Improving Human Development Index (HDI) In Gujarat : Focus on Health

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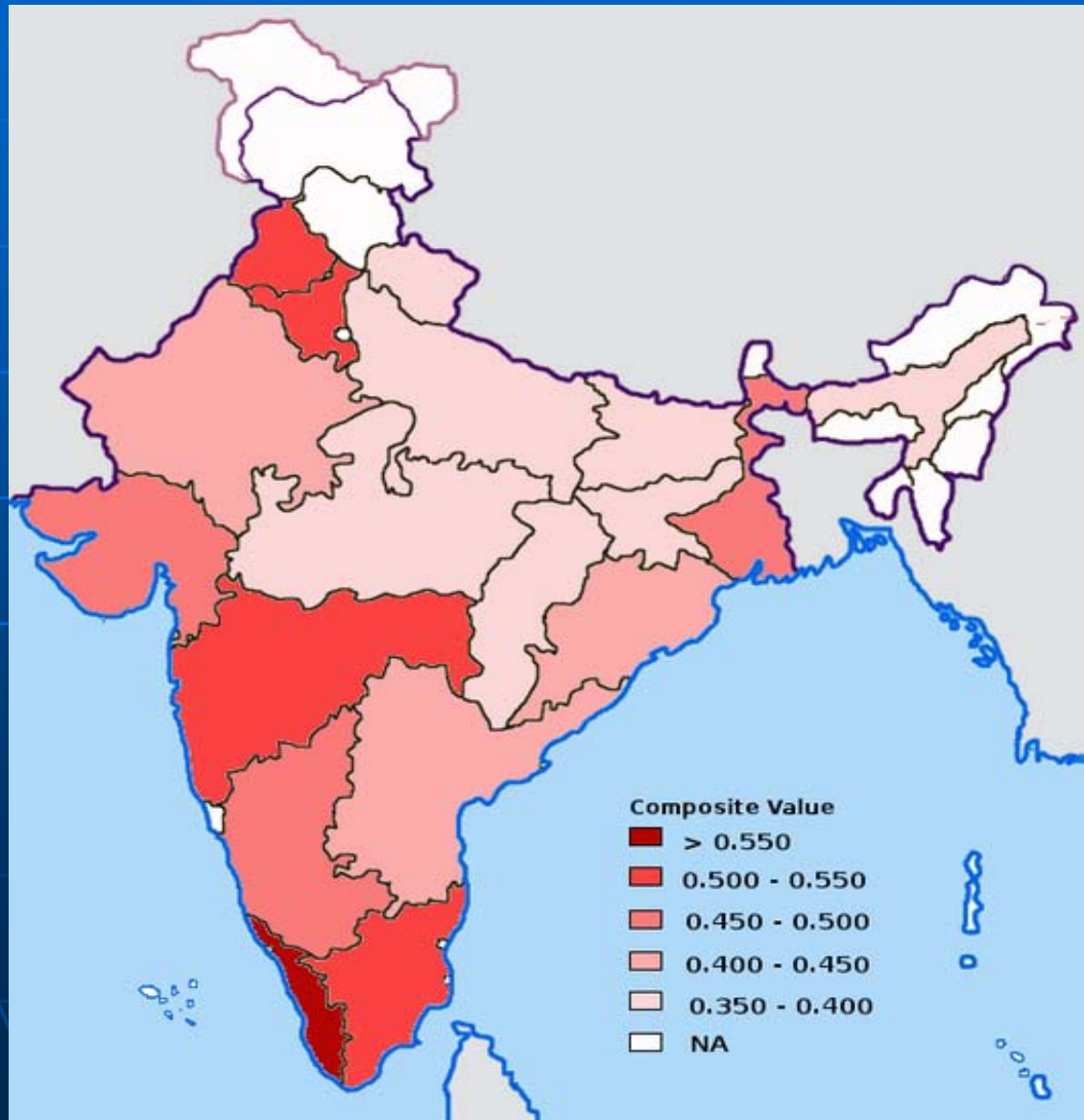
Millennium Development Goals – BY 2015

