International Seminar on

Tackling Chronic Diseases in India

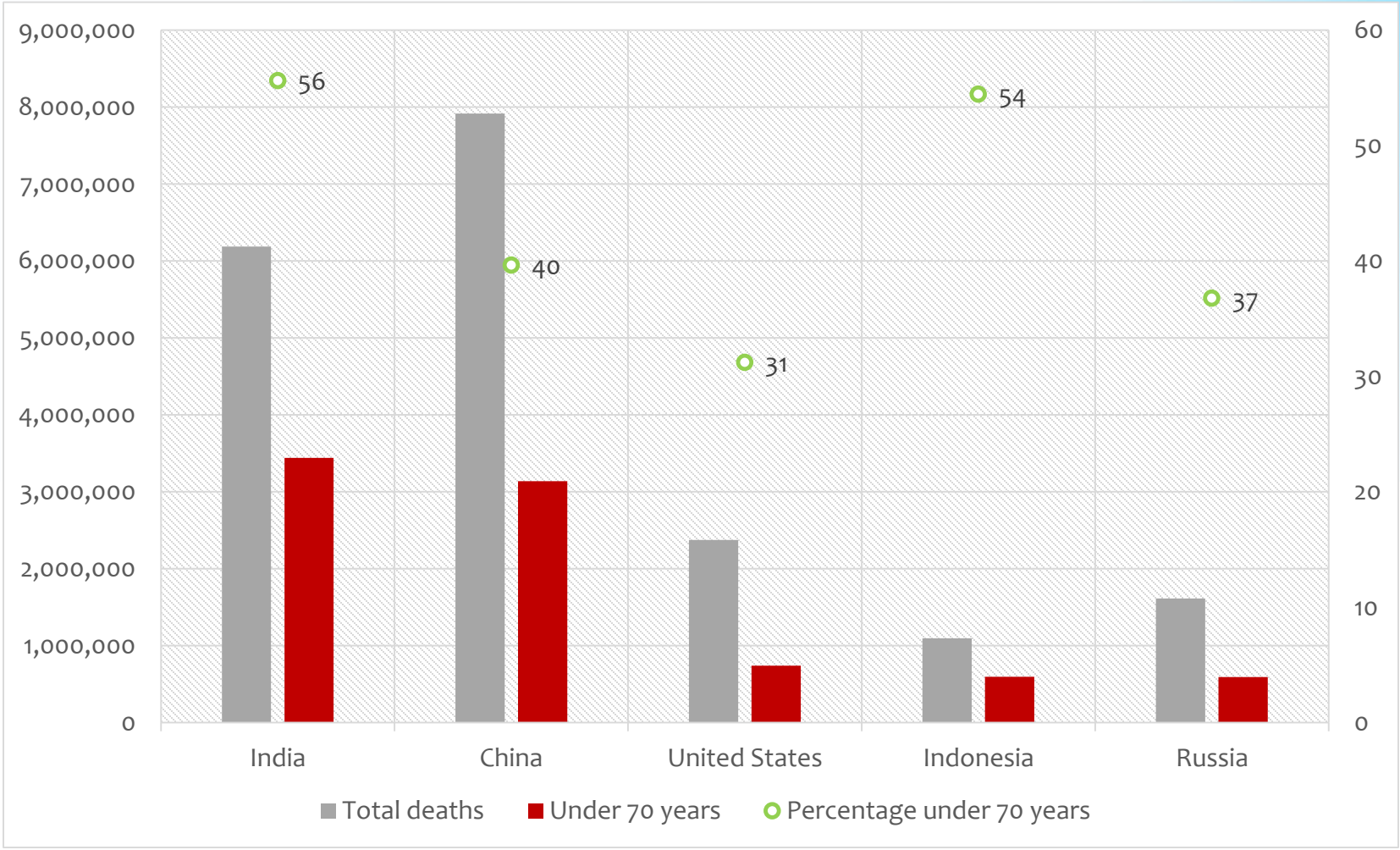
23 May 2016, India Habitat Centre, New Delhi

Prevention of chronic diseases:

