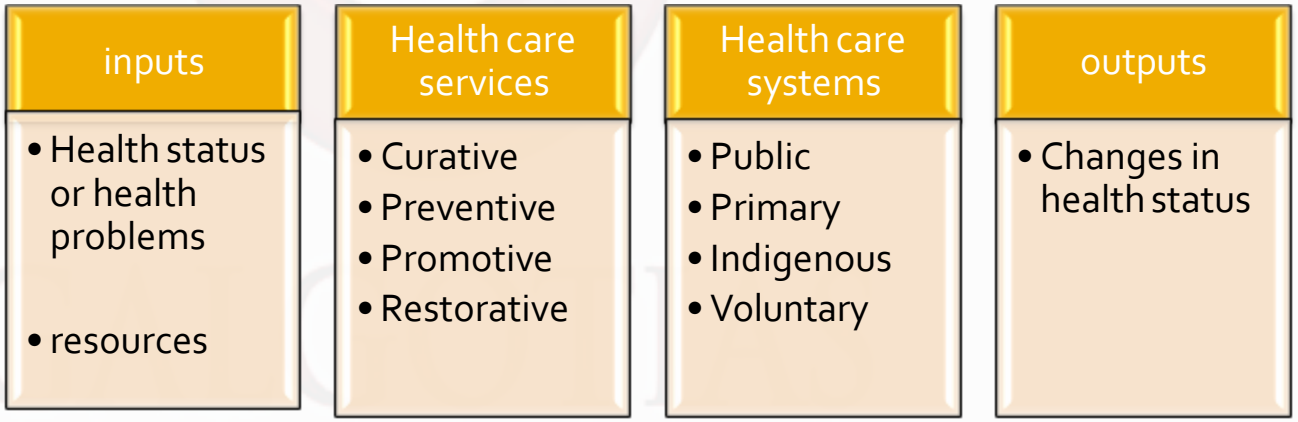
HEALTH CARE DELIVERY SYSTEM IN INDIA

MODEL OF HEALTH CARE SERVICES

- The model of health care delivery is adopted from Steven's System Model (1952) general system theory is used to accomplish the purpose.



HEALTH PROBLEMS IN INDIA

- *COMMUNICABLE DISEASES:*

a) Malaria
b) Tuberculosis
c) Diarrheal diseases
d) Leprosy
e) Filaria
f) Others:

Kala-azar, meningitis, viral hepatitis, Japanese encephalitis, enteric fever, guinea worm disease and other helminthic infestations etc.

HEALTH PROBLEMS

2.NUTRITIONAL PROBLEMS:

a) Protein-energy malnutrition
b) nutritional anaemia
c) low birth weight
d) xerophthalmia
e) iodine deficiency disorders

HEALTH PROBLEMS

3. ENVIRONMENTAL SANITATION:

a) lack of safe water in many areas of the country
b) use of primitive methods for excreta disposal

HEALTH PROBLEMS

4.MEDICAL CARE PROBLEMS:

- Unequal distribution of health resources between rural and urban areas
- lack of penetration of health services within the social periphery.

HEALTH STATUS AND HEALTH PROBLEMS

5. POPULATION PROBLEMS:

a) employment
b) education
c) housing
d) health care
e) sanitation
f) environment

RESOURCES:

- health manpower
- money and material
- time

HEALTH CARE SERVICES

- PURPOSE :

  To improve the health status of the population

- GOALS:

  mortality and morbidity rate reduction,increase in expectation of life, decrease in population growth rate, improvement in nutritional status, basic sanitation, health manpower requirement and resource development

HEALTH CARE SYSTEMS:

Definition:

Health care delivery system refers to the totality of resources that a population or society distributes in the organization and delivery of health services. It also includes all personal and public services performed by individuals or institutions for the purpose of maintaining or restoring health.

