

Department of Health and Family Welfare Government of West Bengal

The Health Sector Strategy 2004 - 2013¹

1. Mission Statement

“The mission of the Department of Health and Family Welfare Department of the Government of West Bengal is to improve the health status of all the people of West Bengal, especially the poorest and those in greatest need.”

2. Overall Objectives

DHFW has identified four Overall Objectives:

- *To improve the accessibility of poor and unreached groups to curative, preventative, promotive and rehabilitative health services.*
- *To reduce maternal and child mortality, and the burden of communicable, non-communicable and nutrition-related diseases and disorders.*
- *To ensure quality at all levels of health and medical care services.*
- *To maintain excellence in education and research in medicine and all allied professions (including management).*

DHFW recognises that in order to realise these objectives there will need to be an energetic policy focus and substantive reform both within DHFW and intersectoral partners.

¹ This document is the DHFW's Health Sector Strategy 2003 – 2012. It is supported by other more detailed DHFW documents including: The Honourable Minister's Budget Speech 2003 and paper "On integration of functioning of PRIs with Health Systems and other recent initiatives in the Health Sector" 2003, The Background and Rationale for the Priorities in the Strategic Framework, An Overview of DHFW activities, The Integrated Financial and Economic Plan implementation, Health Sector Reforms and other related Government Orders.

3. Policy Statement

In line with The Government of India's tenth Five Year Plan, National Health Policy and National Population Policy, DHFW has chosen to develop its strategic plan in such a way as to optimise the likelihood of achieving the Millennium Development Goals.

DHFW will:

- *Ensure that the whole population has access to a range of evidence-based and affordable health promotion and prevention services.²*
- *Promote appropriate health seeking behaviour by all citizens.²*
- *Ensure universal equity of access to simple curative and emergency services.²*
- *Ensure that quality Primary Health Care remains pre-eminent as the central strategic health priority for the State, and that this is reflected in the budgets over the next ten years.³*
- *Ensure that the health systems necessary to provide such services, which are accountable to clients and are cost effective, are developed and strengthened in line with international best practice.²*
- *Actively engage in partnerships with Panchayati Raj Institutions, civil society groups, NGOs, donor agencies, the private sector and other development partners to assist in realising its Mission Statement.⁴*
- *Adopt a ten-year strategic planning horizon, with rolling shorter- term implementation plans that will drive the Department's budgeting process.³*
- *Ensure that all significant external funding is in line with the priorities and direction of the Strategic Planning Framework.³*

² The Honourable Minister's Budget Speech 2003.

³ DHFW Strategic Planning and Sector Reform Cell.

⁴ The Honourable Minister's paper "On integration of functioning of PRIs with Health Systems and other recent initiatives of The Government of West Bengal in the Health Sector", 2003.

4. Current Health and Demographic Situation

Selected Health and Demographic indicators for India and West Bengal:

Indicator	West Bengal	All India
Life expectancy at birth (years)	62.8	61.1
Total Fertility Rate	2.4	3.2
Maternal Mortality Ratio (per 100,000 LB)	266	400
Current use of contraception	66.6%	48.2%
Female literacy rate (7+)	60.2%	54.2%
Neonatal Mortality Rate (per 1000 LB)	31.9	43.4
Infant Mortality Rate (per 1000 LB)	48.7	67.6
Child Mortality Rate (per 1000 1-5 yrs)	19.9	29.3
Weight for age – 2SD	48.7%	47.0%
Height for age – 2SD	41.5%	45.5%
Child Vaccinations: complete	43.8%	42.0%
Child Vaccinations: none	13.6%	14.4%
Percentage population SC&ST	29.19%	24.34%

Source: Census 2001, SRS and NFHS 2 1998-1999, Health on the March (West Bengal HMIS data 2001-02)

Several of these State indicators (notably MMR, NMR, IMR, TFR and CPR) are better than their national equivalents. DHFW has taken this into account in setting itself more ambitious Health Outcome Goals than those included in the Government of India National Health and Population Plans and the tenth Five Year Plan in these areas. These are outlined below.

DHFW recognises that with a population of approximately 80 million people, there is likely to be a wide variation in many health indicators across the State. This is self-evident in the case of malaria, but recently has also been amply demonstrated in neonatal mortality, which shows a striking variation from 32.6 to 69.9 per 1000 live births between Districts. DHFW is determined to strengthen de-concentration and decentralisation in health planning and management as a key development in ensuring improved targeting of services to the most needy and so ensure improved equity of access.

DHFW also notes that West Bengal has one of the highest proportions of citizens designated as belonging to Scheduled Castes, Scheduled Tribes and contextually disadvantaged groups. Taken together these groups comprise nearly half of the State's population. It is important to note that identifying ways to improve the health outcomes of such difficult to reach groups is both;

- a clear political priority for GoWB, and,
- a sound strategy for improving overall health outcome indicators.