Reorienting primary health systems in India

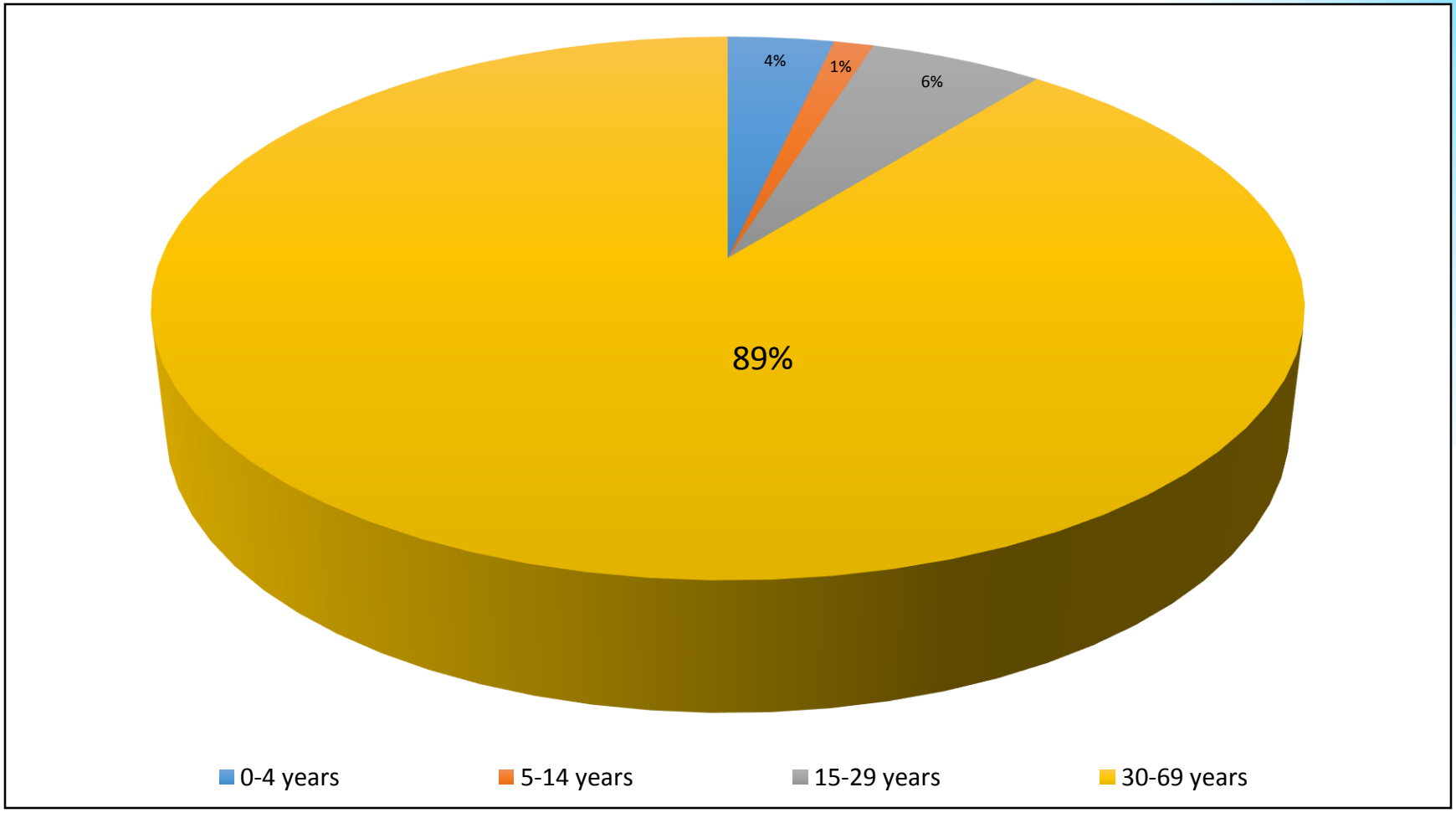
Ali Mehdi
Project Leader, Health Policy Initiative
Indian Council for Research on International Economic Relations
amehdi@icrier.res.in

