Health e-Letter

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Letter from the Editor

With the Union health budget, the UPA government has indicated that it is getting serious about improving health care. An increased outlay of 21.9 per cent is a welcome move if it does not remain a one off attempt. Much of the increased outlay is meant for HIV/AIDS, polio eradication programme and the National Rural Health Mission (NRHM). If the NRHM does achieve its objective of providing health care to the poor and marginalized in the rural areas, it is well worth the effort.

But this fairy tale beginning could simply become a step ahead of another step if health delivery mechanism does not get off the nursery slope. A former Union health secretary summed up the dilemma of planners in asking for money, when he explained that the system did not have the absorption capacity.

Not that the situation has changed since. States continue to return large amounts of unspent money on Centrally-funded programmes even as schemes remain unimplemented. Despite a vast infrastructure, a large number of public health facilities are not providing services. Our story from Lucknow reveals that Uttar Pradesh, perhaps among the worst offenders on public health services, wants to farm out primary health centres to non government organizations, as a last-ditch effort to sharpen delivery mechanisms.

An estimated 3.3 per cent of the population in UP is believed to be getting pushed below poverty line on account of high costs of medical treatment. And this is not because of inadequate delivery systems: the state has one super specialty institution, seven government and four private medical colleges and hospitals, 53 district hospitals, 13 combined hospitals, 388 community health centres, 823 block PHCs, 2,817 sub block PHCs apart from 20,521 sub centres. Yet, people mostly have to depend on private healthcare. The budgetary allocations probably go away on salaries and maintenance.

While increasing money, the government needs to ensure its delivery to the common man. Just the behaviour of staff in public health hospitals could be reason enough for a daily wage earner to seek treatment at a private facility. Our disturbing story from Kashmir about the mental state of children growing up under the threat of terror also conveys another crucial point: most people prefer to seek treatment for depression at private clinics. Similarly it is not enough to increase allocations on polio. There is an urgent need to address issues that are making people avoid the vaccine. As our polio story from Mumbai shows, when people migrate to other states for work, they carry their beliefs with them. And these attitudes are as much of a challenge in eradicating polio in other states, as in UP. Realistically, polio is not the only concern that the government needs to address when it comes to vaccine-preventable diseases. In fact, the attention on polio has moved focus from routine immunization.

Finally, a special thanks to all our readers who took time to read our first issue last month and encouraged us to continue. Please continue to write to us at healtheletter@gmail.com

Kalpana Jain
Editor
Health e-Letter

IN THIS ISSUE

New pill for ailing PHCs

By Sudhir Mishra

Lucknow: In a move that may make healthcare largely a responsibility of the voluntary sector, the Uttar Pradesh government is planning to hand over primary health care centres in the state to non government organizations. Primary and community health care centres are a crucial component of the first tier of India's three-tier public health system.

As the first tier, primary health centres, located within a short distance, are expected to provide early treatment and prevent them from developing into serious illnesses. However, a large number of these centres are dysfunctional due to a lack of availability of doctors willing to go into rural areas, or lack of medicines, or just a crumbling infrastructure. This seems to be a desperate effort to revive these ailing PHCs.

UP health secretary Arun Kumar Mishra confirmed that a proposal is pending with the government. However, he said no decision has been taken on it yet. Sources say a note has been prepared for Cabinet approval. The government seems to have delayed it until the state assembly elections are over.

Non government organizations have opposed the handing over of the PHCs. Jashodhara, an activist working with Healthwatch is doubtful this move will help the poor get better access to health services. "This move will only help privatize all health services. UP does not have enough non government organizations with the required experience of managing a primary health centre. It can be extremely complex. With this move, it is possible that private nursing homes too may get an NGO registered and profit from these PHCs. There would be no accountability."

According to some insiders at the UP health systems development project, the move is being pushed by some donor organizations, who have pumped in large amounts of money over the last five years into reviving the PHCs. The World Bank alone has spent about Rs 400 crores in the last five years on health services in UP. In the second phase of this programme, beginning in January next year, the World Bank is expected to put in another thousand crores.

PERSPECTIVE

Contracting PHCs: An easy way out?

