Government of Rajasthan

Speech of Shri Aimaduddin Ahmad, Health Minister Rajasthan at the 18th Annual Conference of Neurotrauma Society of India

dated August 7, 2009
Jaipur

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1. I am delighted to be amidst you this evening to inaugurate the 18th Annual Conference of Neurotrauma Society of India. Neurotrauma represents a critical public health problem that deserves the attention of the Nation's health community. Estimates of brain and spinal cord injury occurrence indicate that these injuries cause enormous losses to individuals, families, and communities. They result in a large number of deaths and impairments leading to permanent disabilities. I am confident that this 18th Annual Conference of the Neurotrauma Society will go a long way in developing appropriate policy responses to address trauma care in the country.

2. India has a disproportionately high death rate due to road traffic injuries – 29 per 100,000 people – more than twice the rate of developed countries. Almost a hundred thousand people are killed in road accidents every year and the injuries could be fifteen to twenty times higher. Traumatic brain injury usually requires long-term care and has large economic costs. For this reason, we need to develop surveillance systems and conduct epidemiologic studies to measure the impact of neurotrauma among people, and guide the development of more effective preventive methods. Some of the methods that have been effective in recent years include the early closure of

liquor shops, use of motorcycle helmets and car seat belts. As a policy maker, I recognize the need to put in place an organized program for emergency response and trauma management and would urge the Neurotraumatic Society to come up with sustainable and replicable models for emergency response and trauma care in the country.

3. Government has focused over the past year on appropriate policy responses for trauma care. A pre hospital trauma care infrastructure comprising of emergency ambulance services at strategically deployed locations between hospitals to ensure timely rescue has been established. Thus far, Government has put in place 164 Emergency Response Services Ambulance accessible under the '108' call number. The call centre for emergency response services receives sixty thousand calls per day and attends to 600 medical emergencies including fire, medical and police cases. Some of the important emergencies attended by the ambulances under the '108' facility include the petrol station fire in Jaipur. The emergency services ambulances have been equipped with ventilator, scoop stretcher, oxygen cylinder with accessories, resuscitation bed, suction pump, spine board, siren, emergency public address system, BP instrument, first aid bed and stethoscope etc. By the end of the year, we seek to increase our ambulance fleet strength to 310 ambulances. A budgetary allocation of Rs. 50 crores has been made for this purpose in the State Budget 2009.

4. Amongst the issues that I have had to grapple with are the number of ambulances required to provide an emergency response of quality and estimate the case load each of these ambulances would have to deal with. The location of emergency response services ambulances has been very carefully done so as to cover the major urban conglomerations, the national and state highways. At current levels of deployment an ambulance could reach you in Jaipur city within a period of 20 minutes and in 35 minutes in the districts. That said, there remain some ambulances where utilization levels are low. I have directed my department to conduct extensive field surveys and assess requirements to ensure ambulance deployments are optimally utilized. Given the large cost implications, Government would have to satisfy itself that the deliverables are achieved in the most cost effective way possible and the service provider is adequately accountable for performance. If rising demand changes the current ground rules and if the provision of 20 minutes of emergency ambulance service is insisted upon everywhere across the urban and rural spectrum, the costs could go up exponentially. There also remain several possibilities of making the system more efficient, and also estimating break even points beyond which rising utilization will not further lower costs, even while the system functions at optimal efficiency.

5. On the service provision side, tie ups with hospitals are vital linkages in the scheme of emergency response services, as there have to be linkages with a hospital that will be willing to

provide hospitalization care to the poor. The investment and expenditure in transporting patients to hospitals without charging any fees for transportation should be proportionate to the cost of providing the clinical management in the health facility. There are regulatory issues in looking at emergency response services as a specialized branch of health care and subsequent accreditation of emergency paramedical staff. The role of the State in guaranteeing universal access to emergency response services as an entitlement is envisaged under the proposed National Health Bill. In such a case, financing of the emergency response services for different levels of utilization and the mechanisms of governance and accountability governing the scheme are of critical importance.

6. Let me turn to hospital based interventions: Rajasthan has very few private hospitals on national highways which can be upgraded into trauma centres, among a few notable exceptions being the Lifeline Hospital Alwar, and Kailash Hospital, Behror. State Government intends to set up a trauma care system based on the 'Hub and Spoke" approach. A level II Trauma centre will be established at a critical location not only interms of the region but also in order to serve as a "hub" to cater to the needs of level III Trauma centres around it. In all 143 public health institutions comprising of 30 major district hospitals and sub district hospitals as hubs and 113 community health centres as spokes have been identified. Currently six trauma centres at Bhim, Kishengarh, Sojat, Mahua and Devli. It is envisaged that a level II Trauma centre

will cost Rs. 630 lacs and a level III Trauma centre will cost Rs. 310 lacs.

7. As I have said, establishment of large number of trauma centres involves huge financing costs. Government seeks to introduce a public private partnership model for establishing trauma care centres in the State. Three models of Government collaboration with private sector are envisaged: the first model envisages contracting out services wherein the private sector is contracted to provide all the specialized services required for emergency trauma care including diagnostic and ambulance services. The trauma centres need specialized facilities such as CT scan, ultrasound, etc which are not available at district hospitals, identified as potential trauma centres. Such services can be outsourced from private sector and utilized for trauma as well as for routine services. The second model envisages PPP on built own and operate basis wherein land is leased to the private sector to develop profitable health care facilities along with trauma centres. The third model envisages contracting in service where in existing health care facilities are operated by private sector to ensure quality of delivery and service. I would invite some of the members of the neurological society who could be potential investors to participate in this collaborative effort under any of the models that I have just described.

8. To conclude, let me wish the 18th Annual Conference of the Neurological Society all success in their challenging future endeavours.