

3.3. Insights from Stakeholder Consultations

In this section, we have taken a detailed overview of the feedback and suggestions provided from the district and state level workshops conducted across the state. There have been many overlapping themes across the state such as Universal Health Care, quality accreditation of public health facilities; Improving the reach of ambulances; Reducing MMR and IMR etc.

SI No.	Topic	State level suggestions	District Suggestions	Department Suggestions
1	Equity			
2	Quality	One of the ways forward is receiving accreditation for all our government health facilities.	- Need for quality assessment of all government facilities against IPHS standards	
3	Primary Health Care	<p>The need to change and improve the perception of the public health sector Households to be recognized as places of health delivery for promotive, preventive care where home is recognized as part of the 4th tier health system</p> <p>Continuous capacity building: Training of workforce that is continuous with the goal of providing best knowledge and practice</p> <p>- Need to move towards universal health care</p>	<p>- universal health coverage should be made available for every citizen</p> <p>- IMR and MMR need to be reduced and addressed.</p> <p>- By 2025, diseases such as dengue, malaria, chikungunya, brain fever, etc. to be reduced to 1% of the cases reported as on date.</p> <p>- MMR and IMR should be addressed as per the Tamil Nadu model.</p> <p>- Improve and supplement the facilities with good quality equipment</p> <p>- Essential diagnostics for treatment such as dengue</p> <p>- Add Maternity Care centres to supplement govt facilities</p> <p>- Number of fully equipped mobile health units, dialysis centres, geriatric centres should be increased manifold to cater to every citizen by 2025.</p> <p>- By 2025, there should be at least one ambulance within 20km radius and a scheme be formed to provide a universal smart insurance</p>	<p>Year 2025 to have regulated rates for treatment and operations of all healthcare and medical facilities</p> <p>- Rapid Response Teams (RRTs) could be setup at district level for disaster management. Toll free number could be maintained by disaster management department for sharing information on emergency rescue and relief.</p> <p>- Life expectancy to be improved to 76 by 2025. Improvement in life expectancy – Currently, it is 69 for males and 72 for females.</p> <p>- Immunization to be brought to 90% by 2025.</p> <p>Department is benchmarking with Kerala (91%) and Sri Lanka (98%).</p> <p>- Birth Rate to be brought down to 15% by 2025 from the current 18.3%.</p> <p>- Death Rate to be brought down to 5% by 2025 from the current 7%.</p> <p>- IMR to be brought down to 20 by 2025 from the current 28</p> <p>- MMR to be 75 by 2025 from the</p>

		<p>card at a certain subsidized fee and with improved process</p> <ul style="list-style-type: none"> - accommodation at headquarters should be provided for all the doctors and staffs. - A 24*7 operative, full-fledged super-specialty hospital with specialists and state-of-the-art equipment should be made operational in the district by 2025. - Establish Tribal Health Research Center and district level equipment maintenance team by 2025. - The specific specialty hospitals should be spread across the district and a multi-specialty hospital should be present in all the districts. - A comprehensive study to list down most critical 5-10 diseases should be taken along with data collection. State government should conduct a study on conditions of 'Isolation Hospitals' and set up such hospitals in every district and maintain with a model code of operations. - Government should make a provision to provide separate staff to address the healthcare issues of the nomadic, semi-nomadic and tribal people. - Health helpline to be operated and controlled from district level. - Transgenders have to be treated with complete respect and should be provided with education, employment, houses and government facilities. - Every primary health center should 	<p>current ~ 100.</p> <ul style="list-style-type: none"> - Doctor-Patient ratio: XX by 2025 from the current XX– Department to provide data - XX Number of ambulances per lakhs of population? - All PHC and CHC to be fully equipped with basic infra and basic staffs by 2025. - All CHC would have ICU and operation theatre at block level by 2025? - XX % of people to be covered under various schemes by 2025. Department to share the number. - For every 1 lakh population (urban area), there should be 1 full fledged ward air condition clinic by 2025
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			have mental health professionals.	
4	Secondary & Tertiary Health Care		- Cancer hospitals need to be built at the district level and end-stage cancer patients need to have palliative care to address patients' concerns	
5	Public Health			
6	Mental Health & Neurosciences			
7	Women and Child Health			
8	Population Stabilisation			
9	Special groups (Tribal Health; Elderly health)			
10	Health Promotion and Advocacy		- Counselling and education about Maternal mortality and child marriages - To ensure child and maternal care, the Government to create an awareness on pre-pregnancy, during pregnancy and post-pregnancy related topics.	-
11	Human Resource Development	There is a need to look at the doctor-patient ratio Workforce needs to be motivated constantly: Enabling environment should be provided to all health worker to help them perform better Improving quality of infrastructure, basic services and security for the staff and not just filling in vacancies Need to decrease the workload of overburdened health workers The Male Health Worker has become an endangered species, need for training institutes? The issue of Maldistribution needs	- Increase number of Medical Officers at govt facilities to 3 MO's. - Uptodate Training for staff - Every PHC must have at least 1 female doctor to cater to woman patients. - soft skill training for doctors - The current Doctor to population ratio is 1:25000, it was discussed that by 2025 it is important to increase this to 1: 10000 - Alternative medical system such as Ayush should be encouraged and established at district levels and	

