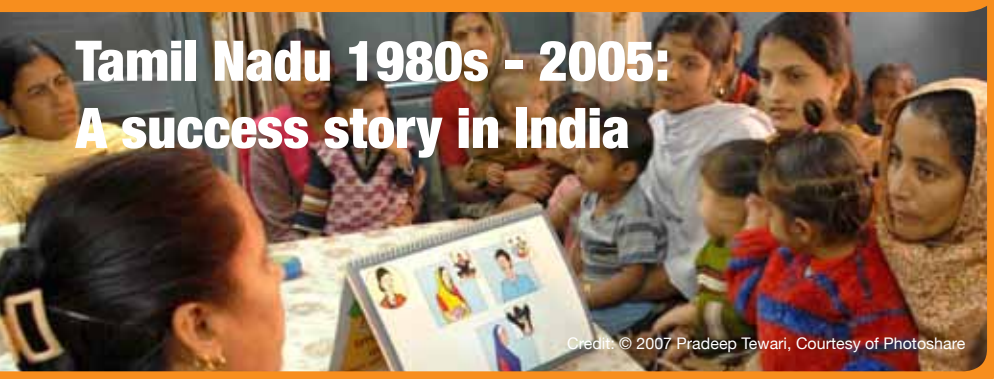
‘Good health at low cost’ 25 years on
What makes an effective health system?



Tamil Nadu 1980s - 2005: A success story in India

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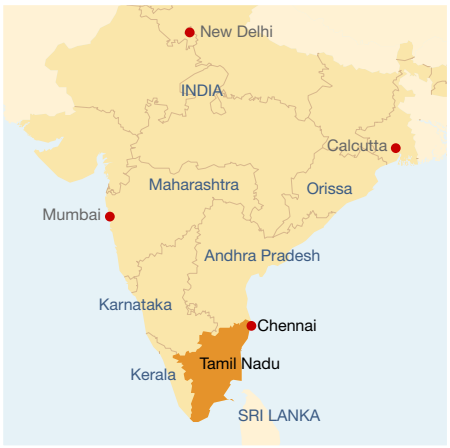

First published in 1985, the Good health at low cost report sought to describe how some developing countries were able to achieve better health outcomes than others with similar incomes. An iconic publication of its day, it highlighted the linkages between the wider determinants of health and their impact on health outcomes using country case studies. In an extension to the original analysis, recent research explores five new countries asking why some developing countries are able to achieve better health outcomes. With chapters focusing on Bangladesh, Ethiopia, Kyrgyzstan, Tamil Nadu (India) and Thailand, ‘Good health at low cost’ 25 years on has identified a series of inter-linking factors, within the health system and beyond. This fourth briefing in the series focuses on findings from Tamil Nadu.

‘Good health at low cost’ 25 years on

Tamil Nadu’s rural health care delivery system was restructured in the late 1970s and early1980s in response to the 1978 Alma-Ata Declaration. Modern medical services are complemented with indigenous medical provision, offered through primary health care centres. Tamil Nadu’s health sector has benefitted from a number of committed Health Secretaries who have been the drivers of innovative initiatives. For example, vigorous support for maternal and child care in the late 1990s and early 2000s was due to the vision, commitment and leadership of senior civil servants.

Economically, Tamil Nadu is relatively prosperous. It ranks third among all states in India, with an average per capita income in 2007 of Rs 32 733 (Intl $ 3522), which is substantially above the national average. Both its literacy rate and its human development index are also significantly above the national average, as are several other socioeconomic indicators.

The state’s total health budget increased dramatically, from Rs 4108 million (US$ 167.9 million) in 1991/1992 to Rs 14 870 million (US$ 335.9 million in 2005/2006). In nominal terms, spending increased by 3.6 times between 1993/1994 and 2005/2006. Medical, public health and family welfare is the second-largest expenditure category in the state budget behind education. Since 1990, central government has contributed approximately 20% of the state’s annual health budget and the Health and Family Welfare Department of Tamil Nadu has consistently spent about 45% of its annual budget on primary health care. By 2005 public spending on health care had become more pro-poor than it was a decade earlier.

Achieving better health in Tamil Nadu

Tamil Nadu’s health care achievements are consistently above the Indian national average. Life expectancy at birth for men and women is higher than the rest of India. Between 1980 and 2005, the infant mortality rate in Tamil Nadu decreased by 60%, compared with 45% for the country

Key messages

- Tamil Nadu has made great progress in improving maternal, newborn and child health, performing consistently above the Indian national average.
- A stable bureaucracy and effective managers have ensured continuity and have formulated, implemented, evaluated and adapted government policies to improve health outcomes and equity.
- Tamil Nadu trained and deployed village health nurses to serve rural communities more rapidly than in most other parts of India.
- A new drug distribution system has rationalised the purchase and distribution of medicines to all public hospitals and primary health care centres.
- By focusing on the public sector, the Government has been able to ensure that people have access to lower-cost alternatives to private sector health services.
- Other factors that have contributed to better health outcomes include a lower fertility rate, improved gender equality, a higher literacy rate and economic growth.

