6b. PUBLIC HEALTH IN TAMILNADU

Health is no longer considered as merely 'absence of diseases'. It has come to mean total quality of life, with a number of components such as income security, environmental factors, literacy, socio-economic issues, infra-structural facilities such as hygiene, sanitation, safe drinking water, access to institutional health care etc. Hence it is no longer possible to formulate a health policy merely on the basis of availability of doctors, drugs and hospitals. It should be an integrated one, involving all the social sectors, including education, social welfare, environment etc…

"Health for all by the year 2000" was a national goal set by Indian policy makers, more than 20 years ago in Alma Ata.

But a recent WHO Report on the performance of the health care system across the world has placed India at 112th rank, well below many developing countries. The analysis is significant, as besides the usual parameters of health status and the level of public health, it has also taken into consideration health inequalities or disparities within the country's population and the distribution of the financial burden of the health system. India has fared poorly in almost every parameter – its ranking ranging from 108 for the level of responsiveness of the health care system to 118 for the performance in terms of overall health status to 133 in terms of health expenditure per capita and 153 in terms of health inequalities. (Rf World Health Report 2000, WHO).

"Health for All by the year 2000" was a national goal set by Indian policy makers, more than 20 years ago in Alma Ata. But a recent WHO Report has placed India at a miserable 112th rank in the world, well below many developing countries

It is from this not-so-happy situation of health in India, we need to evaluate critically the public health scenario in Tamilnadu.

Medical Facilities

Public Health in Tamilnadu is indeed a major institution:

> *"While 11 teaching hospitals, 26 district headquarters hospitals and 227 taluk and non-taluk hospitals in the State provide secondary and tertiary care in the government health sector, rural primary health care needs are served by 1404 primary health centres(PHCs) and 8682 health sub-cntres (HSCs). While the government health sector in its entirety employs around 8000 doctors and 28,000 paramedical personnel, approximately 2,263 doctors and 22,000 paramedical personnel serve in the PHCs."*
>
> **- Frontline, 7.1.1999**

The major problem in Tamilnadu has been the big differentials in health facilities. The point of great concern is that the differentials are getting even worse than Indian averages

Yet, the need far surpasses the available facilities. As per UNICEF estimates, population per hospital bed has gone up from 48 in 1989 to 133 in 1998. And the ratio of population served by a physician has gone up from 347 in 1991 to 411 in 1998.

But the major problem has been the big differentials in health facilities. The point of great concern is that the differentials are getting even worse than Indian averages.

As elsewhere, in the field of public health services too, the rural-urban differentials are very striking. For example, while institutional deliveries account for more than majority of deliveries in Tamilnadu, PHCs are said to account for only 5 to 6% of rural deliveries.

> *"While the State has 75 doctors per lakh population, against the national average of 43, the distribution of hospitals is unfavourable to the rural areas (25% of the total hospitals compared to 42% all-India)…"*
>
> **- Tamilnadu Peoples' Manifesto, 1996**

> *"Ratio-wise, 75 doctors are there for one lakh population in Tamilnadu but it is estimated that only 27% of these allopathic doctors are located in rural areas"*
>
> **- 50 years, page 13**

In the late 1970's, the population per bed for Madras city was 761, compared to 6901 for rural Tamilnadu; the population per doctor was 621 for Madras city, compared to 4840 for all the districts in Tamilnadu (figures given by S.Guhan).

The picture is no different today. In 1996-97, population per bed for Chennai (old Madras) had improved to 359, compared to 3461 for Villupuram (the worst in the State). And population per doctor for Chennai was 2215, compared to 18,151 for Dindigul (the worst in the State).

Health Indicators

The Government of Tamilnadu has claimed complete success in terms of major health indicators.

> *"Tamilnadu has already achieved the targets set in the National Health Policy (for 2000 AD) for improving the health status of the people. The infant mortality rate has been brought down to 54 (vs target 60) per 1000 live births, the crude birth rate has fallen to 19.2 (vs target 21) and the crude death rate has come down to 7.8 (vs target 9)"*
>
> **- Policy Note on Public Health, GOTN, 1998-99**

It is true that Tamilnadu is next only to Goa and Kerala in its demographic achievement. Yet, while the decline has been impressive over the long run, certain serious points of concern have emerged. Compared to the significant declines during the 1970's & 80's, there has been a near-total stagnation in the 1990's in both the birth and death rates, as in the infant mortality rates. Again, as in the case of infant mortality rate, the vast and continuing rural-urban differentials need serious attention and calls for urgent policy changes. (For details on Infant mortality rates, rf the chapter on Children).