NCD deaths in top 5 countries, 2013



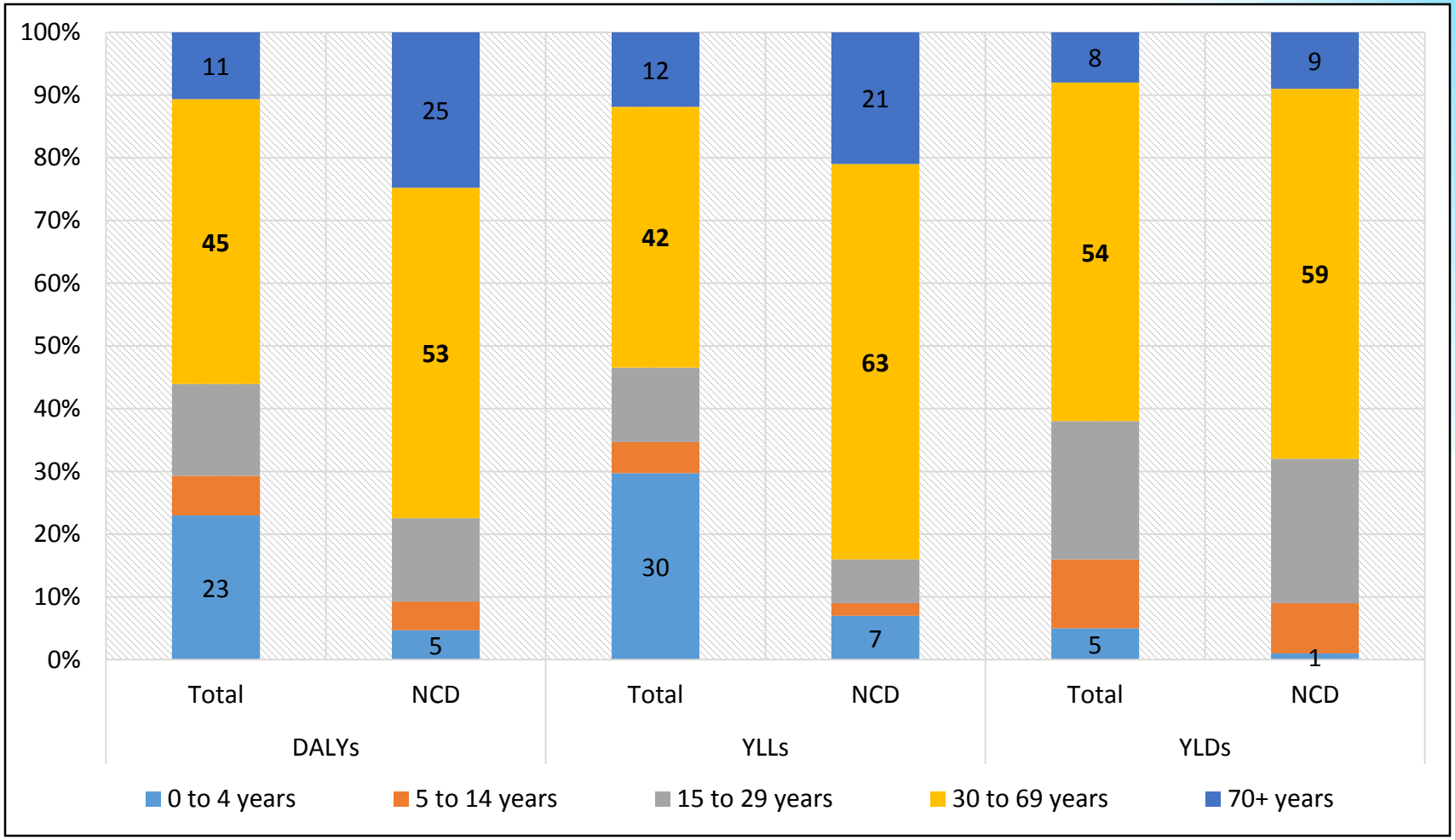
Source: IHME.

Distribution of premature NCD mortality, 2013



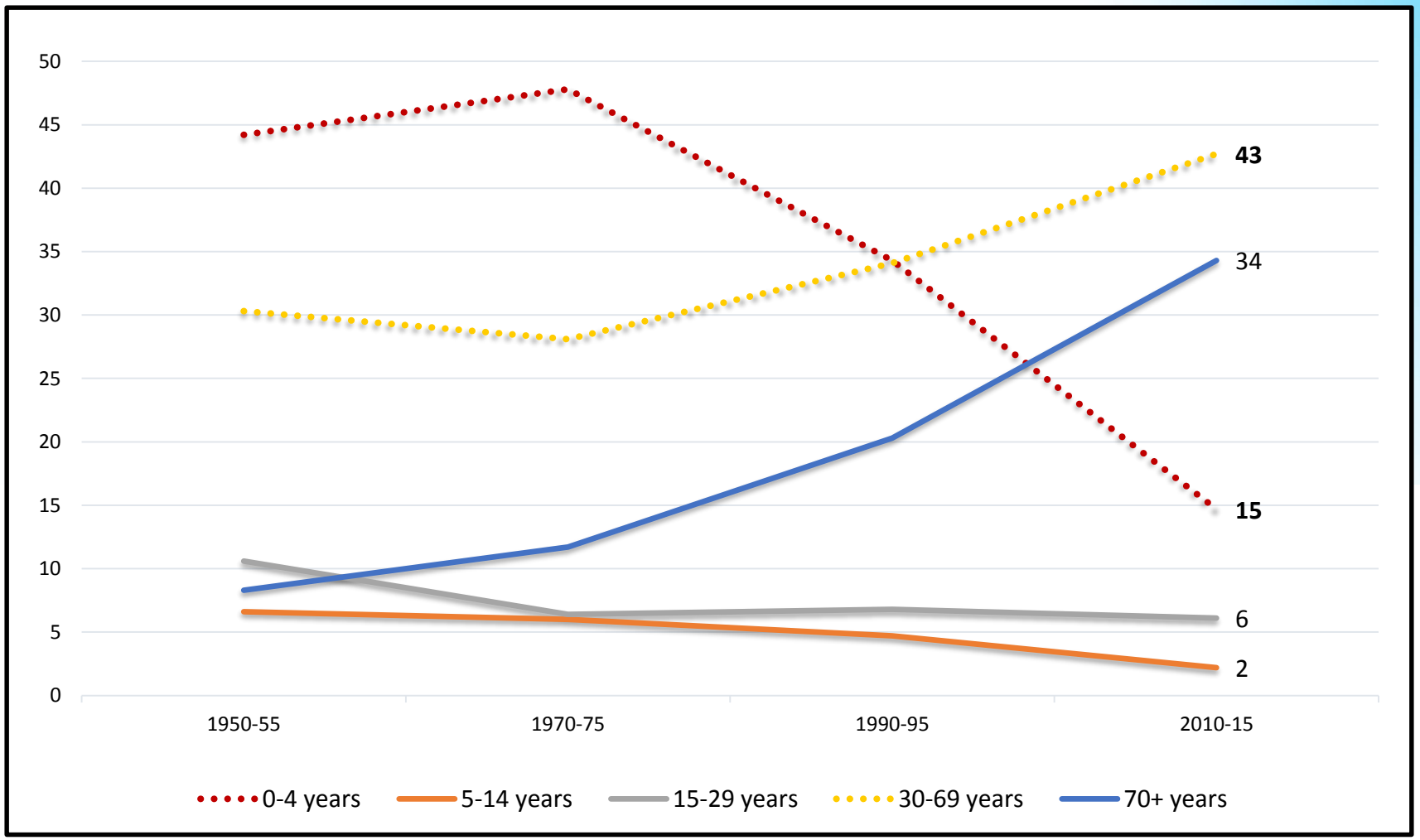
Source: IHME.

