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HEALTHCARE OF THE ELDERLY IN INDIA (NATIONAL PROGRAM FOR HEALTHCARE OF THE ELDERLY) (NPHCE)

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ABSTRACT

The population over the age of 60 years has tripled in last 50 years in India and will relentlessly increase in the near future. With a comparatively young population, India is still poised to become home to the second largest number of older persons in the world. With a comparatively young population, India is still poised to become home to the second largest number of older persons in the world. Projection studies indicate that the number of 60+ in India will increase to 100 million in 2013 and to 198 million in 2030.

The National Programme for Health Care for the Elderly (NPHCE) is a modest attempt by the Ministry of Health and Family Welfare to address this issue by way of introducing a comprehensive health care set up completely dedicated and tuned to the needs of the elderly. The interventions are designed to capture the Preventive, Curative and rehabilitative aspects in the geriatric field. Financial Management Groups (FMG) of Program Management support units at the state and district level, which are established under NRHM, will be responsible of maintenance of accounts, release of funds, expenditure reports, utilization certificates and audit arrangements. The funds will be released to States/UTs through the State Health Society (SHS) to carry out the activities at different levels as envisaged in the operational guidelines. Funds release from SHS to District Health Society (DHS) would inter alia include funds for CHCs, PHCs and sub-centers to cover the entire District. The NPHCE is a good and new initiative to take care of a fast ageing population. It requires more attention in the implementation and coordination so that the program would not only be on paper like many other programs of the country.

KEYWORDS :

Introduction:

Population ageing is one of the most discussed global phenomena in the present century. Countries with a large population like India have a large number of people now aged 60 years or more. The population over the age of 60 years has tripled in last 50 years in India and will relentlessly increase in the near future. With a comparatively young population, India is still poised to become home to the second largest number of older persons in the world. Projection studies indicate that the number of 60+ in India will increase to 100 million in 2013 and to 198 million in 2030. The special features of the elderly population in India are :- (a) a majority (80%) of them are in the rural areas, thus making service delivery a challenge, (b) feminization of the elderly population (51% of the elderly population would be women by the year 2016),(c) increase in the number of the older-old (persons above 80 years) and (d) a large percentage (30%) of the elderly are below poverty line. Therefore, policy interventions that include social and human, as well as economic investments is the need of the hour to prevent unnecessary dependencies from arising whether in late life for individuals or downstream in ageing societies. When judicious investments are made in advance, experts suggest that ageing can be changed from a drain on resources to build-up of human, social, economic and environmental capital. However, this would call for investing in the phases of life, fostering enabling societies, and creating flexible but vibrant collaborations in the process, through which the future building of a society for all ages can take hold in the present.

The National Sample Survey of 2004 (60th Round) provides a comprehensive status report on older persons. According to it, the prevalence and incidence of diseases as well as hospitalization rates are much higher in older people than the total population. It also reported that about 8% of older Indians were confined to their home or bed. The proportion of such immobile or home bound people rose with age to 27% after the age of 80 years. Women were more frequently affected than males in both villages and cities. The survey estimated the state of self perceived health status of older people. A good or fair condition of health was reported by 55-63% of people with a sickness and 77-78% of people without one. In contrast about 13-17% of survey population without any sickness reported ill health. It is possible that many older people take ill health in their stride as a part of "usual/normal ageing". This observation has a lot of significance as self perceived health status is an important indicator of health service utilization and compliance to treatment interventions.

Non-communicable diseases requiring large quantum of health and social care are extremely common in old age, irrespective of socio-economic status. Disabilities resulting from these non-communicable diseases are very frequent which affect functionality compromising the ability to pursue the activities of daily living. The treatment/ management of these chronic diseases is also costly, especially for cancer treatment, joint replacements, heart surgery, neurosurgical procedures etc thereby making it out of bound for elderly whose income decreases post retirement and more so for the elderly in the unorganized sector and dependent elderly women The National Sample Surveys of 1986-87, 1995-1996, and 2004 have shown that: The burden of morbidity in old age is enormous.

National Programme for Health Care of the Elderly (NPHCE)

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THE VISION, Objectives & Expected Outcome:

The National Programme for the Health Care for the Elderly (NPHCE) is an articulation of the International and national commitments of the Government as envisaged under the UN Convention on the Rights of Persons with Disabilities (UNCRPD), National Policy on Older Persons (NPOP) adopted by the Government of India in 1999 & Section 20 of "The Maintenance and Welfare of Parents and Senior Citizens Act, 2007" dealing with provisions for medical care of Senior Citizen.

The Vision of the NPHCE is:

- To provide accessible, affordable, and high-quality long-term, comprehensive and
- dedicated care services to an Ageing population.
- Creating a new "architecture" for Ageing.
- To build a framework to create an enabling environment for "a Society for all Ages".
- • To promote the concept of Active and Healthy Ageing.

