

Universal Health Coverage Manipur

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Overview

- Goal
- Essential factors for UHC
- State profile
- Health System Strengthening in the State

Goal

- “... to ensure that all people obtain the health services they need without suffering financial hardship when paying for them” – WHO

Essential factors for UHC

- Factors for a strong, efficient, well-run health system
 - Good health financing
 - Adequate health workforce
 - Adequate Medicine & Health products
 - Good Health Management & Information system
 - Good governance
 - Good health services delivery

State profile

- Population – 25.70 lacs (Census 2011 final report)
- Area – 22,327 sq km
- Districts – 09 (Hills-5, Valley-4)
- Sex ratio – 992 (Census 2011)

State profile: health financing

- Health budget
- Health financing schemes

Health financing: health budget

Year	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13	2013-14
Total (Rs in crore)	155	214	284	355	460	443	478

Health financing: health schemes

- Rashtriya Swasthya Bima Yajana (RSBY, under labour and employment Dept)
 - Medical reimbursement upto Rs 30K for BPL
- Rashtriya Arogya Nidhi (RAN)
 - Manipur State Illness Assistance Fund
- JSSK
 - Nil OOP(out of pocket) while utilizing public facilities during pregnancy, child delivery & post natal and infant care in all public facilities.
 - Rs 35 lacs pm average
 - JSY
 - Medical reimbursement for govt employees

State health workforce

Category	Health	FW	NRHM	RIMS	JNIMS	Total
Medical doctor	798	0	16		263	1077
Dental Surgeons	81	0	0		8	89
AYUSH Doctors	8	0	98		0	106
Nurses & allied	1019	301	715		148	2183
Paramedics	1060	243	114		84	1501
TOTAL	2966	544	914		503	4956

State health workforce

- Doctor-population ratio 1:1183 (India- 1:1700)
- Doctor-nurse ratio 1:2 (India-1:0.6)
- Nurse-population ratio 1:598 (India- 1:1100)
- Pharmacist-pop. ratio 1:760 (India- 1:1650)

Medicine & Health products

- Medicine & non-medicine products purchased through open tender as per rules
- Medicine & non-medicine products supplied from the Central Medical Store and State Health Society to all the facilities

HMIS

- Funds disbursed by the SHS through e-transfer up to the level of ASHA
- Mother Child Tracking System (MCTS)
 - in all districts. Bishnupur, (100%) IW, etc.
- Integrated Disease Surveillance Project (IDSP)
- RNTCP
- NVBDCP
- NBCP
- RCH & Immunisation

Health services delivery: coverage

Facility centres	Number
Medical College	2
District Hospital	7
District Hospital (FRU)	5
Sub-district hospital	2
CHC	16
PHC	85
PHC 24x7	38
PHSC	421
Other public hospital (State TB/Leprosy Hosptl)	2
Private hospital	30
Bed population ratio (India 1:789)	1:791

Health services delivery: impact on health indicators

Indicator	Manipur	India
IMR	10 (SRS-12)	42 (SRS-12)
CBR	14.6 (SRS-12)	21.8 (SRS-12)
CDR	4.0 (SRS-12)	7.1 (SRS-12)
MMR	Not surveyed (65 RIMS 2012-13)	178 (SRS-12)
%Full ANC	75.7 (HMIS-12)	26.5 (UNICEF CES-09)
%Inst Delivry	75.3 (HMIS-12)	47.0 (DLHS-3)
%Full immunisation	81.4 (HMIS-10)	

Health system strengthening in the State

- Effective Public Health Administration
- Health financing
- Health regulation
- Developing HR in health
- Health Information System
- Convergence & Stewardship
- Health Services
- Ensured access to Medicines, Vaccines & Diagnostics

Effective Public Health Administration

- Public Health Act – yet to enact
- Public Health Cadre
 - Creation of a Public Health Directorate under process
 - 51 existing Public health degree holders proposed to manage national health programs & other public health related posts
- Health Management Cadre – yet to enact (under process for creating managerial posts of hospital administration, etc.
- Clinical treatment protocol & prescription of generic medicines listed in national list – being implemented through NHM