Death and disability by age groups, India, 2013



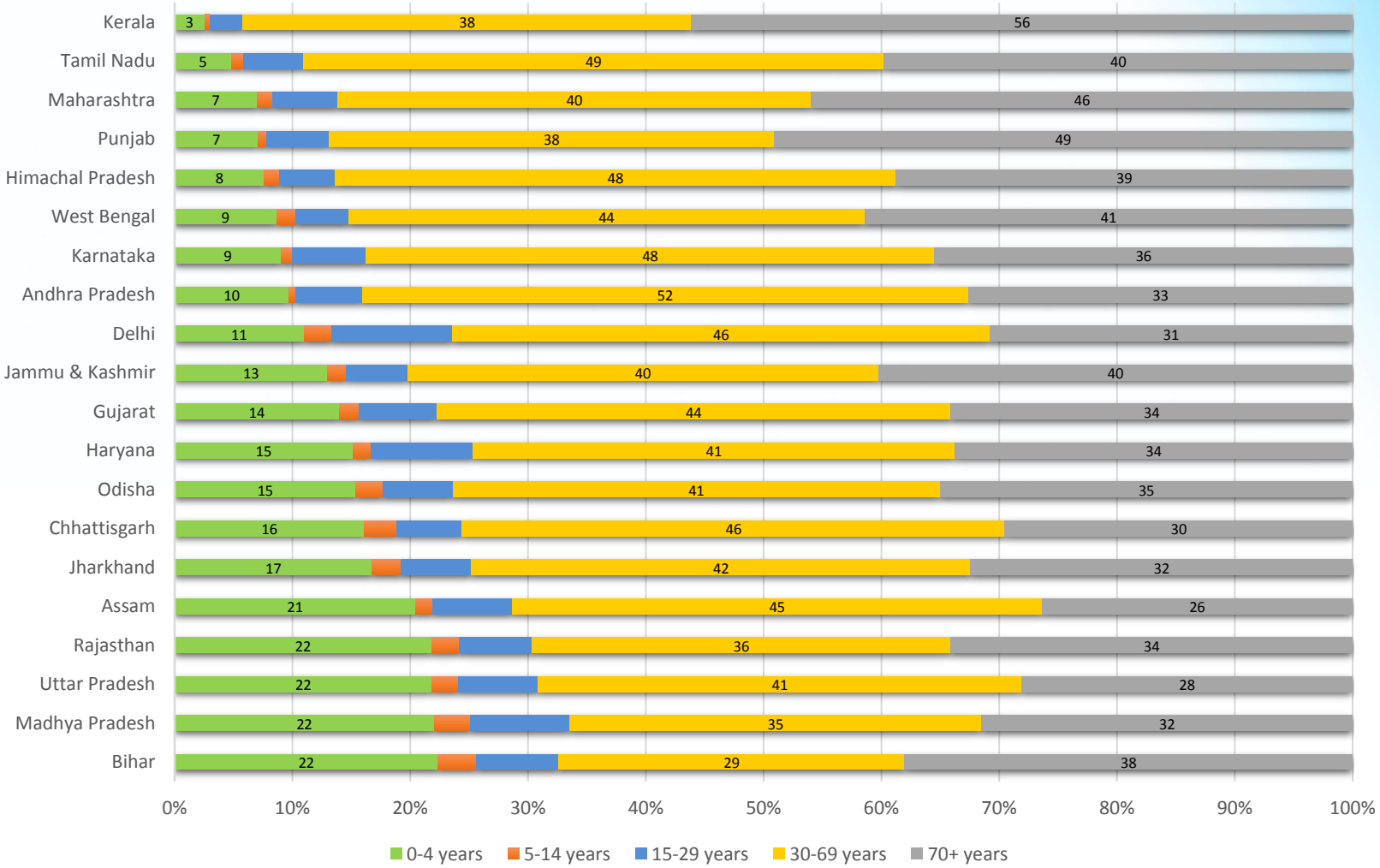
Source: IHME.

