

Kerala's Health at a Crossroads

Longevity Gains and the Imperative of
Equitable Well-being

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Kerala's Health Success

- Low mortality and High Life Expectancy
- Excellent Health indicators: IMR, MMR

Good Health at Low Cost with Social
Justice and Equity

Kerala's Health Success and the Emerging Paradox

- Increasing morbidity
 - High health expenditure
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Rising Morbidity

- Non-communicable diseases: Diabetes, Hypertension, CVD, Cancer
 - Poor mental health status
 - Trauma-related mortality and injuries
 - Re-emerging and Newly Emerging infectious diseases
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Ageing, Geriatric Morbidity

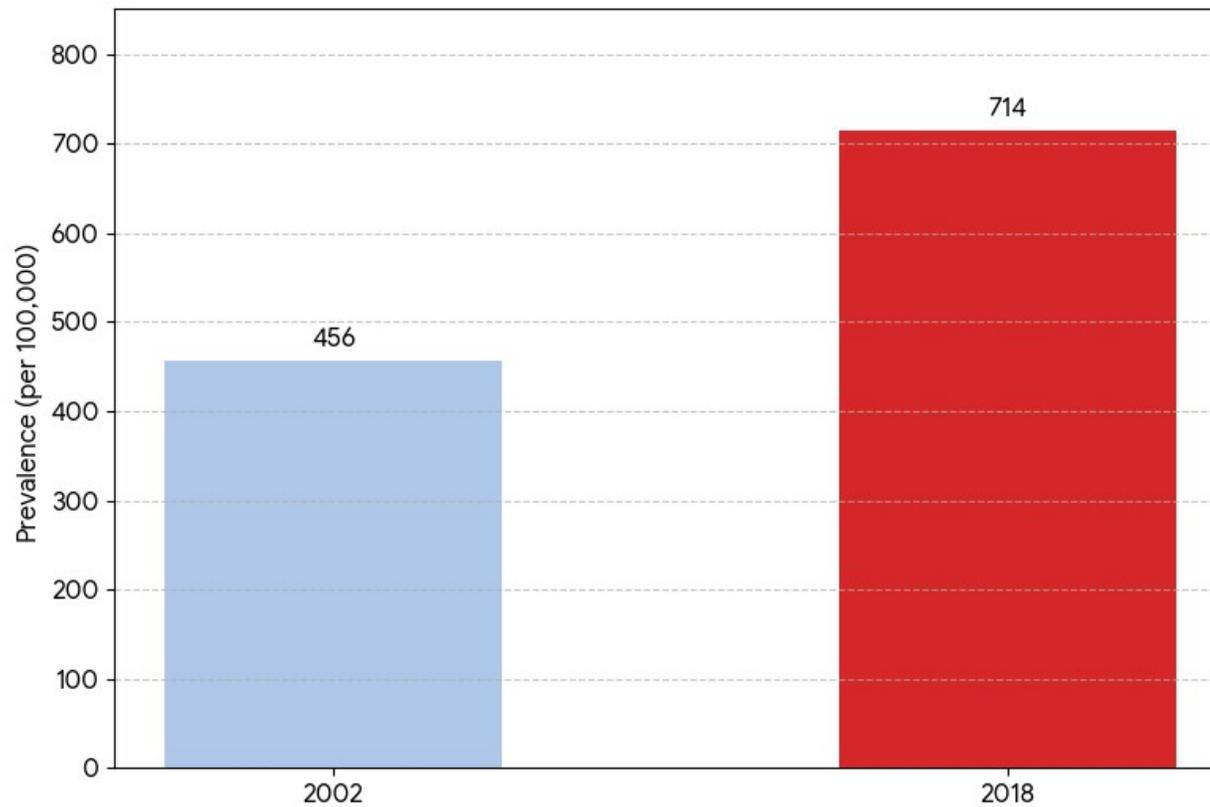
- Rapid population ageing
 - Feminisation of old age: Widowhood crisis
 - 58.6% of women over 60 are widows, facing high morbidity, social isolation and economic insecurity
 - Deepens vulnerability and inequity
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Children, Adolescents Morbidity

