



Health Care in Developing Countries: Challenges and Opportunities

**Presented by-
Prof. Dr. Ashia Qureshi
Dean SON
Galgotias University**

The challenge of caring for a billion

- **India is the second most populous country in the world**
- **The death rate has declined but birth rates continue to be high in most of the states.**
- **Health care structure in the country is over-burdened by increasing population**
- **Family planning programs need to be (re)activated**

GALGOTIAS
UNIVERSITY

Challenge: Burden of Disease in the new millenium

India faces the twin epidemic of continuing/emerging infectious diseases as well as chronic degenerative diseases.

The former is related to poor implementation of the public health programs, and the latter to demographic transition with increase in life expectancy.

GALGOTIAS
UNIVERSITY

Economic development, Education and Health

- **Economic deprivation in a large segment of population results in poor access to health care.**
- **Poor educational status leads to non-utilization of scanty health services and increase in avoidable risk factors.**
- **Both are closely related to life expectancy and IMR.**
- **Advances in medicine are responsible for no more than half of the observed improvement in health indices.**

Human Development Indicators: A challenge for all

- *Longevity, literacy and GDP per capita* are the main indicators of human development
- Longevity is a measure of state of health, and is linked to income and education
- Weakness in health sector has an adverse effect on longevity
- India ranks low (115th) amongst world nations judged by **HDI**

GALGOTIAS
UNIVERSITY

High Burden of Disease

- **India faces high burden of disease because of lack of environmental sanitation and safe drinking water, under-nutrition, poor living conditions, and limited access to preventive and curative health services**
- **Lack of education, gender inequality and explosive growth of population contribute to increasing burden of disease**
- **Full impact of the HIV epidemic and tobacco related diseases is yet to be felt**

GALGOTIAS
UNIVERSITY

Health Care in India

- **Expenditure on health by the Government continues to be low. It is not viewed as an investment but rather as a dead loss!**
- **States under financial constraints cut expenditure on health**
- ***Growth in national income by itself is not enough, if the benefits do not manifest themselves in the form of more food, better access to health and education: Amartyo K Sen***



Human health has probably improved more over the past half century than over the previous three millennia. This is a stunning achievement - never to be repeated and, it is to be hoped, irreversible. Despite the devastating impact that HIV/AIDS is having in Africa and will increasingly have in south east Asia, it is likely that, overall, human health will continue to improve steadily during the coming decades. contd

Inequity in Health Care

A dark cloud, however, threatens to blot out the sun from this landscape. Almost everywhere, the poor suffer poor health and the very poor suffer appallingly.

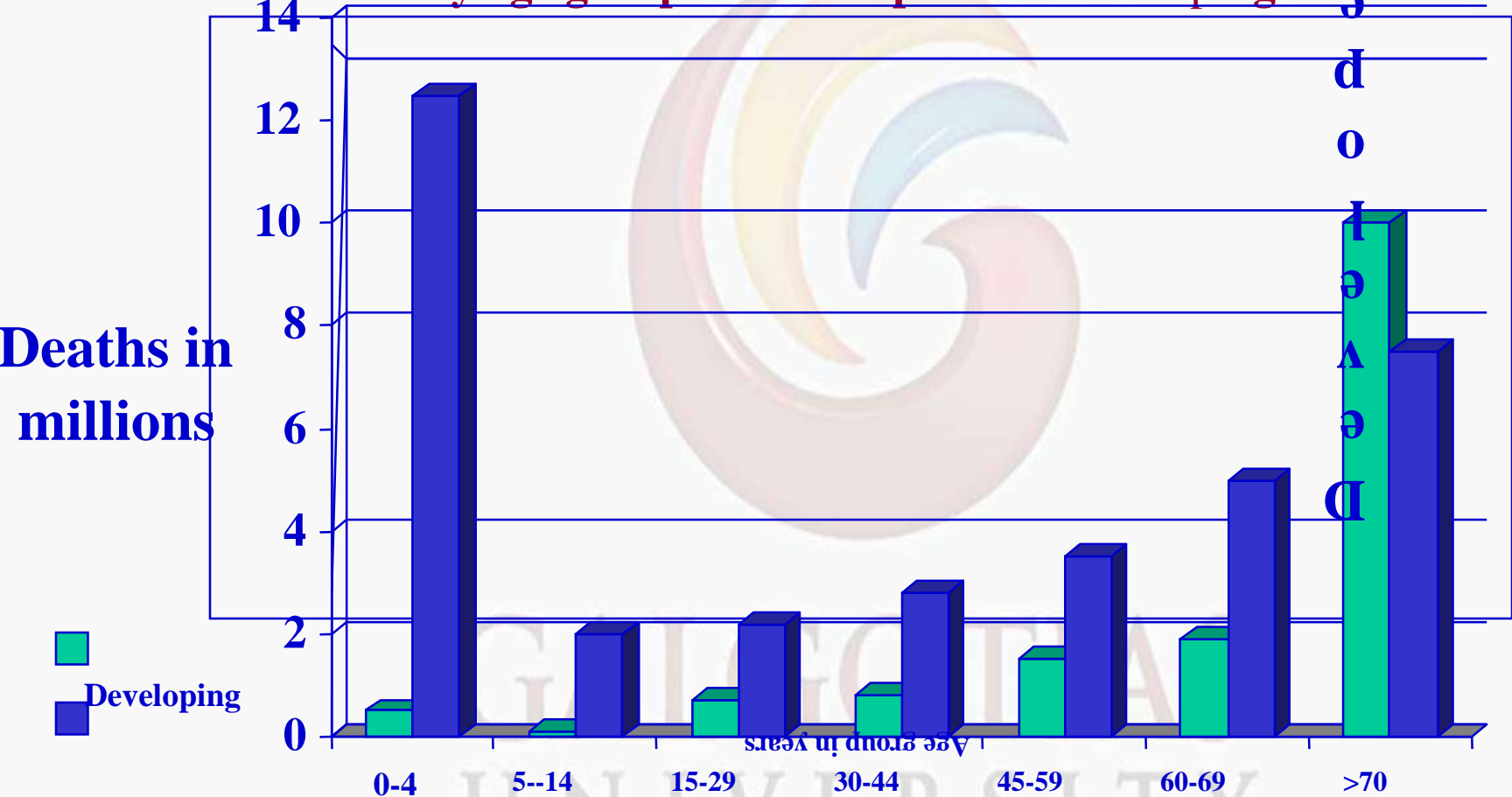
In addition the gap in health between rich and poor remains very wide. Addressing this problem, both between countries and within countries, constitutes one of the greatest challenges of the new century. Failure to do so properly will have dire consequences for the global economy, for social order and justice, and for the civilization as a whole.

