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Agreement worth $287M to improve healthcare in Tamil Nadu

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The program will promote population-based screening, treatment and follow-up for NCDs, and improve monitoring and evaluation



The Government of India, Government of Tamil Nadu (GoTN) and the World Bank recently signed a $287 million loan agreement for the Tamil Nadu Health System Reform Program. The program aims to improve the quality of health care, reduce the burden of non-communicable diseases (NCDs), and fill equity gaps in reproductive and child health services in Tamil Nadu.

Tamil Nadu ranks third among all Indian states in the NITI Aayog Health Index which is reflected in vastly improved health outcomes. The state's maternal mortality rate has declined from 90 deaths per 100,000 live births in 2005 to 62 deaths in 2015-16 while infant mortality has declined from 30 deaths per 1000 live births to 20 in the same period. A key contribution to these achievements has been the establishment of emergency obstetric and neonatal care centers and the 108 ambulance service with previous support from the World Bank. These have ensured that no mother travels more than 30 minutes to access emergency obstetric and neonatal care 24 hours a day, seven days a week.

Despite these impressive gains, certain challenges in health care remain, including quality of care and variations in reproductive and child health among districts. Tamil Nadu is also dealing with a growing burden of NCDs as they account for nearly 69 percent of deaths in the state.

The Tamil Nadu Health System Reform Program will support the state government to:

- develop clinical protocols and guidelines;
- achieve national accreditation for primary, secondary, and tertiary-level health facilities in the public sector;
- strengthen physicians, nurses and paramedics through continuous medical education;
- strengthen the feedback loop between citizens and the state by making quality and other data accessible to the public.

Sameer Kumar Khare, Additional Secretary, Department of Economic Affairs, Ministry of Finance said, "Tamil Nadu can serve as a model for how to take health system performance to the next level by investing in the public sector and offer lessons to other states. We are happy that the World Bank is helping the state in this journey."

The agreement for the Project was signed by Sameer Kumar Khare, Additional Secretary, Department of Economic Affairs, Ministry of Finance, on behalf of the Government of India, Beela Rajesh, Secretary, Health and Family Welfare Department, on behalf of the Government of Tamil Nadu and Hisham Abdo, Acting Country Director, World Bank India, on behalf of the World Bank.

Hisham Abdo, Acting Country Director, World Bank said, "Investing in state capacity is a must if Tamil Nadu is to address the growing and changing demands for health care of its population. This program invests in improving the management of the state's health sector by scaling up good practices and innovations from Tamil Nadu and leveraging the relevant experiences internationally."

The program will promote population-based screening, treatment and follow-up for NCDs, and improve monitoring and evaluation. Patients will be equipped with knowledge and skills to self-manage their conditions. Lab services and health provider capacity will also be strengthened to address mental health. To tackle road injuries, the program will improve in-hospital care, strengthen protocols, strengthen the 24x7 trauma care services and establish a trauma registry.

Rifat Hasan, Senior Health Specialist, World Bank India, and the Task Team Leader for the program said, "This Program focuses on results instead of inputs through a Program-for-Results (PforR) lending instrument. This will provide a much greater focus on outputs and outcomes through better alignment of expenditures and incentives with results. The use of the PforR instrument is a first for the health sector and will offer lessons for other states."

Another key aim of this program is to reduce the equity gaps in reproductive and child health. Special focus will be given to nine priority districts, which constitute the bottom quintile of the RCH indicators in the state and have a relatively large proportion of tribal populations.