

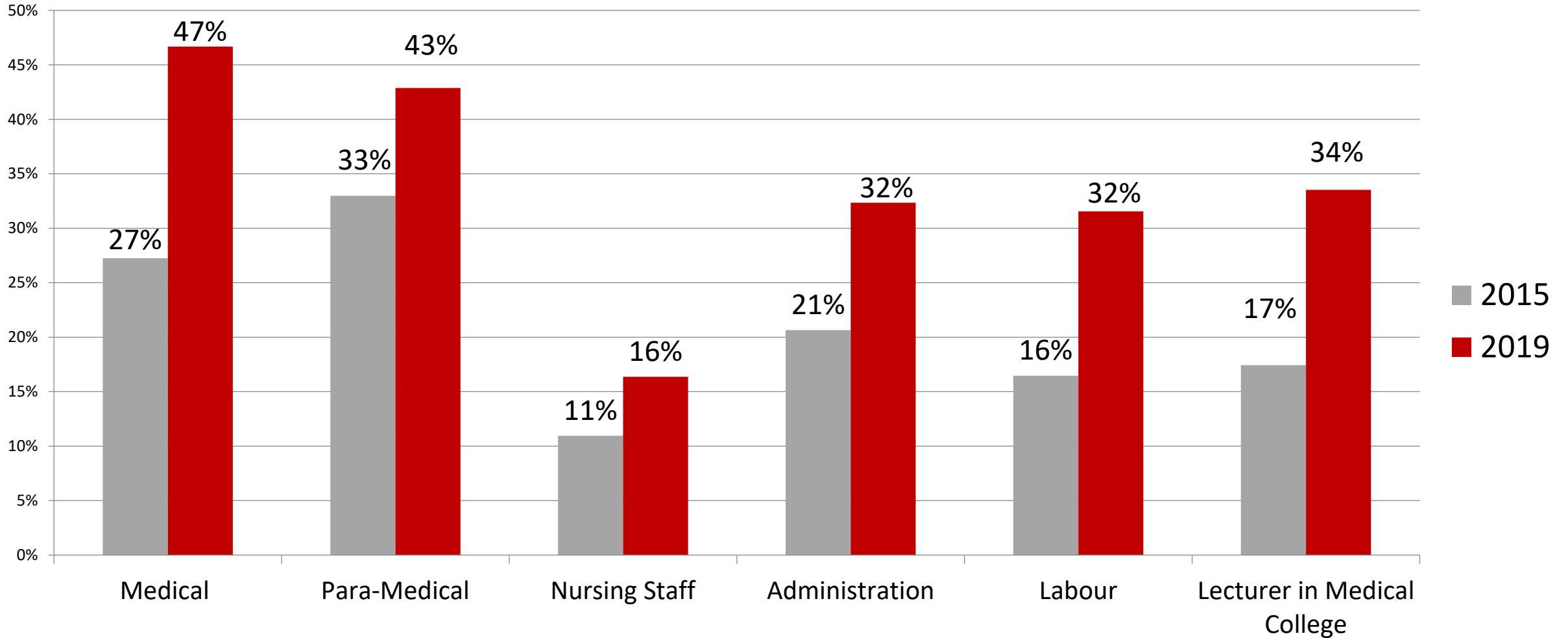


The State of Health in Mumbai

September 2020

Is Mumbai Equipped to Tackle its Health Crises?

Overall Vacancy of MCGM Medical Personnel was 47% in 2019 while it was 27% in 2015.

