GOVERNMENT OF ARUNACHAL PRADESH
OFFICE OF THE DEPUTY COMMISSIONER :: ANJAW DISTRICT
HAWAI

No. ANJ/PA-040/2017-18/24663

Dated Hawai, the 13th Nov'2017

To

The OSD to Chief Secretary
Govt. of Arunachal Pradesh
Itanagar.

Sub :- **FORWARDING OF POLICY PAPER**

Sir,

Apropos to U.O. No. CS/NITIAAYOG/1/2017/565 Dated 8th Nov'2017 inviting policy papers on various subject, Please find enclosed on Theme IV - Health Service Delivery - submitted by undersigned. The paper is on based experience as Policy making of Govt. of Arunachal Pradesh as Deputy Secretary Health and Family Welfare and field level as Deputy Commissioner of two interior District of the State.

Yours faithfully

(Mamata Riba)
Deputy Commissioner
Anjaw District:Hawai

POLICY PAPER

FOR STATE CONCLAVE –DREAM CHANGE:

Re-Shaping the Development Discourse of Arunachal Pradesh

ON THEME

HEALTH SERVICES DELIVERY

Sub Titled

Much with less

Mamata Riba, Deputy Commissioner Anjaw

One of the most precious things a living being cannot do without is - simply put - good health connoted by a comprehensive WHO definition "a State of Complete Physical, Mental and Social well being." The key Millennium Development Goals for the health sector, Goal 4 - to reduce child mortality, Goal 5 - to improve maternal health, Goal 6 - to combat HIV /AIDS Malaria and other diseases - have been diligently addressed worldwide. Nearer home, at the sate level, in the last decade and a half, reports indicate progress. As we stepped onto the 17 Sustainable Goals in 2015, efforts were accelerated and Arunachal Pradesh has seen results in many areas as exemplified by decrease in its IMR from 33 in 2012 to 19 in 2017. However new challenges have evolved over the decades and today combating of lifestyle diseases, pandemics like HIV, Avian influenza, fast spreading epidemics like that of Hepatitis B, evolving diseases like Swine flu, Ebola, Trauma situations including preparedness for nuclear and other radiations etc have to be looked at.

This paper attempts to sketch out felt bottlenecks, explore existing mechanisms and chalk out a cost efficient road map based on experiences both at policy making level and grass root level. Two types of appraisal has been done in the paper – gaps felt in the field and gaps envisaged for upscaling at the policy level.

Promoting PPP in Health Services

Performance Appraisals reveal that the PPP mode for Health core delivery adopted in Arunachal Pradesh in the last decade, being the first welfare programme in the state to go on PPP format, has served well. While the pioneers of voluntary health care in Arunachal Pradesh, the Ramakrishna Mission Hospital is definitely an epitome of service to mankind, the PPP spirit of Karuna Trust which runs 11 PHCs in the state deserves special mention. The PPP mode had started with good intentioned interventions from established organizations like the Voluntary Health Organization VHAI etc but infrastructural gaps have caused some for closure. It is relevant that today we are discussing the gaps.

Visit on the ground of various PHCs in the State reveals an acute shortage of funds required for procurement of last mile essentials like Gen sets for maintaining the very important Cold Chain, for purchasing of Utilities for Trauma management. Pertinent also to note that in the Digitail India set up availability of data network, broad band or leased lines of sorts are prime requirements for activities like name based web tracking. Another managerial frustration for the PPP partners are difficulties in getting 'best professionals' willing to serve out the contract period, due to the low bar of remuneration available .This , in spite of the fact that the places where the PPP are running are one of such –places where few would venture. Simultaneously intrinsic Policy Gap caused due to absence of review of policies have caused a distance between Government services and NGOs.

In view of the identified gaps it is hoped that enhancement of grants for procurement of essentials like generators, customized trauma management ambulances, neo technology utilities will do wonders as will better remuneration for inviting best of professionals. Ensuring of Tele connectivity to these remote centers for web based monitoring as well as for telemedicine is decidedly not an option but a necessity. Further officially Partnering in a SYSTEMIZED Format with accredited organizations like Ramakrishna Mission, Sisters of Charity, Pali Vidyapeeth (Treatment cum Rehabilitation Centre) and other credible NGOS for various National progammes including Mental Health requires to be streamlined .A policy to open up voluntary health care of the PPS to wider target group by

including at least one (1) Community Health Centre in a district out of total 54 CHCs in PPP mode, is a thumbs up.

Experience of Universal Health Insurance.

Undoubtedly the Universal Health Insurance Scheme which was launched as an initiative of the Honorable Chief Ministers Office during 2014 remains a strong effort at supplementing access to good referral health care. It has benefited many and acted, most of all, as a confidence booster for economically backward citizens by giving them hope for venturing out for better health care for loved ones. For this the UHI scheme is to be saluted.

As one size doesn't fit all, the Health Insurance scheme has faced its own little problems major of which is the lack of flow and backflow of information between the Public – Patient - Referral Hospital – Govt. – chain. For instance enlisted Referral Hospitals have been known to have denied card facilitated treatment, at the end moment, in metros. There also exists a policy Gap in addressing needs of patients who requires extended treatment at Multi specialty and Super Specialty hospitals. Sometimes burden of treatment is so huge as compared to the compartmentalized medical facilities covered in the scheme that often purpose is defeated. At a time when Arunachal Pradesh is battling with an increase of cancer patients suffering from complexities of prognosis, patients suffering from hitherto unheard diseases, requiring treatment outside of the state, a definitive policy decision on assistance is needed, that can be made available in terms of financial or infrastructural support needs for eg. sanatorium equipped with ambulances can be developed in major health care cities like Chennai Delhi Mumbai where nominal rates can be charged. Immediate solution could be an official dovetailing with CSR enterprises dealing with health care like Rotary International etc so that patients needing recurrent extended treatment not covered under UHIS have access to additional financial /medical support. Needless to say a Cell dedicated for Referral Patient Management is the need of the hour. One could again start with Installation of an easy helpline to help UHIS related administrative issues and another desk to undertake daily monitoring system to track flow of the scheme.

