

**In This Issue**

- Since last 5 years 33,442 people have died due to TB, a total of 19 fatalities daily in Mumbai.
- Dengue cases have gone up 8 times in last five years, currently the total number of cases are 15,244.
- From 2014-15 to 2015-16, the number of cholera cases registered has increased 7 times with 31 in 2014-15 to 207 in 2015-16 respectively.



# PRAJA

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# DIALOGUE

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**Big Story**

UN's Sustainable Development Goals (SDGs) emphasizes to end the epidemics of aids, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases by year 2030. India being a signatory of the UN's SDS has a Herculean task ahead of it. We have put large amount of financial and other resources behind this effort to try and achieve these goals.

Mumbai the Urbis Prima of India should naturally be leading in this effort but unfortunately when we take stock of the ground realities it is very far from its goal and if at all the situation has gotten worse as far as Tuberculosis and other ailments are concerned.

The Municipal Corporation of Mumbai spends nearly Rs.218 crores every year in health but has very little to show for this. The state of health of Mumbai is bleak, the total number of dengue cases has gone up by 711% from 2011 to 2015. The number of people dying due to dengue has also doubled in that period (from 62 to 124). Every year nearly 7000 people die due to Tuberculosis. The number of Diarrhoea has also gone by 20% in the last five years. There were 207 cases of Cholera in the year 2015-16 and 3 people died due to Cholera.

While government is spending a lot of money on different programs and schemes, results of the same are not seen as Mumbaikars spend a huge amount from their pockets on health related issues. It was revealed to us in our current year's citizen survey of 25,215 households in Mumbai, 9% of annual family income of Socio Economic Classification (SEC D and E) is spent on hospital or medical cost. Overall around 8% people spend on medical and hospital costs and 47 of thousand households use private or charitable clinics or hospitals.

Public health available with the government just represents the patients who have been treated in the government hospitals and dispensaries. Only 34% of the population of Mumbai exclusively use them. If this is the case in 34% of the population you can only imagine the total numbers. Unfortunately for us there is no central point where we can get comprehensive data of the city.

To address the above issues, Praja has been consistently talking about strengthening the Health Surveillance System (HSS) to effectively monitor and evaluate various health programme /schemes. In a welcoming move, MCGM conducted verbal autopsy in 2014. One of the findings of the study acknowledged that 7090 cases of T.B. (Tuberculosis) registered as per the Registration of Birth and Death Act 1969. Praja has been consistently pinpointing this. While T.B. control unit of MCGM showed only 1351 deaths in the same year. However instead of using this opportunity to conduct a scientific study which can help in augmenting the system, the report which was shared with Praja shows many gaps and shortcomings in the way the study was conducted. If the authorities are really serious about controlling nay eradicating TB and other diseases as targeted in the SDG, we urgently need to acknowledge the real problem to find out solutions. Further we need to augment our HMIS (Health Management Information System) and HSS to give critical feedback to strengthen our programmes. Sincere efforts put towards implementing these steps would eventually lead us to achieving SDG and creating a healthy society.

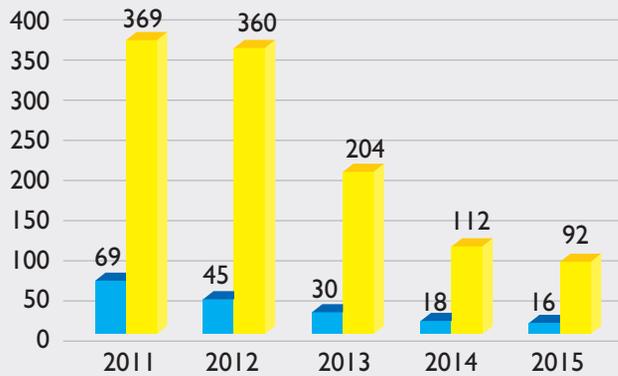
BMC spends about Rs. 218 crores on health. The state and the central government run various schemes such as Jeevandayi Arogya Yojna and Central Government Health Schemes respectively. However, an average household spends an estimated Rs. 48,321 annually on hospitals and medical costs. Why?



