

## **Choosing Health: An Opportunity for India The Disease Control Priorities Project - India**

While India has made progress over the last five decades on several key health indicators such as life expectancy at birth, infant mortality and maternal mortality, the data show that:

- Selective female abortion may account for about 5,00,000 missing females a year, or about 10 million missing females from 1985-2005.
- Maternal mortality in India declined significantly from 1997 to 2003, but at a pace that is insufficient to meet the National Population Goals. Maternal mortality is strongly reduced by institutional births.
- Declines in HIV-1 prevalence in the “south” of India. Declines are greatest in the districts where prevention programs for sex workers were implemented. Moreover, the preliminary estimates from our studies with the Registrar General appear to show that India’s AIDS deaths are more modest than previously estimated although AIDS deaths are likely to grow.
- Smoking bidis or cigarettes is already a cause of 1/3 of the male deaths at ages 25-69 in India, meaning India has about as many tobacco deaths as China. The leading causes of smoking-death are tuberculosis and heart attack.

The Disease Control Priorities Project ([www.dcp2.org](http://www.dcp2.org)) aims to provide evidence-based analysis and resource materials to help the Government of India to make wise choices with limited resources. The methodology of the DCPD provides critical, independent and rigorously evaluated evidence of how to transform health within India in a few years. This includes a critical look at how to use resources available to the National Rural Health Mission (NRHM). For example, DCPD has analyzed the interventions proposed under the NRHM with a view to providing: (i) evidence to policy makers and administrators at the central and state levels that is essential when making crucial decisions regarding the allocation of available health sector funds as well as any additional funding; (ii) new knowledge of cost-effective interventions to address specific causes of mortality and morbidity that would benefit administrators and practitioners at all levels; and (iii) guidance on ways in which to overcome constraints to effective implementation of interventions, particularly in terms of strengthening health systems capacity to deliver quality services. This effort is to culminate in a report, tentatively called “Choosing Health: an Opportunity for India”.

An esteemed panel of about 50 Indian and global experts reviewed the draft report on January 5-6, 2007 in New Delhi, and concluded that rapid mortality gains in India were technically feasible. The main points that emerged from that meeting are now to be incorporated into the final report and focus on the following:

**India is at a crossroads:** Economic growth has been rapid, and the health status of the population has improved. However, such improvements have not been at a rate that will allow India to achieve many of the MDGs, nor have they kept pace with many neighboring countries (such as Bangladesh, Indonesia and China). India is already experiencing a double epidemic – while there is a considerable unfinished agenda of communicable disease that still needs to be addressed, there is a growing epidemic of non-communicable diseases, particularly diabetes, cardio-vascular disease, and tobacco-related cancers. This is true even in poorer states where it was thought that the burden of “traditional” diseases of the poor, such as TB and child deaths were predominant. New data emerging from the Million Death Study being undertaken by the Center for Global Health Research in conjunction with the Office of the Registrar General of India show that even in poorer states, non-communicable diseases present a significant challenge. The government has already put in place large scale programs to address many of the major causes of disability and premature death in the country, and these are beginning to have dividends, albeit at a slow pace, with large inter-state differentials. By incorporating the most cost-effective of the measures being recommended by the DCP, India has an opportunity to act now and save perhaps a 100 million lives and many billions of rupees in economic and social costs. India has an opportunity to set a global example of making rapid and substantial strides in health outcomes by the adoption of evidence-based, effective and cost-effective interventions.

**There are challenges along the way:** While India has a higher proportion of the global burden of disease than would be expected, this is further exacerbated by the disparities within the country between states categorized as Extended Action Group (EAG) of states as compared to non-EAG states. This has to do with the financing of the health sector and institutional capacity of the health system to deliver quality care. Additional challenges are the barriers to health-seeking behavior at the community and household level. Specifically, the main problems are: (i) Low public spending of about just 0.9% of GDP, now to be increased to about 2% of GDP; (ii) High private spending, driving people into poverty. There is evidence that indicates that health-related expenditures are one of the top three reasons why the poorest get into debt; (iii) Lack of infrastructure in the poorest (EAG) states, affecting access to services as well as quality of care; and (iv) Governance issues, including poor supervision and monitoring; poor deployment of staff, vacancies, absentee-ism; problems with the procurement and distribution of drugs and supplies, leading to shortages and further erosion of faith in the system.

**However, a focused set of “best buys” can dramatically change the current scenario.** The DCP argues that a high priority package of interventions costing only a few hundred rupees per person can sharply reduce mortality. Focusing on a short list of interventions against major killer diseases can make a dramatic difference in a rapid timeframe; it also strengthens the health system because it improves practice, increases public confidence as service improves, and hence

increases demand, which in turn ensures political sustainability. This would involve: (a) prioritization of the most effective and cost-effective interventions; (b) adding technical managerial and other inputs into routine government services to increase focus, quality, access and equity (including gender equity); (c) rigorous and independent evaluation of the key outcomes by a third party. Evidence suggests greatest successes in health system reform come alongside technical investments/assistance.