		to be addressed where local recruitment is done (Selection of the health staff needs to be more local) Need to create a national level human resource cell or human resource directorate VISION: Less than 10% vacancy in all levels of health system	dentist should be appointed at government hospitals. - By 2025, the salaries of rural doctors to be on a par with private hospital doctors or more, which could attract more doctors to rural areas.	
12	Health System Management/ Governance and Leadership	Set up performance targets where citizen engagement is seen Grievance redressal needs to be set up Accreditation of all facilities Biometric presence at the facilities with access to data by all Need to create Public State Health accounts Public display of budget monitoring that integrates into a single health account port available in public domain VISION: Share of public expenditure on private sector should come down to 50% from current 70% = 10% expenditure of any HH should be reduced to 2% on healthcare (total health expenditure)	- Need to effectively implement acts and schemes - Bio-metric attendance system could be in place at every PHC. - Setting up District Appointing authority, encourage people from the villages to get trained in medical courses, therefore appointing them to serve in PHCs of their respective villages.	Revival of VHSC , nutritional committee funds may be raised to 25K per year
13	Health Financing	- Reduce OOP by 50%	- Reduce OOP by producing efficient facilities at all levels of care - Introduce "Smart insurance card" to reduce OOP - By 2025, the out of pocket expenditure of pregnant women should come down by 60% - The GDP contribution from healthcare should be increased gradually to 5 per cent from 1.5 per cent, as is currently.	The out-of- pocket expenditure ranges from rural to urban areas. It should be brought down by 60% to the current rate for both urban and rural areas. Further the spread/ gap should not differ by maximum of 5 – 10%
14	Drug and Food Control/		- Tamil Nadu model of drugs distribution should be in place by	

	Management		<p>2025 to avoid unnecessary issues related to drug distribution.</p> <ul style="list-style-type: none"> - Government medical stores to provide all the essential drugs at affordable rates. <p>Government to make sure generic medicines are supplied to them. Also maintain the quality of drugs.</p> <p>-</p>	
15	Indian Systems of Medicine (AYUSH)	<p>Policy documents need to mention role of AYUSH where there is a clear definition of AYUSH practitioner in the health system and to be recognised as part of the system</p> <p>Health centres should be holistic centres incorporating AYUSH interventions when needed</p> <p>Making AYUSH an evidence based science</p> <p>State should establish a unified health system with AYUSH and FM Directorate where swasthya is the main focus</p> <p>Need to rethink the role of traditional healers in revitalization of Local Health Traditions</p> <p>Vision: Role of AYUSH needs to be given a serious thought at intervention level with a holistic approach for all health conditions</p>	<p>Alternative medicine efforts, such as AYUSH, should be encouraged by the government statewide, along with establishment of a panchakarma health clinic at taluk level.</p> <ul style="list-style-type: none"> - Hi-tech Panchakarma hospitals should be established at district level; - A lab technician and x-ray technician should be appointed at the Ayush hospitals. Ayush should have its own infrastructure and be involved under ESI scheme. 	
16	Panchayat Raj and empowerment of people			
17	Strengthening Partnerships	<ul style="list-style-type: none"> -How can the private sector play a crucial role with the government in ensuring better health delivery services? -Public Private Partnership 	<ul style="list-style-type: none"> -24/7 functioning of the hospital, by providing hi-tech equipment, and through provision of decorous infrastructure. One of the method could be by establishing 	

