

# India's vision for health: Perspectives from the XII<sup>th</sup> five-year plan (2012-2017)

## Abstract

Public provisioning of quality health care to make available affordable and reliable health services constitutes the focal point of national health programs and policies. Significant progress has been achieved over the decades during the various 5-year plan periods. The present paper discusses the changes achieved in the key areas of health over the XI 5-year plan period and further proposals for important areas under the XII 5-year plans.

**Key words:** Five year plans, health, India

## INTRODUCTION

The improvement and betterment of health status of the Indian population has always been envisioned in the goals and objectives of various national health programs and policies. The focus remains on public provisioning of quality health care to enable access to affordable and reliable health services and in reducing disparities in health across regions and communities. India's health care system combines a mix of private and public health care. Due to lack of satisfaction with the public health facilities, more and more people are seeking care from private health facilities. Total expenditure on health is 4.2% of gross domestic product (GDP) of which current public health expenditure is only 1.1% of GDP. The out-of-pocket payment for medical care amounts to 70%.<sup>[1]</sup> With the rising life expectancy, a growing proportion of the population is prone to noncommunicable diseases (NCDs), while there is still the ongoing challenge posed by communicable diseases.

Ever since the time of independence, the Planning Commission of India has been formulating developmental plans for the upliftment of different sectors. Under the eleventh plan, efforts were made to increase central expenditures on health. For its 12<sup>th</sup> plan, the Planning commission set up a High Level Expert Group to enumerate Universal Health Coverage (UHC) which is defined as "ensuring equitable access for all Indian citizens in any part of the country, regardless of income level, social status, gender, caste or religion, to affordable, accountable and appropriate, assured quality health services (promotive, preventive, curative, and rehabilitative) as well as services addressing wider determinants of health delivered to individuals and populations, with the Government being the guarantor and enabler, although not necessarily the only provider of health and related services."

## SIGNIFICANT ACHIEVEMENTS ATTAINED DURING THE XI<sup>TH</sup> PLAN

An overview of the progress made in key areas under the 11<sup>th</sup> 5-year plans is shown in Table 1.

Other progresses that have been made include the following:<sup>[2]</sup>

1. Under the Pradhan Mantri Swasthya Suraksha Yojana, Setting up of 6 AIIMS like institutes and upgradation of 13 medical colleges has been initiated.
2. Under the Universal Immunization Programme, hepatitis B and Japanese Encephalitis vaccines have been introduced in endemic areas while the pentavalent vaccine consisting of diphtheria pertussis tetanus (DPT), hemophilus influenzae type B (HiB), and hepatitis B has been introduced as well.
3. National Programme for the Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke was initiated in 100 selected districts in 21 states.
4. A web based health management information system was launched to capture data on Reproductive and Child Health (RCH) indicators from public health facilities.

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**Table 1: Progress made during 12<sup>th</sup> 5-year plan period**

Indicator	Baseline status (X 5-year plan period)	Present status (XI 5-year plan period)	XII 5-year plan target <sup>(2,3)</sup>
<b>Maternal and child health</b>			
Maternal mortality ratio (per 1,00,000 live births)	254 <sup>(4)</sup>	212 <sup>(4)</sup>	100
Infant mortality rate (per 1000 live births)	57 <sup>(5)</sup>	44 <sup>(6)</sup>	25
Total fertility rate	2.8 <sup>(4)</sup>	2.5 <sup>(4)</sup>	2.1
Sex ratio for 0-6 age group	927 <sup>(7)</sup>	914 <sup>(8)</sup>	950
<b>Communicable diseases</b>			
API for malaria	1.62 <sup>(9)</sup>	0.26 <sup>(10)</sup>	API <1/10000
Dengue case fatality rate	1.3 <sup>(11)</sup>	0.4 % <sup>(10)</sup>	Sustaining case fatality rate of <1%.
Prevalence of tuberculosis (no of cases per 1,00,000 population)	365 <sup>(12)</sup>	249 <sup>(12)</sup>	Reduce the annual incidence and mortality by half.
Estimated adult HIV prevalence	0.37 <sup>(13)</sup>	0.31 <sup>(14)</sup>	Reduce new infections to 0 and provide comprehensive care and support to all persons living with HIV/AIDS and treatment services for all those who require it
<b>Coverage of health services<sup>(15,16)</sup></b>			
% of children who received full immunization	54.5	61	Universal immunization coverage
% of women who completed three or more antenatal check ups	47.2	68.7	
% of institutional deliveries	53.3	73	80%
% who completed post natal visit within 10 days	44.2	60.1	
<b>Financing for health care<sup>(2)</sup></b>			
% GDP for core health	0.84% (X plan)	1.04% (XI plan)	1.87%
% GDP for total health (includes drinking water and sanitation, midday meal and ICDS scheme).	1.74% (X plan)	1.97% (XI plan)	2.5%
<b>Public health infrastructure<sup>(17)</sup></b>			
	Year 2005	Year 2011	Subject to decentralized health planning by the states under the new National Health Mission.
Number of subcenters	146026	148124	
Number of PHCs'	23236	23887	
Number of CHCs'	3346	4809	
Number of ANMs' in position	133194	207868	
Shortfall	19311	6555	
Number of doctors in position at PHCs'	20308	26329	
Shortfall	1004	2866	
Number of specialists in position at CHCs'	3550	3880	
Shortfall	6110	12301	
Number of nursing staff at PHCs' and CHCs'	28930	65344	
Shortfall	13352	13262	

