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)

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

Special emphasis on
• Involvement & participation of stakeholders
• Committed OSH professionals
• Incentives for PPP (public-private-partnership)
• Collaboration with international OH community

Health & social insurance
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.
  - 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!