

PUBLIC HEALTH:NEW VISION 2025
WILL “2025” BE ANOTHER NUMBER?

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- In 1977, the World Health Assembly decided that the main social target of governments and of WHO should be the attainment by all the people of the world by the year 2000 of a level of health that would permit them to lead a socially and economically productive life.
- In 1997, 158 out of 191 Member States carried out a evaluation of the health-for-all , 90% of countries reported on immunization, but only 30% on access to local health services.
- Meanwhile on 18 February 1999 ,WHO launched VISION2020 -together with the more than 20 international non-governmental organisations involved in eye care and prevention and management of blindness that comprise the International Agency for the Prevention of Blindness (IAPB) .It is a global initiative that aims to eliminate avoidable blindness by the year 2020.VISION 2020 is a partnership that provides guidance, technical and resource support to countries that have formally adopted its agenda.

- The model formally adopted for providing healthcare services was "primary health care" (PHC), which involved universal, community-based preventive and curative services, with substantial community involvement.
- PHC did not achieve its goals for several reasons, including the refusal of experts and politicians in developed countries to accept the principle that communities should plan and implement their own healthcare services.
- Changes in economic philosophy led to the replacement of PHC by "Health Sector Reform", based on market forces and the economic benefits of better health.
- Further, as we reflect on recent world events, surely we must address the underlying causes. The United States is prepared to spend \$US100 billion on a war in Iraq, but only contribute \$US 200 million to the Global Fund to Fight AIDS, Tuberculosis and Malaria
- It is time to abandon economic ideology and determine the methods that will provide access to basic healthcare services for all people.

60 years of a PHC-Rural Rajasthan, India



Primary Health Centre-Rural India





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Secondary Health Centre-Rajasthan



Post Operative Care



18 years of “VISION2020”

- With the current sight restoration rate after cataract surgery, the elimination of cataract blindness is unlikely in India by the year 2020(Dr.G N Rao,2015)
- The prevalence of cataract blindness showed a downward trend over the past three decades. The absolute number of cataract blind, however, will increase because of the escalation in the population aged 50 years and above, increasing from 7 to 7.5 million in 2001 to 8.25 million in 2020
- The implementation of a new concept of a permanent primary eye care facility, appropriately equipped and staffed, in remote rural and tribal areas termed as 'Vision Centres', each covering a finite population of 50 000, constitutes the next level of the pyramid.(The Barrie Jones Lecture—Eye care for the neglected population: challenges and solutions-Eye 2015)

Universal Health Coverage

- Many countries, both developed and developing, are engaged in rolling out plans for 'Universal Health Coverage' to all people.
- The High Level Expert Group on Universal Health Coverage that was constituted by the Planning Commission of India with a mandate of developing a framework for providing easily accessible and affordable health care to all Indians defined Universal Health Coverage as, 'Ensuring equitable access for all Indian citizens, resident in any part of the country, regardless of income level, social status, gender, caste or religion, to affordable, accountable, appropriate health services of assured quality (promotive, preventive, curative and rehabilitative).
- Elimination of avoidable blindness requires implementation of all these principles, particularly in the case of neglected populations.

National Rural Healthcare Mission

- Integrated Disease Surveillance Project (IDSP) and Health Management Information System (HMIS) were aimed at documentation and flow of data, for generation of meaningful indicators of process, and impact of the various components of public health in the umbrella of NRHM.

National Rural Healthcare Mission

- On the one hand HMIS was expected to establish a data management system that would improve governance, as well as, a monitoring system. However, the report of the second Common Review Mission pointed out that the analysis and use of information was very weak.
- Computers have been made available at least up to the block level in all states and even up to the level of PHCs in Kerala, Maharashtra, and Tamil Nadu.
- Although in various places data entry operators are not appointed or training of manpower has not yet been done

National Rural Health Care Mission

- In some places severe shortage of electricity and lack of good internet connectivity have been common hurdles in the successful implementation of HMIS as well as IDSP. It is the general outcome in most of the states that management of available data and analysis of the same is very poor and the validity and reliability of the data is questionable. The two common reasons for this wide gap in HMIS are that the indicators are used rather than the data. The system is not geared to analyze and display data at a peripheral level.

National Rural Healthcare Mission

- The other reasons are frequent changes in recording and multiplicity in data reporting.
- Vertical programs have their own formats of recording and reporting particularly in the Revised National Tuberculosis Control Program (RNTCP), National AIDS Control Program (NACP), and National Vector Borne Diseases Control Program (NVBDCP).
- Tamil Nadu and Maharashtra have good computerized HMIS systems, but most of the states still rely on manual preparation of reports, hence there is delay in transmission and hardly any analysis is undertaken. Assam, Jharkhand, Kerala, and Mizoram have been found to have very weak HMIS.

Why 2025?

- India has witnessed revolutionary progress in information and communication technology and engineering, which offer hope of enhancing access and quality of health care to the most neglected communities.

Drawbacks

- Prohibitive cost is a barrier for employment of such technologies at present.
- Innovations in collaboration with new start ups and innovation centre where scores of engineering, technology, and design students from across India can be engaged
- Such endeavours present an optimistic outlook for availability and accessibility of health care to the most neglected communities.

Drawbacks

- When these are combined with appropriately trained human resources elimination of avoidable blindness seems a distinct possibility (Government of India-Skill Development Mission)

RNA Trust-Future

- Geographical Information Systems(GIS) have transformed the way we describe and study the earth.
- The environment affects our health & well being and we, through our activities reshape the environment.
- Targeting public health interventions to populations and places with greatest needs seems an essential & effective strategy for improving population health .
- GIS are essential tools in these efforts(Cromley& Mc Lafferty)



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