Effective Public Health Administration

- Test Audit of Medical Prescription by Medical College faculty – yet to be implemented
- Governance improved through citizen participation; eg. RKS, Village Health Sanitation Committees, etc.
- Grievance Redress System – institutionalised
For JSSK, JSY, ASHAs

Health Financing

- Expenditure on health sector is being raised progressively
- Strengthening PHC prioritised
 - Major funding from NHM
 - Rs 27.4 Crores provided from State Plan during the 11th Plan
 - Rs 22 Crores being provided from State Plan during last 2 years of 12th Plan

Health Regulation-1

- Manipur Nursing Home & Clinics Registration (MNHCR) Act, 1992
 - 81 institutes including 36 hospitals registered
- PNDT Act, 1994
 - implemented in 2003
 - State Advisory Committee(SAC)
 - State Appropriate Authority(SAA) regulates the facilities with a State Nodal Officer
 - 77 ultrasound machines registered

Health Regulation-2

- Food Safety Standard Act, 2011
 - Ghutka banned in the State w.e.f. 26/02/2013
 - Food Safety Officers assist the CMO/Dist Designated Officer enforcing the rules
- Drugs & Cosmetic Act
 - Regd. Chemist & Druggists till 2013 : 872(Retail restricted), 817(Retail Qualified) & 610(Whole saler)
 - Pharmacists renewed up to 2013: 539
 - Total # of Pharmacists for State: 3300
 - Yearly turn-over for drugs in Manipur: Rs. 650 crores.

Health HR development -1

- DH/CHC not yet developed into medical/para-medical training centres
 - State Hosptl (JNH) converted to medical college(JNIMS) above the existing RIMS
 - Dental & Nursing Colleges opened at RIMS
 - State GNM School upgraded to Nursing College
 - 3 ANM training schools
 - 3 Nursing Colleges, 9 GNM schools & 6 ANM schools in private sector

Health HR development - 2

- Sponsorship rules relaxed for PG studies (immediately on joining service) for doctors
- MBBS doctors trained for LSAS & EmOC under NHM
- MBBS doctors trained for 6-month hands on training in Ultrasonography

Health HR development -3

- Bridge course for AYUSH doctors & legal empowerment to practice as primary health care physicians
 - trained in SBA, IUCD, IMEP, BMoC, etc.
- Encouraging career progression of ASHA/AWW into ANM & ensuring career tracks for competency-based professional advancement of nurses yet to be done

Health Information System

- Building Health Information System
 - Weekly reporting of Communicable diseases from the PHSC level done under IDSP
 - Birth & death registration done
 - Data from every facility captured through HMIS
 - MCTS /HIMS started and running well

Convergence & stewardship

- Working together with Labour and Employment Dept (RSBY), Education Dept. School health, (RBSK), MOBC, PHED, Social Welfare Dept. etc
- Assessment of health impact of policies & activities of departments other than Health not done
- Mainstreaming of AYUSH into NHM done

Convergence and stewardship-2

- Main-streaming of STI/HIV prevention & treatment upto district levels into NHM done
 - Drugs & equipment supplied under NHM
 - ICTC established up to PHC/CHC level
- Panchayat members enlisted in various health committees at district/block/village levels
 - Training of panchayat members done

Health Services

- Master Plan for ensuring assured set of services to all residents
 - IPHS yet to be achieved in almost all the facilities
 - 38 PHC functional 24x7
 - 5 District Hospitals made FRU
- Public facilities provided administrative & financial autonomy to certain extent with RKS being constituted in all DH/Sub-DH/CHC/PHC
 - Flexi fund provided upto PHSC level

Ensuring access to Medicines, vaccines & diagnostics

- SPV for procurement, storage & distribution of Medicines, Vaccines & Diagnostics not created
 - Procurement done as per State Finance Deptt. norms through open tender
- Procurement of drugs under National List of essential medicines in all facilities done parly
- State level Drug Regulation being strengthened
- Jan Aushadhi stores in all Block HQ not established

THANK YOU