By Kalpana Jain

PRIMARY HEALTH CENTRES
(In UP, Rajasthan and Orissa)

Below 50% **PHCs have labour rooms**

Below 5% **PHCs have emergency drugs to manage labour**

Source: Reproductive and Child Health Facility Survey of 2003

No one quite doubts the government's earnestness to improve the public health system. It's just that the task itself is so overwhelming, intensive and expensive that it's best that the government only takes steps wherein it is seen to be doing something without burdening itself with responsibility. And this is what the UP government seems to be embarking on in proposing to farm out PHCs to non government organizations. The population who these PHCs are meant to serve has long since learnt to accept the dismal state of public health system. They are only too willing to put their day's earnings into a private clinic where they are assured of a minimum service and some politeness.

Without doubt, primary health centres across UP, and much of northern India, for that matter, are in need of urgent attention. Established in 1952 as the first rung of a well-thought out public health system on the recommendations of the Bhore Committee, they were meant to be the mainstay of the system. However, difficulties in getting good doctors to the PHCs, maintaining the infrastructure and ensuring availability of medicines despite the pilferage, led to a collapse of this system in many parts of the country.

The serpentine queues, whether at the All India Institute of Medical Sciences or other super specialised hospitals, are often a result of the disintegration of this system. People, especially from rural areas, need to flock to big cities, seeking treatment for even simple ailments. Often, as we know, this is at the cost of their land, or house or both.

Hence, drastic measures are needed. But not those that take away government's own responsibility in providing primary health care. Several public health experts are opposed to the move. To name three reasons: One, the government cannot and should not cease to play a role in providing health care. Two, PHCs are the mainstay of an integrated public health service and farming out parts of it cannot make a system more efficient. Three, while governments can be expected to have a commitment to the tax payer, an NGO may not necessarily have the same commitment. In short, farming out of PHCs

could only be another way of doling substandard healthcare to the poor and marginalized.

"Health delivery needs a comprehensive vision. It involves the different tiers in the system. You work up from the village level to the sub centre, primary health centre district health hospital to a tertiary care hospital. This systems approach will break down if the government starts to farm out certain portions of it," says public health expert Amit Sengupta.

It is true that not long ago Karnataka, too, initiated a similar move. And so did Gujarat. However, experts caution against looking at the move with the same lens. These are not efforts that can be replicated. Health infrastructure and health administration differ from state to state. Moreover, the success of the project is determined partly by the NGOs who get to take up the responsibility.

COMMUNITY HEALTH CENTRES
(Countrywide)

26.9%	CHCs have labour rooms
48%	CHCs have labour kits
30%	CHCs have obstetrician/ gynaecologist
10%	CHCs have an anaesthetist

Source: Reproductive and Child Health Facility Survey of 2003

Before farming out PHCs, governments would need to consider whether they are in a condition to provide services. Here is a status report on the state of PHCs across some of the northern states, which includes UP as well: The government's Reproductive and Child Health Facility Survey of 2003 found that in UP, Rajasthan and Orissa a pregnant woman risked dying even if she reached a health centre on time. And that was because a labour room was available in less than half the primary health centres surveyed. Emergency drugs for managing labour were available in less than 5 per cent.

At the level of the Community Health Centre, where emergency services should have been available, the situation was no better. Countrywide results showed that only a quarter (26.9 per cent) had a labour room, and less than half (48 per cent) had a labour room kit. Only 30 per cent had an obstetrician and less than 10 per cent had an anaesthetist. Expectedly, in UP only a small percentage - only 9 per cent of the population -- uses this facility for ordinary ailments.

Small wonder then that even NGOs in UP do not consider the move to be feasible. In fact some well-meaning NGOs in UP are apprehensive whether this could be the first step towards privatization. Sengupta is more vocal when discussing the role of NGOs, "The Government is at least accountable to the tax payers, what accountability will the NGOs have and how can we assume that all NGOs are committed." "Even if we say they are not working for money, they are doing it for survival."

Getting trained personnel for the PHCs will be another challenge. There are very few doctors in the state who are willing to go to rural areas. How will NGOs help change this pattern? The government needs to improve systems, perhaps provide better facilities for doctors to be able to go and work in rural areas. Moreover, a vast network of rural health care workers helps the government perform several of its functions on primary health care. Without the support of these workers, NGOs may find the task difficult, says Jashodara, an activist with Healthwatch, a citizen's health group.

In the end, with India's spending on health among the lowest in the world, we cannot raise our expectations too high. But let us not continue with policies that give substandard care to the poor, while raising the costs.