Crude Birth Rate (per 1000)

	Tamilnadu			India
Year	**Rural**	**Urban**	**Total**	
1971	32.9	27.8	31.4	36.9
1981	29.7	23.9	28.0	33.9
1991	20.8	20.8	20.8	29.5
1992	21.7	20.0	20.7	29.2
1993	19.7	19.1	19.5	28.7
1994	19.7	18.3	19.2	28.7
1995	21.0	19.0	20.3	28.3
1996	20.0	18.4	19.5	27.5

(Census 1991 – State Profile)

In 1998, the rate was calculated as 18.90 per 1000 population (compared to the national average of 26.4). In terms of birth rate, Tamilnadu was second best in the country, next only to Kerala (17.7). And the government has claimed that it is taking steps to bring down the birth rate from 18.90 to 15.

Over the period 1960 – 1996, there has been a significant 40% decline in crude birth rate in Tamilnadu. Till 1979 the CBR declined quite well, but it plateaued around 1984. Again it recorded impressive decline till 1994. Since then it has been stagnating and has caused serious concerns all over.

Compared to the significant declines during the 1970's & 80's, there has been a near-total stagnation in the 1990's in both the birth and death rates, as in the infant mortality rates

Tamilnadu's record in respect of crude death rate is less impressive than in the case of birth rate. With its 8.0 death rate per 1000 population, Tamilnadu held a lowly 8th rank in the country, behind Kerala (6.2), Punjab (7.4), Maharastra (7.4), Karnataka (7.6), Gujarat (7.6), West Bengal (7.8) and Himachal Pradesh (8.0)

"It is disquieting to note that for the past 2 or 3 years, the CBR is almost static at about 19/1000. The hope is that the State will revise its programme, particularly, on the IEC front and service delivery that the rate of decline in the past will continue and CBR will come down to 15/1000 by the year 2002"

- Ninth Five Year Plan: Tamilnadu, 1997-2002

And, a serious anomaly to be taken note of was that the Urban CBR in 1996 (6.6) was higher than even the Indian average of 6.5. The rate had also risen during 1993-96.

The rural-urban gap in CBR in 1998 was 1.2 points (rural 19.3, urban 18.1), down from 5.1 in 1971 (rural 32.9, urban 27.8).

In 1996, with the State CBR at 21.0, district-wise variations ranged from Nilgiris (17.1) to Dharmapuri (25.0). VES 1999 data suggest that the district CBRs have varied within a band of 16.3 to 21.3, with only Dharmapuri outside this band at 26.1

Crude Death Rate (per 1000)

Over the period 1960 – 1996, there has been 57% decline in crude death rate in Tamilnadu

Year	Rural	Urban	total	India
	(Tamilnadu)			
1971	16.5	9.4	15.6	14.9
1981	13.5	7.9	11.8	12.5
1991	9.5	7.6	8.8	9.8
1992	9.2	6.7	8.4	10.1
1993	9.4	5.8	8.2	9.3
1994	9.0	6.2	8.0	9.3
1995	8.8	6.6	8.0	9.0
1996	8.7	6.6	8.0	9.0

(Census 1991 - State Profile)

Tamilnadu's record in respect of crude death rate is less impressive than in the case of birth rate. With its 8.0 death rate per 1000 population, Tamilnadu held a lowly 8th rank in the country, behind Kerala (6.2), Punjab (7.4), Maharastra (7.4), Karnataka (7.6), Gujarat (7.6), West Bengal (7.8) and Himachal Pradesh (8.0)

Total Fertility Rate (TFR) has shown a sharp decline from 3.9 in 1971 to 2.0 in 1997, according to both SRS and VES calculations. Most of the districts in the State cluster around the State average of 2.0. Only 3 districts – Dharmapuri, Salem and Perambalur – report a TFR in excess of 2.4, and of these the first two are high female IMR districts, where female infanticide is widely prevalent.

