

## **Meeting the challenge of efficient and equitable health care**

***-PHFI Foundation Day lecture highlights the need for renewed support to Primary Health Care in policy and strategies for substantial improvements in health in low income settings-***

The Public Health Foundation of India held its Foundation Day Lecture 2009 on *Revitalising Primary Health Care: From Evidence to Action* in the capital today. The lecture was delivered by Professor Sir Andrew Haines, Director, London School of Hygiene & Tropical Medicine, University of London. Last year, the PHFI Foundation Day Lecture focused on the issue of climate change and health, and was delivered by Prof. Anthony J. McMichael, NHMRC Australia Fellow at the National Centre for Epidemiology and Population Health, The Australian National University, Canberra.

The PHFI Foundation Day Lecture focuses on a public health area of great national and global importance, to be delivered by a distinguished leader in the field. This year's lecture seeks to highlight the most basic element of public health – primary health care (PHC). Often, people who are well-off are generally healthier because they have access and the means to pay for the best care, while the poor are left to fend for themselves. Professor Sir Haines deliberated on how a focused PHC approach can help overcome shortcomings in varied health status of different populations, both within and between countries as recognized in the World Health Report 2008.

Primary health care, ideally, is universally available, affordable, essential health care for individuals, families and communities. Its cornerstones are community participation, inter-sectoral cooperation, use of up-to-date and suitable technology, and a comprehensive approach to health and disease. In 1978, representatives from 134 countries gathered in Alma-Ata and declared that PHC was the key to delivering health for all by the year 2000, placing health equity on the international political agenda.

In many parts of the developing world, care tends to be fragmented into discrete initiatives focused on individual diseases or projects, with little attention to coherence and investment in basic infrastructures, services, and staff. However, subsequently attention shifted to promoting vertical, disease-specific programmes. Although they may be effective in tackling specific disease burden, such programmes are inadequate in their ability to address the socio-economic determinants of health, resulting in a still high burden of preventable diseases, particularly in low- and middle-income countries (LMICs).

As part of the PHC approach, strategies to mobilize communities, train community health workers and other health personnel to deliver appropriate interventions are employed to influence fundamental determinants of health by emphasizing ownership of solutions, for greater sustainability of solutions. This approach recognizes social gradients responsible for poor health and engages people as collaborators, and not merely as 'programmes targets'.

Expressing concern over the immense potential in India to scale up PHC policy and strategies, **Professor Sir Andrew Haines** said that *"it has the power to deliver improved health outcomes, as demonstrated by a growing number of national and international examples. However, supportive policies need to be put in place in order to change traditional determinants of health."*

Prof. Sir Haines highlighted that PHC is especially relevant in the scenario of an escalating burden of non-communicable diseases, which create new demands for long-term care and strong community support. PHC promotes a multi-sectoral approach to health that makes prevention equally important as cure in a continuum of care that extends throughout a lifespan. Prof. Sir Haines observed that *“though PHC was traditionally used to address child health care, it has over the years evolved to tackle some chronic adult health problems such as mental health and even met with some success in tackling cardiovascular diseases in some higher income countries.”*

Recent years have seen a renewed interest in PHC in LMICs for a range of reasons, including profound inequities in health, inadequate progress towards the Millennium Development Goals, major shortfalls in the human resources required, and the fragmented and weakened state of health systems in many countries. The need for a renewal of primary health care (PHC) is crucial now, more than ever owing to widespread social stress, caused by an increasingly globalized economy and the limited ability of health systems to deliver efficiently and equitably.

**Prof. K Srinath Reddy, President, PHFI** observed that *“access to appropriate, adequate and affordable health care is the right of every Indian. This right can only be realized when primary health care is strengthened in all of its dimensions with preventive, diagnostic and therapeutic services provided to all sections of our society. Health inequities which abound in India, across gender, regional and social groups, must be corrected through investments in a robust primary health care system. This year’s lecture draws attention of the policymakers and the people to this public health imperative.”*

The lecture assessed the way health care is organized, financed, and delivered in rich and poor countries around the world. LMICs face the challenge of enabling wider access to quality health care services, while ensuring associated expenditure does not place insurmountable burdens on the payee. For 5.6 billion people in LMICs, more than half of all health care expenditure is through out-of-pocket payments as per WHO estimates. With health care costs rising and financial protection systems in disarray, personal expenditures on health push more than 100 million people below the poverty line each year.