- **GOAL 1: ERADICATE EXTREME POVERTY & HUNGER**

- **GOAL 2: ACHIEVE UNIVERSAL PRIMARY EDUCATION**

- **GOAL 3: PROMOTE GENDER EQUALITY AND EMPOWER WOMEN**

- **GOAL 4: REDUCE CHILD MORTALITY**

- **Goal 5: IMPROVE MATERNAL HEALTH**

- **GOAL 6: COMBAT HIV/AIDS, MALARIA AND OTHER DISEASES**

- **GOAL 7:ENSURE ENVIRONMENTAL SUSTAINABILITY**

- **GOAL 8: DEVELOP A GLOBAL PARTNERSHIP FOR DEVELOPMENT**

Human Development Index

- Mix of three dimensions of development
  - Longevity – expectation of life & IMR
  - Knowledge – Adult literacy & school enrollment
  - Decent standard of living – GDP per capita

  - Methodology for calculation….

Human Development Index for Indian states in 2001

Composite Value
- > 0.550
- 0.500 - 0.550
- 0.450 - 0.500
- 0.400 - 0.450
- 0.350 - 0.400
- NA

Positives initiatives in Gujarat

- Dynamism of health department over last several years.
- Various new public health initiatives – especially for Maternal and child health and emergencies -
  - Chiranjeevi scheme
  - EMRI 108
  - Bal-sakha
  - PPP – for CHCs
  - Post earthquake reconstruction – physical up-gradation of the hospitals and health centers
  - Quality improvement – NABH accreditation, ISO....

Positives - continued

- Nurse practitioner in midwifery course – New positions of NPM
- Training MOs for EmOC, Anesthesia,
- IMNCI -
- Many activities under NRHM –
  - ASHA, ANM assistant, …. VHSC…. Untied fund.
  - Mamata divas,
- MIS – E-Mamata – tracking of preg.
- New nursing & medical colleges…..

Challenges – System challenges

- Under development of Public health, epidemiology, demography and health statistics. –
  - MPH to DPH, very few demographers, no-health statisticians, epidemiologists....

- Lack of management capacity – very few managers till very recently, - programs without managers.....Chiranjeevi, Bal-sakha......

- Poor HR management: No HR manger: additional charges, ad hoc appointments, promotions pending....No posting and transfer policy

Challenges - continued

- Many places infrastructure is weak and ill maintained.
- Lack of supplies& medicines, In adequate budget for Repair & Renovations

- Staff vacancies –   specialists…..
- Under-investment in health – Eg; 1 MO per PHC