School of nursing

Course Code : BSCN 4002

Course Name : COMMUNIT HEALTH NURSING

Deaths by age groups in developed and developing world



Deaths in millions

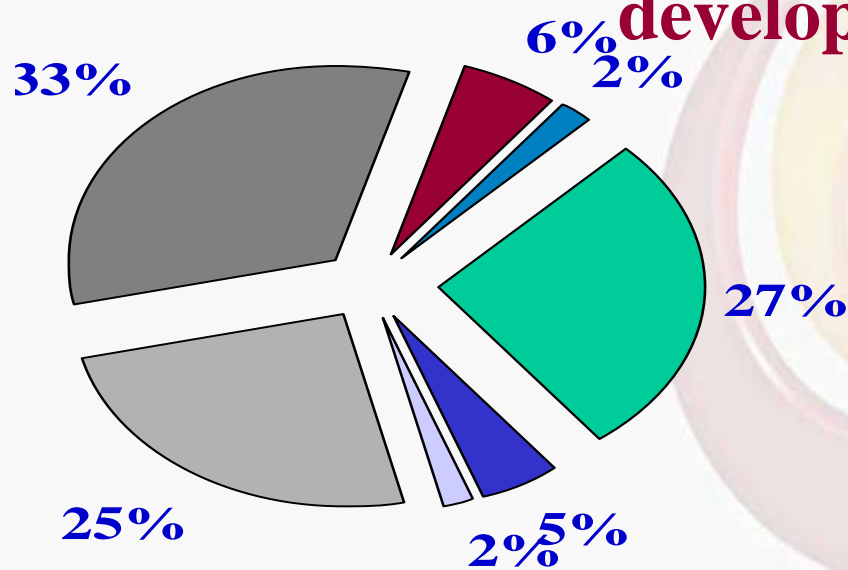
Developed
Developing

School of nursing

Course Code : BSCN 4002

Course Name : COMMUNIT HEALTH NURSING

Distribution of 12 million deaths in under 5 in developing countries, 1993



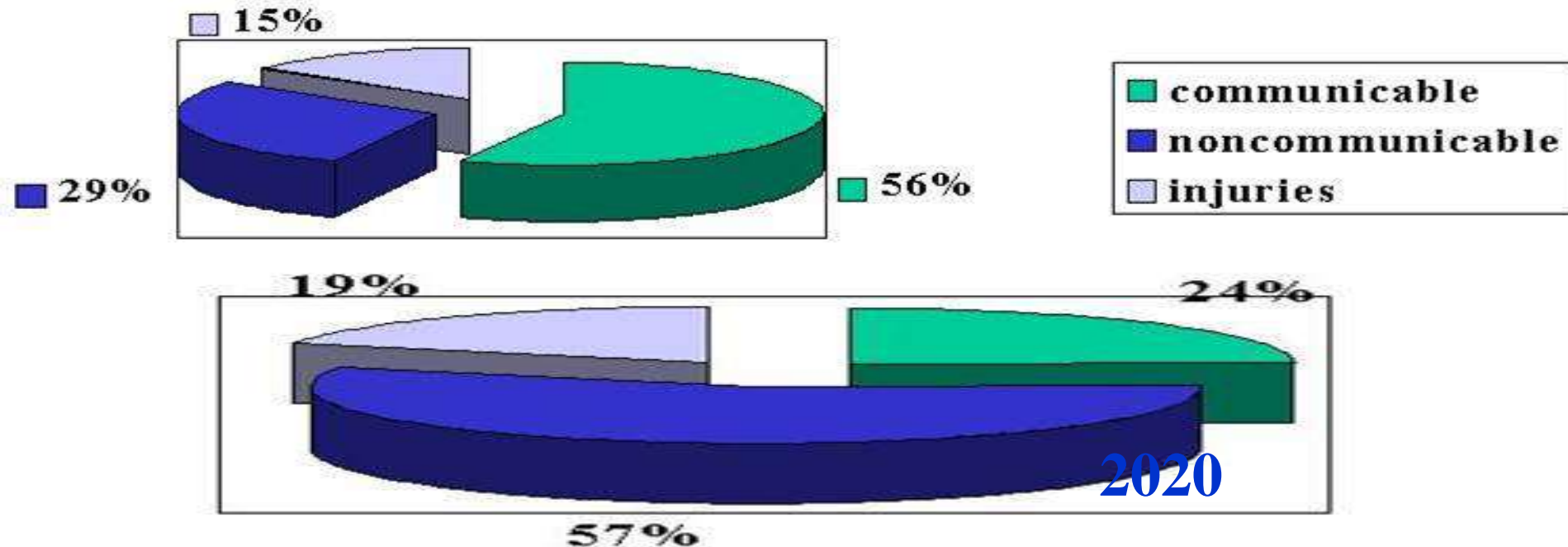
- ~10% disease burden could be avoided by access to safe water
- ~20% disease burden could be avoided by eliminating malnutrition

