

“Mumbai must have real-time database on disease-prevalence”

Mumbai First and Praja Foundation release ‘Ideal Mumbai Public Health Manifesto’ ahead of BMC elections



Mumbai saw a 24% increase in the total registered deaths, from 91,223 in 2019 to 1,12,906 in 2020, of which 11,116 were Covid deaths. No data is available on the causes of non-Covid deaths since January 2020 that saw an increase of 12% from 91,223 in 2019 to 1,01,790 in 2020.

Although 12% of the total budget of the Municipal Corporation of Great Mumbai (MCGM) – Rs 39,038.83 crore – has been allocated to health, as on 2020 only 15 out of the 187 dispensaries are accessible for 14 hours and the rest are accessible only for 5-8 hours. Based on NBC norms for primary health care (one dispensary for 15,000 population), Mumbai requires 858 government dispensaries, however the city only has 199 government dispensaries in 2020.

These are the findings of ‘Ideal Mumbai Public Health Manifesto’, a document jointly released by Mumbai First and Praja Foundation that highlights Mumbai’s current primary healthcare needs reflecting its gaps.

Covid-19 has revealed the crucial role of a local municipal body in managing the health crisis and providing services to its citizens. At the same time, it has also highlighted the gaps in the current system exacerbating a mental health crisis in the city revealing that the current public health infrastructure is not sufficient. As the BMC goes into the election year, the public health manifesto

calls for all political parties to adopt the policies outlined in the document in their respective election manifesto for the BMC election 2022 for having a strong and sustained public action plan.

Further, the document finds that human resources in public health institutions during the pandemic were overburdened beyond their limits and had vacancies of 31% as on 2020. There were 44% and 45% vacancy in medical and para-medical staff respectively as on 2020. Filling these vacant posts is crucial as it will strengthen the healthcare management in situations like Covid.

Among other findings:

- * Only 20% of the health budget was allocated for revenue expenditure on primary healthcare.
- * In terms of communicable diseases, 65% of the total TB deaths occurred in the productive population of age group 20-59 years. Although the percentage of drug-resistant TB cases (MDR and XDR) decreased from 26% in 2017 to 16% in 2020, more males (1.47%) tested positive than females (0.59%) in 2020-21. Only 35% non-pregnant females were tested and proportion of those who tested positive increased from 1.3% in 2019-20 to 1.5% in 2020-21. Proportion of positive malaria cases also increased from 3.4% in 2019-20 to 7.9% in 2020-21.
- * Non-communicable diseases of diabetes increased by 352% from 2015 to 2019, hypertension deaths decreased by 9% during the same period. Mental health-related deaths increased by 6% from 447 in 2017 to 475 in 2019.
- * Male contraceptive interventions also showed a decrease of 58% from 2019-20 to 2020-21. The number of condom pieces distributed increased by 14% from 2019-20 to 2020-21.
- * In antenatal care, the number of pregnant women (PW) who registered for antenatal care decreased by 20% from 2018-19 to 2020-21. Data showed a decrease of 7% from 2019-20 to 2020-21 in the number of pregnant women provided free medicines and diagnostics under RCMNHA. The maternal mortality rate was 164 (deaths per 1,00,000 live births) in 2020.
- * SDG targets call for reducing the number of deaths to 70 per 1,00,000 live births and reducing micronutrient deficiencies in anaemic pregnant women (PW) aged 15 to 49 years (11g/dl) to 23.57% but in 2020-21, 47% (83,429) were found to be anaemic.
- * Among children 1,74,464 school children were screened under the School Health Scheme in 2019-20 and a total of 1,97,889 health defects were found amongst these children.
- * However, RTI reply received by the MCGM department for the scheme for 2020-2021 mentions "zero" children were screened during the pandemic."

Actions required

To meet SDGs, the findings recommend that the MCGM must implement Clinical Establishment Act for maintaining real-time database on disease-prevalence in Mumbai including data from private and charitable hospitals. This would be a formal method to acquire relevant private healthcare data for planning policies for health. This will also make it mandatory for all private hospitals to provide accurate data to the BMC.

The Health Management Information System (HMIS) must be strengthened by ensuring effective and regular collection of accurate and real-time health data by having an open e-platform where raw health data sets are made available. All health data collected across agencies for all relevant diseases must be made available to the stakeholders to avoid duplication of data collated.

Among other recommendations:

- * Conduct a third party audit of the process and functioning of health centres and ERs and undertake targeted interventions
- * Understand the actual requirement of healthcare services in all wards so that an adequate number of medical personnel are available in all MCGMs healthcare departments. Increase the number of local dispensaries for all citizens' basic healthcare needs both preventive and primary. Make dispensaries more accessible by keeping them open from 8 am to 10 pm.

* Allocate more doctors and staff by having one general doctor and visiting specialist doctors per dispensary, upgrade equipment, strengthen schemes such as Aapli Chikitsa to provide diagnostic services at the dispensary level.

* Elected representatives can work towards building awareness among the common public by setting up Institutional structure like Mohalla Arogya Samitis, conducting a community-based survey at ward levels, identifying high-risk areas across the city and setting up area-wise medical camps as well as carry out extensive measures on the social determinants that contribute to the spread of various diseases like stagnant water, open garbage points, etc.

The findings further say that for adolescent healthcare, focus under RMNCHA+ has not been covered by most schemes. The school health scheme should carry out gender and sexuality counseling as well as a mental health component for school children and to create safe and secure spaces in hospitals, schools, etc. for educating young women on menstrual hygiene to voice their problems without any fear or stigma.

Gender equality and greater male participation should be promoted in the Urban Reproductive and Child Health and male contraceptive methods that are much safer and easier to use must be promoted along with a comprehensive and unified policy that looks at all aspects of maternal health and prevention of maternal mortality.

“This manifesto is an attempt to provide a list of expert suggestions that can help improve the quality of healthcare services and plug the various gaps identified to make Mumbai a safe city for its citizens. We urge all parties to support these initiatives as a part of their official manifesto for Mumbai,” said Narinder Nayar, chairman of Mumbai First.

“In terms of health policies and their implementation Mumbai needs to put in extra effort to meet its SDG goals for many communicable and non-communicable diseases. Since the Sustainable Development Goals 2030 were adopted by India in 2015 we only have nine more years to reach the targets. MCGM’s health policies and programmes must aim towards achieving the SDG 3,” said Yogesh Mishra, research and data head, Praja Foundation.

“We must strive to achieve every citizen’s right to health. The measure must be to strengthen all government health services and ensure they are efficiently running so that we can urge all Mumbai citizens to trust and utilize government services instead of choosing to visit private health services,” said Neville Mehta, CEO, Mumbai First.

“If Mumbai wishes to become a world class city, it is important that HMIS and Cause of Death data is maintained effectively and in real-time as these can act as the major indicators in framing and implementations of health schemes and policies. As we move closer to 2030, stringent measures need to be taken to meet the SDG targets adopted by the country. Data driven decisions, effective framing and utilization of the budget, appropriate allotment of infrastructure and human resources need to be prioritized by our ERs to strengthen the primary and preventive healthcare systems and meet the healthcare requirements of the city,” he added.

Link: <https://www.governancenow.com/news/regular-story/mumbai-must-have-realtime-database-on-diseaseprevalence->