- Non-stayal – not staying at place of posting

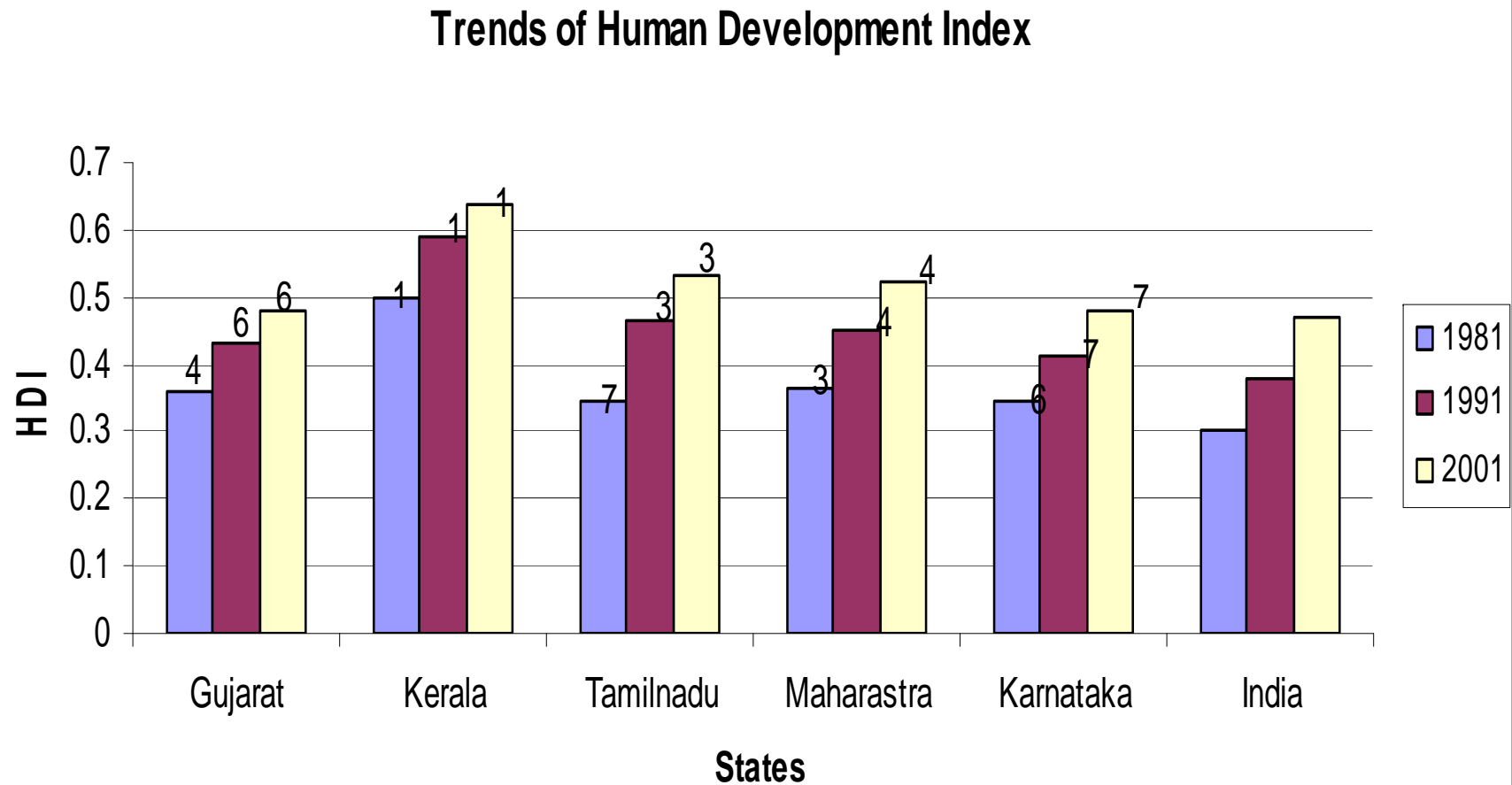- Poorly trained supervisory cadres – LHV, MO PHC, ADHO, DPHN, CDHO…..

- No grievance redressal mechanism.

- Neglect of urban areas – Gutters over-flowing…. Jaundice epidemics…. Water grossly contaminated…..

- Water, sanitation, occupational health, migrant health, gender issues neglected…. In health planning.