DHFW accepts projections that suggest there will be an important shift in the pattern of Burden of Disease in the coming ten to fifteen years away from communicable diseases and causes of mother/child mortality towards non-communicable diseases. However, there is clearly a considerable burden of communicable disease and mother/child mortality within the State *which are disproportionately highly prevalent within the poorest and most vulnerable groups*. For this reason DHFW will tackle the “unfinished business” of communicable disease and mother/child mortality as its main strategic priority in the short term. The development of the Strategic Planning Process itself will give scope for discussion and consideration of future trends and predictions about changing patterns of disease and how they should be best planned for.

5. Health Outcomes

DHFW’s Strategy is intrinsically linked to Health Outcome Goals. It is by these Health Outcomes that the ultimate success of the Strategy will be measured.

Health Outcome Goals

Health Outcome Indicators	Tenth Plan 2002-07	RCH II 2004-9	National Population Policy 2010	West Bengal 2010
Neonatal mortality	26/1000	20/1000		15/1000*
Infant Mortality Rate	45/1000	35/1000	30/1000	21/1000*
Maternal Mortality Ratio	200/100,000	150/100,000	100/100,000	70/100,000*
Deliveries by skilled attendant (not TBA)			100%	100%
Institutional deliveries			80%	80%
HIV/AIDS**	“achieve zero level growth in HIV/AIDS”		“Contain the spread of HIV/AIDS”	“achieve zero level growth HIV/AIDS”
Total Fertility Rate	2.3	2.2	2.1	2.1
Couple Protection rate	65%	65%	Meet 100% needs	90%*
% children fully immunised		100%		100%

* Where West Bengal’s performance is significantly better than the national average for these indicators, they have been proportionately adjusted.

** The State’s HIV/AIDS Prevention and Control Action Plan is annex XX of the Health Strategy

The process of realising the Health Outcome Goals will itself be monitored by the identification of a linked set of key Process Outcome Goals. These have been chosen to serve as milestones that set the pace of progress.

The process of realising the Health Outcome Goals will itself be monitored by the identification of a linked set of key Policy Milestones. These have been chosen to serve as milestones that set the pace of progress.

West Bengal Policy Milestones (INDICATIVE – POSSIBLE EXAMPLES FOR DISCUSSION ONLY)	Year
A strengthened and broadened Strategic Planning Process that will be the basis for DHFW budget planning.	2004
DHFW produces operational and spending plans based on the Strategy	2004
DHFW develops a new budget system linked to the Strategy	2005
DHFW establishes and develops a functional Strategic Planning Framework website	2005
All significant external funding is utilised in line with Strategic Planning Framework priorities.	2005
Human Resource Development restructuring undertaken at State Level.	2005
Asset and logistics management system designed and functioning	2005
A financial shift within the DHFW budget towards Primary Health Care.	2008
Human Resource Development restructuring undertaken throughout DHFW	2008
All significant external funding is pooled as Sector Wide funding	2012

6. Purpose of the Strategic Planning Framework

The Purpose of the Strategic Planning Process is for DHFW to develop its own plan to realise its Mission Statement by prioritising and improving the effectiveness of its systems. The approach to this process involves a wide range of stakeholders (other Departments, Development partners, civil societies and the population) so as to ensure that the plan will be acceptable, practical and successfully implemented.

7. The Strategic Planning Process

Since 2000, DHFW has embarked on a process of improving the health systems and services within the State. Key elements of the context in which DHFW took this decision included:

- The fact that the Government of West Bengal was re-elected with a clear agenda to improve the services in all sectors in the State, notably health, and an open attitude as to how these improvements would be reached.
- The recognition within the Government of West Bengal and DHFW that ad-hoc planning and the poor co-ordination of multiple initiatives and agencies (including GoI, development partners and within DHFW) had proved to be an inefficient way of bringing about real improvements in the system.

DHFW thus decided to develop a 10 year Strategic Framework to define its health outcome goals and identify the strategies and operational initiatives necessary to realise its Mission Statement. To this end DHFW has established a network of strategic planning structures, at the centre of which is the Strategic Planning and Sector Reform Cell (SPSRC), which is informed by a constellation of expert Consultative Groups. These bodies are embedded in the political and institutional systems of the State. The Strategic Planning Framework will be continuously reviewed and will contribute to developing a culture of improvement within the Department and will pave the way for more sustainable improvements in the future

Despite the ten year time horizon of the Strategic Planning Framework, DHFW recognises that it is neither desirable nor possible to produce a 10 year Operational Plan. However, by flexible goal-led planning at an operational level, strategies to reach the goals can and have been identified, and will be reconsidered and changed in the light of experience, new learning and organisational necessity. Initially an annual plan is envisaged, followed by 3 year rolling plans as the Strategic Planning Framework is implemented. As the monitoring systems inform the implementation process, DHFW will identify areas where re-designing, accelerating or decelerating the rate of change is necessary.