		<p>convergence where the public and private sectors converge in all aspects of health service delivery</p> <ul style="list-style-type: none"> -Primary health care services have been the main focus of the government, while secondary and tertiary care have been a big concern; -Collaborate with private sector in facilitating the government schemes and providing secondary and tertiary services in hard-to-reach areas across the state -PPP models need to be strengthened and bring in quality standards -Specialist care provision from private sector in order to reduce the Out-Of-Pocket (OOP) expenditure -Assist the government in a sustainable reliable costing policy -Accreditation of the private sector -Leveraging the services of the private sector <p>Vision:</p> <ul style="list-style-type: none"> o We need to have a trustful and transparent relationship (mistrust) o Regulation in both sectors o Through CSR come out with integrated management information system 	<p>such hospitals is through PPP (Public Private Partnership).</p>	
18	Multisectorality and Intersectoral Collaboration		<ul style="list-style-type: none"> - Children of the Girijana area should be educated and utilized for forest maintenance, since the Scheduled Tribe Forestry Girijana has a good understanding of the forest, their social and economic levels can be improved if they are appointed directly to the Forest Departments 	

			<p>job.</p> <ul style="list-style-type: none"> - The group observed that there was a lack of communication between various departments; for example to address domestic violence or outraging of women's modesty where the police department, health department, social welfare department and other departments need to come together to address this issue in an integrated manner. - At least one police personnel should be appointed in every hospital to manage/ prevent any untoward incident at hospitals. - - Increase presence of biotoilets - All schools should have yoga session in their curriculum - Cleaning up of garbage sites, drains and sewers should be undertaken periodically across the district to prevent mosquito breeding and other related diseases. -Health tips & schemes should be included in school syllabus to make children aware about basic health issues and remedies 	
19	State Health Policy	- Incorporate recommendations made in State Health Integrated Policy		
20	Health Assurance (SAST)			
21	Health Technology & Innovations	<ul style="list-style-type: none"> - Innovations and appropriate use of technology so that it supports PHC - Creating an enabling environment via appropriate technology - Integration of technology to have a comprehensive approach 	<ul style="list-style-type: none"> - The group suggested developing an app where any patient can be tracked and hospitalized at the nearest health center in case of emergency. - Hospitals to be digitalized and should be made E-hospitals and 	

		<ul style="list-style-type: none"> - Use of technology for shortage of human resources not only in treatment aspect but training as well - Need for a benchmark for efficiency of equipment - Why not use technology as an enabler to identify visible and invisible hotspots of diseases (GPS mapping) - Effective use of data mining in decision making - Use of technology to identify or early diagnosis of diseases - Data analytics: Vertical set of data being used for actionable work - Use of technology for diagnostic tools at grassroot level: At every facility from grassroot level health technology should help with available and affordable diagnostic services - Creating a State Health portal which is dynamic and accurate and available on public domain linked to national health portal related to the health programme that includes multi sectoral data <p>VISION: Every patient who accesses any health delivery service needs to have a record which is accessible to all</p>	<p>Health Department should have a system of e-documenting all medical treatment by implementing e-hospital software at Primary Health Centers, Community Health Centers, Public Hospitals, and District Hospital.</p>	
22	Health Industry			

4. Vision 2025 for Health and Nutrition in Karnataka

4.1. Vision Statement

“Achieving Universal Health Care through an equitable, accessible, affordable, quality and well governed health system for the people of Karnataka”

Mission Statement:

1. Strengthening and reforming public health care system to enhance its credibility, efficiency and effectiveness;
2. Establishing objective, transparent and unobtrusive regulations and regulatory mechanism for the private hospitals;
3. Using technology for sector management from service delivery perspective.