Over 1981-1991, Tamilnadu had the **2nd lowest compound rate of growth of population** in the country. It was just 1.43 (next to Kerala with 1.34) compared to the Indian average of 2.14. Tamilnadu is one of the only two States (besides Kerala) in India that have achieved the replacement level total fertility rate (TFR) of 2.1, achieved in 1993 (compared to Kerala in 1988).

Life Expectancy

In 1970-75, Tamilnadu had a life expectancy at birth of 49.6 (compared to the Indian level of 49.8)

In 1989-1993, as calculated by State profile (Census of India), life expectancy in Tamilnadu was 62.4 years (rural: 60.5 years and urban: 66.3 years)

> *"In Life Expectancy, Tamilnadu with 62.4 years finished in fifth place among major States as of 1989-93, next to Kerala (72), Punjab (66.4), Maharastra (64.2) and Haryana (62.9)"*
>
> **- Tamilnadu – An Economic Appraisal 1996-97**

Morbidity

Data on morbidity patterns are not easy to come by nor are they easily amenable to perceptible indicators. The recently published India Human Development Report gives some idea.

Going by these findings, the general health situation of people in Tamilnadu, especially among women and the aged and the general short-term health situation, is far from satisfactory, and needs serious attention.

> *"In the recent past, the measurement of morbidity or state of ill health is being used increasingly as an indicator of the level of well -being of the population in place of conventional indices like death and infant mortality rates that were used to measure social development and personal well being. Since morbidity is relatively more common than death and infant mortality, it can also be measured cost-effectively….*

The general health situation of people in Tamilnadu, especially among women and the aged, and the general short-term health situation, is far from satisfactory, and needs serious attention

Very high female morbidity in comparison with male morbidity was reported in Tamilnadu followed by Punjab, Haryana and Orissa

Short Duration Morbidity Prevalence Rate (MPR-SD) was high in Madhya Pradesh, West Bengal, Tamilnadu, Punjab, Haryana, Orissa and Andhra Pradesh.

Very high female morbidity in comparison with male morbidity was reported in Tamilnadu followed by Punjab, Haryana and Orissa

Short duration morbidity among the aged was high in Madhya Pradesh, Tamilnadu, and Orissa.

Point Prevalence Rate of Major Morbidity (PR-MM) was high in Andhra Pradesh, Kerala, Tamilnadu, Haryana, and Punjab…"

- India Human Development Report, 1999

Tamilnadu is known to have the best record among major Indian States as far as anti-polio immunization is concerned. According to WHO guidelines, a country can be declared 'polio free' only if no polio case is reported for a period of three years. In Tamilnadu, while 5000 polio cases in 1981, no polio case has been registered this year.

But, in other areas such as a great coming back of Malaria, and Tuberculosis, the record has been quite poor and needs serious attention.

The incidence of diabetes has assumed epidemic proportions in Tamilnadu. The spread of the disease was so wide that as per the statistics available, at least 30 million people in India had developed this, of which 80 lakhs were in Tamilnadu. It was a cause of concern that in other parts of the country, senior citizens in the age group of 55 to 60 suffered from diabetes, whereas in Tamilnadu, even people below 30 years of age had become diabetics.

HIV / AIDS

As per a recent National AIDS Control Organisation (NACO) Report, Tamilnadu tops the AIDS list in the country. The report, conducted between January 1986 and October 2000, has recorded 7,787 AIDS cases in the State out of 15,606 cases in the country.

In 1986 the first HIV positive case was detected in Tamilnadu.

Under the first phase of the "AIDS Control Project", TN had launched a "Sentinel Surveillance Programme" to assess the spread of AIDS infection among various groups. The results showed that the prevalence of HIV infection among STD patients had increased over 3 times between September 1993 and March 1998.

By September 1998, approximately 7,28,972 blood samples had been screened in Tamilnadu. The results revealed 12,278 HIV positive cases of which 2,123 persons were found to have developed AIDS.

