Mr Prashanth Nayak
India

Review of National Health Policy for the elderly: an alternative model of care
Review of NHPCE (India) – An Alternative Model of Care

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NPHCE: National Programme for Health Care of the Elderly
Introduction

- **Population ageing is an inevitable and irreversible demographic reality**

- Population of older persons (60 years and above) is globally growing faster than the general population.

- Three key demographic changes—*declining fertility, reduction in mortality and increasing survival at older ages*—contribute to population ageing

(Source: Caring for Our Elders: Early Responses India Ageing Report – 2017)
11.5 percent of the total population of 7 billion.

By 2050, projected to increase to about 22 percent when the elderly will outnumber children (below 15 years of age)

The percentage is increasing

Is projected to increase from 8 percent in 2015 to 19 percent in 2050

(Source: Caring for Our Elders: Early Responses India Ageing Report – 2017)
India is known for its cultural heritage
Traditionally, Indians live in extended families.
Globalization, liberalization and urbanization intensified the disintegration of the family structure
By 2026, there will be aging population differences in the regions and projects that old age population will account for 12.7% by 2026 with diverse urban and rural differentials.

(GoI, Ministry of Statistics & Programme Implementation, 2011)
Half of the Indian elderly are dependents

Female sex, low education, being a widow/widower/divorcee, medical co-morbidities, poor socio-economic status and disability are all well-established factors playing significant roles in illnesses among the elderly

Ministry of Health and Family Welfare in 2010-11 introduced NHPCE to address the health needs of the elderly.
But, this programme:

- Adopted **technocratic approach** to solve the so called elderly social problems

- Is merged with **non-communicable disease control programme**

- Shifts the whole strategies towards controlling them through the **institutional structures**.

- Hence there is a need to look for **alternative model** of care which is cost effective and efficient
The present paper analyses the cost effectiveness and feasibility in implementation of the NPHCE and proposes an alternative self care model to provide a holistic care to the elderly within their locality and at affordable cost.

**Purpose of the study**

To explore the social, cultural, economic and political determinants of elderly health in India

**Objective of present study**

- To explore the social, cultural, economic and political determinants of elderly health in India
- To propose a self-care model for elderly population
Research Methodology

*Systematic review method* based on various health policy, government reports and Pubmed electronic search to collate studies on elderly care and problems.
NPHCE is introduced under the National Rural Health Mission (NRHM).

AIM: to provide separate, specialized and comprehensive health care to the senior citizens at various levels of state health care delivery system including outreach services.

It addresses many aspects of the WHO strategy.
Education for Health Care Providers:

- The programme aims at introducing Post Graduate Course in Geriatric Medicine and in service education to other health care personnel.
- Unlike in western countries, where majority of Geriatric services are provided by Nurses and Social care personnel, formal training in elderly care should be provided.
### Manpower and remuneration for Geriatric Clinic and wards

<table>
<thead>
<tr>
<th>S.No</th>
<th>Category of health personnel</th>
<th>Posts</th>
<th>Salary (per Month) in INR</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Consultant Medicine</td>
<td>2</td>
<td>50,000</td>
</tr>
<tr>
<td>2</td>
<td>Nurse</td>
<td>6</td>
<td><strong>15,000</strong></td>
</tr>
<tr>
<td>3</td>
<td>Physiotherapist</td>
<td>1</td>
<td>15,000</td>
</tr>
<tr>
<td>4</td>
<td>Health Attendants</td>
<td>2</td>
<td>7500</td>
</tr>
<tr>
<td>5</td>
<td>Sanitary Attendants</td>
<td>2</td>
<td>7500</td>
</tr>
</tbody>
</table>

*Source: NPHCE Operational Guidelines by GOI*
## Regional Geriatric Centre

<table>
<thead>
<tr>
<th>S.No</th>
<th>Category of health care professional</th>
<th>Posts</th>
<th>Salary</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Professor Geriatric medicine</td>
<td>1</td>
<td>75,000</td>
</tr>
<tr>
<td>2</td>
<td>Assistant Professor</td>
<td>2</td>
<td>50,000</td>
</tr>
<tr>
<td>3</td>
<td>Senior Resident/Medical Officers</td>
<td>4</td>
<td>40,000</td>
</tr>
<tr>
<td>4</td>
<td><strong>Nurses</strong></td>
<td><strong>16</strong></td>
<td><strong>15,000</strong></td>
</tr>
<tr>
<td>5</td>
<td>Physiotherapists/Occupational Therapists</td>
<td>4</td>
<td>15,000</td>
</tr>
<tr>
<td>6</td>
<td>Medical Social worker</td>
<td>1</td>
<td>15,000</td>
</tr>
<tr>
<td>7</td>
<td>Lab technician</td>
<td>1</td>
<td>15,000</td>
</tr>
<tr>
<td>8</td>
<td>Programme Assistant</td>
<td>1</td>
<td>12,000</td>
</tr>
<tr>
<td>9</td>
<td>Hospital assistant</td>
<td>4</td>
<td>7,500</td>
</tr>
<tr>
<td>10</td>
<td>Sanitary Assistant</td>
<td>4</td>
<td>7,500</td>
</tr>
</tbody>
</table>

*Source: Operational Guidelines of NPHCE, GOI*
If we observe the salary scale, Nurses and other health care personnel are not even paid $\frac{1}{3}$rd of Doctors.

Moreover are these few health care workers enough take care of this huge elderly population?

Can developing country afford this Physician Oriented institutional Cure Model?
Limitations of NPHCE

- It does not answer demand-related questions—as to what extent are the elderly able to actually access these services and what is their feedback on the quantity and quality of care
While the policy intentions are very appropriate for the current situation, many implementation issues have somewhat dampened policy effectiveness. 

Which demands:

- Strengthening and reorientation of the primary health care system to the special needs of the elderly
- Improving geriatric care at all levels
- Encouraging greater NGO involvement in service delivery
- “Promoting concept of healthy ageing”
Overall to say..

The programme mainly focuses on

- **Building infrastructure at tertiary care level**, purely neglecting the community level, where actually the elderly lives
- **Curative approach to elderly care**, paying little attention to preventive and holistic approach to wellness
- **The Care provided by health care personnel**, omitting the role of family members and community
- **Majority of resources have been directed at acute care**
- **In supportive strategy they recommend for public private partnership.**
Partially Compensatory System or Educative/Supportive Group.

Physiologically, the ability to perform self care is restricted due to aging. This can be reduced by focusing on primary prevention during younger age.

Needs some assistance to meet self care needs.

Self help groups can be formed for old age groups led by Nurses or community workers.

Role of Nurse Specialist

Physician Referral service

Role of Physiotherapists, Occupational Therapists, Dieticians, Medical Social Workers
Thank you
References...

- [https://mohfw.gov.in/sites/default/files/NPHCE.pdf](https://mohfw.gov.in/sites/default/files/NPHCE.pdf)