School of nursing

Course Code : BSCN 4002

Course Name : COMMUNIT HEALTH NURSING

Distribution of disease burden in 1990 and 1990 projected for 2020, India

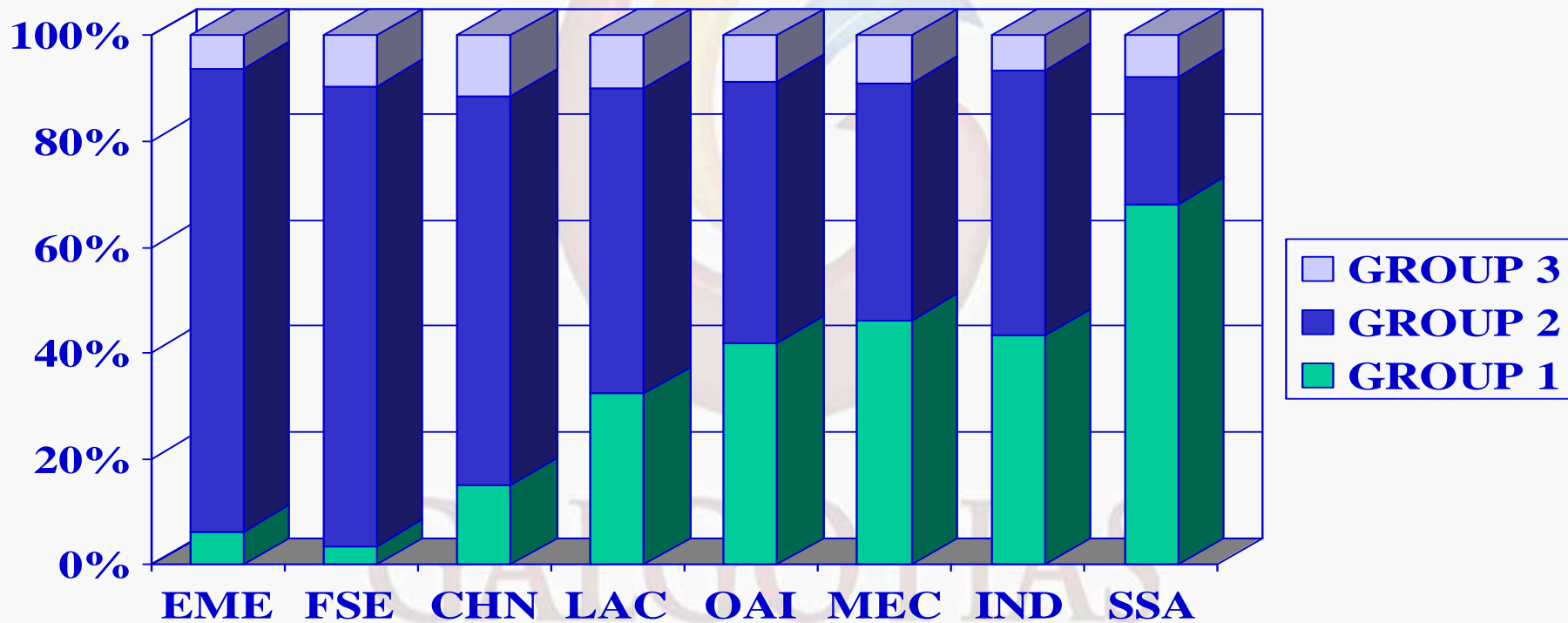


School of nursing

Course Code : BSCN 4002

Course Name : COMMUNIT HEALTH NURSING

Distribution of deaths from three groups of causes, by region: 1990



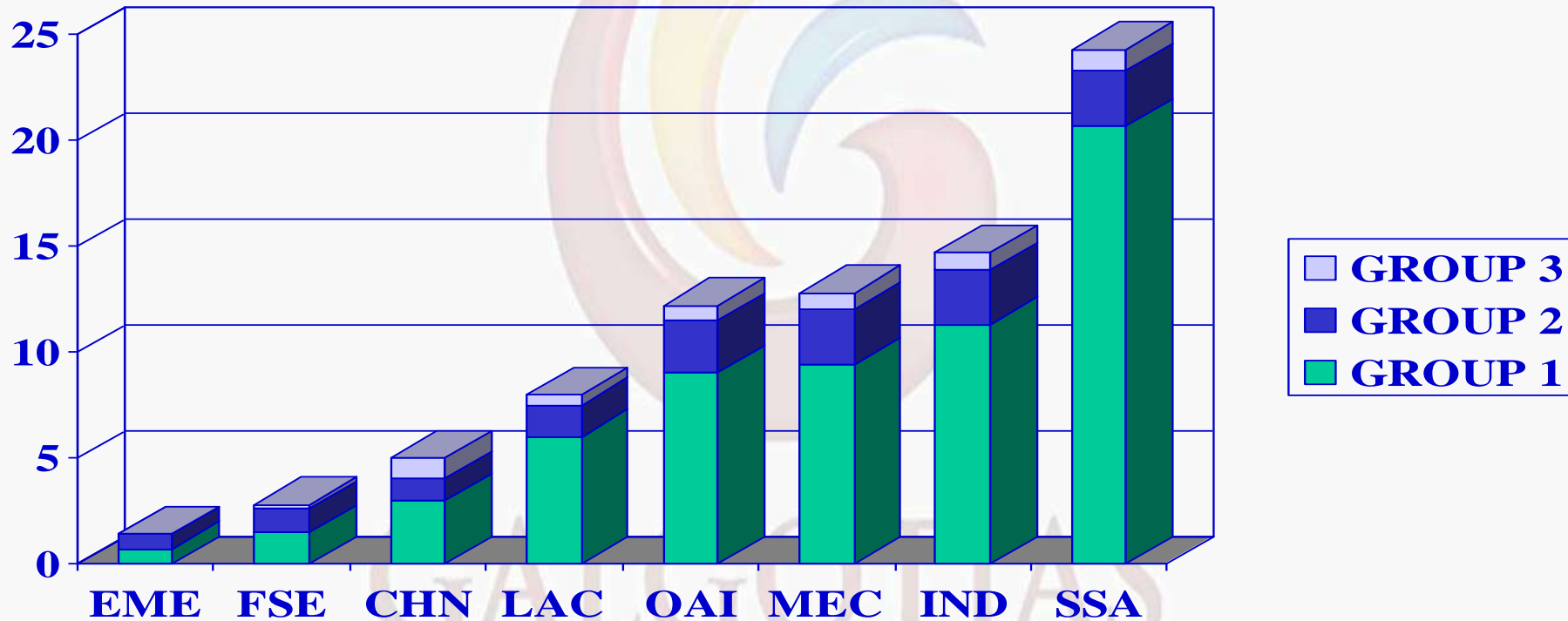
Murray and Lopez, 1994

School of nursing

Course Code : BSCN 4002

Course Name : COMMUNIT HEALTH NURSING

Probability of death in males 0-14 years from three groups of causes



Murray and Lopez, 1994

Top causes of death in 1990 and 2020

Diseases	Rank in 1990	Rank in 2020	Change in ranking
IHD	1	1	0
CVD	2	2	0
LRI	3	4	-1
Diarrhoea	4	11	-7
Perinatal	5	16	-11
COAD	6	3	+3

GALGOTIAS
UNIVERSITY

School of nursing

Course Code : BSCN 4002

Course Name : COMMUNIT HEALTH NURSING

Top causes of death in 1990 and 2020

Diseases	Rank in 1990	Rank in 2020	Change in ranking
TB	7	7	0
Measles	8	27	-19
RTA	9	6	+3
Ca lung	10	5	+5
Malaria	11	29	-18
Suicide	12	19	-2

