



# Mumbai Public Health Manifesto

An Instrumental approach in putting policies in place after the BMC election that will work towards better health for all.







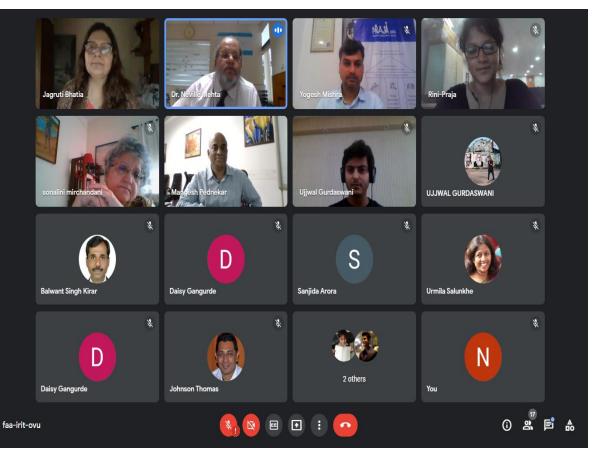


- The Ideal Mumbai Public Health manifesto is an attempt to reflect the current Mumbai healthcare needs.
- It's is a unique collaborative document prepared by **Mumbai First & PRAJA Foundation** in consultation and collaboration with a large group of NGOs and individuals who are dedicated to protecting and promoting the Mumbai public's health and wellbeing.
- It represents what we, as a group believe to be the priority areas where specific and urgent action is needed.



## **Consultation on Mumbai Public Health Manifesto**

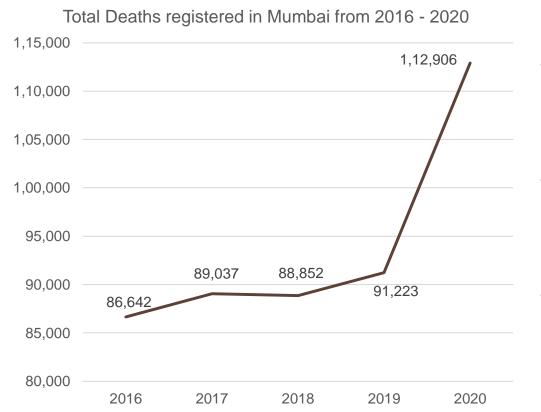




On November 30, 2021, Mumbai First & PRAJA Foundation jointly hosted a virtual Stakeholder Consultation meeting for the Mumbai Public Health Manifesto. It was attended by a total of 18 participants from across organisations actively involved in the health sector. The objective of the meeting was to discuss the collective findings and finalize the contents included in the Mumbai Public Health Manifesto.







- Total deaths registered in Mumbai has increased by 24% from 91,223 in 2019 to 1,12,906 in 2020, of which 11,116 were COVID deaths.
- Excluding COVID deaths, the total deaths registered still shows an increase of 12% from 91,223 in 2019 to 1,01,790 in 2020.
- As Cause of Death data has been unavailable since January 2020, the causes for 1,01,790 non-COVID deaths are unknown.



# 12% of Total MCGM Budget (Rs. 39,038.83 Cr.) For 2021-22 Has Been Allocated to Health Budget



Although funds have been allocated, there exists various gaps in the healthcare facilities and health personnel resources in Mumbai as on 2020

### **Health Facilities:**



Municipal dispensaries should be open for a longer duration. However, out of the 187 dispensaries, only 15 dispensaries are accessible for 14 hours, while the rest of them are accessible only for 5-8 hours.



Similarly, based on NBC norm\* for primary health care, Mumbai requires 858 dispensaries, yet in 2020, it had only 199 government dispensaries.

### **Human Resources:**



During the pandemic public health institutions were overburdened beyond their limits. **Still, there was a vacancy of 31% as on 2020.** 



Only 20% of the health budget was allocated for revenue expenditure on primary healthcare (includes dispensaries and programmes that falls under the MCGM Health department)



# Communicable and Non- Communicable Diseases: SDG Targets and its Status in Mumbai



Diseases	Target for 2030	Status
Tuberculosis	0 TB cases/1 lakh population	<b>298 cases</b> (in 2020)
HIV	Incidence of 0/per 1,000 uninfected population	<b>0.2</b> (in 2020-21)
Other Communicable/ Epidemics	End the epidemics of malaria and neglected tropical diseases and combat	15,623 Malaria cases in 2020-21
	hepatitis, water-borne diseases and other communicable diseases	9,072 Dengue cases in 2020-21
Non-Communicable Disease	Reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being	Diabetes deaths has increased by 352% from 2015 to 2019
		<i>Hypertension deaths has decreased by 9% from 2015 to 2019</i>
Mental Health		Mental health related deaths increased by 6% from 447 in 2017 to 475 in 2019.



# RMNCHA+ and Nutrition: SDG Targets and its Status in Mumbai



Diseases	Target for 2030	Status
Neo-natal mortality	12 per 1,000 live births	<b>16</b> (In 2020)
Under 5 mortality	25 per 1,000 live births	<b>26</b> (In 2020)
Maternal Health	70 deaths per 1,00,000 live births	<b>164</b> (In 2020)
Micronutrient Deficiencies	Reduce percentage of pregnant women (PW) aged 15 to 49 years who are anemic (11g/dl) to 23.57%	<b>47% PW with anemia</b> ( <b>83,429</b> ) in 2020-21





### Children

- 1,74,464 school children were screened under the School Health Scheme in 2019-20.
- 1,97,889 total health defects were found amongst the children screened in 2019-20.
- However, for 2020-21, the RTI reply received by the MCGM department for the scheme, mentions "zero" children were screened during the pandemic.



### Women

- Female contraceptive interventions made up an average of 99.82% of all family planning interventions from 2018-19 to 2020-21, while on an average, male contraceptive interventions only made up 0.18% of the total from 2018-19 to 2020-21.
- Number of Pregnant Women (PW) who registered for antenatal care decreased by 20% from 2018-19 to 2020-21.
- 7% decline from 2019-20 to 2020-21 in the number of pregnant women provided free medicines and diagnostics under the scheme.





# Health Reforms For Mumbai







# MCGM needs to regularly monitor its performance on the SDG indicators to meet the targets



## The Civil Registration

### System (CRS) :



### Real time data available on Cause of Death

and other indicators. This can ensure effective identification of diseases that contribute to major deaths registered in Mumbai and allow for the government to create targeted interventions.

# Implementation of Clinical Establishment Act:



This would be a formal method 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.

### **Decentralized Data:**



Availability of an open e-platform where raw health data sets are made available. Public Health Surveillance (Health Information System) needs to regularly collect accurate health data real time.

### **Ensure Unified Data:**



All Health Data collected across agencies for all relevant disease should be made available to the stakeholders to avoid duplication of data collated.







- **Increase the number of local dispensaries:** To ensure for all citizens' basic healthcare needs, both preventive and primary, the point of access becomes the local dispensary.
- **Improve the timings of dispensaries:** To make dispensaries more accessible, it should be open in early morning and evenings as well, from 8am to 10pm.



- 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 dispensary level.







- 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 add gender and sexuality counselling as well as a mental health component for school children.
- 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.



- Promotion of gender equality and greater male participation in the 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.
- There needs to be a comprehensive and unified policy that looks at all aspects of maternal health and prevention of maternal mortality.







- To set up an Institutional structure such as 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.
- To 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.





# Thank You



