

Ideal Mumbai

Public Health Manifesto

BMC ELECTION 2022



**A unique collaborative exercise to
strengthen Mumbai's healthcare ecosystem**

Acknowledgment

We appreciate the collaboration and cooperation of the NGOs and civil societies in Mumbai who suggested various health reforms required in Mumbai City. The Mumbai Public Health Manifesto, is a unique collaborative initiative put together by Mumbai First & PRAJA Foundation with an objective to promote and improve the public's health services in Mumbai and MMR. This Health manifesto is an attempt to reflect Mumbai's current primary health care needs, identify the gaps and make recommendations.

We have tried to strike a balance between being pragmatic and visionary; what can be done in the short to medium term that could make an immediate, positive impact on people's health, as well as what can be done about longer-term challenges that need a more sustained approach.



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Mumbai Public Health Manifesto

Introduction

As we enter BMC election season, we would like to urge all political parties to produce a strong and compelling plan for public health; one that puts investing in people's mental and physical health and general wellbeing at the heart of its agenda. Our Mumbai Public Health Manifesto gives them the building blocks.

Our top 10 priorities have been identified through an extensive process of consultation with a group of local organizations working at the frontline of Mumbai public health. Taking account of the experiences they regularly face, due to poor health services and inequalities.

We have tried to strike a balance between being pragmatic and visionary; what we can do in the short to medium term that could make an immediate, positive impact on people's health, as well as what to do about longer-term challenges that need a more sustained approach.

Our intention is for the Mumbai Public Health Manifesto to be instrumental in putting policies in place after the BMC election that will work towards better health for all.

Our manifesto reflects the current Mumbai health care needs. It is by no means a definitive list of what needs to change. Instead, it represents what we as a group believe to be those priority areas where specific and urgent action is needed. Action that will improve people's health and wellbeing, save lives, and give our children and young people the best possible chance of achieving a healthy future. If we are to bridge the rapidly increasing gap between rich and poor, we need our governments to lay a solid foundation from which we can build.

We are committed to achieving the highest possible standard of physical and mental health and wellbeing for our children, our communities, and our society. Any government serious about creating a fairer, healthier society, should have these commitments at the forefront of their public health action plan. As Cicero is often quoted: "The health of the people is the highest law." We urge all politicians and policymakers to put people first and to regard good health and wellbeing as a fundamental human right.

About Mumbai Public Health Manifesto

Mumbai Public Health Manifesto is a unique collaborative document prepared by **Mumbai First & PRAJA Foundation** in consultation and collaboration with a large group of NGOs and individuals who are dedicated to protecting and promoting the Mumbai public's health and wellbeing.

The purpose of this Manifesto is to advise on the most pressing public health challenges for today and the future, and how any future Government should champion public health in Mumbai. With the upcoming BMC election fast approaching, we call for all political parties to adopt the policies outlined in this Public Health Manifesto in their respective election manifesto for BMC election 2022.

We as a group are committed to supporting all political parties in their endeavour to improve and enhance public health in Mumbai.

We must strive to achieve every citizen's right to health. Priority must be to strengthen all government health services and ensure they are run efficiently, so that we can urge all Mumbai citizens to trust and utilise government services instead of choosing to visit private health services.

A. Budget Allocation and Spending

Measures to improve utilisation of the Health Budget.

- ❖ An outcome-based budget should be incorporated to ensure targeted development in the healthcare sector of the city.
- ❖ The budget must focus on allocating sufficient funds to improve the primary and preventive healthcare services by increasing the number of dispensaries, the timings, as well as the available medical personnel.
- ❖ There is a need to conduct a 3rd party audit that includes the ER in the process and functioning of the city's healthcare sector to ensure there are no definite gaps. With the audit report, targeted interventions can be undertaken.
- ❖ The capital budget should also be utilized effectively to create efficient and adequate health infrastructure in the city.
- ❖ A health fund for those unable to afford mental health care, mental health residential farms for abandoned mentally ill.

B. Health Facilities & Services

Reforms to improve the Health Service in the city.

