Mission (NHM) scheme.

To facilitate Cancer care, all the Regional Cancer Centres along with four peripheral hospitals at district level were networked under OncoNET project.

Tele-ophthalmology Projects have been deployed in most of the states empowering Vision Centres to link Expert Eye centres.

National Medical College Network - This Project has been prepared to link Government medical colleges having NKN connectivity.

ANM Online application (ANMOL) is a tablet-based application that allows ANMs to enter and updated data for beneficiaries of their jurisdiction. This will ensure more prompt entry and updation of data as well as improve the data quality since the data will be entered “at source” by providers of health services themselves.

E-RaktKosh initiative - It is an integrated Blood Bank Management Information System that has been conceptualized and developed after multiple consultations with all stakeholders. This web-based mechanism interconnects all the Blood Banks of the State into a single network.

Kilkari, which means ‘a baby’s gurgle’, delivers free, weekly, time-appropriate 72 audio messages about pregnancy, child birth and child care directly to families’ mobile phones from the second trimester of pregnancy until the child is one year old.

M-Cessation aims at reaching out to those willing to quit tobacco use and support them towards successful quitting through text messages sent via mobile phones. When offered along with traditional services, M-Cessation has been found to be cost-effective in comparison to traditional options for cessation support.

Government launched Mera Aspataal / My Hospital for implementation in public and empanelled private hospitals, is envisaged to empower the patient by seeking his / her views on quality of experience in a public healthcare facility.

7. AYUSH AND HEALTHCARE IN RURAL INDIA

AYUSH is an acronym for Ayurveda, Yoga & Naturopathy, Unani, Siddha & Sowa-Rigpa and Homoeopathy. Four of these systems of medicine originated in India and currently India has the large number of practitioners and users in the world.

Since last decade or so, there is a resurgence of interest in the Indian systems of medicine, especially in the prevention and management of chronic lifestyle related non communicable diseases.

The Government of India widely acknowledges that AYUSH offers a wide range of preventive, promotive and curative treatments that are both cost effective and efficacious and there is a need for ending the long neglect of these systems in India's healthcare strategy.

In rural areas AYUSH systems continue to be widely used due to their easy accessibility, and sometimes they offer the only kind of medicine within the financial and physical reach of the patient.

Current Challenges

Lack of uniformity in the production of drugs is one concern. It varies from practitioner to practitioner.

Lack of availability of medicinal plants at the right time and in large required quantity is another hindrance to this system.

Most of the practitioners are still in the PHC level. They have to be upgraded to the secondary and tertiary facilities.

The funding for R&D in the area of AYUSH is still low when compared to the other system of medicine.

Lack of proper training institutes and viable job opportunities make AYUSH sector an unfavorable career option.

The lack of proper awareness among the people and many fraudulent physicians serve as impediment to the growth of AYUSH sector.

Way Forward

We should promote facilities for Panchakarma and Yoga at hotels, and other tourist destinations. AYUSH botanical gardens should be developed with collaboration with state tourism and forest department to promote tourism.

There are several areas related to reproductive and child health where the AYUSH remedies have proven their efficacy. This should be explored in details since the maternal and child mortality in rural parts of India is among the highest in the world.

As a large population of rural areas depend on animal rearing for their day to day earning, the government should explore pathways for the application of Indian medicine in veterinary science.

Until and unless, the users are aware of the benefits and utility of AYUSH system, they will not avail the health benefits offered by these systems, no matter how effective, cost effective or safe it is.

As life expectancy of Indians are increasing it is imperative to bring together the best care for the elderly that AYUSH systems have to offer as these systems help to restore and rejuvenate.

In view of increasing lifestyle diseases and non-communicable diseases there is increasing need to look into AYUSH systems for the solution to these ailments.

The problem of tobacco, alcohol and other drug abuse are increasing today. So there is a need to explore the potential of AYUSH therapies, particularly of yoga, for rehabilitation of drug addicts.

There is a need to promote evidence based use of AYUSH system in the prevention, management and education of future healthcare providers and practitioners.