So, you have AIDS

By Sudhir Mishra

Jaipur: Rajasthan government's move to provide more facilities for people living with HIV has ended up increasing discriminatory behaviour because of the manner in which it is being implemented. In order to make traveling easier for HIV positive people, the state government had announced a scheme that gave a 75 per cent discount on a bus ticket.

However, those who try to seek this discount in the bus are made to go through a harrowing experience. The bus conductor, who is not sensitized to the issue, asks for a person's HIV status before giving the discount in the presence of other passengers. As soon as the others get to know this, they start avoiding the positive passenger.

Jagdish, who was traveling from Jalore to Jaipur, says, "As soon as I showed my discounted fare pass to the conductor, he said loudly, 'oh, both of you have AIDS.'" After this the 400 km journey from Jalore to Jaipur was unbearable, says Jagdish. People avoided them and he had to suffer angry glares all the way through.

Jagdish says while he can still bear the discriminatory attitude, it may be more difficult for women, in a traditional state like Rajasthan. Most of them have not revealed their status. The discounted pass, which clearly certifies their HIV positive status, can lead to a lot more problems for them.

Rajasthan government had initiated this scheme in 2003. However, as people were not made aware, no one availed of the facility for quite some time. It was only with the efforts of the Rajasthan Network of Positive People that the scheme began to be implemented. President of RNP plus, Brajesh Dubey, says, "This is a good scheme. It has made people reveal their status which can help normalize the epidemic. But the discriminatory attitude on the bus is troubling them. There is a need to make conductors more sensitive and perhaps have a codeword for HIV positive so they cannot be identified that easily."

LETTER FROM KASHMIR

Erratic at eight in the Valley

By Toufiq Rashid

Srinagar: Mahrooq is singing a song. If you don't know the language you could be forgiven for thinking it's a melodic poem. But with even a little knowledge of Kashmiri, you will find yourself overwhelmed with sadness. The little girl is singing a dirge, Rayet goom janana (I have lost my beloved). Mahrooq (name changed) has been coming to the Psychiatric Diseases Hospital, Srinagar for the past two years with symptoms of Post-Traumatic Stress Disorder (PTSD) and childhood mania. She complains of erratic behaviour, bouts of anger and unexplained crying spells.

"Four years ago unidentified gunmen broke into their home at night. She woke up to the sound of gunshots. She rushed downstairs and saw her mother bathed in blood. She asked her mother what was happening. The mother barely managed to whisper that she was going to die, and passed away within a few minutes," says Dr Mushtaq Margoob, professor and head of a psychiatric unit at the hospital. Since then Mahrooq shrieks every time she sees the colour red.

Unfortunately, Mahrooq's is not the only case that the psychiatric unit is struggling with. Terrorism has brought with it a load of public health issues. A sharp increase in mental illnesses is among those. This hospital alone has seen a surge in childhood mental disorders over the past few years: A junior physician in Dr. Margoob's department, Dr Akash Yusuf Khan, has studied 60 such patients in just one year - between December 2003 and December 2004. "These patients were all children, who had come with PTSD. They did not want to meet anybody or go anywhere; they kept reliving their trauma. They were also suffering from insomnia."

Terrorism has brought with it a load of public health issues. A sharp increase in mental illnesses is among those.

Close to 60 per cent of the trauma victims were girls, says Dr Khan. Their lives had been deeply affected. They were absenting themselves from school and some had dropped out altogether: 71.4 per cent were irregular at school, while 21.4 per cent dropped out. "Most of these children need help to become normal, functional adults," says Dr Arshad Hussain, registrar at the same hospital, who has seen 1,327 traumatised children in an NGO-run clinic over the past year and a half.

Not all children may suffer PTSD. Violence takes its toll on children in various other forms. Children may need to be moved to an orphanage if they have lost their family. "About 20 per cent of them have PTSD, but the scars of violence are widespread," explains A G Madhosh, social scientist and former Dean of Education at Kashmir University. "In an orphanage, children live with a similar group of people. This does not help their personality. Besides, being in an orphanage adds to the stigma they face. They grow up timid and isolated; the isolation may even take the form of religious extremism."

Dr Margoob agrees. "Though we have to applaud the efforts of all the people who run these NGOs, we have to bear in mind that removing a child from home after an episode of trauma adds to the problems," says Dr Margoob. Experts are of the opinion that the government needs to put in more efforts. "Each school should at least have a teacher-counselor who can identify the first signs in a troubled child," says Dr Rouf Ahmed of the Jammu and Kashmir Yateem Foundation.