I keep my neighbourhood clean for a healthy life

**Discrepancy in reporting of Malaria and Tuberculosis Deaths by MCGM over last 5 years**

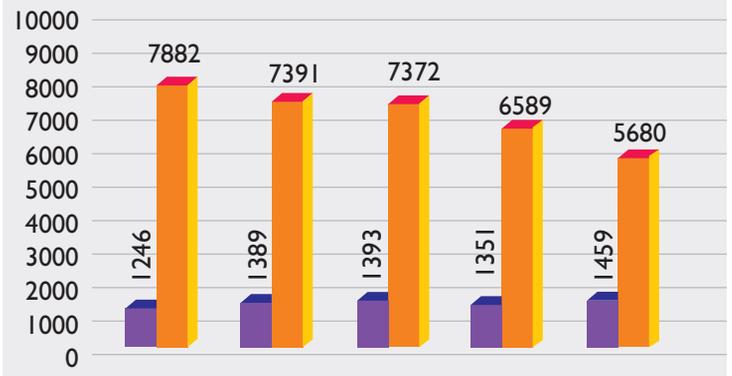
**Table 1:**



**■** Malaria deaths from MCGM's Public Health Department's Malaria Surveillance Report

**■** Malaria deaths from Death certificates issued by MCGM's Public Health Department in the 24 administrative wards

**Table 2:**



**■** T.B. deaths from MCGM's T.B. Control Unit

**■** T.B. deaths from Death certificates issued by MCGM's Public Health Department in the 24 administrative wards

**Verbal Autopsy Study by MCGM (2014)**

**VERBAL AUTOPSY REPORT OF TB DEATHS IN MUMBAI**

Verbal autopsy is a research method that helps determine probable causes of death in cases where there was no medical record or formal medical attention given. It is usually undertaken in areas where births and deaths registration is not full proof.

Verbal autopsy cannot give confirmatory evidence of cause of death. It is well known that its validity is confounded by bias.

However, in 2014 it was suggested in one of the meetings to conduct a verbal autopsy in view of more TB deaths reported in Mumbai. Due to lack of proper scientific basis of the method it was debated whether the verbal autopsy would help in confirming the cause of death due to TB. But in 2015, the exercise was undertaken.

Following are the findings:

- Total deaths registered in SAP in 2014 due to TB were 7090.
- 18.0% of registered TB deaths were from out of Mumbai.
- A sample size of 434 deaths was drawn from the list of TB deaths registered in Mumbai.
- A verbal autopsy was conducted in 370 cases (since 64 cases could not be traced due to migration/unavailability of relatives at the deceased address).
- Of these 370 deaths, following are the observations:
  - o Death due to TB was reported in 68.3% cases i.e. 253 this is based on recall interview with relatives and death certificate wherever available, but not all supported by confirmatory evidence.
  - o In 18.3% deaths (68), cause of death was non-TB.
  - o In 13.2% deaths (49), data was not available and relatives could not give any information.

DEHO(TB)

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**Verbal Autopsy**

Since 2013 Praja is highlighting the gaps in the system when it comes to ascertaining the cause of deaths in Mumbai. As a result of our relentless effort towards efficient system of death recording, last year the whole government machinery came in for shock due to high level of discrepancies prevalent in recording of TB deaths. The issue was widely covered by media back then and through media we came to know that government is planning to do an audit for TB deaths.

Verbal Autopsy is a most widely used tool to gather information about the cause of death. VA is method of obtaining as much information as possible about a deceased person by asking questions of family and others who can describe the mode of death and circumstances preceding death.

**The report displayed Half-hearted and callous efforts by the MCGM:**

- Methodology was not specified
- Sampling was not specified
- Questionnaire was not shared
- Duration of Verbal Autopsy conducted was not specified.