SPECIFIC OBJECTIVES OF NPHCE

- To provide an easy access to promotional, preventive, curative and rehabilitative services through community based primary health-care (PHC) approach
- To identify health problems in the elderly and provide appropriate health interventions in the community with a strong referral backup support
- To build capacity of the medical and paramedical professionals as well as the care-takers within the family for providing health-care to the senior citizen
- To provide referral services to the elderly patients through district hospital regional medical institutions
- Convergence with National Rural Health Mission (NRHM), Ayush and other line departments like Ministry of Social Justice and Empowerment.

STRATEGIES TO ACHIEVE THE OBJECTIVES OF THE NPHCE

- Community based PHC approach including domiciliary visits by trained health-care workers
- Dedicated services at PHC/Community Health Center (CHC) level including provision of machinery, equipment, training, additional human resources, Information, Education and Communication (IEC), etc.
- Dedicated facilities at the district hospital with 10 bedded wards, additional human resources, machinery and equipment, consumables and drugs, training and IEC
- Strengthening of 8 Regional Medical Institutes to provide dedicated tertiary level medical facilities for the elderly, introducing PG courses in geriatric medicine, and in-service training of health personnel at all levels
- IEC using mass media, folk media and other communication channels to reach out to the target community
- Continuous monitoring and independent evaluation of the Program and research in geriatrics and implementation of NPHCE
- Promotion of public private partnerships in geriatric health-care
- Mainstreaming Ayush – revitalizing local health traditions and convergence with programs of Ministry of Social Justice and Empowerment in the field of geriatrics
- Reorienting medical education to support geriatric issues.

THE FOLLOWING ARE THE EXPECTED OUTCOMES OF NPHCE

- Regional geriatric centers (RGC) in eight Regional Medical Institutions by setting up RGCs with a dedicated geriatric out-patient department (OPD) and 30-bedded geriatric ward for management of specific diseases of the elderly, training of health personnel in geriatric health-care and conducting research
- Post-graduates in geriatric medicine from the eight regional medical institutions
- Video Conferencing Units in the 8 Regional Medical Institutions to be utilized for capacity building and mentoring
- District geriatric units with dedicated geriatric OPD and 10-bedded geriatric ward in 80-100 District Hospitals
- Geriatric clinics/rehabilitation units set up for domiciliary visits in community/primary health centers in the selected districts
- Sub-centers provided with equipment for community outreach services
- Training of Human Resources in the Public Health-Care System in geriatric care.

PACKAGE OF SERVICES UNDER NPHCE

In the program, it is envisaged providing promotional, preventive, curative and rehabilitative services in an integrated manner for the Elderly in various Government health facilities. The package of services would depend on the level of health facility and may vary from facility to facility. The range of services will include health promotion, preventive services, diagnosis and management of geriatric medical problems (out- and in-patient), day care services, rehabilitative services and home based care as needed. Districts will be linked to RGCs for providing tertiary level care. The services under the program would be integrated below district level and will be an integral part of existing PHC delivery system and vertical at district and above as more specialized health-care are needed for the elderly.

Institutional framework for the implementation of NPHCE

Financial Management Groups (FMG) of Program Management support units at the state and district level, which are established under NRHM, will be responsible of maintenance of accounts, release of funds, expenditure reports, utilization certificates and audit arrangements. The funds will be released to States/UTs through the State Health Society (SHS) to carry out the activities at different levels as envisaged in the operational guidelines. Funds release from SHS to District Health Society (DHS) would inter alia include funds for CHCs, PHCs and sub-centers to cover the entire District.

Funds from this program will be released to the SHS by the Government of India. SHS will retain funds for state level activity and release grant-in-aid to the DHSs. NPHCE would operate through NCD cells under the program constituted at State and District levels and also maintain separate bank accounts at each level. Funds from Health Society will be transferred to the Bank accounts of the NCD cell after requisite approvals at the appropriate stage. This system will ensure both convergence as well as independence in achieving program goals through specific interventions. It is envisaged to merge the program at State and District into the SHS and DHS respectively in order to ensure sustaining the current momentum and continued focus.

Although, the NPHCE addresses most of the health problems in an institutional health-care system, but it completely neglects the home based care of an elderly person in families. It would have been better to focus on awareness among families and make them prepare for possible eventualities rather than treating when it happened. Other than having a national vision, the policy should have a decentralized vision that can make the policy demand driven rather than an autocratic state driven system. As in the case of most of the national programs or policies, it also fails to focus on regional issues that are different in different regions. The policy can be a failure in addressing how to generate an incentive for families to treat and care for their elderly, which is so necessary in a poor country like India.

The NPHCE is a good and new initiative to take care of a fast ageing population. It requires more attention in the implementation and coordination so that the program would not only be on paper like many other programs of the country.

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