The "Zero surveillance system" also shows that upto February 1999, out of 7,39,776 cases screened in Tamilnadu, the largest number in the country, 13,196 cases tested positive for HIV. This gives a sero-positive rate of 17.8 per 1000.

The overall HIV prevalence in Tamilnadu at present is as high as 1.8%, according to a study conducted by the AIDS Prevention and Control Project of the Voluntary Health Services (VHS).

> *"Epidemiologists say that for every reported case of AIDS, a hundred go unreported. This makes the situation really alarming. "*
>
> **- TN State AIDS Control society, 1998**

The situation truly demands a comprehensive and urgent response. Tamilnadu taking pride that the State NACO has achieved 95% public awareness sounds just like a mockery.

Primary Health Care

Both the Alma Ata declaration (1978), signed by most governments, and the Health Policy Document (1983) of the Indian Government identify primary health care as a key strategic intervention for universal access to health care. And today primary health care is near-universally accepted as the most effective intervention to significantly improve the health status of a community, especially in the spheres of infant, child and maternal care.

As per a recent National AIDS Control Organisation (NACO) Report, Tamilnadu tops the AIDS list in the country

In Tamilnadu, as in most other States, the government sector is the major provider of primary health care, particularly in rural areas.

The recent trend by the Tamilnadu government to hand over the care of PHCs to big business houses and industrialists is obviously an effort by the Govt to rescind its public responsibility. It is also a sign of the effort to privatise heath services in the State, and, if so, such a trend portends much trouble for the poor in Tamilnadu.

"The State has already met the Government of India norm of one PHC for every 30000/20000 population in the plains / hills and one HSC for every 5000/3000 population in the plains / hills. As of 1996-97, there were 1420 primary health centres including 68 community Health Centres and 8682 Health Sub-centres."

- Tamilnadu – An Economic Appraisal 1996-97

"Unlike in many other States, most PHCs in Tamilnadu (94%) function in Govt-owned premises, nearly 40% of them constructed in the last 3 years. All PHCs are electrified. Every block PHC has at least one roadworthy vehicle. Nearly one-fifth of the PHCs (250 out of 1,404) function round the clock, and most of them have ambulances"

- Frontline, 7.1.199

The present Government's policy decisions over the last few years to improve infrastructure facilities in primary health centres and to ensure block-level PHCs to function for 24 hours a day have been in the right direction. Still the limitations remain.

"Though the 1408 PHCs in the State meet the norms of Government of India, there are some Blocks which have one or two PHCs only and they require additional PHCs as per population norms"

- Policy note, 1998-99

Recently, there has been a trend by the Tamilnadu government to hand over the care of PHCs to big business houses and industrialists. According to the Policy Note 2000-2001, upto March 1999, 20 industrialists had been permitted to adopt 42 PHCs to be maintained by them. Consequently 31 more industrialists have come forward to adopt 27 PHCs, 5 HSCs and 24 government hospitals for maintenance at their cost.

This, obviously, is an effort by the Govt to rescind its public responsibility. It is also a sign of the effort to privatise heath services in State, and, if so, such a trend portends much trouble for the poor in Tamilnadu. The poor can hardly have access to any of the costly private health services in the State. Information regarding the industrial houses to whom the responsibility is being handed over should be publicly announced.

The recent TNAHCP-DANIDA initiative (the Tamilnadu Area Health Care Project by the Govt of Tamilnadu, assisted by the Danish International Development Agency) intends to take up effective monitoring of institutional performance of health sector in Tamilnadu. It aims to monitor PHC performance, on a monthly basis, in respect of 12 different kinds of services that a PHC is mandated to provide. The services are outpatient services, deliveries, inpatient services, minor surgeries, ambulance services, anti-rabies vaccinations, administration of anti-snake venom and tetanus toxoid, contraceptive services, services relating to MTP, special clinics (such as antenatal clinics, under-5 clinics and ophthalmic clinics) and laboratory services.

The planners claim initial successes in the institutional functioning of the PHCs. For such monitoring to be effective in the long run, there is a serious need to involve elected leaders of local bodies as well as social service organisations into the monitoring process.