- STANHOPE (2001)

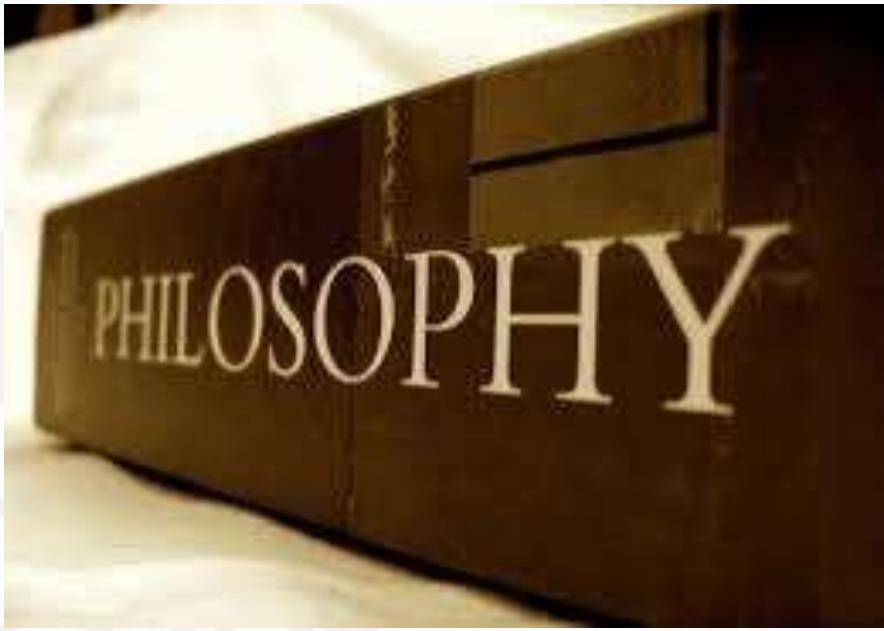
HEALTH CARE SYSTEMS:

Definition:

It implies the organization of the people, institution and resources to deliver health care services to meet the health needs of target population.

PHILOSOPHY OF HEALTH CARE DELIVERY SYSTEM:

- Everyone from birth to death is part of the market potential for health care services.



- The consumer of health services is a client and not customer

PHILOSOPHY OF HEALTH CARE DELIVERY SYSTEM:

- Consumers are less informed about health services than anything else they purchase
- Health care system is unique because it is not a competitive market
- Restricted entry into the health care system

OBJECTIVES OF HEALTH CARE SYSTEM:

- To improve health status of population and clinical outcomes of care
- To improve social justice equity in the health status of the population
- To reduce the total economic burden of health care
- To raise and pool the resources accessible to deliver health care services

FUNCTIONS OF HEALTH CARE SYSTEM:

- To promote health education and health services
- To promote quality of life and life expectancy
- To promote maternal and child health, family planning, adolescent health

FUNCTIONS OF HEALTH CARE SYSTEM:

- To prevent and control locally endemic diseases
  Eg: dengue fever, filariasis etc
- To provide immunization services
- To prevent, control and manage common diseases and injuries
  Eg: ARI, diarrhoea, malnutrition etc.

PRINCIPLES OF HEALTH CARE DELIVERY SYSTEM:

- It supports a co-ordinated, cohesive health care services
- It opposes the concept that fee-for-practice
- It supports the concept of pre-paid group practice

PRINCIPLES OF HEALTH CARE DELIVERY SYSTEM:

- It supports the establishment of community based, community controlled health care system
- It urges an emphasis to be placed on development of primary care
- It emphasizes on quality assurance of the care

PRINCIPLES OF HEALTH CARE DELIVERY SYSTEM:

- It supports health care as a basic human right for all people
- It supports individuals unrestricted access to the provider,clinic or hospitals
- It urges that in the establishment of priorities for health care funding,resources should be allocated to maintain services for the economically deprived.

PRINCIPLES OF HEALTH CARE DELIVERY SYSTEM:

- It supports the efforts to eliminate unnecessary health care expenditures and voluntary efforts to limit increase in health costs
- It endorses to provide special health maintenance to old age
- It supports public and private funding

PRINCIPLES OF HEALTH CARE DELIVERY SYSTEM:

- It condemns health care funds
- It supports the establishment of a national health care budget
- It supports universal health insurance

HEALTH POLICY

It refers to the public or private rules, regulations, laws or guidelines that relate to the pursuit of health and the delivery of health services.