The report did note that 7090 deaths due to TB in 2014 according to MCGM, while TB control unit recorded 1351 death due to TB in same year. This anomaly needs to be addressed by Public Health authority

### Tuberculosis Data

- Since the last five years **33,442** people have died due to TB, averaging 6688 every year, a total of 19 fatalities daily in Mumbai.
- Males (68%) dying due to TB are over double the number of Females (32%).
- The highest number of cases registered in L (1422), H/E(532) and K/E(491) in the year 2015-16.
- Only two questions asked on TB in public health committee in last four years.
- Total 11 questions were asked by councillors in all committees and 14 questions were asked by MLA on TB.

### Diarrhoea Data

- Diarrhoea has affected **118093** in Mumbai on an average in last three year.
- Deaths due to Diarrhoea, children below the age group of less than four year for 28%.
- Females (**62%**) dying due to Diarrhoea are nearly double the number of Males (**38%**).
- The highest number of cases registered in L (12311), M/E (11805) and N (10239) in the year 2015-16.

### Dengue Data

- Dengue has gone up **eight times in last five years**, currently the total number of cases are 15,244.
- In 2014-15, 102 people died of dengue, whereas 124 in 2015-16, showing 22% increase in number of deaths
- The highest number of cases register in and S (308), K/E (198) and N (155) in the year 2015-16.
- People have died in the productive age group of 20-39 years due to causes that are treatable such as Dengue (38%)

### Deliberation by Councillors

	March 2012 to March 2013	April 2013 to March 2014	April 2014 to March 2015	April 2015 to March 2016
<b>Deliberations of 227 Councillors</b>				
Total questions	200	365	417	412
Councillors who have not asked a single question	138	121	108	115
<b>Deliberations of the Public Health Committee (PHC)</b>				
Total questions	56	122	123	147
Councillors who have not asked a single question	11	12	4	4

In last four years 51 councillors have not asked a single question on health, while 4 councillors (Geeta Gawli, Pramod Sawant, Sandhya Yadav and Tavaji Gorule) who are Public Health Committee members have not asked a single question in 2015-16. In the year 2015-16, 115 Councillors did not ask a single question on health, while Saeeda Khan asked maximum number of questions (56).

### Deliberation by MLAs

4 MLAs (Ramesh Latke, Ram Kadam, Trupti Sawant and Capt. R Tamil Selvan) did not ask a single question on in Winter' 14 and Budget' 15 session. Amin Patel has asked maximum highest number of questions (66).

Neither Public Health Authority nor our elected representatives are cognizant to problem and are callous toward resolving it.

### So what does Mumbai really need?

- Engaged and Proactive administration
- Well informed media
- Well informed and performing elected representatives
- Well informed and participating citizens

**Way Forward**

- Sincere efforts be carried in order to achieve Goal 3 of UN's Sustainable Development Goals that emphasises to end epidemic of aids, tuberculosis, malaria and neglected tropical diseases, combat hepatitis, water borne disease and other communicable diseases by 2030.
- For more authenticity in collating TB related data, Cause of Death data needs to be refined through tools like Verbal Autopsy.
- Public Health Surveillance (Health Information System) needs to be immediately augmented to regularly collect health data from private and charitable health facilities along with data from public health facilities. And this data should be available for research on an open e-platform where raw data sets are made available.
- Elected representatives should become more engaged in the debates on public health policies, proposed legislations like Clinical Establishment Act, Health Surveillance Reports, etc.
- Government needs to focus on primary healthcare and extend its reach and efficiency to cater towards fulfilling needs of lowest strata of socio-economic (SEC D and E) households.
- Tailor-made health awareness campaigns need to be designed to reach different socio-economic classes for greater impact.
- A master plan, involving working in sync to solve the issues, combined with a robust health surveillance system, micro health insurance and emphasis on primary healthcare will ensure restoration of health in Mumbai.

**News**



**Next Issue: Watch out for our August 2016 Newsletter to know more about report card of Mumbai MLAs.**

To \_\_\_\_\_  
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