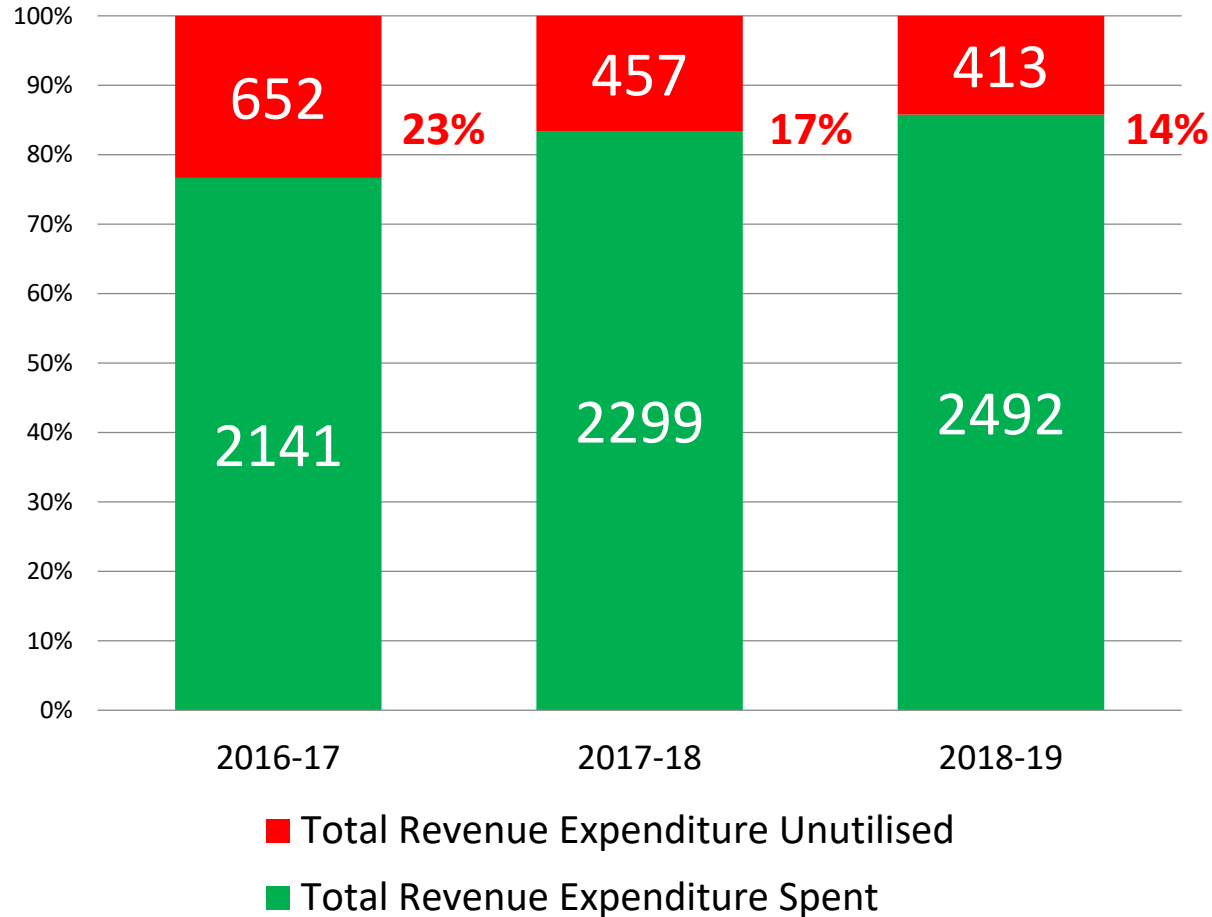


The Table depicts the percentage of posts vacant to total posts.