Deaths by age groups (%), India, 1950-2015



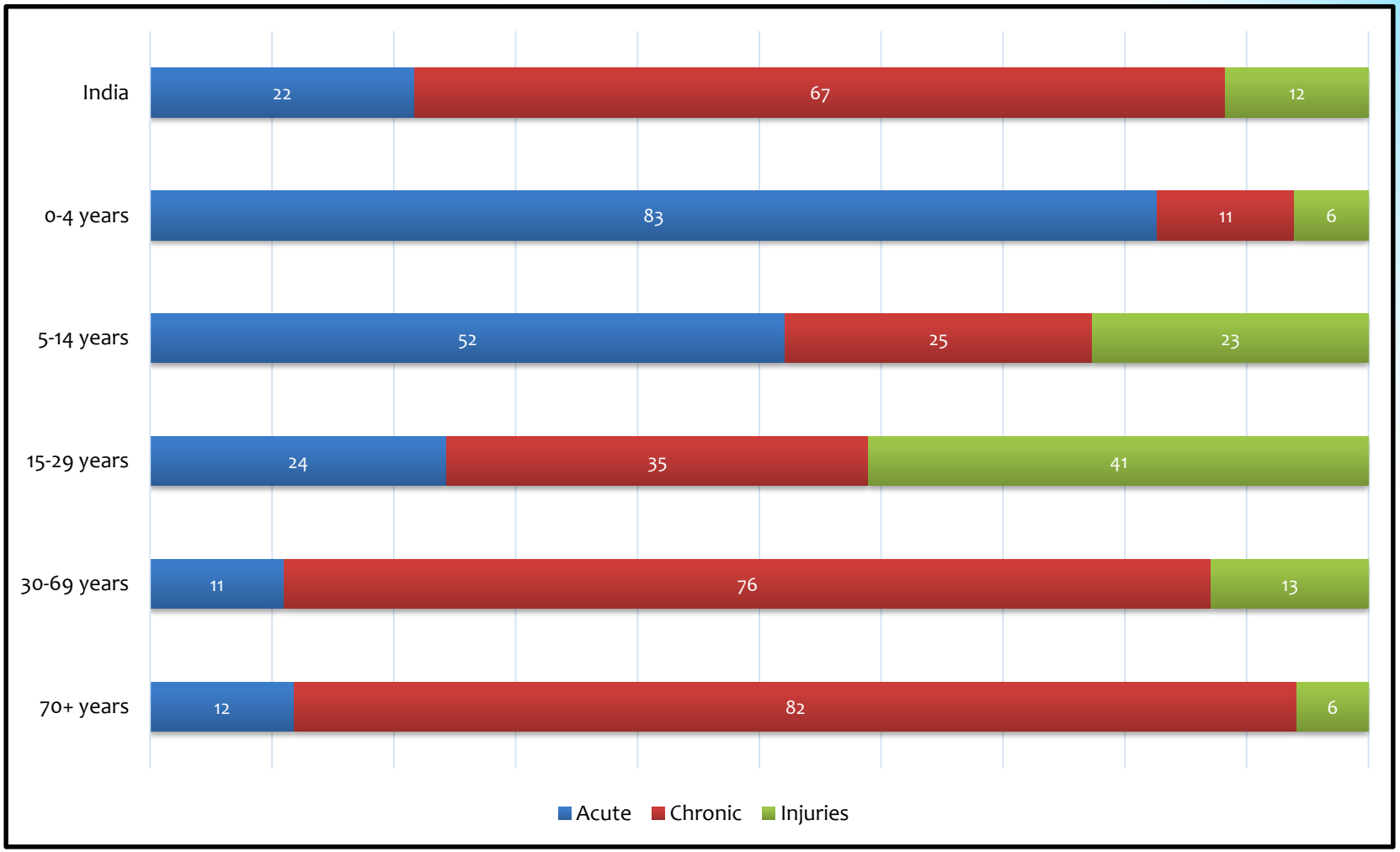
Source: WPP 2015.