TYPES OF HEALTH POLICIES

- **IMPLIED POLICIES**

  Neither written nor expressed verbally, have usually developed over time and follow a precedent

TYPES OF HEALTH POLICIES

- **EXPRESSED POLICIES**

  - Donated verbally or in writing.
  - readily available to all people
  - promote consistency of action

POLICY DECISIONS

According to Mason,Leavitt,Chaffee,2002

Policy decisions (eg: laws or regulations) reflect the values and beliefs of those making the decisions. As the values and beliefs change, so do the policy decisions.

CONCEPTS OF HEALTH CARE

1. COMPREHENSIVE HEALTHCARE

The Bhore Committee defined Comprehensive health care as having the following criteria:

- Provide adequate preventive ,curative and promotive health services
- Be as close to the beneficiaries as possible
- Has the widest co operation between the people, the service and the profession
- Is available to all irrespective of their ability to pay
- Look after the specifically the vulnerable and weaker sections of the community
- Create and maintain a healthy environment

CONCEPTS OF HEALTH CARE

2. BASIC HEALTH SERVICES

- In 1965,the term "basic health services" was used by UNICEF/WHO in their joint health policy.
- "basic health services is understood to be a network of co-ordinate ,peripheral and intermediate health units capable of performing effectively a selected group of functions essential to the health of an area and assuring the availability of competent professional and auxiliary personnel to perform these functions"

CONCEPTS OF HEALTH CARE

3. PRIMARY HEALTH CARE

- A new approach to healthcare came into existence in 1978 following an international conference at Alma –Ata (USSR)
- First proposed by the Bhore Committee in 1946.
- The Alma-Ata conference defined primary health care as follows:

  'Primary health care is essential health care made universally accessible to individuals and acceptable to them, through their full participation and at a cost the community and country can afford'.

HEALTH CARE DELIVERY SYSTEM

1.PUBLIC HEALTH SECTOR

Primary Health Care -

- Primary Health Centres
- Subcentres

Hospitals/Health Centres -

- Community health centres
- Rural hospitals
- District hospitals
- Specialist hospitals
- Teaching hospitals

HEALTH CARE DELIVERY SYSTEM

1.PUBLIC HEALTH SECTOR

Health Insurance Schemes -

Employees State Insurance

Central Govt.Health Scheme

Other agencies -

Defence Services

Railways

HEALTH CARE DELIVERY SYSTEM

2. PRIVATE SECTOR

- Private hospitals, Polycinics, nursing homes and dispensaries
- General practitioners and clinics

3. INDIGENEOUS SYSTEMS OF MEDICINES

- Ayurveda and Siddha
- Unani and Tibbi
- Homeopathy
- Unregistered practitioners

HEALTH CARE DELIVERY SYSTEM

4. VOLUNTARY HEALTH AGENCIES

5. NATIONAL HEALTH PROGRAMMES

1.PRIMARY HEALTHCARE IN INDIA

- **AT VILLAGE LEVEL:**
  - VILLAGE HEALTH GUIDE
  - LOCAL DAIS
  - ANGANWADI WORKER
  - ASHA

PRIMARY HEALTH CARE IN INDIA

VILLAGE HEALTH GUIDE SCHEME

- introduced on 2nd October 1977 with the idea of securing people's participation in the care of their own health.

The guidelines for their selection are

- permanent residents of the local community
- able to read and write, having minimum formal education
- acceptable to all section of the community, and
- able to spare at least 2 to 3 hrs every day for health work
- After selection, the Health Guides undergo a short training in primary health care
- The duties assigned include treatment of simple ailments and activities in first aid, mother and child health including family planning ,health education and sanitation.