API = Annual parasite incidence, HIV = Human immunodeficiency virus, PHCs = Primary Health Centers, CHCs = Community Health Centers, GDP = Gross domestic product, ANMs = Auxiliary Nurse Midwife, ICDS = Integrated Child Development Services, AIDS = Acquired immunodeficiency syndrome

5. Ayurveda, Yoga and Naturopathy, Unani, Siddha, Sowa Rigpa and Homeopathy (AYUSH) facilities have been set up in 40% of the PHCs, 65% of the CHCs, and 69% of the district hospitals.

Promoting births by skilled birth attendants (SBAs) by means of rational posting of SBAs and equipping traditional birth attendants (TBAs) for safe deliveries

### Proposals for key areas under the XII<sup>th</sup> Plans and the way forward

The strategies to be undertaken or promoted under the XII<sup>th</sup> 5 year for achieving these goals are discussed below<sup>(2,18)</sup>:

#### Maternal and child health

Since the progress in reducing infant mortality rate (IMR) and maternal mortality rate (MMR) is slow, the main focus will be on the following:

Skilled attendance at delivery is an important indicator in monitoring progress towards Millennium Development Goal 5 to reduce the MMR. As shown in the Table, the overall proportion of institutional deliveries has increased from 53.3% to 73%. Despite existence of supporting schemes Janani Suraksha Yojana, which increased the proportion of institutional deliveries by 42.6%,<sup>(19)</sup> the uptake of these services is found to be significantly lesser among backward castes and lower socioeconomic groups.<sup>(20-22)</sup> Designing socioculturally acceptable community-based interventions for poor and disadvantaged women would help to address their specific needs.

### ***Promotion of home-based new born care (HBNC) and safe infant and child-feeding practices***

The XII 5-year plan is committed to halving the prevalence of underweight children by 2015 as one of the key indicators of progress towards the Millennium Development Goals. The Ministry of Health and Family Welfare has developed operational guidelines which provide a framework and guidance toward HBNC. HBNC may be defined as “family-oriented and community-oriented services that support self-care, including the adoption of improved care practices, and appropriate care seeking for illnesses.”<sup>[23]</sup> A significant reduction in neonatal mortality rates has been observed as a result of HBNC in poor resource settings.<sup>[24-26]</sup>

### ***Expansion of universal immunization coverage***

Immunization is an effective public health tool against vaccine preventable diseases which account for over 5 lakh deaths annually.<sup>[27]</sup> Under the XII 5-year plan, importance will be given to upgradation of mobile immunization clinics and adoption of disease specific strategies such as supplemental immunization activities for measles control. Other strategies that have been initiated the Japanese Encephalitis vaccine in 111 districts in 15 states having a high disease burden and the hepatitis B vaccine which has now been extended to the entire country. A second dose of the measles vaccine and the pentavalent DTP vaccines with Hib and hepatitis B have been initiated the states of Kerala and Tamil Nadu as a pilot project and will be expanded to six more states.<sup>[28]</sup> Over the XI five year plans (FYP) period, there has been a marginal increase in immunization rates by 6.5%. Also, the coverage with vaccines is not uniform across the country as a result of rural-urban, poor-rich, and other related differences.<sup>[29]</sup> It is hoped that India will attain the goal of universal immunization coverage as a result of the interventions under the XII 5-year plan.

### ***Meeting the unmet need for contraception by giving focus to spacing methods***

According to findings from National Family Health Survey (NFHS)-3, the unmet need of contraception is reported to be 13% of which 50% is for spacing methods. In all the three rounds of NFHS, as many as one fourth of the women reported an unintended pregnancy.<sup>[29-31]</sup> A decrease in the prevalence of unwanted pregnancies could pose as a key to reducing maternal and child mortality and to attain Millennium Goals 4 and 5. If the current unmet need of family planning could be fulfilled over the next 5 years, it could result in aversion of 35,000 maternal deaths and 12 lakh infant deaths.<sup>[32]</sup> Strategies under the XII 5-year plan to address this issue include operating contraceptive “delivery points,” doorstep delivery of contraceptives by the ASHA worker, promoting use of ML375 intra uterine contraceptive device (IUCD) as a short-term spacing method and enlisting more number of private providers for provision of services.

