Restructuring Public Health Services for Better Outcomes: Blueprint for District Pilot in Karnataka

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The Context:

A fundamental objective of health systems is to improve the health outcomes to foster healthier populations with minimum avoidable morbidity and mortality. Much of the ill-health in India is due to poor environmental sanitation, that is, unsafe water, polluted soil, unhygienic disposal of human excreta and refuse, leading to a high burden of water-, fecal- and vector-borne diseases. With this broad perspective, this World Bank sponsored study assesses the current system of delivery of Population–based Preventive Public Health Services (PPPHS) in the state of Karnataka and recommends a restructuring of the system of delivery.

Institutional Framework for Basic Public Health Services:

There are three main elements to the proposed changes in the institutional structure in the delivery of PPPHS: principle of separation of supervision of service from the provision of service; need for an internal audit of the service provision to the service provider; and need to keep in view of the progressive decentralization of governance in which public health services are assigned to local government bodies.

a. The Directorate of Public Health Services:

A separate directorate of public health services within the Health Department needs to be developed for planning and for providing technical support for improving public health services in the state.

b. State Public Health Council and Public Health Boards:

At the state level, there should be a political institution of ‘State Public Health Council’ (SPHC), which will be responsible for policy on public health issues in the state. At the state level, there will be an executive body, ‘the State Public Health Board’ (SPHB) with Chief Secretary as the Chairperson.

- At the District level, there will be a District Public Health Board (DPHB) headed by the Deputy Commissioner and having jurisdiction over both rural and urban areas of the District.
- A unified Public Health Act is needed to provide overall framework for the institutional mechanisms that will provide a uniform state-wide regulatory framework.

c. Community Public Health Plan:

The aim of the Community Public Health Plan (CHP) is to improve the health standards in the community significantly and quickly. The plan should be drawn up by the Neighbourhood Public Health Associations (NPHAs) and Ward Sabhas in the
villages, and NPHAs in the urban areas. In the rural areas, the government should examine the possibility of organising NPHAs by Grama Panchayats under the provisions of Section 61-A of Karnataka Panchayat Raj Act.

d. The Regular Monitoring of the State of Public Health Services:

The study has developed formats for monitoring the status of water quality, sanitation, vector control and food safety in both rural and urban areas. The blueprint also suggests measures for resource mobilization, creation of information centres, and forums for inter-sectoral coordination.