PRIMARY HEALTH CARE IN INDIA

LOCAL DAIS:

- An extensive programme has been undertaken under the Rural Health Scheme to train all categories of local dais in the country to improve their knowledge in the elementary concepts of maternal and child health and sterilization, besides obstetric skills.
- During her training of 30 days each dai is required to conduct atleast 2 deliveries under the guidance and supervision
- After training each dai is provided with delivery kit and a certificate
- They are also expected to play a vital role in propagating small family norm since they are more acceptable to the community.

PRIMARY HEALTH CARE IN INDIA

ANGANWADI WORKER:

- Under the ICDS scheme, there is an anganwadi worker for a population of 1000.
- The anganwadi worker is selected from the community she is expected to serve.
- She undergoes training in various aspects of health, nutrition and child development for 4 months
- services rendered include health education, non-formal pre-school education and referral services.
- The beneficiaries are generally nursing mothers, other women, adolescents and children below the age of 6 years.

PRIMARY HEALTH CARE IN INDIA

ASHA:

ASHA(Accredited Social Health Activist)will be a health activist in the community who will create awareness on health

Responsibilities of ASHA are

- to create awareness and public information to the community on determinants of health
- counsel women on material and child health ,prevention of communicable infections including RTI/sexually transmitted infection, family planning ,care of young child etc
- provide primary medical care for minor ailments such as diarrhoea, fevers and first aid for minor injuries
- act as a depot holder for essential provisions being made available like oral rehydration therapy ,iron ,folic acid tablets, oral pills etc
- inform about births and deaths ,any unusual health problems etc in her village
- promote total sanitation campaign

1.PRIMARY HEALTHCARE IN INDIA

- **SUBCENTRE LEVEL**

- peripheral outpost of the existing health delivery system in rural areas
- one subcentre for every 5000 population in general and one for every 3000 population in hilly, tribal and backward areas.
- manned by one male and one female multipurpose health worker
- functions are mother and child health care, family planning and immunization

1.PRIMARY HEALTHCARE IN INDIA

PRIMARY HEALTH CENTRE LEVEL

- The central council of health at its first meeting held in January 1953 had recommended the establishment of primary health centres in community development blocks so as to provide comprehensive health care to the rural population.
- The National Health Plan(1983)proposed reorganisation of primary health centres on the basis of one PHC for every 20,000 population in hilly, tribal and backward areas.
- Indian Public Health Services Standards(IPHS)recommended set of standards to provide optimal level of quality health care.
- A medical officer supported by 14 paramedical and other staff means a PHC.
- It acts as a referral unit for 6 subcentres.

1.PRIMARY HEALTHCARE IN INDIA

PRIMARY HEALTH CENTRE LEVEL

Functions of primary health centres:

- Medical care
- MCH and family welfare
- Safe water supply and basic sanitation

1.PRIMARY HEALTHCARE IN INDIA

- **PRIMARY HEALTH CENTRE LEVEL**

  Functions of primary health centres:

- Prevention and control of communicable diseases
- Collection and reporting of vital statistics
- Health education
- National health programmes

1.PRIMARY HEALTHCARE IN INDIA

- **PRIMARY HEALTH CENTRE LEVEL**

  Functions of primary health centres

- Training of health guides, health workers ,local dais and health assistants
- Basic laboratory services
- School health services
- Prevention of food adulteration practices

1.PRIMARY HEALTHCARE IN INDIA

- **COMMUNITY HEALTH CENTRES**

- The secondary level of health care, constituting the First Referral Units (FRU) .
- approximately 80,000 population in tribal/ hilly areas and 1,20,000 population in plain areas.
- 30 bedded hospital providing specialist care in medicine, obstetrics and gynecology, surgery and paediatrics.

NATIONAL RURAL HEALTH MISSION(NRHM):

The government of India launched 'NATIONAL RURAL HEALTH MISSION (NRHM) on 5th April,2005'.The mission initially started for 7 years(2005-2012),is run by the Ministry of Health.