"Varumun Kappom Thittam', the "Free Comprehensive health Care Scheme for the Poor" was launched in early 2000, laying emphasis on preventive health. The programme seeks to take the modern medicine to virtually the doorsteps of the people in both rural and urban centres of all the districts through a camp approach. In terms of its objective and scale, the programme has been acclaimed by Govt circles as quite significant in the country's public health sector as it brings health into the political and bureaucratic mainstream. Originally inaugurated in 24 places in the districts of Thanjavur, Tiruchi, Coimbatore, Kancheepuram, Villupuram, Cuddalore, Madurai and Ramanathapuram, the programme is expected to be extended to all the districts in the State.

While the initial response, especially from women, is said to be positive, it remains to be seen as to how an innovative scheme like this will survive the institutionally corrupt and bureaucratic health system of Tamilnadu.

For monitoring of the PHCs to be effective in the long run, there is a serious need to involve elected leaders of local bodies as well as social service organisations into the monitoring process

Indian Medicine Systems

The Directorate of Indian Medicine and Homeopathy was established way back in 1970. It has a sanctioned strength of 705 medical personnel. It has a total of 634 medical institutions, including 570 Siddha hospitals.

Private health sector has grown in a big way in the State, especially in tertiary care. Increasingly profitable and entirely profit-oriented, this sector has yet to come under any reasonable regulatory framework

Budget outlay for these Indian systems has been ridiculously low. In 1998-99, the expenditure of the directorate was just 31.21 crores, compared to the total health department expenditure, exceeding Rs. 1000 crores. The allocation for medicines in the directorate in 1998-99 (Rs 3.1 crores) is just 3% of the total drug budget of the health department.

Unlike in countries like China, where attempts are made to integrate the Western system of medicine with the indigenous systems, we have sought to develop our systems – Ayurvedic, Unani, Siddha, etc – in total segregation from one another. Those who practice the Indian systems are trained separately. This has led to a systemic neglect of these systems, allowed to play a less than marginal role in the government health sector in the State. Surely an area for serious policy changes!

Private Health Sector

Private health sector has grown in a big way in the State, especially in tertiary care. Increasingly profitable and entirely profit-oriented, this sector has yet to come under any reasonable regulatory framework. The issue of regulating private health sector requires urgent policy attention

> *"Legislation should be enacted for issuing license and regulating private Hospitals and Nursing homes….*
>
> *Government hospitals should stock and use only those medicines that have the basic 160 generic formation as recommended by the World Health Organisation. Pharmacies also should be asked to keep in stock and sell only such medicines as prescribed by the World Health Organisation….*
>
> **- Tamilnadu Peoples' Manifesto, 1996**

POLICY

"The health system exhibits several biases. It is professional rather than holistic; centralized rather than decentralized; hierarchical rather than participatory; disease oriented rather than health oriented; sectoral rather than inter-sectoral."

- UNICEF, September 2000

There is surely the need for a total review of public health policies in Tamilnadu towards a comprehensive State Health and Nutrition Policy with clear goals, strategies and guidelines for interventions. There is also the urgent need to clarify and regulate the role of private sector in health in Tamilnadu.

There is a need for a total review of public health policies in Tamilnadu towards a comprehensive State health and Nutrition policy. There is also the urgent need to clarify and regulate the role of private sector in health

BUDGET OUTLAY

" The provision under the Medical and Public Health Demands in Budget Estimate 2000-2001 is Rs. 1262.72 crores, which works out to 5.86% of the total expenditure on the Revenue account of Rs. 21564.87 crores"

- Policy Note on Medical & Public Health., 2000-2001

As the Health Minister himself accepted, there has been a slide down from 6% in 1966. This is surely not acceptable. This reduction in public health health outlays, which have already been at low levels is symptomatic. When viewed along with the effort of the Sate Government to hand over Primary Health Centres to private business houses and the encouragement given to private health care in the State, it's a clear sign of the Government, failing in one of its major responsibilities in the social sector. The trend needs to be reversed at the earliest.

"The government allocates just 1.5% of its budget for health care. As per the World Health Organisation's guiding principle, this should be raised to 5%"

- Tamilnadu Peoples' Manifesto, 1996

Tamilnadu government allocates just 1.5% of its overall budget for health care. As per the guiding principle of WHO, it should be at least 5.0%

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