- ❖ Effective Regulation of Private Health Sector: Notwithstanding the effective step of reserving 80% beds in Private Hospitals during the pandemic, regulation is still required for Private Health and there is an immediate need to implement the Clinical Establishment Act in the state.
- ❖ Increase the number of local dispensaries: This will ensure that for all basic primary and preventive health needs, the point of access becomes the dispensary, available at the level of the citizens' locality.
- ❖ Improve the timings of dispensaries: To make dispensaries more accessible to the working population, dispensaries should be open in the early morning and evenings as well, from 8 am to 10 pm.
- ❖ Need is to have a more customer-oriented or client-oriented approach in their services. For instance, timing of the dispensaries as per the convenience of the patients, not their employees
- ❖ There is a need to understand the actual requirement of healthcare services in all wards so that an adequate number of medical personnel are available in all MCGMs Healthcare Departments. More doctors and staff to be allocated: This can be done by not only allocating more than one general doctor per dispensary but also having visiting specialist doctors.
- ❖ Upgrading Equipment: To ensure that the dispensary is well-equipped and to strengthen schemes such as Aapli Chikitsa which would provide diagnostic services at the dispensary level.

C. Health Data Management

Reforms to improve the Health Data management in Mumbai

- ❖ Decentralized Data: Public Health Surveillance (Health Information System) needs to be immediately augmented to regularly collect health data from private and charitable health facilities along with data from public health facilities. This data should be available for research on an open e-platform where raw data sets are made available.
- ❖ A good initiative such as the Civil Registration System (CRS) needs to create an appropriate mechanism to serve its purpose of providing robust data for the scientific study of mortality and morbidity patterns.
- ❖ Additionally, all health data that is maintained must be effectively utilized by various health policies & planning agencies. This will allow for efficient tracking and monitoring of the status of health as well as the progress of implementation for various schemes/programs in Mumbai.
- ❖ Data on all diseases and cases prevalent in the city should be maintained and analysed on a real-time basis. This will enable better methods to track the occurrence of diseases and ensure corrective measures are implemented to tackle them.
- ❖ The BMC has a statistics team that must be given the job to regularly upload relevant data on the top 10 causes of death and primary health care facilities so that it can provide information to citizens.
- ❖ Duplication of data through various agencies within the MCGM (such as TB cell, EPID cell, ward wise Medical Officer of Health, etc.) needs to be streamlined to ensure that uniform data for a particular disease is made available across agencies.
- ❖ Additionally, with the help of data, the local government can track the status of health according to these targets and ensure corrective interventions are carried out.
- ❖ MCGM needs to regularly monitor its performance on the SDG indicators to meet the targets
- ❖ Data from Private Hospitals: All Private Health Data should be available for all to the Government for planning purposes. For Tuberculosis, the data from Private Hospitals is already available. At present data from Private Hospital is available only for notified diseases and not for all
- ❖ Implementation of Clinical Establishment: It is necessary to implement the Clinical Establishment Act as this would be a formal means to acquire the relevant private healthcare data for planning policies for health. This makes it mandatory for all private hospitals to provide accurate data to the BMC.

Any government serious about creating a fairer, healthier society, should have the following commitments at the forefront of their election manifesto. With better budget utilisation and improvement of health services as mentioned above, the following reforms can help to stop the spread of various illness in Mumbai

D. All Diseases and Illnesses

To ensure that Manifesto reflects the most pressing public health challenges. This section aims to analyse the major diseases affecting Mumbai public health. The section is further divided into major diseases existing in Mumbai.

I. Communicable Disease

Status

- 65% of the total TB deaths have occurred in the productive population of age group 20-59 years.
- Percentage of drug-resistant TB cases (MDR and XDR) has been decreasing from 26% in 2017 to 16% in 2020.
- Proportion of males (1.47%) tested positive is higher than females (0.59%) in 2020-21.
- Only 35% non-pregnant females were tested and the proportion of those who tested positive increased from 1.3% in 2019-20 to 1.5% in 2020-21.
- Proportion of positive malaria cases increased from 3.4% in 2019-20 to 7.9% in 2020-21.

Reforms

- ❖ All health policies and programs must aim towards achieving the health SDG 3 to create specific milestones that ensure all epidemics like TB, malaria, HIV, etc. are eradicated by 2030.
- ❖ Futile Tuberculosis (TB) Targets: Across the world, the set SDG target to eradicate TB is to be by the year 2030. However, in India, the set target to eradicate TB is 2025, which is impossible to achieve.
- ❖ We need to incorporate Doctors, Champions and celebrate their contributions. Mumbai city can co-opt these champions in the communication campaigns and celebrate them as role models in the prevention of TB.
- ❖ Specific focus needs to be given to drug resistant TB and ensuring proper treatment at the initial stages.
- ❖ More focus needs to be laid on testing for HIV among non-pregnant females and males for early detection.
- ❖ Increase the number of tests carried out especially in low-income areas and attention must be given to the social determinants that cause these diseases i.e., sanitation and stagnating water.
- ❖ The duplicity of schemes as seen with malaria in Mumbai (Urban Malaria Scheme and National Vector Borne Disease Control Program) may not be useful to achieve the intended targets.