NRHM

Plan of action:

- Creation of a cadre of Accredited Social Health Activist(ASHA)
- Strengthening subcentres, CHC and PHCs
- Mainstreaming AYUSH(Indian system of medicine)- revitalising local health traditions
- Integrating Health and Family welfare programmes

PLAN OF ACTION OF NRHM

- Developing capacities for preventive health care at all levels
- Promotion of public private partnerships for achieving public health goals
- Strengthening capacities for data collection ,assessment and review for evidence based planning, monitoring and supervision

NATIONAL URBAN HEALTH MISSION

- The Union Cabinet gave its approval to launch a National Urban Health Mission (NUHM) as a new sub-mission under the over-arching National Health Mission (NHM).
- The scheme will focus on primary health care needs of the urban poor.
- This Mission will be implemented in 779 cities and towns with more than 50,000 population and cover about 7.75 crore people.
- The interventions under the sub-mission will result in

  Reduction in Infant Mortality Rate (IMR)
  Reduction in Maternal Mortality Ratio (MMR)
  Universal access to reproductive health care
  Convergence of all health related interventions.

NATIONAL URBAN HEALTH MISSION

PROPOSALS

- One Urban Primary Health Centre (U-PHC) for every fifty to sixty thousand population.
- One Urban Community Health Centre (U-CHC) for five to six U-PHCs in big cities.
- One Auxiliary Nursing Midwives (ANM) for 10,000 population.
- One Accredited Social Health Activist ASHA (community link worker) for 200 to 500 households.

- NUHM aims to improve the health status of the urban population in general, particularly the poor and other disadvantaged sections.

PUBLIC HEALTH SECTOR

2. HOSPITALS

- RURAL HOSPITALS
- DISTRICT HOSPITALS

PUBLIC HEALTH SECTOR

- *3. HEALTH INSURANCE*

Employees State Insurance Scheme:

- introduced in 1948
- provides for medical care in the form of cash and kind, benefits in the contingency of sickness, maternity, employment, injury and pension for dependents on the death of worker due to employment injury.
- covers employees drawing wages not exceeding Rs.25000 per month.

Central Government Health Scheme:

- introduced in New Delhi in 1954 to provide comprehensive medical care to Central Government employees.
- is based on the principles of co-operative effort by the employee and the employer, to the mutual advantage of both

Central Government Health Scheme:

The facilities under the scheme include

- Out patient care
- Supply of necessary drugs
- Laboratory , x-ray investigations
- Domiciliary visits
- Hospitalization facilities
- Specialist consultation
- Paediatric services
- Antenatal ,natal,postnatal services
- Emergency treatment
- Supply of optical and dental aids
- Family welfare services

PUBLIC HEALTH SECTOR

- **OTHER AGENCIES:**

❖ *Defence Medical Services*

❖ *Health care of Railway Employees*

II. PRIVATE SECTOR

- provides a large share of the health services available
- The general practitioners constitute 10% of the medical profession.
- congregate in urban areas.
- provide mainly curative services.
- Their services are available to those who can pay.
- it is not organized.
- some statutory bodies regulate private medical practitioners.

III. INDIGENEOUS SYSTEMS OF MEDICINES

- The practitioners of indigenous system of medicine provide the bulk of medical care to the rural people.
- Nearly 90% of ayurvedic physicians serve the rural areas
- Indian government established Indian council for Indian Medicine in 1971.
- AYUSH is the new approach on this, which encompasses Ayurveda, Yoga, Unani, Sidhha, Homepathy

IV. VOLUNTARY HEALTH AGENCIES

INDIAN RED CROSS SOCIETY

SOCIETY

- established in 1920
- 400 branches in India

ACTIVITIES:

- Relief work
- Milk and Medical supplies
- Armed forces
- Maternal and child welfare services
- Family Planning
- Blood Bank and First Aid

Hind Kusht Nivaran Sangh:

- founded in 1950
- Headquarters in New Delhi
- Functions are rendering of financial assisstance to leprosy clinics, health education, training of medical workers and physiotherapists, conducting research and field investigations, organizing All –India Leprosy workers conferences and publishing journal

Indian Council for child welfare:

- It was established in 1952
- The services are devoted to secure for India's children those "OPPORTUNITIES AND FACILITIES,BY LAW AND OTHER MEANS" which are necessary to enable them to develop physically,mentally,morally,
- spiritually and socially in a healthy and normal manner and in conditions of freedom and dignity

Tuberculosis Association Of India:

- It was formed in 1939.
- The activities comprise organizing TB seal campaign every year to raise funds, training of doctors, health visitors and social workers, promotion of health education and promotion of consultations and conferences.