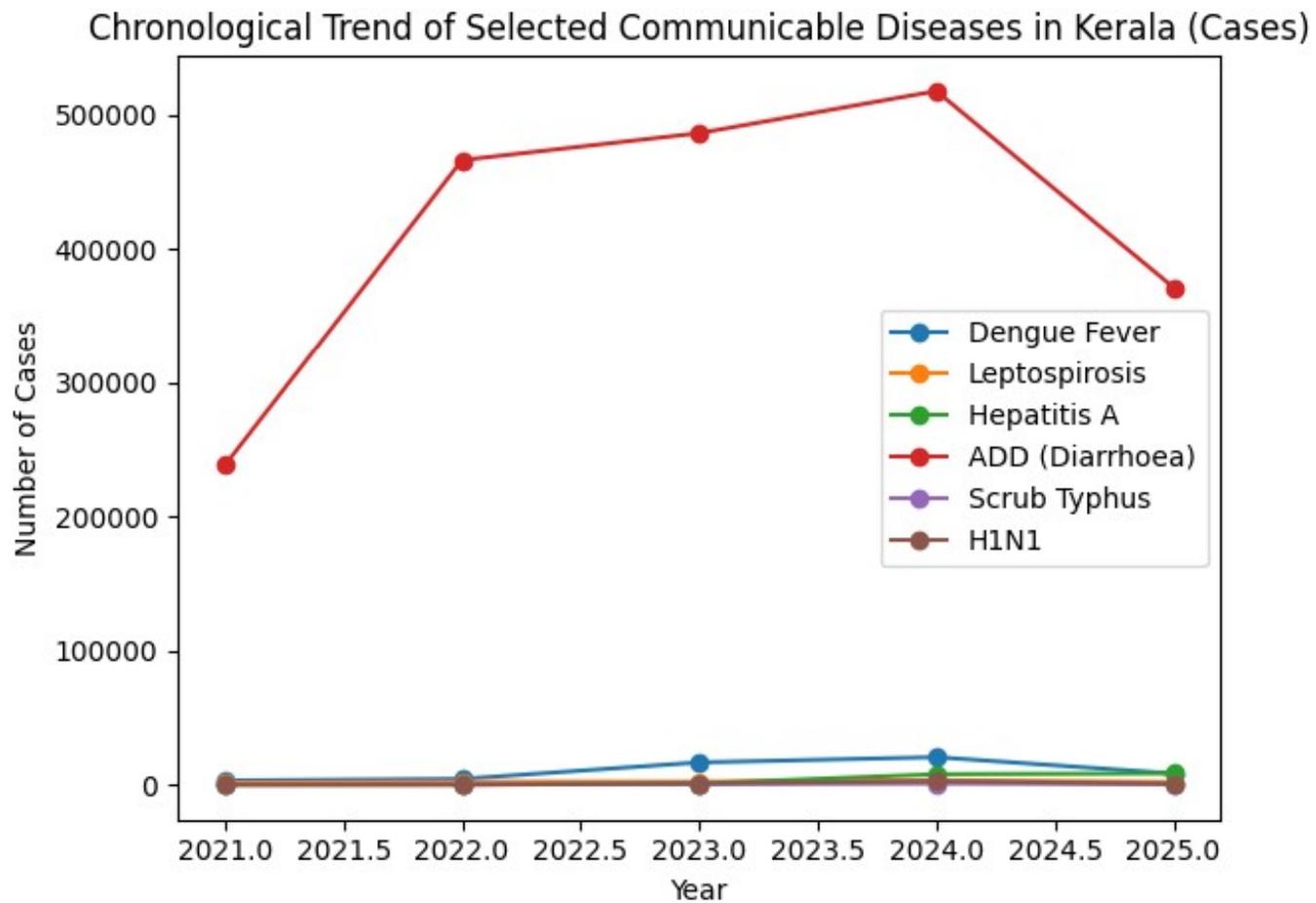
- High levels of Obesity
 - NCD
- Poor Mental Health
 - Substance abuse, violence, gender insensitivity, and suicides

Mental Health Disease Prevalence

Total Mental Health Prevalence in Kerala (All Ages Combined)
2002 vs 2018



Re emerging ID

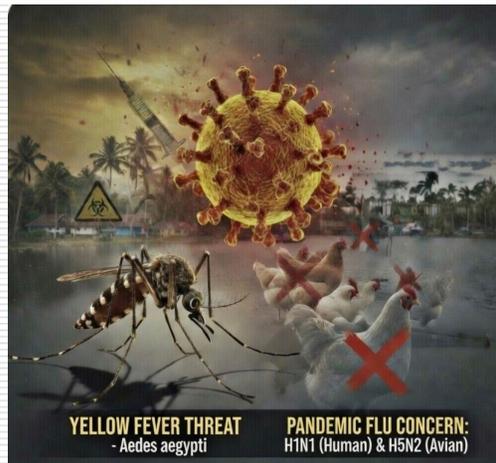


Newly Emerging ID

Disease	Cases	Deaths	Percentage
COVID-19	6,534,352	68,197	1.04
Nipah	31	22	70.97
Zika	13	0	0