- Very little dialogues and regulation of the private sector. Guj. PH act draft ….
- Rapidly increasing costs of health care in private sector -
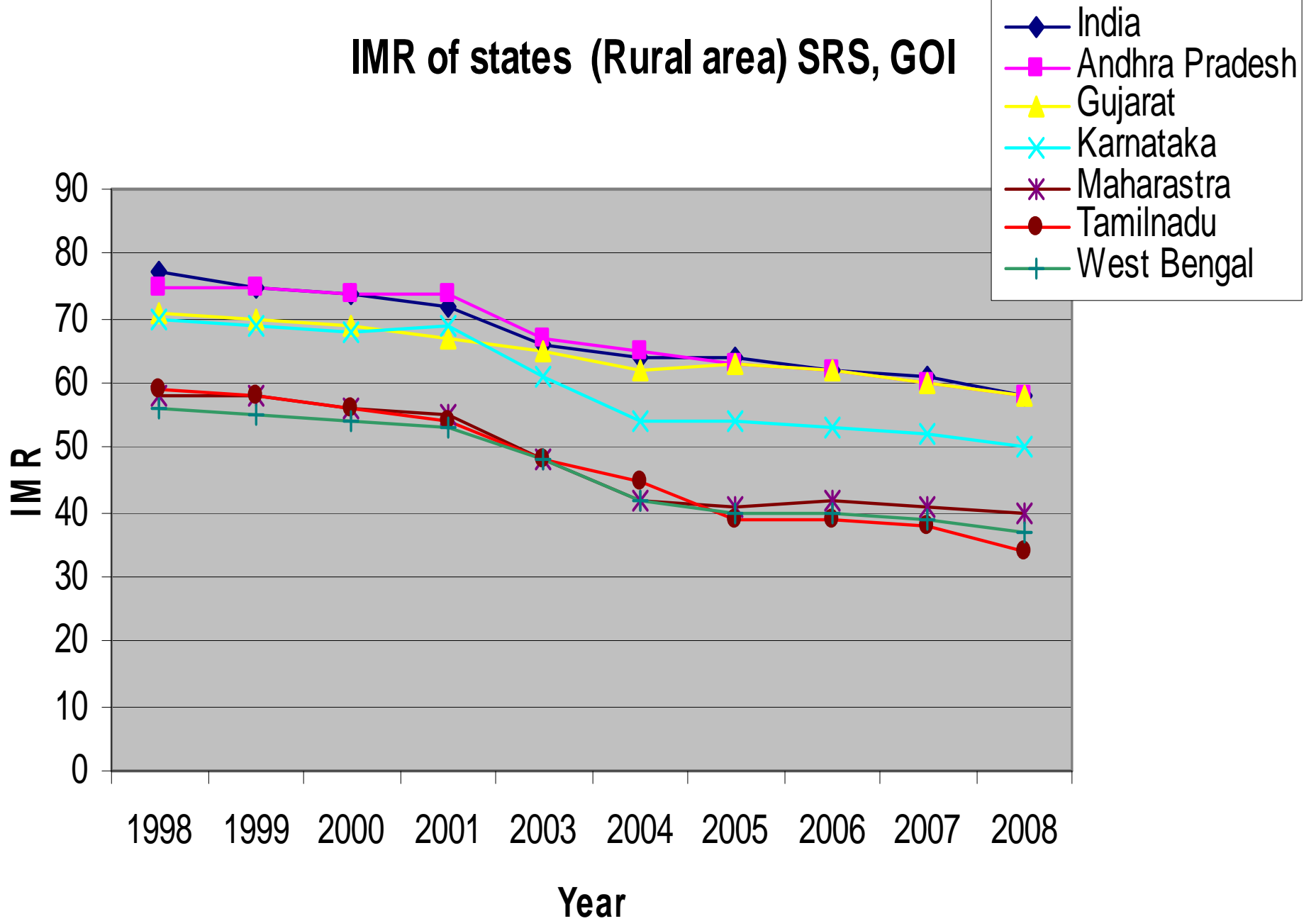
Challenges – new and emerging diseases

- Chronic diseases – heart diseases, cancer and diabetes, neurological disorders, disability….

- Psychological problems, suicide… Old age, loneliness ….

