

A Ray of Hope

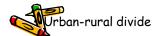
NRHM Model for BOHS in India

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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)









- 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, bidimaking, 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



4

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

From ASHA to OSHA

· Based on NRHM model, here's a

proposed BOHS

- 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



Special emphasis on

- Involvement & participation of stakeholders
- · Committed OSH professionals
- Incentives for PPP (public-privatepartnership)
- 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



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 acce & resources; unorganized workforce comprising a major chunk lacks in awareness, availability & affordability.
- 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!