Violence is taking its own toll in terms of mental health illnesses in Kashmir. Depression, anxiety disorders, substance abuse and even suicides in extreme cases are on the rise. Here is a snapshot from a study published by Dr Margoob and his team of the state of various mental health disorders in the Valley.

Anxiety disorders: Statistical data are available only from 1972. Files of the first 60 patients of the years 1972, 1984, 1996 from the outpatient department of the Psychiatric Hospital of Kashmir have been retrospectively studied by Margoob, Singh and Ali. The incidence of anxiety disorders has nearly doubled over the years: from 11.5 per cent in 1972 to 21 per cent in 1996. The rise is even more pronounced when compared to 1984, in which only 6.3 per cent accounted for anxiety disorders.

Treatment helps. But even the effect of treatment seems to lessen after 1972. While 75 per cent of people responded to treatment in 1972, 70 per cent responded in 1984 and by 1996 this came down to 64 per cent.

General hospitals too have reported getting patients with high levels of anxiety disorders. The same scientists found in another study in 1995 of patients admitted in the general hospital that close to one fourth of the 556 showed anxiety disorders.

The incidence of anxiety disorders has nearly doubled over the years.

Depression: A similar retrospective study was conducted for depression in 1993. The percentage of depressive disorders increased over the decades among patients admitted in the Psychiatric Hospital of Kashmir: In 1971, it was 16 per cent, in 1980, 14 per cent and in 1989, 32 per cent. One reason for the increase could also be better awareness, explain scientists. But clearly stress is an underlying factor. Interestingly, a follow-up study in 1995 showed a decrease in the number of patients admitted for depressive disorders. Only 23 per cent of patients came in with these disorders. However, this could be because depressed people are turning to private practitioners for treatment, as a study shows 44 per cent of the people in private setting suffer from depressive disorders.

ANXIETY DISORDERS

	Increasing anxiety disorders (in %)	Reducing effect of treatment (in %)
1972	11.5	75
1984	6.3	70
1996	21.0	64

Source: OPD of Psychiatric Hospital of Kashmir

INCREASING DEPRESSIVE DISORDERS

1971	16%
1980	14%
1989	32%

Post Traumatic Stress Disorder (PTSD): The first signs of the occurrence of PTSD are found in 1996 in the Kashmir Psychiatric Hospital, where 15 per cent of the patients show the symptoms. In a private psychiatric clinic, records show 11 per cent of patients coming in with the symptoms.

Suicide: Suicide was rare in Kashmir, as the present population of the Valley is predominently Muslim and Islam strongly condemns it. However, in 1995, a sudden suicide increase at the Outpatient department of the Psychiatric Hospital of Kashmir was observed. There were 41 suicides in the year, mostly by young women from rural areas.

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Substance abuse: Use of alcohol has never been socially approved in the Kashmir valley. The use of Cannabis and Charas is more accepted. In a study over 8 years (1980-1988), 2 per cent of the cases admitted in the Outpatient department of the Psychiatric Hospital of Kashmir were diagnosed with substance abuse. During the last 4 years, heroin addiction which was unknown in Kashmir before 1984, rose rapidly to become second after Cannabis. Since 1990 drug addicts have reported less frequently at the Outpatient department due to the ongoing disturbances. The authors stress that this does not indicate drug addiction is decreasing.

COUNTDOWN POLIO

A View from Mumbai

By Shekhar Deshmukh

Mumbai: After the completion of a week- long, nation-wide pulse polio drive, the health department employees here went on a mop up round at night to ensure that every child received polio drops. In one neighborhood, children ran away at the sight of their van. Taking advantage of darkness some hid behind the bushes, while some scampered into their homes. The municipal health workers tried to explain why getting the drops was critical for the children. But people were not convinced. They quarreled and argued till the workers left.

This scene is not from a village in Uttar Pradesh, where health workers face stiff resistance, but from Mulund's Hari Om Nagar, located near a huge landfill in India's financial capital, Mumbai. Hari Om Nagar is inhabited by contract laborers, hawkers and manual workers. People from different castes, religions and states such as Uttar Pradesh, Bihar, Andhra Pradesh and Marathwada find cheap living space here. As in any poor locality, unhygienic and appalling living conditions exist here as well. Most people living in this area go out for work during the day. For this reason health workers undertook a round at night. But the children ran away anyway. And women and elderly people drove the

workers away, saying "our kids do not need anything, you people should go away."