**Shri N. Ram, Editor-in-Chief of a leading national daily newspaper, The Hindu**, was the Guest of Honour at the lecture. Chairing the meeting, Mr. Ram observed: *“Rising India needs to do much better than it has done so far in tackling mass deprivations, especially in the fields of health, education and nutrition, that blight the lives of hundreds of millions of people. The PHFI needs all the support it can get in its efforts to turn the focus of national policy on ‘appropriate, adequate and affordable health care’ as an entitlement of all Indians. The media have a big role to play in agenda-building towards this end. This year’s Foundation day lecture makes a fine contribution to the setting of priorities by offering deep insights into the centrality and potential of primary health care in empowering India to rise to the public health challenge.”*

PHFI also presented an award for outstanding contributions to the field by an Indian public health scientist or practitioner. This year, PHFI felicitated Dr. H. Sudarshan, Honorary Secretary, Karuna Trust, for his commitment to protecting the right to health for vulnerable and less privileged communities, and his dedication to strengthening primary health care at the grass roots level with the aim of securing fundamental needs of indigenous peoples.

Present in the audience were public health experts, academicians, researchers, policy makers, representatives of multilateral agencies, private foundations, media partners and civil society members. The august gathering was marked by representation from leading universities in the United Kingdom such as the London School of Hygiene and Tropical Medicine, Edinburgh, Liverpool, Cambridge, Leeds, Oxford, Newcastle, Bristol, Imperial, University College of London and Glasgow as well as the Faculty of Public Health, UK.

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Notes to the Editor

**ABOUT THE PUBLIC HEALTH FOUNDATION OF INDIA**

The Public Health Foundation of India (PHFI) is a uniquely designed, large scale, sustainable response to address the limited public health capacity in India. It was launched on March 28, 2006 by the Honourable Prime Minister of India, Dr. Manmohan Singh at New Delhi, as an autonomously governed public-private partnership, managed by a fully empowered, independent governing board that is represented by multiple constituencies.

PHFI is working towards fulfilling its mandate of building public health capacity in India by:

- Establishing a network of institutes of public health in India
- Establishing strong national networks and international partnerships for research
- Generating policy recommendations and developing a vigorous advocacy platform
- Assisting the growth of existing public health training institutions in the country
- Facilitating the establishment of an independent accreditation body for degrees in public health

The Indian Institutes of Public Health (IIPHs) established by PHFI will make their education and research activities relevant to India in content and context, while attaining standards which are qualitatively comparable with the best in the world. Each IIPH would provide multidisciplinary education, imparting a broad appreciation of the multiple determinants of health and advance a trans-disciplinary research agenda required for the advancement of multi-sectoral action in public health.

With three such IIPHs already operational in the cities of Gandhinagar, Hyderabad, and Delhi, with three diploma programmes having been launched in 2008 in the areas of Public Health Management, Biostatistics & Data Management, and Health Economics & Health Policy respectively, PHFI aims to launch an MPH this year, and PhD programmes in the coming years. With respect to our research, policy and advocacy agenda as well, we have made considerable headway, and at present have a significant portfolio of research and programme activities encompassing the entire gamut of public health issues relevant to India, ranging from HIV/AIDS, to maternal & child health to chronic disease, and have built a strong network of partnerships with a wide range of leading public health educational and research institutions in India and abroad. The PHFI concept enjoys wide support nationally and internationally and we are working closely with the government at the centre and in several states.

**ABOUT PROFESSOR SIR ANDREW HAINES**

Prof. Sir Andrew Haines has been heading the prestigious London School of Hygiene & Tropical Medicine, which is one of the world's foremost institutions in the field of public health, as Dean, and subsequently Director, since January 2001. He has previously been Professor of Primary Health Care and Director of the Department of Primary Care and Population Sciences, at University College London Medical School, and has had many years of experience as a general practitioner in North London. He was also formerly Regional Director of Research & Development at

the National Health Service (NHS) Executive, North Thames and a member of the governing council of the Medical Research Council.