Bharat Sevak Samaj:

- non political and non official organization formed in 1952.
- one of the objective of the B.S.S is to help people to achieve health by their own actions

Central Social Welfare Board:

- Autonomous organization under the general administrative control of the Ministry of Education. It was set up by the Government of India in August 1953.

Central Social Welfare Board

The functions of the board are:

- Surveying the needs and requirements of voluntary welfare organizations in the country
- Promoting and setting up of social welfare organizations
- Rendering of financial and to deserving existing organizations and institutions

The Kasturba Memorial Fund:

- Created in commemoration of Kasturba Gandhi, after her death in 1944
- The fund was raised with the main object of improving the life of women, especially in the villages, through gram sevikas.

Family Planning Association Of India:

- It was formed in 1949 with its headquarters at Mumbai .
- It had done pioneering work in propagating family planning in India

All India Women's Conference:

- It is only women's voluntary welfare organization in the country .
- It was established in 1926. Most of the branches are running M.C.H clinics, medical centres and adult education centres, milk centres and family planning guides.

All India Blind Relief Society:

- It was established in 1946 with a view to co-ordinate different institutions working for the blind.
- It organizes eye relief camps and other measures for the relief of blind.

Professional bodies:

- The Indian Medical Association
- All India Licentiates Association
- All India Dental Association
- The Trained Nurses Association of India etc

International agencies

The Rockfeller Foundation, Ford Foundation, and CARE (Co-operative for American Relief Everywhere) are examples of voluntary international health agencies.

5. HEALTH PROGRAMMES IN INDIA

- National Malaria Eradication Programme
- National Filaria Control Programme
- National Tuberculosis Programme
- National Leprosy Eradication Programme
- Diarrhoeal Disease Control Programme
- National Programme For Control Of Blindness

5. HEALTH PROGRAMMES IN INDIA

- Universal Immunization Programme
- National Family Welfare Programme
- National Water Supply And Sanitation
- National Mental Health Programme
- National Aids Control Programme
- Minimum Needs Programme

ORGANIZATION OF HEALTHCARE IN INDIA

AT CENTRE LEVEL :

- Union Ministry of Health and Family Welfare
- The Directorate general of Health Services
- The Central Council of Health and Family Welfare

Functions of Union Ministry of Health and Family Welfare

A)UNION LIST-

- International health relations and administration of port quarantine
- Administration of Central Health institutes
- Promotion of research through research centres and other bodies
- Regulation and development of medical, nursing and other allied health professions

Functions of Union Ministry of Health and Family Welfare

A)UNION LIST-

- Establishment and maintenance of drug standards
- Census collection and publication of statistical data
- Regulation of labour working in mines and oil fields
- Co-ordination with states and other ministries for promotion of health

Functions of Union Ministry of Health and Family Welfare

B)*CONCURRENT LIST-*

- Prevention of extension of communicable diseases from one unit to another
- Prevention of adulteration of food stuffs
- Control of drugs and poisons
- Vital Statistics
- Labour Welfare
- Ports other than the major
- Economic and Social health planning
- Population control and family planning

Directorate General of Health Services

- The DGHS is the principal advisor to Union Government in both medical and public health matters. He is assisted by Addl. DGHS and Deputy DGHS .