Deaths by age groups (%), major states, 2013



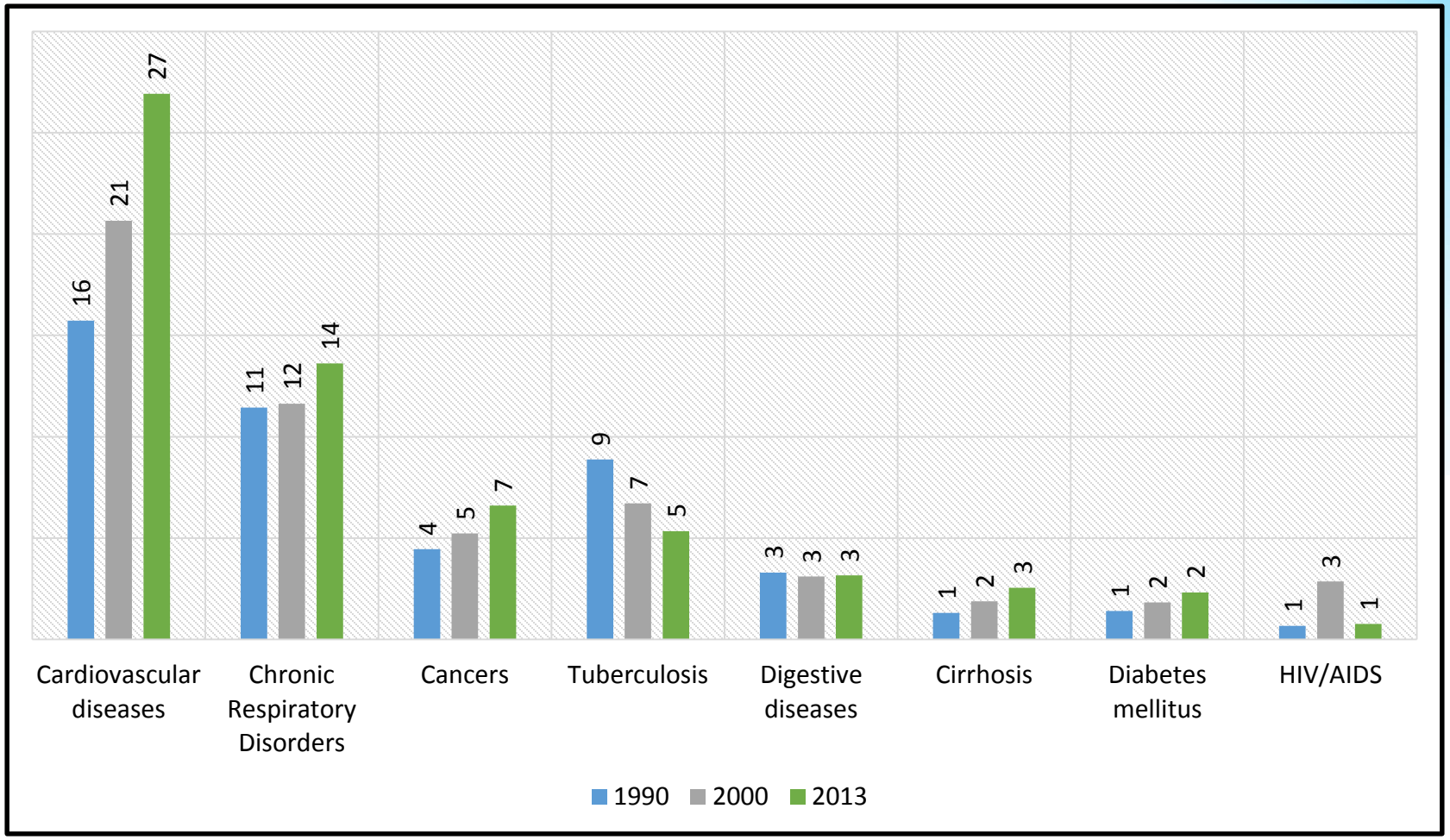
Source: SRS 2013.

Causes of death by age groups (%), India, 2013



Source: IHME.