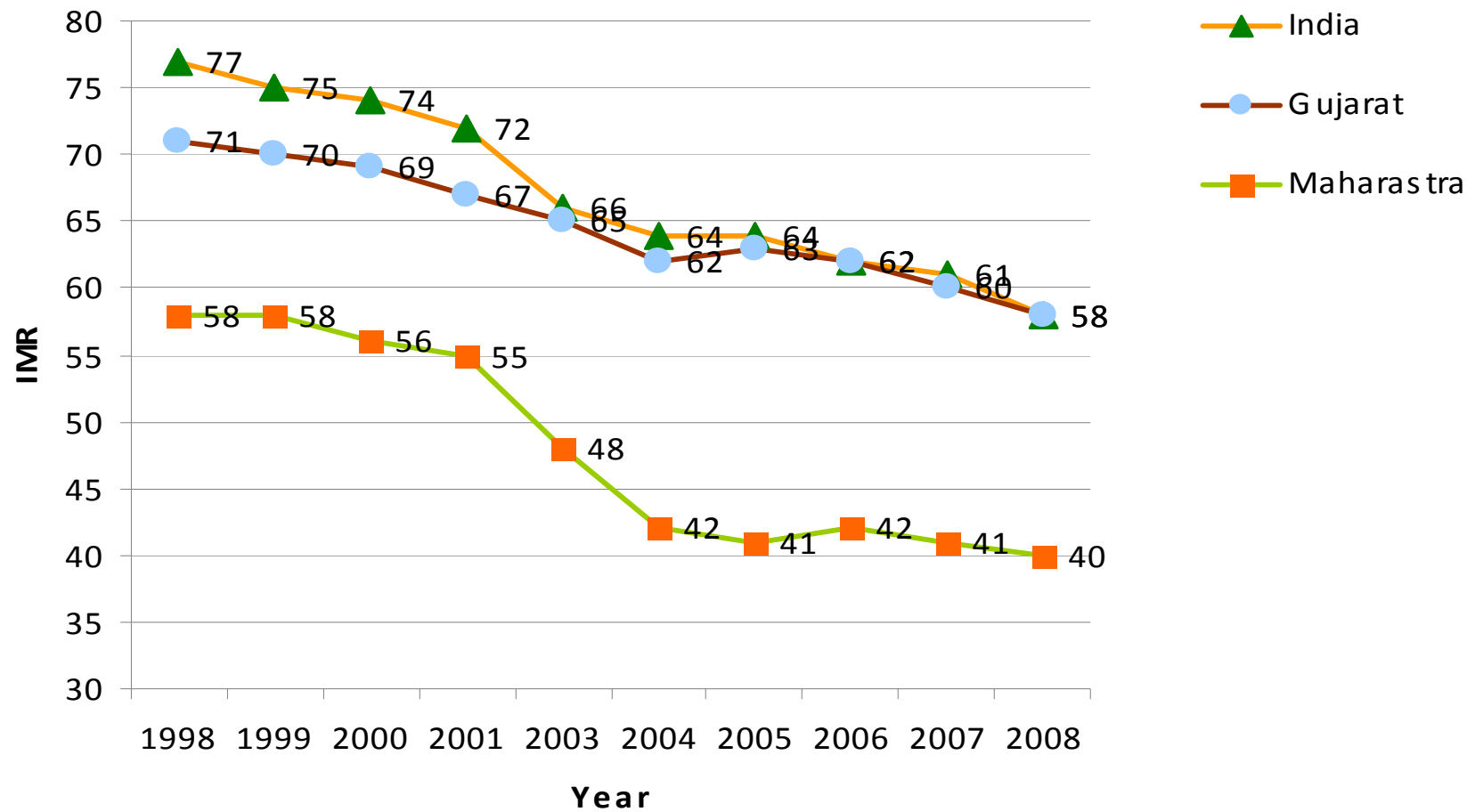- Accidents, occupational diseases, injuries.

Disturbing data on Gujarat

HDI for selected states

Trends of Human Development Index

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IMR of states (Rural area) SRS, GOI

Legend:
- India
- Andhra Pradesh
- Gujarat
- Karnataka
- Maharastra
- Tamilnadu
- West Bengal

Y-axis: IMR (0 to 90)

X-axis: Year (1998, 1999, 2000, 2001, 2003, 2004, 2005, 2006, 2007, 2008)

IMR (Infant Mortality Rate) - Rural

Future needs, directions and scope

- Given the commitment of political leadership in Gujarat and rapidly growing economy there is great hope

- Key need is to "Focus" on rural area needs, fine tune the programs and measure the results / outcomes

- Development & manage Human resources in Public health, clinical medicine, nursing....

- PPP – where possible. Expand and enlarge chiranjeevi like schemes…. To harness the private sector for primary and secondary care

- Increase managers and public health professionals – Block, district, state level

- District level demographers and epidemiologists – district level IMR, MMR, birth rate….

- Harness the existing institutions and develop new once

Need for further discussion

- How to involve the private sector in PH programs??

- How to develop health regulation???

- How to increase managerial capacity.....??

- How to encourage the services providers and Public health managers in the government?

Thanks.

Any questions???