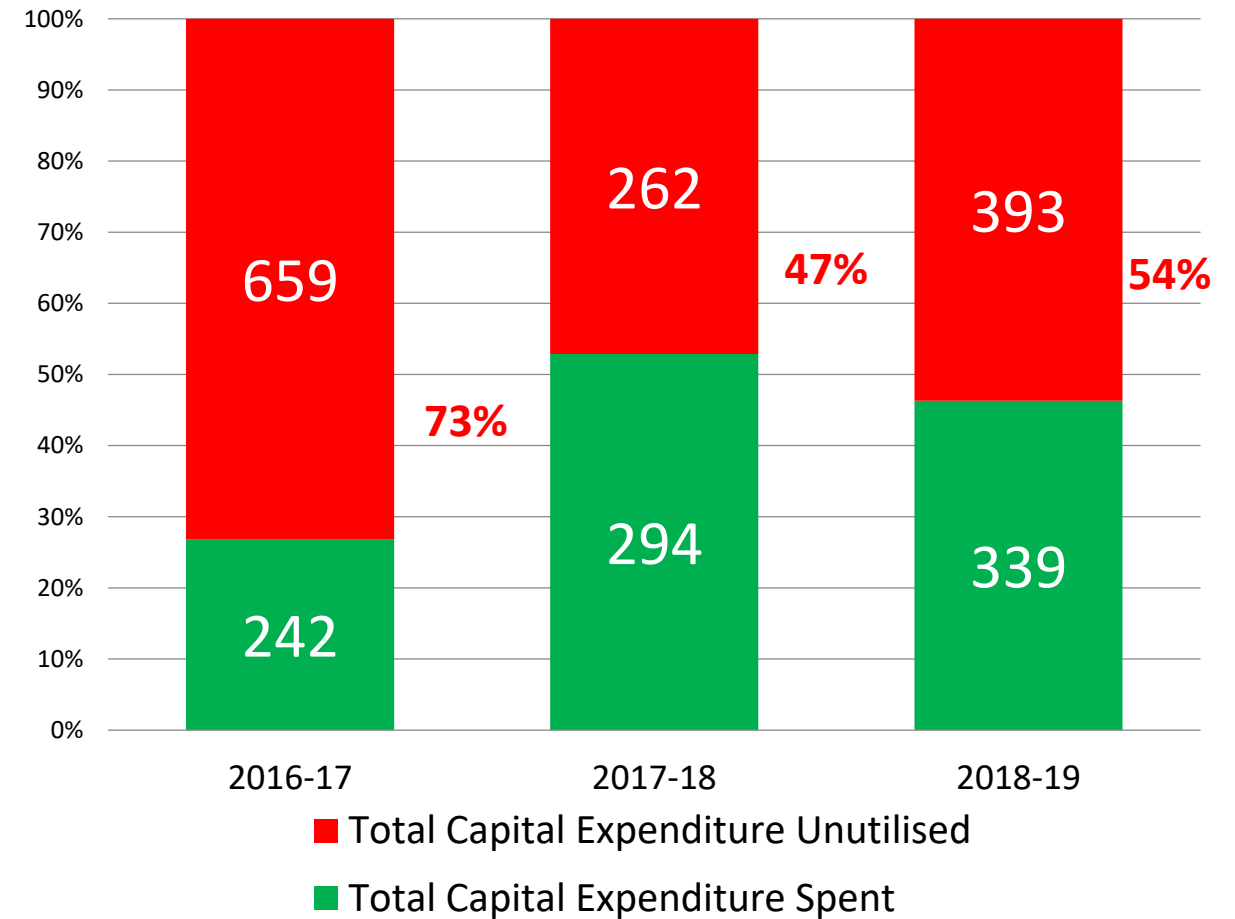
Is Mumbai Equipped to Tackle its Health Crises?

On an average 58% of MCGM Capital Health Expenditure was not Spent in the last three years

Revenue Expenditure



Capital Expenditure



Figures are in crores

What needs to be done to strengthen health infrastructure?

- **More Doctors And Staff** To Be Allocated, **Vacant Posts** need to be filled
- Proper **Utilisation of Budget** Allocated
- **Improve Dispensary Facilities** for Preventive and Primary Care
- Provide **Integrated Primary Care** with specialist services for diseases including mental health and nutrition counselling and diagnostic services.

More people died in Mumbai during lockdown of causes other than COVID-19

Month	Total Deaths 2019*	Total Deaths 2020*	COVID Deaths 2020**	Deaths from Other Causes 2020	Excess deaths due to other causes as compared to 2019	% of excess deaths
Jan	8,652	7,985	NA	7,985	NA	NA
Feb	7,338	7,324	NA	7,324	NA	NA
Mar	7,358	6,692	NA	6,692	NA	NA
Apr	6,681	7,092	270	6,822	141	2%
May	6,832	13,833	957	12,876	6,044	88%
Jun	6,797	11,119	3,236	7,883	1,086	16%
Jul	8,314	6,151	1,837	4,314	-4,000	-48%

(*) Total Deaths of 2019 and 2020 as reported in <https://indianexpress.com/article/cities/mumbai/covid-outbreak-64349-deaths-in-mumbai-this-year-6587188/> In spite of numerous efforts to get deaths related data through RTI from the MCGM and state government the said data was not provided to us.