II. Non-Communicable Disease

Status

- NCD Programme covers diabetes which is a major cause of death in Mumbai (11,491 deaths in 2019).
- Other NCDs such as neoplasms (10,303 deaths in 2019) and respiratory diseases (7,917 deaths in 2019) also account for NCD-related deaths. However, they are not covered under the NCD programme in MCGM.
- Similarly, while hypertension is covered under the NCD programme, it accounts for only 4,066 of the total 27,072 deaths due to heart and circulatory system-related diseases in 2019.

Reforms

- ❖ Focus on promoting healthier lifestyle changes, nutrition counselling and awareness generation need to be adopted in policy and implementation.
- ❖ A targeted approach towards tackling each NCD specifically with its underlying causes and determinants needs to be adopted.
- ❖ Focus on early detection through the strengthening of primary health care systems needs to be done.
- ❖ Schemes related to NCDs such as The National Program for Prevention and Control of Cancer Diabetes Cardiovascular Diseases and Strokes should be implemented in Mumbai.

III. RMNCHA+ Diseases

1. Women

Status

- ❖ Male contraceptive interventions showed a decrease of 58% from 2019-20 to 2020-21. The number of condom pieces distributed increased by 14% from 2019-20 to 2020-21.
- ❖ With regards to antenatal care, the number of Pregnant Women (PW) who registered for antenatal care decreased by 20% from 2018-19 to 2020-21.
- ❖ Data showed a 7% decrease from 2019-20 to 2020-21 in the number of pregnant women provided free medicines and diagnostics under the scheme. Measures must be taken to ensure all pregnant women receive adequate and quality healthcare and nutrition.
- ❖ Maternal Mortality Rate was 164 (deaths per 1,00,000 live births) in 2020.

Reforms

- ❖ Promotion of gender equality and greater male participation in Urban Reproductive and Child Health. The program needs to be implemented, by promoting of male contraceptive methods that are much safer and easier to use.
- ❖ Various policies have been implemented to focus on maternal health and institutional deliveries, however, maternal mortality continues to be high. There needs to be a comprehensive and unified policy that looks at all aspects of maternal health and prevention of maternal mortality.
- ❖ Reduce Maternal Mortality Rate (deaths per 1,00, 000 live births) to 70 by 2030 under SDG 3

2. School Students & Children

Status

- In 2019-20, under the RBSK scheme, 2,53,928 children were screened at Anganwadis and 1,71,119 children were screened at Government and Government aided schools of which 12,152 needed medical attention.
- However, for the year 2020-21, the HMIS data showed that 0 children were screened by RBSK mobile health teams in Anganwadis and in the vicinity of the school.
- For 2020-21, the RTI reply received by the department (Annexure 11), mentions that “zero” children were screened during the pandemic.

Reforms

- ❖ In targeted interventions like RBSK, diseases based on deaths in that age group such as pneumonia, septicaemia and nervous disorders also need to be targeted.
- ❖ Focus needs to be laid on the adolescent health component under RMNCHA+ which has not been covered by most schemes.
- ❖ The ‘School Health Scheme’ should carry out gender and sexuality counselling as well as a mental health component for school children.
- ❖ Efforts must be made to improve our overall immunization rates and coverage every year to reduce preventable diseases, like tuberculosis and diarrhoea.
- ❖ Create safe and secure spaces in hospitals, schools, etc. to promote and educate young women on menstrual hygiene and for them to voice their problems without any fear or stigma.

IV. Nutrition

Status

- Number of women who tested positive for severe anaemia increased by 5% from 2019-20 to 2020-21.
- The number of pregnant women with Hypertension has increased by 21% from 2019-20 to 2020-21.
- Total deaths related to anaemia have reduced although the number is quite high at 738 in 2019.
- 58 anaemia-related deaths in the child and adolescent age (0 to 19 years) in 2019.