## **Communicable diseases**

### ***Control of vector-borne diseases***

A considerable decline in the Annual Parasite Incidence rate for malaria is seen over the past decade. Action plans under the XII 5-year plans include scaling up of simple interventions such as a

90% coverage by insecticidal-treated bednets, 80% coverage by rapid diagnostic test kits and Artesunate plus sulfadoxinepyrimethamine treatment in the high endemic states and promoting research in vector bionomics and vector resistance.<sup>[33]</sup> Dengue continues to be endemic in 31 states.<sup>[33]</sup> Japanese encephalitis is another major public problem which resulted in 5149 “acute encephalitis syndromes cases and 677 deaths in 15 countries in the year 2010.”<sup>[33]</sup> The XII 5-year plans call for increased emphasis on improved surveillance, case management and community participation, intersectoral coordination, and strict enforcement of civic and building bye-laws.

### ***Control of Tuberculosis (TB)***

TB continues to be a major public health problem although the Revised National Tuberculosis Control Programme has consistently maintained the treatment success rate >85% since the start and a new case detection of 70% since 2007 after whole country coverage.<sup>[34]</sup> The emergence of multidrug resistant TB poses a major challenge to TB control with an estimated 99,000 incident multi drug resistant tuberculosis (MDR)-TB cases in the country.<sup>[35]</sup> Under the XII 5-year plans, the program has adopted the objective of aiming to achieve “Universal access” for quality diagnosis and treatment for all TB patients in the community.<sup>[36]</sup> The program is geared toward controlling TB till it ceases to be a public health problem reporting <1 incident cases per million populations.

## **Control of human immunodeficiency syndrome (HIV)/acquired immunodeficiency syndrome (AIDS)**

India, with an estimated 2.3 million people living with HIV (PLHIV), currently ranks third globally in the burden of HIV infection.<sup>[37]</sup> India has taken an aggressive step toward HIV/AIDS control by implementing the fourth phase of its National AIDS Control Programme (NACP) (2012-2017) with its proposed goal to accelerate reversal of the epidemic by reducing new infections by 60% and providing comprehensive care, support and treatment to all persons living with HIV/AIDS.<sup>[38]</sup> Key strategies under NACP IV include the following:

- Intensifying prevention services and focusing upon targeted interventions among high-risk groups.
- Comprehensive care, support, and treatment by increasing access to antiretroviral treatment including pediatric HIV and HIV/TB coinfection, strengthening support services with linkages with PLHIV network and promoting nutritional counseling and support as an integral component of care and support.
- Promoting information, education and communication (IEC) services for the general population and high risk groups using a differential approach for various target groups.
- Strengthening of program management structures established at state and district levels under NACP and linking up with institutions in the public and private sector for quality assurance.

## **NCDs**

NCDs account for 53% of all deaths in India.<sup>[39]</sup> The current health system in India is not fully equipped to deal with NCDs’.

During the XI<sup>th</sup> five year plan there has been an intensification of prevention and control of NCDs<sup>7</sup>. New programs targeted toward CVDs, diabetes, stroke, tobacco control, deafness, trauma, burns, fluorosis, and geriatric problems came into being. Under the XII 5-year plan, programs for various NCDs and their risk factors will be integrated and converged with public sector health system and all the 640 districts will be covered in a phased manner.<sup>[40]</sup> A distinct implementation structure will be developed for all the levels of health care. It is hoped that these interventions will result in early detection and timely treatment leading to increase in cure rate and survival and reduce the death and disability rates.

### Health systems strengthening

The initiatives in this area include the following:

- A strong regulatory system to monitor the quality of services in both private and public sectors
- Clinical care to be based upon standard treatment guidelines across both private and public sectors
- Health facilities to be made user friendly for differently abled persons.
- Development of a national health package that will provide essential health services at different levels of health care delivery.
- Promotion of use of generic drugs.
- Setting up on an All India and state level public health service cadres and a specialized state level and health systems management cadre so as to give greater attention to public health.
- Development of a health information network which can be easily accessed by both patients and service providers in order to ensure “continuum of care.”
- Encourage and incentivize the states to pilot and develop its own model of UHC.
- The National Rural Health Mission and National Urban Health Mission will be joined together and known National Health Mission with the aim of substantially improving healthcare infrastructure and service delivery throughout the country, especially in urban areas,

### CONCLUSION

It is hoped that the 12<sup>th</sup> 5-year plan will continue to thrust forward the progress made under the 12<sup>th</sup> 5-year plan. Furthering strengthening of public health infrastructure and promoting public private partnership would help to address the varied health needs of the community. Looking to and learning from successes and failures in the past is the key to moving forward.

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