(**) COVID Deaths as reported on Maharashtra Government Website: https://twitter.com/Maha_MEDD

On an average **46** people died of COVID-19 per day*.
BUT, over the years, more people have been dying in the city of other diseases. In 2018:

29 deaths per day due to diabetes

28 deaths per day of cancer

22 deaths per day of respiratory diseases

14 deaths per day of tuberculosis

Which shows **that the Health System as a whole needs to be improved to tackle Health Crises.**

Cause of Death Not Being Monitored

- Cause of death is an essential and basic data important for making and **monitoring of any public health policy and for analysing morbidity trends** to prevent health emergencies.
- However this data is **not being effectively tracked or monitored by either of the governments.**
- Since the **Cause of Death Data was centralised in 2016** to the Central Registration System (CRS), access to it has been a continuous problem for state and city governments.
- Due to constant efforts of Praja using RTIs, a **Chief Information Commission order was passed in 2018 requiring CRS to provide access to state and local governments.**
- In mid-2020, the **state government was given access to the CRS software but only for 5 corporations in Maharashtra** and only ward wise quarterly reports were allowed for generation acting as a hindrant for analysis of the data. Further the data when computed for Mumbai was found to be incomplete.

This shows that governments implementing public health in the country DO NOT HAVE ACCESS TO and DO NOT TRACK the causes of death, which can spell a health disaster bigger than COVID-19.

What needs to be done to better monitor cause of death?

- The **Civil Registration System (CRS)** of the central government needs **to be updated to provide access** to the local and state governments.
- The CRS software **needs to make available city/ward/district wise reports** of the vital statistics to the public.
- The **MCGM needs to monitor the cause of death** in its own system so that it is not dependent upon any other agency/government and can effectively monitor the status of health in the city.

Status of Communicable Diseases in Mumbai

Diseases	Target	Current Status
Tuberculosis	0 TB cases/1 lakh population by 2030 under SDG and 0 TB cases/1 lakh population by 2025 under Revised National Tuberculosis Control Programme	418 cases/1 lakh population in 2019 63% increase in drug resistant TB from 2014 to 2018
HIV	Reduction in new infections under National Aids Control Programme	Number of positive HIV cases detected decreased from 7,149 in 2017-18 to 6,084 in 2019-20 while deaths decreased from 852 in 2016 to 822 in 2018.
Malaria	Reduce incidence and morbidity of malaria under National Vector Borne Disease Control Programme and Urban Malaria Scheme.	Total malaria cases decreased from 2017-18 to 2019-20 by 10% .
Dengue	Reduce incidence and morbidity of dengue under National Vector Borne Disease Control Programme	Total dengue cases increased by 31% from 2017-18 to 2019-20 .

How to Better Tackle Communicable Diseases?

- **Social determinants of health** need to be focused on.
- Specific focus needs to be given on **drug resistant TB and ensuring proper treatment at the initial stages.**
- More focus needs to be laid on **testing of HIV among non-pregnant females and males for early detection.**
- **Duplicity of schemes** such as the case with malaria in Mumbai (Urban Malaria Scheme and National Vector Borne Disease Control Programme) may not be the useful to achieve the intended targets.

Poor Focus of Health Systems on Non-Communicable Diseases in Mumbai

Non-Communicable Disease	2018 Total Deaths
Diabetes Mellitus (E10-E14)	10,458
Hypertension (I10-I15)	3,731
Disease Of The Circulatory System (I00-I99)	25,962
Diseases Of The Respiratory System (J00-J98)	7,954
Diseases of the Nervous system (G00-G98)	2,537
Neoplasms (Cancer) (C00-D48)	10,073

Only two major NCD policies are implemented in Mumbai.

The NCD Programme run by MCGM covers only diabetes and hypertension while neoplasms (cancers), respiratory diseases and other diseases of the heart and circulatory system that are not covered under the scheme also account for major causes of NCD deaths.

How to Better Tackle Non- Communicable Diseases?

- Focus on promoting **healthier lifestyle changes, nutrition counselling and awareness generation** need to be adopted in policy and implementation.
- A **targeted approach** towards tackling each NCD specifically with its underlying causes and determinants needs to be adopted.
- **Focus on early detection** through strengthening of primary health care systems needs to be done.
- **Schemes related to NCDs** such as The National Programme for Prevention and Control of Cancer Diabetes Cardiovascular Diseases and Strokes should be implemented in Mumbai.