Reforms

- ❖ As has been mentioned by the National Health Policy 2017, supplementation, although necessary as immediate intervention, is not a replacement for nutritious and macronutrient rich food. Nutritional schemes, therefore, need to include a nutritional counselling component.
- ❖ Micro-nutrients in diet, like iron-rich food for tackling anaemia, needs to be incorporated as components in the overall food security policies and mid-day meal scheme

E. Mental Health

Status

- Since the inception of the Mental Health Care Act in 2017, in the last three years' people seeking medical interventions for mental health have declined by 63% from 2018-19 to 2020-21.
- During the lockdown, there was a lot of focus was on the importance of mental health care. However, the number of mental health cases dropped by 55% from 2019-20 to 2020-21.
- The number of deaths for mental and behavioural disorders has increased from 447 deaths in 2017 to 475 deaths in 2019. Also, these deaths have increased in children between the age of 5-19 and adults between the ages of 20-39 in 2019.

Reforms

- ❖ We require city-wide morbidity data or disease-burden data for mental health issues. This can allow us to understand the scope and scale of the problem and allocate resources for it.
- ❖ Elected Representatives can work towards building awareness among the common public about mental health disorders and common mental health issues. Public campaigns can help popularize important helplines to seeking support for depression, suicide hotline, etc.
- ❖ Elected Representatives can advocate at the state & central level for increasing funding toward mental health services at the city level. They can help build a community model for mental health delivery.
- ❖ This involves strengthening the local network of community-level organizations and linking them to PHCs.

F. Palliative Care & Geriatric Care

Reforms to improve the Palliative Care & Geriatric Care given in Mumbai

- ❖ Influence policy making on the topic of **palliative care**, to change the legality of access to appropriate medicine and care. Need to think creatively about a tangible plan for spreading awareness. A good option is high reach media, such as cinema advertisements. Such a campaign should stress on compassion and sensitization.
- ❖ The biggest challenge is conveying to patients that no cure is possible. Doctors should be trained with adequate communication skills to convey delicate news regarding the patient's future.

Geriatric Care

- ❖ This can be done by amending medical school syllabus, influencing the policymaking processes, and also making palliative care training mandatory for medical licenses
- ❖ A helpline that specifically targets palliative care cases, which can convey information and provide emergency relief
- ❖ **Geriatric care patients** can be empowered to age at a home with a high quality of life, through community care, minimizing the use of old age homes that we see in the West.
- ❖ We must expand geriatric care training across the country. There needs to be a government certification of minimum qualifications for offering geriatric care
- ❖ Senior citizens can already avail of certain government services, such as police officers checking on them periodically. There is a geriatric care committee in the Government of Maharashtra that defines and monitors outcomes of geriatric care.
- ❖ The care community must coordinate with real estate vendors, as infrastructure needs to be provided for senior citizens.

G. Preventive Measures

Reforms in various preventive measures to control the spread of the various epidemics.

- ❖ Ensure access to free essential medicines and diagnostic services including complimentary health check-ups, counselling for population stabilization, increase the number of check-ups for HIV/AIDS, Yoga demonstration for lifestyle diseases, etc.
- ❖ Set up an institutional structures like Mohalla Arogya Samitis, with representation from the Elected Representative, Self Help Groups, and patients, have also been envisaged to enable community ownership and accountability of PHC.
- ❖ Focus on improving health literacy through Interpersonal Communication, and media including social media, for the promotion of healthy lifestyles
- ❖ Conduct a community-based survey at ward levels to study the information regarding availability and access to quality healthcare provided by the Government
- ❖ Identifying high-risk areas across the city and setting up area-wise medical camps to coordinate with the fever cases recorded in various government hospitals, as part of dengue prevention measures.
- ❖ Carry out extensive measures on the social determinants that contribute to the spread of various diseases like stagnant water, open garbage points, etc.

H. Health and Wellness

Reforms to improve the Health and Wellness of citizens

- ❖ The SDGs provide specific targets that should be achieved to ensure the good health and wellbeing of the citizens.
- ❖ Instil health promotion & wellness activities (through school education, individual-centric awareness and promotion of Yoga) and promote public health action through active engagement and capacity building of community platforms and individual volunteers.
- ❖ Broadcasting health quizzes and interactive lectures by health experts to disseminate information about the various government health schemes to the masses.
- ❖ Promote and create more open public space for recreational activities such as parks, dedicated cycling/walking tracks in the parks, playing area, gymkhana, etc.