Mortality (%) due to 8 major chronic diseases India, 1990-2013

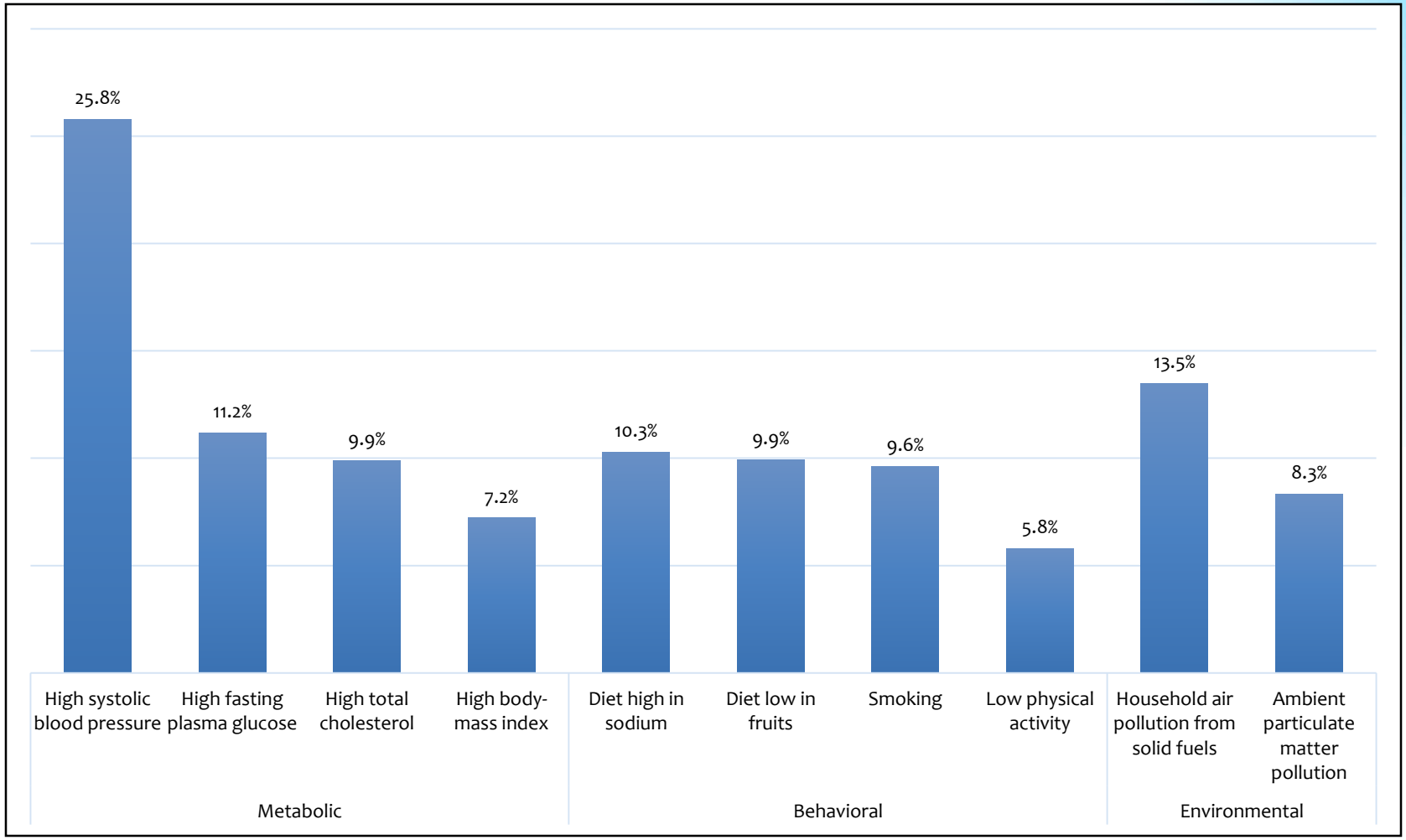


Source: IHME.

Estimated / projected prevalence (millions) major chronic diseases in India, 2005-16

Disease		Year	Prevalence	Source
CVDs		2005	38	
		2015	64	
CRDs	Asthma	2006	28.2	NCMH
		2010	13	
		2016	35.1	
	COPD	2006	17	(2010 figures for asthma and COPD are from INSEARCH)
		2010	11	
		2016	22.2	
Cancers		2004	2	
		2015	2.5	
		2007-12	1.8	Globocan
Diabetes		2014	66.8	IDF Diabetes Atlas
		2015	69.2	
HIV/AIDS		2007	2.2	NACO-NIMS
		2015	2.1	
Tuberculosis		2012	2.8	Global TB reports
		2014	2.5	

Top 10 NCD risk factors, India, 2013 (% deaths)