Status of Reproductive, Maternal, Neonatal, Child and Adolescent Health (RMNCHA+) in Mumbai (1/2)

Parameters	Target	Current Status
Vaccination	Full Immunisation under Pulse Polio Programme and Mission Indradhanush	Polio vaccination dosage increased on an average from 1,62,803 in 2017-18 to 1,69,465 in 2019-20 but 8 deaths reported in 2018. Less than 10 deaths in all vaccines covered under MI except for diarrhoea (67) and tuberculosis (75) in 2018.
Infant and Child Health	Reducing neo-natal and infant mortality under Janani Suraksha Yojana, Janani Shishu Suraksha Karyakram Reduce Under 5 Mortality Rate (deaths per 1,000 live births) to 11 by 2030 under SDG	Neo-natal deaths fell from 2,999 in 2014 to 2,239 in 2018. Infant deaths fell from 4,883 in 2014 to 3,723 in 2018. Under 5 Mortality Rate was 30 in 2018
Adolescent Health	Screening of 30 diseases for early detection in children from age group 0 to 18 under Rashtriya Bal Swasthya Karyakram Screening students of major ailments/defects/diseases in municipal schools under School Health Scheme	Number of children screened has increased from 42,155 in 2017-18 to 1,71,119 in 2019-20. Number of students screened under the MCGM School Health Scheme reduced from 2,32,706 in 2017-18 to 1,74,464 in 2019-20.

Status of RMNCHA+ in Mumbai (2/2)

Parameters	Target	Current Status
<p>Maternal Health</p>	<p>Reduce maternal mortality under Janani Suraksha Yojana, Janani Shishu Suraksha Karyakram</p> <p>Reduce Maternal Mortality Rate (deaths per 1,00,000 live births) to 70 by 2030 under SDG</p>	<p>The number of pregnant women registered for antenatal care decreased by 32.5% from 2,83,307 in 2017-18 to 1,91,247 in 2019-20.</p> <p>Maternal Mortality Rate was 143 in 2018</p>
<p>Reproductive Health</p>	<p>Bringing about gender parity in contraceptive usage under the Urban Reproductive and Child Health Programme</p>	<p>99.44% of all family planning interventions from 2017-18 to 2019-20 were targeted towards females.</p> <p>Contraceptive distribution was also heavily skewed- there was a 236% increase in emergency contraceptive pills distributed from 2017-18 to 2019-20 while distribution of condoms fell by 34% in the same period.</p> <p>This was also reflected in Sexually Transmitted Infections –67% of total cases (average from 2017-18 to 2019-20) were reported in females.</p>

How to Better Tackle RMNCHA+ Diseases?

- Efforts must be made to **improve our immunisation rates and coverage every year to reduce preventable diseases**, there is also a need to specifically focus on certain diseases like tuberculosis and diarrhoea. In targeted intervention such as those under RBSK, diseases based on deaths in that age group such as pneumonia, septicaemia and nervous disorders also need to be targeted.
- Focus needs to be **laid on the adolescent health component under RMNCHA+ which has not been covered by most schemes.**
- Promotion of **gender equality and greater male participation** in the Urban Reproductive and Child Health programme needs to be implemented in actuality, **by promotion of male contraceptive methods** that are much more safer and easier to use.
- School Health Scheme should add gender and sexuality counselling as well as **mental health** component for school children.
- Various policies have been implemented to focus on maternal health and institutional deliveries, however the maternal mortality continues to be high- **there needs to be a comprehensive and unified policy that looks at all aspects of maternal health and prevention of maternal mortality.**

Status of Nutrition In Mumbai

Parameters	Target	Current Status
Micronutrient Deficiencies	<p>Reduce percentage of pregnant women aged 15 to 49 years who are anaemic (11g/dl) to 23.57% by 2030 under SDG</p> <p>Reduce anaemia under National Iron Plus Initiative for Anaemia Control</p>	<p>Out of total pregnant women registered for ante-natal care, 54% reported anaemic (less than 11g/dl) in 2019-20.</p>
Undernutrition	<p>Reducing the number of undernourished children under Integrated Child Development Services</p>	<p>The number of severely underweight children increased from 2,519 in 2017-18 to 4,233 in 2019-20 and so has proportion to total children weighed (from 0.94% to 1.48%).</p> <p>While 7,512 students were reported underweight in MCGM's School Health Scheme screening, 191 were reported overweight in 2019-20, reflecting the double burden of nutrition.</p>

How to Better Tackle Nutritional Deficiencies?

- As has been mentioned by the National Health Policy 2017, supplementation although necessary as an immediate intervention is not a replacement for nutritious and macronutrient rich food. **Nutritional schemes therefore need to include a nutritional counselling component.**
- **Micro-nutrients in the diet** need to be focussed upon such as iron rich food for tackling anemia which needs to be incorporated as components in the overall food security policies and mid-day meal scheme.