Health Care in India

- **India has 48 doctors per 100,000 persons which is fewer than in developed nations**
- **Wide urban-rural gap in the availability of medical services: Inequity**
- **Poor facilities even in large Government institutions compared to corporate hospitals (Lack of funds, poor management, political and bureaucratic interference, lack of leadership in medical community)**

GALGOTIAS
UNIVERSITY

A day in hospital:



Health Care in India: Curative Health Services

- **Increasing cost of curative medical services**
- **High tech curative services not free even in government hospitals**
- **Limited health benefits to employees**
- **Health insurance expensive**
- **Curative health services not accessible to rural populations**

GALGOTIAS
UNIVERSITY

Health Care in India

- **Private practitioners and hospitals major providers of health care in India**
- **Practitioners of alternate systems of medicine also play a major role**
- **Concerns regarding ethics, medical negligence, commercialization of medicine, and incompetence**
- **Increasing cost of medical care and threat to healthy doctor patient relationship**



**There is a
marked
shortage of
trained nurses**

Health Care in India

- **Prevention, and early diagnosis and treatment, if feasible, are the most cost-effective strategies for most diseases**
- **Promoting healthy life style from early life is a ‘no cost’ intervention which needs to be incorporated in school curricula. There is need for increasing public awareness of the benefits of healthy life style**

Components of healthy life style

- **Abstinence from tobacco use**
- **Regular physical exercise**
- **Balanced nutritious diet rich in vegetables and fruits, and low in fats and refined sugar**
- **Avoidance of pre and extramarital sex**
- **Yoga and meditation**
- **Avoidance of alcohol and substance abuse**

GALGOTIAS
UNIVERSITY

Physical activity and Health Report of the Surgeon General, 1996

- All people benefit from regular physical activity
- Moderate physical activity for 30-45 minutes on all days of the week is required
- Additional benefits can be gained from more strenuous activity for longer periods
- Physical activity reduces the risk of premature death, CAD, hypertension, diabetes and colon cancer. It also improves mental health.
- A large number of adults including youths are not regularly physically active
- Certain interventions to promote physical activity in schools, work site and health care settings have been found to be beneficial

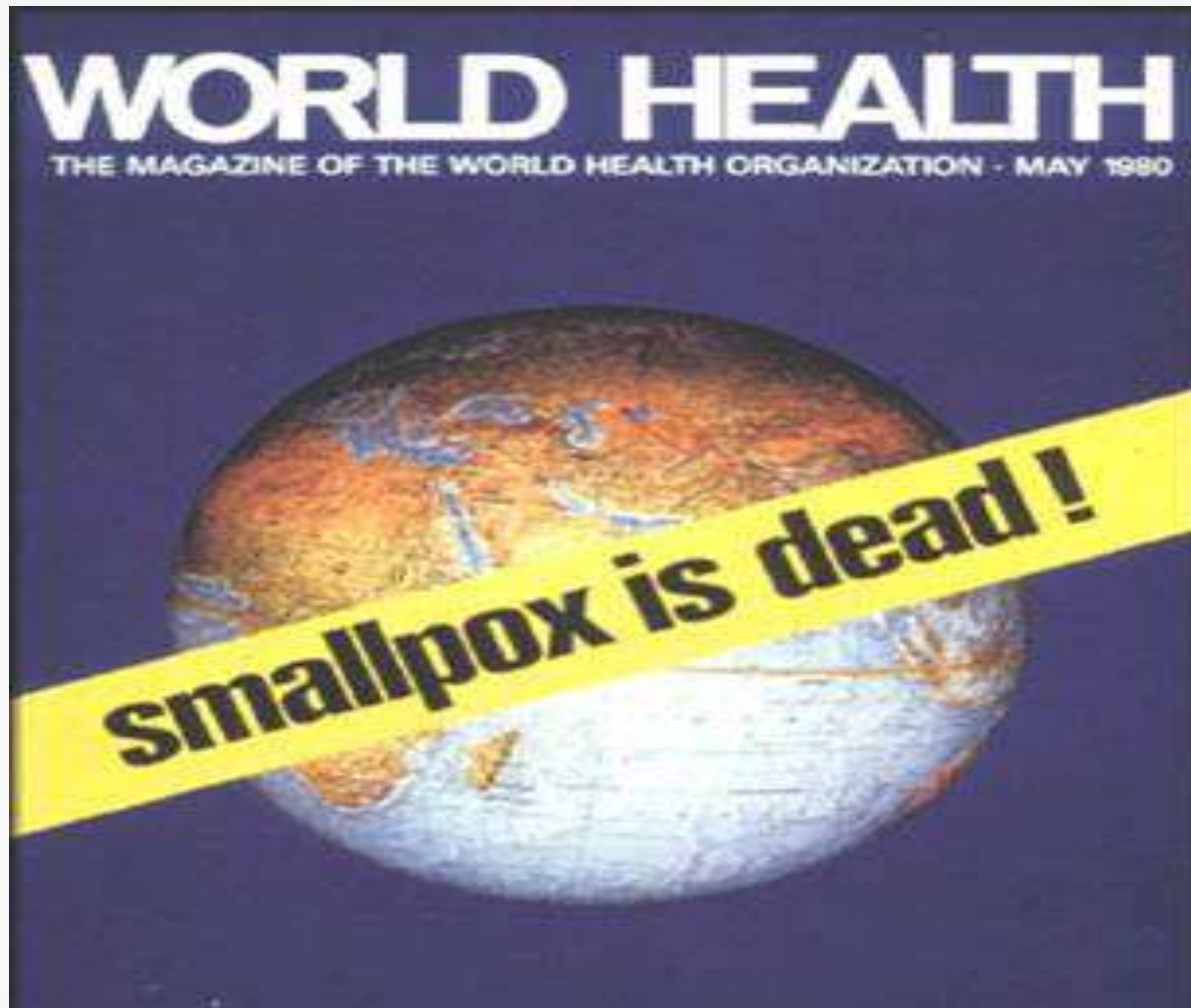
Interventions with a large potential impact on health outcomes