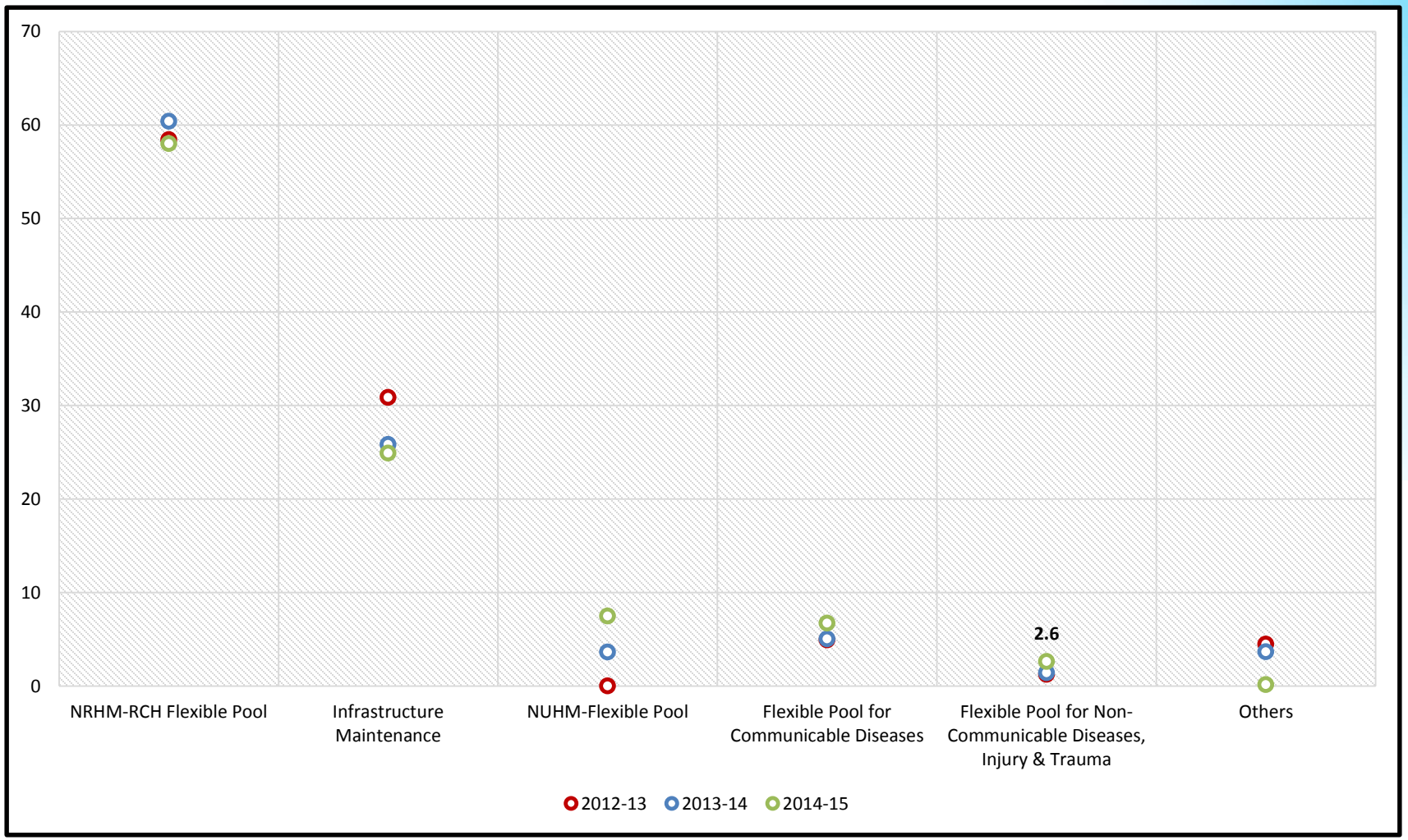


Source: IHME.

Role of primary health systems

- Surveillance of the focus age group (30-69 years) proactively, others opportunistically
- Treat borderline cases of metabolic risk factors and conduct follow-up screening periodically
- As anchor of prevention and treatment, coordinate continuum of care through systematic follow-up of referrals with higher levels of care and community
- Ensure continuum of care horizontally – from birth till end of life – for prevention of not just mortality and morbidity, but also risk factors at earliest level

NHM expenditure (%), India



Source: Financial outlays and outcome budget, MOHFW.

Recommendations – Public allocations

1. 27% meant for health system strengthening should also be utilized for chronic diseases rather than only RCH.
   - Reorientation of primary health systems toward chronic diseases
   - Institutional capacity-building for chronic disease prevention
2. Allocations / evaluations under NHM based on dual burden of premature mortality – both child and adult.
3. Increase allocation to health sector in general, NHM in particular, NPCDCS / similar programs more particularly.
   - Not just **poor allocations**, but **poor prioritization** of the meagre allocations when it comes to chronic diseases
   - States / UTs have to play a leading role

Recommendations – Governance

- Centre should be engaged in overall monitoring, regulation and providing financial and technical impetus to states/UTs.
- However, make it **publicly** clear that ultimate responsibility and accountability is that of the state / local bodies.
- At present, screening is supposed to be done at NCD clinics under NPCDCS at CHCs and district hospitals. The challenge is to identify and reach out proactively to target groups.
- Formal sector – offices; informal sector – community-based.
- Prevention of chronic diseases should also be structured in CGHS, ESIC and other public dispensaries as well as all in all health insurances – public as well as private.

Recommendations – Manpower

- *Health Workforce Census* (HWC) should be done by Centre
- Strengthen departments of community / preventive / social medicine. Incentivize new establishment in private sector.
  - Incentivize faculty (higher salaries, additional perks, research and travel grants, etc.) in the public sector
  - Full scholarships to all students – both public and private sector
  - In return, service for at least 5 years in primary health centers
- Proactively engage AYUSH practitioners – qualified local providers – private clinics, hospitals, diagnostic centers
- For proactive community-based screening and monitoring, develop a new ASHA-type cadre.
- Strengthen and scale up initiatives like Healthcare Sector Skill Council (HSSC).

MANY THANKS!