Revamping District Health Care Institutions

As one moves through the district level health care expanse of Arunachal Pradesh starting from the fully functional of 11 of the 15 District Hospitals to the 49 of the 54 sanctioned CHCs ,on to the visible 97 units out of the 128 PHC - to the last mile functional and semi functional 286 units out of sanctioned 472 Sub-Canters one realizes, like a reflection ,its own moles and bumps. Accepted that Health care delivery at the village, community and district level has been a challenge in Arunachal Pradesh due to its prolific geographical variations, low density of population and remoteness. To top it are fast emerging health care concerns which blow up to red alert levels even before a policy can be put in place. Needless to say that although the state has improved credibly by improving its health indicators, eg. Increasing its SR (sex ratio) from 893 in 2001 to 938 in 2011 a lot of catching up remains to be done

On the field, one sees a dearth of sufficiently motivated and sufficiently equipped field workers. The much ranted under use of the ASHAS workforce is an example. There is also a lack of awareness among stakeholders and most primary units appear to be working in compartments. While we all agree that good health comes from good environment, very few stakeholders at the village level acknowledge the relationship between – Water - Sanitation - Hygiene and Nutrition. Rarely does one find PHED Block Coordinator, the ASHA, the Anganwadi worker and the BRC of the Education Department under the same umbrella. Coupled with it is deficient grassroots involvement although village centric entities like Village Health and Sanitation Committees are already in place.

Surprisingly although monitoring mechanism is in place, to supervise conduction of activities, the system lacks actual web based monitoring on health and incentive accreditation at the grass roots. Simultaneously problems arise in recruitment of professionally trained health personnel groomed to serve in interiors because persons coming from outside the state find it difficult to work in very interior areas while majority of indigent youth don't have access to accredited paramedic training institutes within affordable vicinity.

Hand in hand emerges a gap in health literacy and format of interesting chats and snippets inculcating awareness on reducing lifestyle diseases including diseases like Hepatitis B, cancers, Swine Flu etc definitely is lacking.

On the neo emerging health risks front, one encounters a shortage of facilities for trauma management at the primary level and a deficit of Pre hospital ancillary units in rural areas for life saving efforts during the golden hour. Also absent is any kind of exercise on preparedness for handling radiation induced disabilities (including daily utility radiation)

On the daily care OPD side, there appears a complete absence of exclusive units for geriatric care at PHC, CHC and District Hospital level although mandated under National Programme for Health Care for the Elderly (NPHCE) 2011. Added to it is the absence of Counselors at Primary /Community Health Centers who would have catered to Mental well being as well as Age Friendly Management.

Amidst all these micro issues is a huge worry bothering health management – the lack of numbers of health professionals in the state. A shortage of 555 Specialists (approx) and 4221Health Personnel from the rank of GDMO to health assistants inclusive of 12 other categories is not a light matter if statistics are correct. A study of Comparative Expenditure on Salaries in the Finance Accounts vetted by The CAG for 2015-16 indicates that while Education Dept has incurred 6,53,37.55 Rs (in Lacs) for payment of salaries under Plan , Non Plan and CSS heads , the expenditure indicated to have been incurred by Health and Family Welfare is 2,91,79.27 albeit the fact the Medical Officers are one of the best remunerated cadre in the state on account of the much envied APHSR.

Policy reviews appear to be the panacea. One can Start with small steps within the existing framework, like - acceleration of participation of PRIS and other stakeholders in various scheme akin to Mission Antodaya Mode, rejuvenation of Health Mela also known as Parivaar Kalyaan Awam Swasthata Mela, revitalizing of advocacy through similar Melas at both at village as well as District level with equal emphasis on Health Screenings as well as Publicity Screenings, dissemination of infotainment through docu - ads in local ambience on Preventive Health Care ,installation of a easy helpline to help UHIS related administrative issues , introduction of fun habit building exercises in

Convergence mode like group hand washing in schools, use of Soa - pens a prototype of soap pen developed by entrepreneurs in India, partner with child health stalwarts like UNICEF, promote Health Icons from the Glamour world etc. Cost effective and time efficient, these would set the ball rolling.

At the same time a speedy relook at up scaling post creations for various categories of Health Professionals to address acute shortage of health specialists - to cater to geographically far spread terrain of the state, ,substantial increase of investment in telemedicine connectivity including investment in District level Telemedicine units which can cater to both trauma management and healthcare webinars, opening up of more accredited institutes for health paramedics so that the rapidly mushrooming private health care hospitals also have access to quality professionals.

I conclude with a thought. The desire for good health and a long life is as old as humanity itself and civilizations have evolved systems and systems for enhancing a good life often at heavy costs by way of tests and experiments. In today's world of toxins and anti toxins often international conclaves have pondered whether age old systems of cure are not without its merits. Interestingly for Arunachal Pradesh, the Indian Journal of History of Sciences, have, in a paper identified use of 38 varieties of plants in Arunachal Pradesh for treatment of malaria alone for eg. the Mishmi Teeta. Prevalent along with are the practice of acupuncture, the art of bone setting etc. The North East Institute of Folk Medicine in Pasighat which conducts research on Traditional Health care systems of Arunachal Pradesh is a treasure and in this background, strengthening its base therefore is a priority that would cater to institutionalization of indigenous health care systems. It would take us back to the fields where we were the happiest, the healthiest.

May we all remain healthy.

(Mamata Riba)
Deputy Commissioner,
Anjaw District : Hawai