He has worked in a number of countries, including in Nepal and the USA. His main research interests are in primary care, health services research and epidemiology. In particular, he has undertaken a number of major intervention trials in primary care settings and has also studied the impacts of climatic factors on health, and has many publications on these topic areas. He was a member of the UN Intergovernmental Panel on Climate Change for their second and third assessment reports. He also chaired a Task Force on Health Systems Research for WHO which reported in 2005. He sits on many national and international committees including, until recently, the WHO Advisory Committee on Health Research, as well as the Advisory Board of the National Institute of Health Research of England. He is chair of the Universities UK Health and Social Care Policy Committee and of the MRC Global Health Strategy Group. He was knighted in the 2005 New Year Honours list for services to medicine.

### **THE PHFI AWARD**

The PHFI Award has been instituted to recognise outstanding contribution to the field of public health by an Indian public health scientist or practitioner. Last year, the PHFI Award was presented to Professor Kalpana Balakrishnan, Professor of Biophysics and Head, Department of Environmental Health Engineering, Sri Ramachandra University, Chennai, for her abiding commitment to environmental health, environmental epidemiology, industrial hygiene and safety, and occupational health.

This year's award is presented to Dr. H. Sudarshan, Honorary Secretary, Karuna Trust, for his commitment to protecting the right to health for vulnerable and less privileged communities, and his dedication to strengthening primary health care at the grass roots level with the aim of securing fundamental needs of indigenous peoples. Graduated from Bangalore Medical College, Dr. Sudarshan serves as Adjunct Professor at the Indira Gandhi National Open University and is an Honorary Fellow of the Association of Rural Surgeons of India.

A devoted social worker and public health practitioner, Dr. Sudarshan founded the Vivekananda Girijana Kalyana Kendra in 1981 for the development of tribal people in the Chamarajanagar district of Karnataka, and went on to start the Integrated Rural Development Project in 1986. He has lead various prestigious organisations and committees in the past, including the Voluntary Health Association of Karnataka (VHAK) as President, the Voluntary Health Association of India (VHAI) as Joint Secretary and later as Vice President, and the Task Force on Health & Family Welfare, Govt. of Karnataka (GOK) as Chairman. At present, his membership includes the National Commission on Population, the National Nutrition Mission, and the Janasankhya Sthiratha Kosh. He is also Chairman of the Task Force on Public Private Partnership of the National Rural Health Mission, and Chairman of the Institute of Health management & Research (IHMR), Bangalore.

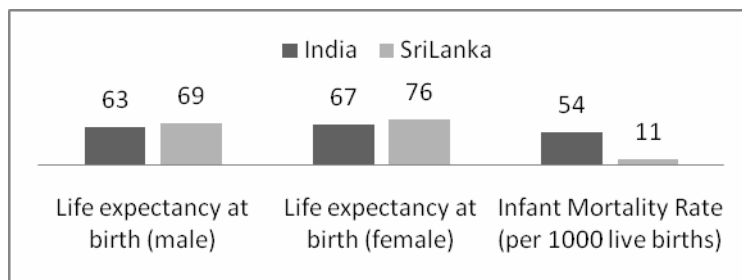
Dr. Sudarshan is also the founder and Honorary Secretary of the Karuna Trust, a public charitable trust working to improve the health, education and livelihoods of communities. The Trust aims to promote primary health care through public private partnerships with several Primary Health Centres and is working in the fields of reproductive and child health, health among tribal groups, mental health care, and community health insurance.

Dr. Sudarshan's contribution to primary health care, and his steadfast devotion to the empowerment of indigenous populations has conferred on him numerous awards and accolades, including the Rajyotsava State Award, For social work in 1984, the Right Livelihood Award in 1994, International Distinguished Physician by American Association of Physicians of Indian Origin (AAPI) in 1995, the Padmashree Award in 2000, the Human Rights Award in 2001, and the Vivekananda Medal in 2004.

## Health Inequality Factsheet

Inequities in disease burden, health outcomes and access to care exist both globally and within India. It often appears that people from every class and region are healthier and living longer than ever before. Unfortunately, not everyone is able to share the benefits of these improvements in health care and these improvements are not spread uniformly. Disparities in access to health care limit the potential of a vibrant, able-bodied and productive human resource.