8. Strategic Direction

To achieve and be able to reliably measure the above Health Outcomes Goals, DHFW will move in the following strategic direction during the period 2003 – 2012:

DHFW will

- Improve equity of coverage and quality of health service delivery, with an emphasis on Primary Health Care services, delivered through an Essential Services Approach.
- Strengthen health systems, especially Human Resource Development.
- Encourage behaviour change and stimulating informed demand for health services.

- Develop partnerships with Panchayati Raj Institutions so as to improve the accountability, transparency, coverage, equity and quality of health services.
- Strengthen and embed the Strategic Planning Process itself and improving the coordination of all external funds, ultimately leading to the pooling of all external funds to the sector.

9. Phase 1 Strategic Priorities

In the shorter term, for the period 2003 – 2005, DHFW has given priority to the following areas of work, each of which will be led and informed by an expert consultative group within the SPSRC:

- 1. Reducing neonatal and maternal mortality.**
- 2. Strengthening and developing the HMIS.**
- 3. Exploring opportunities for strengthening decentralisation and other partnerships.**
- 4. Reviewing and restructuring HRD systems.**
- 5. Reviewing budgets, patterns of fund flow and financial systems.**
- 6. Strengthening and broadening the Strategic Planning Process.**

10. Strategies for Implementation of the Phase 1 Strategic Priorities

1. Reducing neonatal and maternal mortality

As part of the first phase of the implementation of the State's Prioritised Essential Services Approach:

- Outreach and Behaviour Change Communication activities for families and communities to reduce neonatal, perinatal and maternal mortality by promoting changes in behaviour identified by the qualitative surveys
- Team training for health workers to improve the quality of cadre and facility-appropriate non-emergency and emergency neonatal and maternal care skills.
- The promotion of community-managed emergency referral and transport systems.

- Establish, promote and supervise a cadre of private midwives and skilled birth attendants (not traditional birth attendants) with strong links to government health services.
- Increase the availability of anaesthetic services by promoting short course obstetric anaesthesia courses for doctors and contracting anaesthetic services from the private sector where necessary.
- Increase the availability of safe blood transfusion services.
- Improve existing facilities and infrastructure so that they can be put to more effective use (including appropriate building renovation, equipment, drugs/supplies, and specific training from Primary to Tertiary levels).

2. Strengthening and developing HMIS

- Introducing and developing personnel, financial, logistics and asset management information systems.
- Establishing Quality Management through a set of improvement and assessment processes and tools designed to improve the overall performance of systems. Using this approach improvement cycles will be established so as to bring about sustainable improvements; both overall and in the key focus areas of maternal and child health.
- Strengthen vital registration and the early registration of all pregnancies by engaging PRI partners.

3. Exploring opportunities for strengthening decentralisation and other partnerships.

- Building the capacity of District health management teams to work with PRI partners to identify and engage in dialogue with difficult to reach and vulnerable groups, and improve their access to promotive, preventive and curative health services, especially those most likely to reduce infant, neonatal and maternal mortality (this could include building the capacity to undertake rapid appraisal studies in the field, contracting NGOs to undertake surveys etc). There will be close coordination with other PRI initiatives, notably DSRD.
- Further exploring the potential of private public partnerships, hospital autonomy and health insurance.

4. Reviewing and restructuring HRD and organisational systems

- Undertaking a comprehensive review of HRD within the Department at State level.
- Reviewing the personnel database that is being constructed.
- Developing a plan to restructure HRD systems within DHFW and explore the possibility of establishing an Apex Institution.

- Developing an organisation-wide management system which will foster a culture of participation, teamwork and empowerment.
- Designing and developing a State-Level Institute to coordinate HRD planning, health management training and operational research.

5. Reviewing budgets, patterns of fund flow and financial systems

- Undertaking an analysis of the pattern and likely trends in overall (Central, State, external partner) funds and how the budgeting and expenditure system deal with these flows at a macro level.
- Undertaking a study of fund flows at district level.
- Reviewing needs and designing a new financial system for District Health Samities.

6. Strengthening and broadening the Strategic Planning Process to improve participation and plan implementation

- Ensuring the development and building the capacity of the SPSRC itself.
- Establishing and maintaining an interactive web-site to promote and continually update the Strategic Planning Framework. This will serve to stimulate debate, encourage the evolution of the Strategic Planning Framework, widen participation and serve as an important example “e-government”.
- Enabling the SPSRC to commission research to strengthen the evidence base on which the Strategic Planning Process is based.