- The Directorate comprises of 3 main units
    a) Medical Care and Hospitals
    b) Public health
    c) General administration

FUNCTIONS OF DGHS

- International health relations
- Control of drug standards
- Survey , planning , co-ordination, programming and appraisals of all health matters in the country
- Administration of headquarters
- Maintain Medical Store depots

FUNCTIONS OF DGHS

- Postgraduate training through National Health Institute
- Medical Education through Central Medical Colleges
- Medical research through ICMR
- National Health Programmes
- National Medical Library

Central Council of Health

- It was set up on 1952
- promote co-ordinated and concerted action between the centre and the states in the implementation of all programmes and measures pertaining to the health of the nation.
- The Union Minister of Health and Family Welfare is the Chairman and State Health ministers of all the states are members.

Functions of Central Council of Health

- Sending proposal for legislation in field of activity relating to Medical and Public Health
- Recommendations to Central Govt. for grants in the Dept. of Health to different states
- Preparing recommendation and proposal policy of health by considering the local problems of all the states

ORGANIZATION OF HEALTHCARE IN INDIA

AT STATE LEVEL

The management sector comprises the State Ministry of Health and a Directorate Health of State.

1.State Ministry of Health :

- Headed by a Minister of health and Family Welfare and a Deputy Minister of Health and Family Welfare.

- The Health Secretariat is the official organ of State Ministry of Health supported by Secretary and other administrative staff.

Functions of State Ministry of Health

- Rural health services through minimum needs programme
- Medical development programme, MCH, family welfare and immunization programme
- NMIP(malaria)& NFCP(filaria), NTCP, Prevention and control of communicable diseases like diarrhoeal diseases, JE
- Laboratory services and vaccine production units
- Health education and training programme, curative services etc

2.State Health Directorate:

- The director of Health Services is the chief technical adviser to the state Government on all the matters relating to medicine and public health.

- The Director of Health and Family Welfare is assisted by deputies and assistants .The Deputy & Assistant Directors of Health may be of two types:
  - Regional directors
  - Functional directors

C)AT DISTRICT LEVEL

- Chief Medical Officer is overall responsible for the administration of medical/ health services in the entire district.
- The district level structure of health services is a linkage system between the state and peripheral level structure.

D)AT THE AREA LEVEL

Medical Superintendent /Zonal Medical Officer

specialists of Gynaecology, Child Health Medicine ,Surgery Public Health ,Medicine Surgery Public Health and family planning

Lab technician ,X-ray technician, Extension Education officers, Health Staff, Nursing Staff and Hospital Staff.

E)AT THE BLOCK LEVEL

Primary Health Centre is headed by Medical Officer-in-Charge or Block Medical Officer-II, Community health officer, Block Extension educator, Health Assistants, Pharmacists, Lab technician, Driver and ancillary staff.

F)AT PERIPHERAL LEVEL

- Each subcentre is manned by a team of male and female health worker.
- It provide MCH services ,family planning and immunization.

G)AT VILLAGE LEVEL

- At each village there is a village health post for1000 population which is manned by a village health guide.
- The other personnel in village level are dais and Anganwadi workers who are the first link between the community and health care services.

PROBLEMS OF HEALTHCARE DELIVERY IN INDIA & ISSUES IN HEALTH CARE REFORMS

- LACK OF A POSITIVE,DYNAMIC AND MULTIDIMENSIONAL CONCEPT OF HEALTH
- PROBLEMS OF INEQUALITY
- SOCIO-ECONOMIC, CULTURAL AND RELIGIOUS PROBLEMS
- POLITICAL WILL
- EMERGENCE OF PRIVATE HEALTH CARE

PROBLEMS OF HEALTHCARE DELIVERY IN INDIA & ISSUES IN HEALTH CARE REFORMS

- POLICY ISSUES IN HEALTH CARE REFORMS

A) PUBLIC –PRIVATE CO-OPERATION

- *Disease specific approach*
- *General utilization approach*
- *Primary VS tertiary care approach*
- *Preventive VS curative approach*

B) DECENTRALISATION

References

1. Margie Lovett Scott, Faith Prather. Global health systems comparing strategies for delivering health services. Joney & Bartlett learning, 2014
2. D B. Elliott :Clinical Procedures in Primary Eye Care,3rd edition, Butterworth-Heinemann, 2007
3. Internet