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Report by Expert Committee on Tribal Health

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An expert committee has released a comprehensive report on tribal health in India.

Why the Committee?

- Tribal people account for 8.6% of the country's population and their problems like health, education, poverty have largely remained out of the national discourse. The committee focused on the issue of Health and Healthcare of Tribal areas.
- The aim of the committee was to find the present status of health and health care in tribal areas and the roadmap for future to solve the issues.
- The 12-membered committee was chaired by Dr. Abhay Bang.
- The expert committee on Tribal Health was constituted jointly by the Ministry of Health and Family Welfare and Ministry of Tribal Affairs.
- This report is the first comprehensive report on Tribal Health in India.

Key Findings

- **Child Mortality:**
 - There are improvements in parameters but there is certainly a gap between tribals and rest of India.
 - The child mortality among tribals halved in 26 years from 90 in 1988 to 44 in 2014.
 - Under-five mortality rate declined from 135 in 1988 to 57 in 2014.
 - Under-five child mortality for the rest of India was around 39 in 2014.

- **Disease Burden**

- Tribal population suffers from the triple burden of disease:

- **Malnutrition**

- The percentage of underweight ST children have reduced from about 54% in 2005-06 to around 40% in 2015-16.

- **Communicable Diseases like Malaria and tuberculosis and non-communicable diseases like cancer and diabetes**

- Tribal constitutes 8% of India's total population but they have 30% of all cases of Malaria.
 - Prevalence of TB in rest of India is 256 per 100,000 cases but in tribals, it is 703 cases per 100,000 almost three times.
 - One of every 4 tribal adults suffers from Hypertension.
 - About 70% of tribal men between 15-54 age group uses tobacco as compared to around 55% among non-tribals.

- **Health Care Infrastructure**

- In nearly five out of the ten states with tribal population, healthcare institutions in tribal areas were less than required.
 - There is a huge vacancy of allopathic doctors and specialists in the Primary health center and community health center in tribal areas.
 - On the other hand, Accredited social health activists (ASHA) have proved to be a potent tool to deal with health care problems in tribal areas.
 - Lack of data at the local level and the lack of community participation in agenda setting is the key challenge in the planning process.

- **Issues ailing Tribal health in India**

The report notes the ten burdens ailing tribal health. It includes:

- Communicable diseases and malnutrition
 - Non-communicable diseases including mental illness
 - Animal and snake bites and violent conflicts
 - Worse socio-economic determinants especially in housing, education, and sanitation
 - Difficult natural conditions arising out of geographic terrains
 - Poor quality and inappropriate health care services
 - Constraints in the availability of health human resource at all levels
 - Lack of Funds or allocated funds not utilized properly
 - Lack of data for evaluation and monitoring of schemes and their impact
 - Political dis-empowerment of tribal people from individual to the national level. Lack of participation from tribal people in planning, priority setting and execution.

- **Conclusion**

- Despite the high dependence of tribals on the public health care system. It continues to be characterized by low quality, low output, and low outcome delivery system, often targeting wrong priorities.
- It is necessary to restructure and strengthen the public health care system in accordance with the needs and aspirations of the tribal communities, with their full participation.

Recommendations of the Report

- The promise of **Universal Health Assurance** under **National Health Policy(2017)** should begin with tribal areas.
- Primary care in the community should be taken care by **Aarogya Mitra**, trained local tribal youth and ASHA's with support from gram sabha.
- Financial protection through government medical insurance scheme should be provided to tribals for secondary and tertiary care.
- For tribal people living outside scheduled areas committee recommends **ST Health Card** which will help them to avail their benefits at any like insurance at any health care institutions.
- To provide doctors dedicated to working in tribal areas, the committee recommended the **creation of dedicated medical colleges in tribal districts** exclusively for tribal areas.
- The committee recommends the introduction of **Tribal Malaria Action Plan** in tribal-dominated districts under National Health Mission.
- To reduce infant and child mortality committee recommended strengthening **Home Based New Born and Child Care(HBNCC)**.
- To reduce malnutrition food security should be ensured and Integrated Child Development Services should be strengthened.
- There should be awareness against addictive substances and provision for de-addiction and mental health services.
- The committee recommended that a state of tribal health report should be published every three years and placed before the nation.
- **Tribal Health Index (THI)** should be created to capture the state of tribal health.
- Various national surveys should aim to estimate various health parameters in tribal areas.
- For responsive and focused governance structure for tribal health, the committee recommends **National Tribal Health Council** as apex body along with **Tribal Health Directorate** and **Tribal Health Research Cell**, both at center and state level. **Prime Minister Tribal Health Fellow (PMTHF)** should be appointed as District Tribal Health Officer.
- The fund allocated for health in tribal areas should be proportional to their population.

- Almost 15% of district allocation of the Ministry of Tribal Affairs should be spent on health.
- It is necessary that all tribals whether living within or outside tribal areas should be covered under the health insurance scheme.