- **Immunization (EPI plus)**
- **DOTs for tuberculosis**
- **Maternal health and safe motherhood interventions**
- **Family planning**
- **School health interventions**
- **HIV/AIDS prevention**
- **Integrated management of childhood illnesses**
- **Treatment of STD**
- **Malaria control**
- **Tobacco control**

School of nursing

Course Code : BSCN 4002

Course Name : COMMUNIT HEALTH NURSING



Name of the Faculty: PROF. Dr.ASHIA QURESHI

BSc nursing

School of nursing

Course Code : BSCN 4002

Course Name : COMMUNIT HEALTH NURSING



**Polio may soon be eradicated from
India and the globe**

GALGOTIAS
UNIVERSITY

Available vaccines against some human pathogens

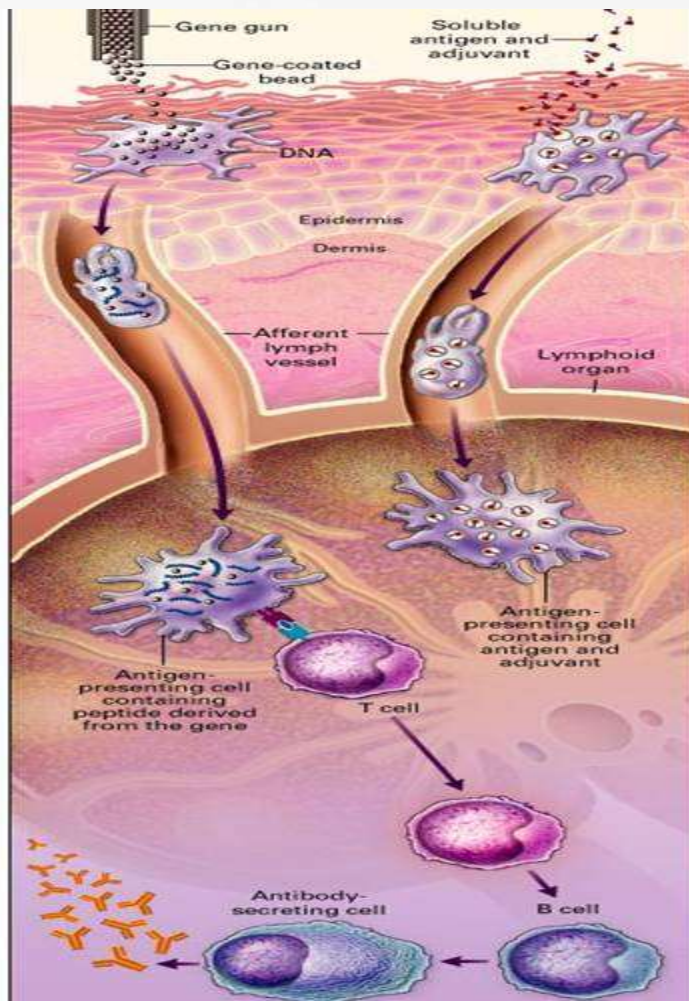
- **Whooping cough**
- **Tetanus**
- **Diphtheria**
- **Polio**
- **Measles, rubella**
- **Cholera**
- **Tuberculosis ?**
- *S typhi*
- *N meningitidis C*
- **Smallpox**
- **Anthrax**
- *Strep pneumoniae*
- *H influenzae*
- **Hepatitis A and B**
- **Jap encephalitis**
- **Mumps**
- **Rabies**
- **Yellow fever**
- **Varicella-zoster**
- **Influenza A**

GALGOTIAS
UNIVERSITY

Vaccines undergoing phase 3 clinical trials*

- **Leprosy**
- **Leishmania**
- *S typhi*
- *N meningitidis B*
- **Influenza B**
- **Rotavirus**

available in 5-10 years expected to be*



Vaccination coverage in India continues to be low, and falls short of the target of 90%. Recommended vaccinations under EPI include DPT, polio, BCG, measles. It is proposed to add Hepatitis B and *H influenzae* type b to this list.