### Global performance across health indicators



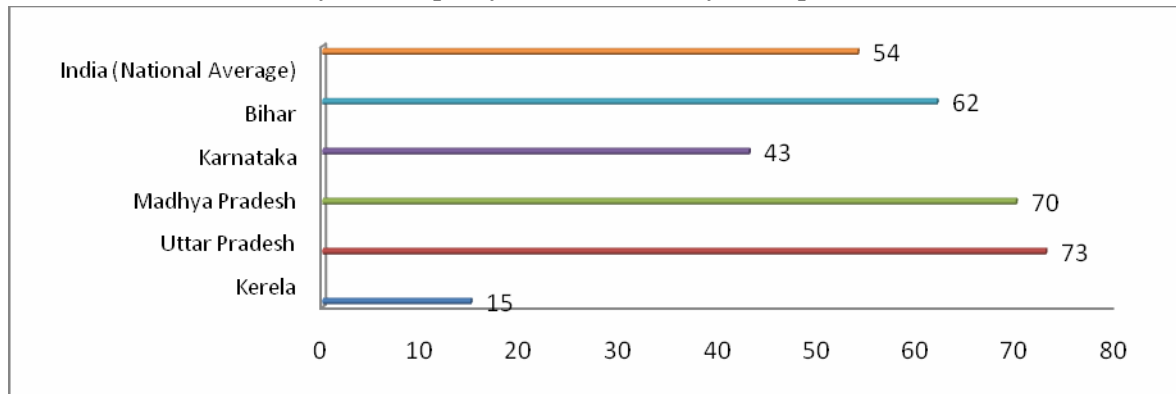
Differences in life expectancy between the richest and poorest countries exceed 40 years as per WHO estimates in 2008. Some countries that face a gamut of other problems such as Sri Lanka have been able to galvanize their resources to achieve a significantly higher life expectancy than that of India. Maternal mortality ratio per 100,000 live births in India is 301, or over 5 times the ratio in Sri Lanka (58) as per WHO estimates in 2003.

More than 60 per cent of health spending in the world's poorest countries comes from out-of-pocket payments, which, the World Health Organisation estimates, drive more than 104 million households into, or deeper into, poverty annually. By contrast, in G-8 and other rich countries, less than 20 per cent of all spending on health is out-of-pocket. India is amongst countries that have high incidence of "catastrophic" payments from individuals' own finances or out of pocket payments to cover healthcare costs (payments that are so crippling financially that they throw a household into catastrophe).

Financial commitments by the Indian government are less than one percent of the nation's Gross Domestic Product (GDP). Government expenditure on health for other developing nations such as Argentina, South Africa, Thailand and China is 4.7%, 3.7%, 2.1% and 1.8% respectively of their GDP. However, there are countries such as Indonesia where the government spends less on a per capita (PPP basis) on health than what the Indian government spends and yet show better performance on some health indicators through efficient management of health service delivery.

There are also serious disparities in health outcomes between and within states, as against the national average, which becomes more apparent from the illustration. For instance, Kerala has far lower infant deaths at 11 per 1,000 live births than in Uttar Pradesh, Bihar, Madhya Pradesh and the all India average of 54 from NFHS-3 data.

**Country-wide disparity in infant mortality rates (per 1000 live births)**



Sources: UNFPA, State of World Population 2008 and National Family Health Survey-3 (2005-06), Ministry of Health and Family Welfare, Government of India

**Access to Health Services in India**  
**National Family Health Survey-3 (2005-06)**

- 44% of children aged 12-23 months have received all recommended vaccines
- Only 21% of children aged 12-35 months received a vitamin A dose in the last 6 months
- 26.2% children suffering from diarrhoea in the last 2 weeks received ORS
- 36% children with recent acute respiratory infection or fever were taken to a health facility
- 55% of households have no toilet facilities, down from 64% at the time of NFHS-2
- 51% of all mothers had at least 3 antenatal care visits for their last birth
- 48.3% of all births (last 3) years were assisted by a doctor/nurse/ ANM or any health personnel
- 40.7% of all births are institutional
- 36.4% mothers received postnatal care from any health personnel within 2 days of delivery
- 39% women have not seen or heard a family planning message recently
- 65% of all mothers receive iron and folic acid supplements, but only 23% consume them the suggested period
- Only 4% of births among women in the poorest sections of society had an ultrasound
- Three out of every five births in India take place at home and only 15% of home births are followed up by a postnatal checkup
- Only two in five births take place in a health facility
- Nationwide, 418 persons per 1,00,000 are estimated to have medically treated tuberculosis
- For over 60% of all households private medical sector is the main source of health care
- 58% of all households do not use government health facilities because they are poor quality
- 47% of all households do not use government health facilities because they are far away
- 25% of all households believe that government health facilities have long waiting times