4.2. Key Goals and Targets for 2025

The way forward has been presented here based on ‘Key Performance Indicators’(KPIs) mentioned in the National Health Policy, 2017. The key goals and targets have been identified based on the trend analysed for each KPI in the current health status. The idea behind selecting these specific goals and targets is to be in line with the National Health Policy, 2017.

Key Performance Indicators	Key Goals/Targets				Source
	2017	2022	2025		
	Baseline		State	India*	
1. Healthy status and programme impact					
a. Life Expectancy and healthy life					
i. Increase Life Expectancy at birth					
- Male	68	70	71	70	
- Female	72.3	75	77	70	
ii. Reduction of TFR					
	1.9	1.7	1.6	2.1	
b. Mortality by age and/or cause					
i. Reduce Under Five Mortality					
	32	25	20	23	
ii. Reduce MMR					
	133	100	75	NA	
iii. Reduce infant mortality rate					
	24	25	20	NA	
iv. Reduce neo-natal mortality**					
	22	16	13	16	
v. Reduce still birth rate					
	1.1	0.8	0.5	<10	
c. Reduction of disease prevalence/incidence					
i. Achieve global target for HIV/AIDS					
- All people living with HIV know their HIV status	60	70	95	90	
- All people diagnosed with HIV infection receive sustained ART	60	70	95	90	
- All people receiving ART will have viral suppression	60	70	95	90	
ii. Achieve and maintain elimination status of					
- Leprosy by 2018	0.42	0.21	0	Eradication	
- Kala-Azar by 2017	0	0	0	0	
- Lymphatic Filariasis in endemic pockets by 2017	0.6	0.3	0	Eradication	
iii. To achieve and maintain a cure rate of >85% in new sputum positive patients for TB by 2025					
	82%	90	100	NA	
iv. Reduce incidence of new cases in TB to reach elimination status by 2025					
v. To reduce the prevalence of blindness					
	0.6	0.4	0.2	0.25	

vi. To reduce premature mortality from cardiovascular diseases, cancer, diabetes or chronic respiratory diseases	NA	25%	40%	25%	
2. Health Systems performance					
a. Coverage of health services					
i. Increase utilization of public health facilities					
- Out patient by 50% from current levels	20%	40%	75%	-	World bank study
- Inpatient by 50% from current levels	50%	60%	75%	-	World bank study
ii. Antenatal care coverage to be sustained					
- Skilled attendance at birth to be sustained	93.90%	97%	100%	> 90%	
iii. More than 90% of the newborn are fully immunized by one year of age					
	65%	80%	95%	> 90%	
iv. Meet need of family planning above 90% at national and sub national level					
	89.60%	95%	100%	> 90%	
v. Known hypertensive and diabetic individuals at household level maintain "controlled disease status"					
	NA	30%	90%	80%	
b. Cross sectoral goals related to health					
i. Relative reduction in prevalence of current tobacco use	-	by 15%	-	by 30%	
ii. Access to safe water and sanitation (Swachh Bharat Mission)	-	75%	100%	All	
3. Health systems strengthening					
a. Health finance					
i. Increase health expenditure by Government as a percentage of SDP					
	-	-	-	-	
ii. Increase State sector health spending					
	3%	6%	8%	-	
iii. Decrease in proportion of households facing catastrophic (OOP) health expenditure from the current levels					
	72%	50%	20%	25%	
b. Health infrastructure and human resource					
i. Ensure availability of paramedics and doctors as per Indian Public Health Standard (IPHS) norm in high priority districts					
	1:1,681	1:1,200	1:1,000	-	
ii. Increase community health volunteers to population ratio as per IPHS norm, in high priority districts (ASHAs)					
	1:1,000	1:750	1:500	-	