Measles continues to cause 30% of all vaccine preventable deaths, mostly in developing countries.

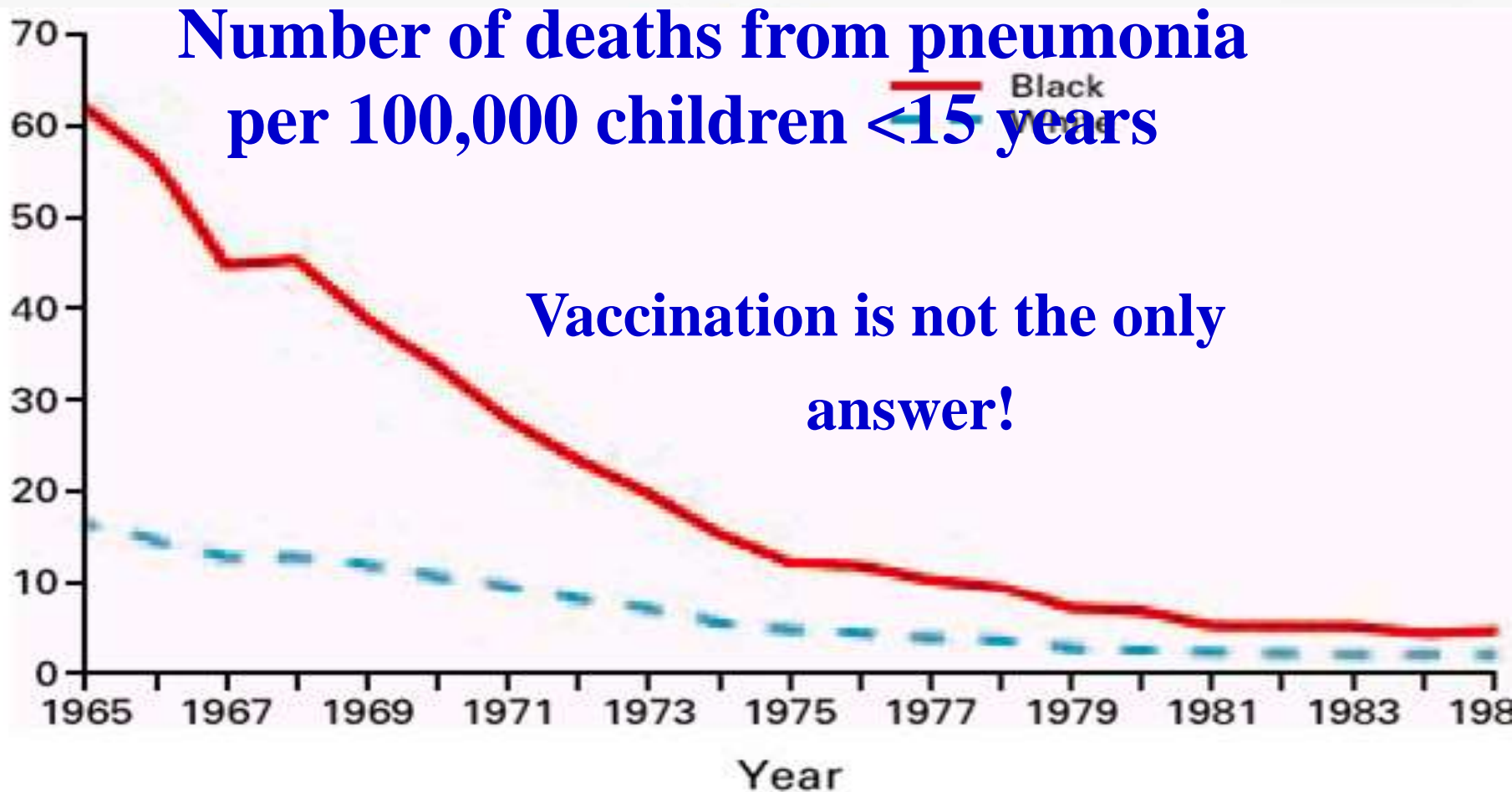
Challenge is to increase the immunization coverage to the desired level.

Also to develop newer vaccines and new modes of delivery.