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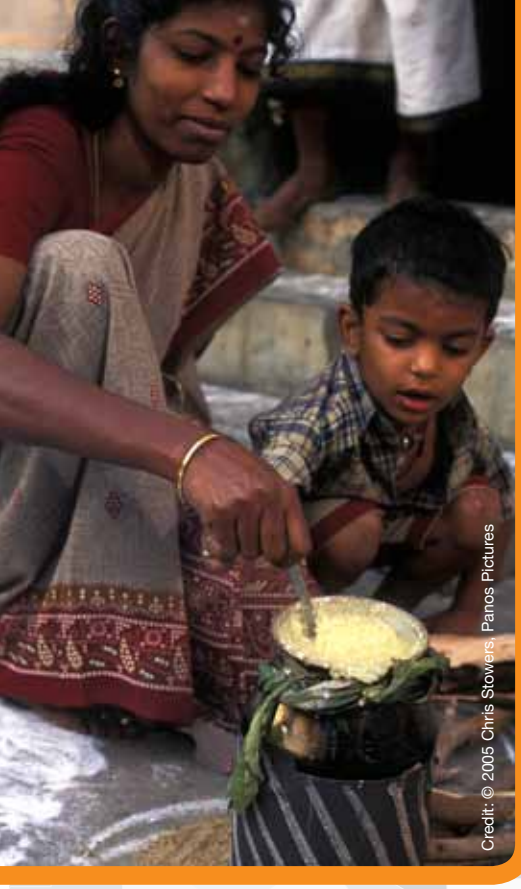

as a whole. The under-5 mortality rate in Tamil Nadu fell by 53% between 1992/93 and 2005/06, compared with 32% for the country overall. However, the most dramatic difference between Tamil Nadu and the rest of India has been in the number of women who die as a result of pregnancy or giving birth. Between 1982 and 1986, the maternal mortality rate in Tamil Nadu was estimated at 319 deaths per 100 000 live births, compared with a national average of 555. By 2004-2007, the maternal mortality rate in Tamil Nadu had dropped to 111 deaths per 100 000 live births, less than half of India's average of 254 and is the second lowest of all the states in the country.

Since 1980, the Health and Family Welfare Department of the Government of Tamil Nadu has reported reductions in poliomyelitis, tuberculosis, malaria, leprosy, whooping cough, measles and typhoid. Guinea worm disease was practically eliminated by the mid-1980s and no polio cases have been reported in the state during 2000-2005 in contrast to some other parts of the country.

Paths to Success

Consistent policy and financial support to strengthening primary health care have been vital. Health Secretaries and senior civil servants have been drivers of improvements in state wide health interventions. Health authorities have created autonomous bodies (quasi-governmental institutions) to bypass the bureaucratic hurdles that would otherwise limit the effective delivery of essential care. Improved access to primary health care, availability of essential medicines and trained village health workers has led to a marked increase in the use of primary health care services by women, children and poor families from rural areas. This has led to an increase in antenatal care and total deliveries in primary health centres.

The multipurpose workers scheme was implemented promptly in Tamil Nadu and by the late 1980's nearly 8000 village health nurses were working in the rural areas. During home visits, the nurses provide antenatal and postnatal care, vaccinations, contraception and other basic maternal and child health services.

A network of primary health care centres was constructed faster in Tamil Nadu than in almost all other Indian states. In the early 1980s, there were only 400 primary health centres; this increased to 1500 by 2005. By 2008, nearly all centres offered 24-hour services, including outpatient care in the evenings and increased access to routine essential and emergency obstetric care.

The successful implementation of the national universal immunization programme meant that by the early 1990s Tamil Nadu ranked first among all states in India in the number of children fully immunized: 60% of children in rural areas and 75% of children in cities.

The most innovative development conceived by the Government of Tamil Nadu is the Medical Services Corporation. Created in 1995, this autonomous body exists to purchase and distribute medicines to hospitals and health care settings. Its effectiveness has helped many other states to begin similar drug management systems.

Outside the health system several cultural and socioeconomic factors contributed to Tamil Nadu's achievements such as; a low fertility rate, better literacy rates and progress on women's empowerment. This has been essential in reducing maternal and child morbidity and mortality. Extensive improvements in roads and other infrastructure and higher incomes have also had a beneficial effect.

Lessons learned and future challenges

Several lessons can be drawn from Tamil Nadu's experience that may be helpful to other countries. A strong focus on primary health care and substantial investments in health infrastructure were important factors. The implementation of an autonomous drug distribution system and other innovate delivery initiatives such as 24 hour health facilities, have played their part in improving health. Other enabling factors include political commitment at the national level and the involvement of state and district administrations in the design and implementation of strategic policies and programmes.

The series of inter-linking factors, as in the other study countries, that have made Tamil Nadu's health system successful in realising better health for its population can be expressed by four words all beginning with C – referred to as the 4 C's. They are Capacity (the individuals and institutions necessary to design and implement reform), Continuity (the stability that is required for reforms to succeed), Catalysts (the ability to seize windows of opportunity) and Context (the ability to take context into account in order to develop appropriate and relevant policies).

Even with these impressive health outcomes Tamil Nadu has many health challenges. The most pressing of these is the alarmingly low nutritional status of adults and children, as in other states of India. In addition, more could be done to lower the maternal mortality rate and the infant mortality rate. About 60% of infant deaths occur at the early neonatal and post-neonatal stages and most could be prevented. Tamil Nadu, like all other states in India, needs to face the increasing burden of non-communicable diseases. Although Tamil Nadu still has a long way to go to address these challenges, the signs are that it is moving in the right direction. Its successes to date provide useful lessons for the future.

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Further reading

Chapter 6, Tamil Nadu 1980s-2005: A success story in India. In Balabanova D, McKee M and Mills A (eds). 'Good health at low cost' 25 years on. What makes an effective health system? London: London School of Hygiene & Tropical Medicine, 2011. Available at http://ghlc.lshtm.ac.uk

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