4. Health Assurance					SAST
i. Secondary and Tertiary Care	70%	90%	100%	-	
ii. Primary Health Care	20%	75%	100%	-	
5. Quality					NABH & NQAS website
i. Percentage of institutions accredited	1%	20%	50%	-	
6. Good Governance (Transparency, Accountability)					
i. Making the staff stay in facility (24x7 PHC, FRU and above)	50%	75%	100%	-	Rural Health Statistics 2015 -16
ii. The private practice by the government doctors should be banned altogether and a suitable mechanism to pay them well should be found.	-	To be implemented	-	-	
iii. Public Health Cadre	-	To be implemented	-	-	
7. Health Technology					Department of Health and Family Welfare, Karnataka data
i. Diagnostics and equipment	NA	50%	75%	-	
ii. ICT (MCH and health)	50%	75%	100%	-	
8. Equity					Nanjundappa Committee Report, 2002
i. Number of Districts with lowest development index	8	5	3		
ii. Number of Talukas with lowest development index (most backward talukas as per Nanjudappa Committee)	39	20	10		
9. Nutrition					NFHS-4
i. Stunting in Under 5 children	36.2 %	25%	15%	-	
ii. Wasting: Reduce childhood wasting	26%	20%	15%	-	
iii. Anemia: reduction of anemia in women of reproductive age	45%	25%	10%	-	
iv. Reduction of low birth weight cases	7.6 %	4%	2%	-	
v. Increase the rate of exclusive breastfeeding in the first six months	54%	75%	100%	-	
<i>*Source: For India, all have been taken from National Health Policy 2017</i>					

4.3. Implementation Roadmap

SI No.	Topic	Strategy	Short Term	Medium Term	Long Term
1	Equity	- Specific planning and budget of the backward districts and taluks.			
2	Quality	-To ensure quality assessment and accreditation of all government facilities			
3	Primary Health Care	- Enhancing existing services by working towards filling in vacancies and provision of better infrastructure			
4	Secondary & Tertiary Health Care	- Enhancing existing services by working towards filling in vacancies and provision of better infrastructure			
5	Public Health	- Create a system that can assess, monitor and evaluate the programmes			
6	Mental Health & Neurosciences	- Proper implementation of current mental health programme at district and PHC level			
7	Women and Child Health	- Strengthen the existing facilities with workforce and infrastructure			
8	Population Stabilisation	-To focus on backward districts where TFR is yet to be achieved			
9	Special groups (Tribal Health; Elderly health)	-To have specific planning for Tribals, Elderly and Differently abled.			
10	Health Promotion and Advocacy	- To provide more expenditure towards this area (Other countries spend 6%)			
11	Human Resource Development	- To decrease the workload of overburdened health workers - To relook at infrastructure for staff			
12	Health System Management/ Governance and Leadership	- To strengthen existing governance and management			
13	Health Financing	- To increase the state expenditure on health			
14	Drug and Food Control/ Management	- To revise EDL and STG as well as budget allocation towards drugs			
15	Indian Systems of Medicine (AYUSH)	- To establish or relocate units of ISM&H with necessary infrastructure at CHCs, Taluka and District hospitals			

16	Panchayat Raj and empowerment of people	- To strengthen the implementation of VHSNCs, ARS and community processes			
17	Strengthening Partnerships	- To increase prospects of collaborating and involvement of other sectors			
18	Multisectorality and Intersectoral Collaboration	- To work with other departments to integrate health in their programmes, with a cross sectoral approach (police department, water, nutrition etc)			
19	State Health Policy	- To relook at the state health policy in line with the national health policy			
20	Health Assurance (SAST)	- To build on this successful model and replicate/ upscale it			
21	Health Technology & Innovations	- To grow and utilise health technology towards better service delivery			
22	Health Industry	- To increase or improve collaborations with the health industry			
23	Nutrition	- To strengthen existing programmes and introduce a policy on nutrition			