A Ray of Hope

NRHM Model for BOHS in India

Dr Dileep Andhare
Professor, Community Medicine

India…

- A continent called country !
- 3.2 billion sq kilometers area
- 7500 kms coastline
- 3200 X 3000 kms dimensions
- Population exceeding 1.2 billions (1/6th of humanity)
- Urban-rural divide

Challenges for Health Care Delivery

- Infrastructure
- Funds
- Awareness
- Apathy of stakeholders

Sounds familiar?

- OHS in unorganized sector has similar issues
- What is unorganized / unregulated sector?
- Agriculture, construction, mining, diamond cutting, slate making, bidi-making, textiles etc

Health system

- Mix of public & private
- Private health care mainly in urban area
- PHCs in villages
- Rural Hospitals
- District Hospitals
- Teaching / Apex institutes

What did NRHM do?

- National Rural Health Mission was launched in 2005 by Prime Minister of India
- ASHA (Accredited Social Health Activist)… the hope

Not an "outsider"

Plan of action

- Increasing public expenditure on health
- Reducing regional imbalance in health infrastructure
- Pooling resources
- Integration of organizational structures
- Optimization of health manpower

- Decentralization and district management of health programmes
- Community participation and ownership of assets
- Induction of management and financial personnel into district health system
- Operationalizing community health centers into functional hospitals meeting Indian Public Health Standards in each Block of the Country.

Spectacular results

- Apart from numbers that demonstrate capacity building, a couple of results achieved (as example):
- Number of institutional deliveries (% to total reported deliveries) 1,93,30,822 (72.7%)
- Number of children fully immunized till date (%) 2,41,22,262 (95.8%)

Philosophy

- Basic care for all
- Specialized care for those who need
- 3 Es
- Extensive coverage
- Effective
- Economic

From ASHA to OSHA

- Based on NRHM model, here's a proposed BOHS

Tiers

- OSH agents at community / enterprise level
- Trained paramedics
- Trained primary health physicians
- Secondary care / facility at district levels
- Tertiary care in big cities / teaching hospitals
- Apex institutes
- Tele-medicine network connecting all tiers

Infrastructure / Activities

- Sub-centers & OSH agents: First aid kits & basic drugs
- PHCs: Emergency care + ambulance
- District Hospital: Secondary health care + OH clinics
- Teaching / Apex institutes: All of the above + research

Support system

- Qualified safety & environment engineers
- Industrial hygienists
- Referral laboratories
- Data management
- Primary, secondary & tertiary treatment for occupational as well as general illness
- Health & social insurance

Special emphasis on

- Involvement & participation of stake-holders
- Committed OSH professionals
- Incentives for PPP (public-private-partnership)
- Collaboration with international OH community

Who will pay…

- A: Informal sector- 80% Govt, 20% workers (insurance & / or out of pocket expenditure)
- B: Organized sector- 60% Employers, 30% Govt, 10% Employees

What would be covered..

- Accidents
- Illness
- Surveillance
- Health promotion
- Pre-employment & periodic check-up in organized sector

Who will provide OSH..

- 1. Govt run health services
- 2. Employers
- 3. Private agencies

Quality control

- Govt inspectorate
- Certification bodies
- Trade unions
- Employer's associations
- Professional associations

Compensation & rehab

- Social security by law
- Govt hospitals / OHCs for treatment
- Designated medical officers in Govt / pvt

How will it work in practice..

- An injured / ill person reports to the nearest health centre
- Primary care is given in peripheral centres
- Those in need of specialized care sent to referral centres
- Compensation is handled by administrative staff of the scheme

OH Training at undergraduate level

- 50 hrs on Occupational & Environmental medicine at undergraduate level for physicians
- (20 hrs of theory & 30 hrs of field visits)
- 25 hrs for nurses
- CMEs for practicing physicians

Post graduate

- 100 hrs theory
- 100 hrs field training
- 50 hrs of lab work

- Residency
- Doctoral & post-doctoral courses

Reaching out to informal sector

- Integration of OHS with general / primary health services
- Accredited OSH workers in community
- Mass media campaigns

How will it reach country side?

- Incentive for physicians / nurses to work in rural areas
- Mobile clinics
- Special projects by universities / apex institutes
- BOHS delivered thru PHC with full Govt support (NRHM model)

Hope for OSH too…

- There are several similarities between basic health care needs of rural population and the basic occupational health & safety (BOHS) for unorganized sector.

- Whereas organized sector has access & resources; unorganized workforce comprising a major chunk lacks in awareness, availability & affordability.
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- A state sponsored program such as NRHM can bridge this gap.

- Just as a seemingly impossible task of meeting unmet health needs of rural India is closer to reality than ever before, can we not dream of a National Occupational Health & Safety Mission?

Thank You!