School of nursing

Course Code : BSCN 4002

Course Name : COMMUNIT HEALTH NURSING



Rational use of diagnostic tests

- **Inappropriate and irrational use of high tech and expensive diagnostic tests is widely prevalent in developing countries (CT, serology for TB)**
- **Market forces, misinformation, desire to do something**
- **Governmental regulation not feasible; improved diagnostic reasoning required**

GALGOTIAS
UNIVERSITY

School of nursing

Course Code : BSCN 4002

Course Name : COMMUNIT HEALTH NURSING



- There has been an explosion of high tech diagnostic, therapeutic and preventive interventions in the field of medicine and surgery
- This has resulted in physicians spending less time in history taking and physical examination.

School of nursing

Course Code : BSCN 4002

Course Name : COMMUNIT HEALTH NURSING



Name of the Faculty: PROF. Dr.ASHIA QURESHI

BSc nursing

Rational Drug Use

- **Can prevent emergence of anti-microbial drug resistance, and reduce drug toxicity, adverse drug reactions, and the cost of treatment**
- **Requires coordinated approach: Patient and physician education, antibiotic policy, hospital infection control team, regional and national antibiotic resistance surveillance**

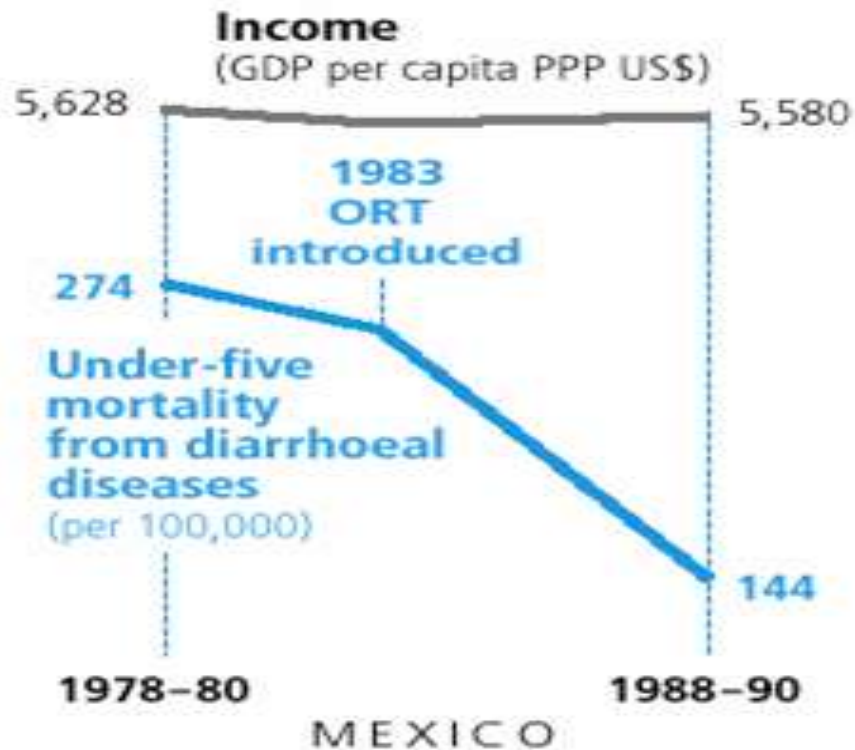
GALGOTIAS
UNIVERSITY

School of nursing

Course Code : BSCN 4002

Course Name : COMMUNIT HEALTH NURSING

Oral rehydration therapy reduces child mortality without income increase



Low cost interventions have been successful in reducing morbidity and mortality from many diseases.

DOTs for treatment of tuberculosis is one such intervention.

Behavioral interventions for reducing transmission of HIV infection, and management of STD and RTI are also cost-effective interventions.

Health Care in Developing Countries

- Existing infrastructure for health care needs to be strengthened. *Health should be perceived as an investment* and receive greater budgetary allocation
- *Education, safe water and sanitation* need priority
- *Vaccination coverage* to be improved
- *Better implementation of national health programs*
- *Judicious use of the scant resources* by promoting most cost-effective strategies for disease prevention
- *Inclusion of all level of stakeholders in planning* and policy making using tremendous human resource available in the country

- Reference
 1. **Park, K. (2015). *Park's textbook of preventive and social medicine* (23rd Ed.). Jabalpur: M/S Banarsidas Bhanot.**
 2. **Kumari, N. (2011). A Text Book of community health nursing. Jalandhar: S.vikas and company (medical) India**
 3. **Gulani,k.K2009).Community health nursing principles and practice(2nd ed.).New Delhi:Kumar publishing house.**
 4. **Kamalam,K.(2012).essentials in community health nursing practice(1st ed.). New Delhi: Jaypee Brothers Medi**



THANK YOU

GALGOTIAS
UNIVERSITY