There are many such localities in Mumbai where similar scenes can be witnessed. The difficulties that were once synonymous to Uttar Pradesh have now become common to Mumbai. Predictably, the administration is worried. In some areas in Uttar Pradesh several myths surround the polio vaccine which makes people resistant to the drive. For instance, the vaccine is believed to cause impotence. Unfortunately all these misgivings have traveled to Mumbai as well.

Mumbai has not been able to achieve a polio-free status so far and officials attribute this largely to the migrant population. The two-three odd cases each year in Mumbai can be tracked to migrants from UP or rural areas in Maharashtra. In 2005, two polio cases were registered, but until February this year, five cases have shown up. The cases have been reported from migrant families living in the slums of Govandi, Borivali and Dharavi.

Dr. Deepak Laghate, who was a part of the team of the 'night round' in Mulund, comments that migration is one of the key factors responsible for the polio virus coming to Mumbai. "We try to immunize every child here. But when they go back to their respective villages, we do not know whether they take their children to the polio centre for the dose on time or not. The mistaken notions that they may carry in their minds on the effects of the vaccine can considerably affect the immunization programme."

While migration has worried politicians and the administrations for various reasons, the common man has now started realizing its implications on public health. Along with their culture, diseases travel with the people. Migration has played a major role in the spread of HIV. While culture may influence only a small and limited number of people, the effect of diseases is more widespread. And any notions on their prevention may affect the entire public health effort.

Polio in UP: Need to look beyond money, manpower

By Manish Srivastava

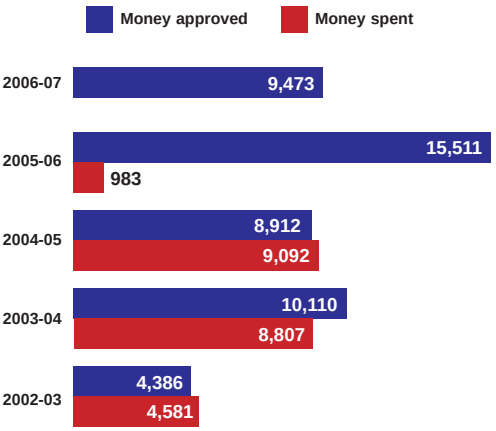
Lucknow: Uttar Pradesh continues to report the largest number of polio cases despite the government spending millions and deploying all available manpower to eradicate the polio virus. Teachers, activists and health department officials are working hard to get all children to take the vaccine. Of the 667 cases of polio reported in 2006, 540 were from UP. The state capital, Lucknow, reported nine cases last year. And this year, four cases were reported in the state until February.

Take a look at the money that goes into eradicating polio in UP alone: This financial year, the government sanctioned Rs 9,473 lakh. However, during 2005-06, the government sanctioned an amount of Rs 15,511.18 lakh for polio eradication, an increase of about Rs 4,500 lakh over the previous years. But large amounts remained unspent. Only Rs 982.98 lakh were spent during the year.

Of the 667 cases of polio in 2006, 540 were from UP

In 2004-05, Rs 8,912.49 lakh were approved and Rs 9,092.21 spent. In 2003-04, Rs 10,109.90 lakh were approved and Rs 8,807.33 lakh spent. In 2002-03, Rs 4,385.78 lakh were approved and Rs 4,581.33 lakh spent. In the coming financial year, this allocation may go up as the Union finance minister P Chidambaram announced an additional allocation of Rs 1,290 crores for polio in the budget.

POLIO PROGRAMME IN INDIA
(Figures in Rs. lakh)



The World Health Organisation is optimistic. Surveillance medical officer of WHO, Dr. A.K. Shukla, says the polio virus has been striking with an extra virulence every four years. Perhaps, this led to an upsurge in polio cases during 1998, 2002 and then 2006. This year it could go into a latent phase. Therefore, the attempt would be to intensify efforts this year and eradicate it. The number of rounds is expected to go up from the present six to about twelve so as to make it a monthly campaign.

Dr Shukla says of the three strains of the virus P1, P2 and P3, P2 has already been eradicated. In the 540 cases last year, only P3 strain was detected. Therefore, a monovalent vaccine with P1 strain for a few rounds and P3 for some others is being recommended.

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