

“Health First” needs a clear vision: Understanding the AP Vision 2020 Health goals¹.

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The “Health First” title of the AP Vision 2020 document’s a health chapter and quite aptly summarizes the popular sentiment towards the health sector. The AP vision is to stabilize the population growth and sustain high levels of health by improving nutrition, sanitation, personal hygiene, disease control and prevention. People should have access to responsive basic health care services. The poor and vulnerable should have access to free health care. By 2020 malnutrition will have been eliminated. Pregnancies will be safe. Infant mortality due to diarrhea, respiratory infections etc., will have drastically reduced. The state hopes that these gains in health status will translate as targeted improvement in key health and development indicators. But, there appears some contradictions between the mortality indicator targets set by the Vision 2020 document. For example the document targets to bring Infant Mortality Rate (IMR) down to 10 / 1000 live births and Child Mortality Rate (CMR) down to 20/1000 population. This paper examines the Health First targets set in the Vision 2020 document, discusses plausible arguments that might have contributed towards identification of the targets and examines the feasibility of achieving the targets. We show that the “Health First” targets are unrealistic and require comprehensive revision.

The IMR is conventionally defined as the number of infants, i.e., less than one year, deaths per 1000 live births (WHO, 1981. Pg 67). Where fertility and mortality transition is gradual, which is the case for AP, it would represent well the probability of deaths in the first year of life i.e. q_0 (Shryock & Siegel, 2001 Pg 236). CMR is the number of deaths of children aged 1-4 years during a year per 1000 children in the same age group at the middle of the year (WHO, 1981 Pg 68; NFHS - AP³, 1992, P 128). CMR is same as the age specific death rate for the age group 1-4 (${}_4M_1$) which is close to the probability of dying before five years for those surviving till their first birthday (${}_4q_1$).

For AP, as in case of India, the Sample Registration System is the primary source of mortality estimates. The National Health and Family Welfare Survey (NFHS) conducted during 1992-93 and 98-99 provide an additional source of mortality estimates. The SRS data is based on half yearly prospective follow up of a state wide sample population. Mortality indicators are directly computed by the SRS from the prospective follow up data. The NFHS

¹ A draft of this paper titles as “Understanding the Vision 2020 Health Goals” was communicated to the Principal Secretary to Government of AP; Health, Medical and Family Welfare Department; and the Commissioner Family Welfare for their comments, vide the Institute’s letter dated 26 Octoer, 2002. No comments were received from either office. The same draft was also communicated to as many members of the Health Task Force, as could be located by the Institute, with a request for their comments. No comments were received as of December, 2003.

² Both authors were based at the Institute of Health Systems at the time of the study which took place between June 2002 and February 2003. Their locations as of December, 2003 are as follows. Prasanta Mahapatra: Principal Secretary to Government of AP, Women and Child Welfare Department. Panati Samatha Reddy: MPH Candidate, Boston University School of Public Health.

³ NFHS 1 correctly and clearly defines child mortality as deaths in 1-4 year age group. NFHS 2 carries a sentence "The annual child mortality rate (deaths of children age 1-5 years)....." in Pg. xxii, NFHS 2, AP 1999 which might give an impres- sion that the authors are referring to 1-5 year age group. A detailed reading of the entire paragraph would show that there is no change in definition of CMR between NFHS 1 & 2.