Emerging ID Threats

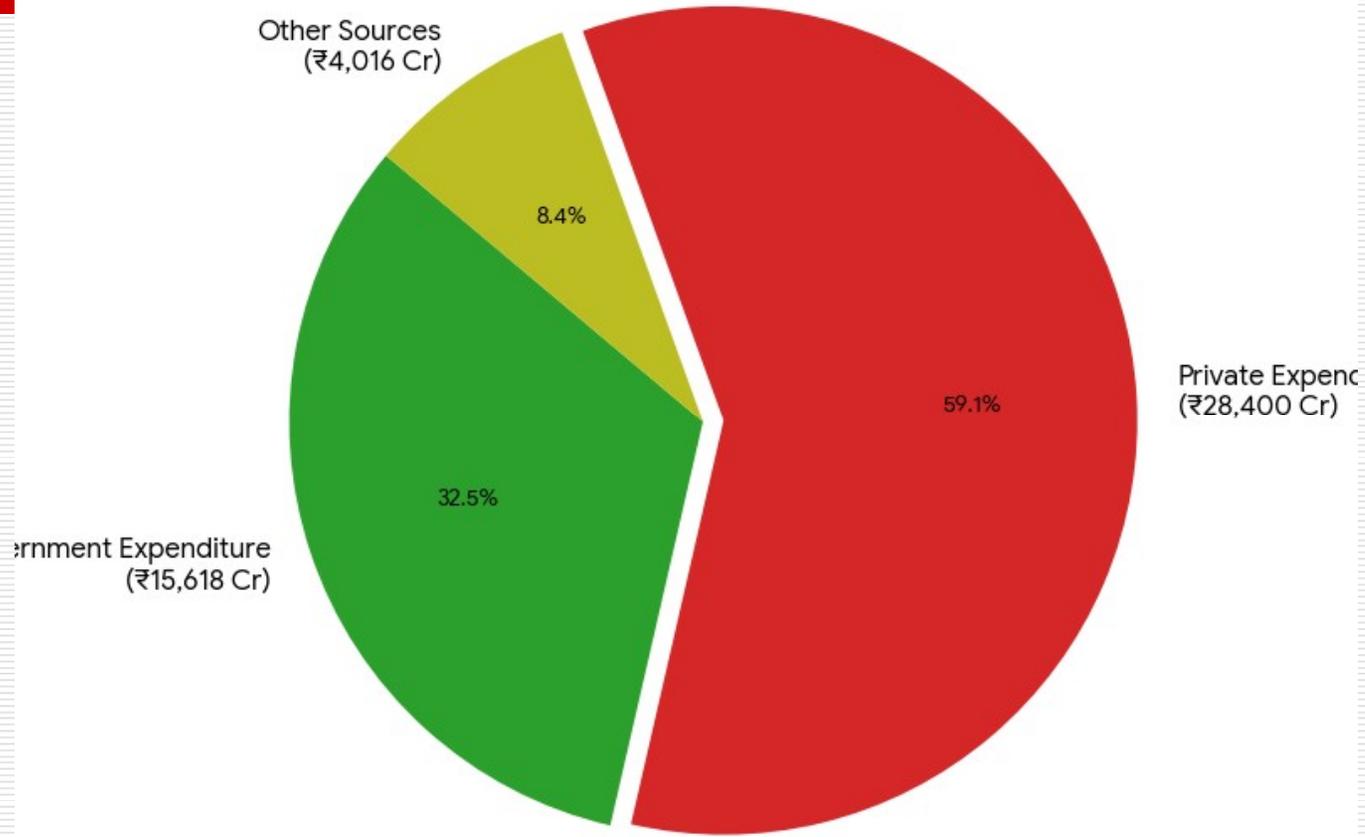
- High *Aedes aegypti* density and international travel: Potential Yellow Fever importation.
- Human (H1N1) and Avian (H5N2) influenza viruses: antigenic shift with virus epidemic potential.



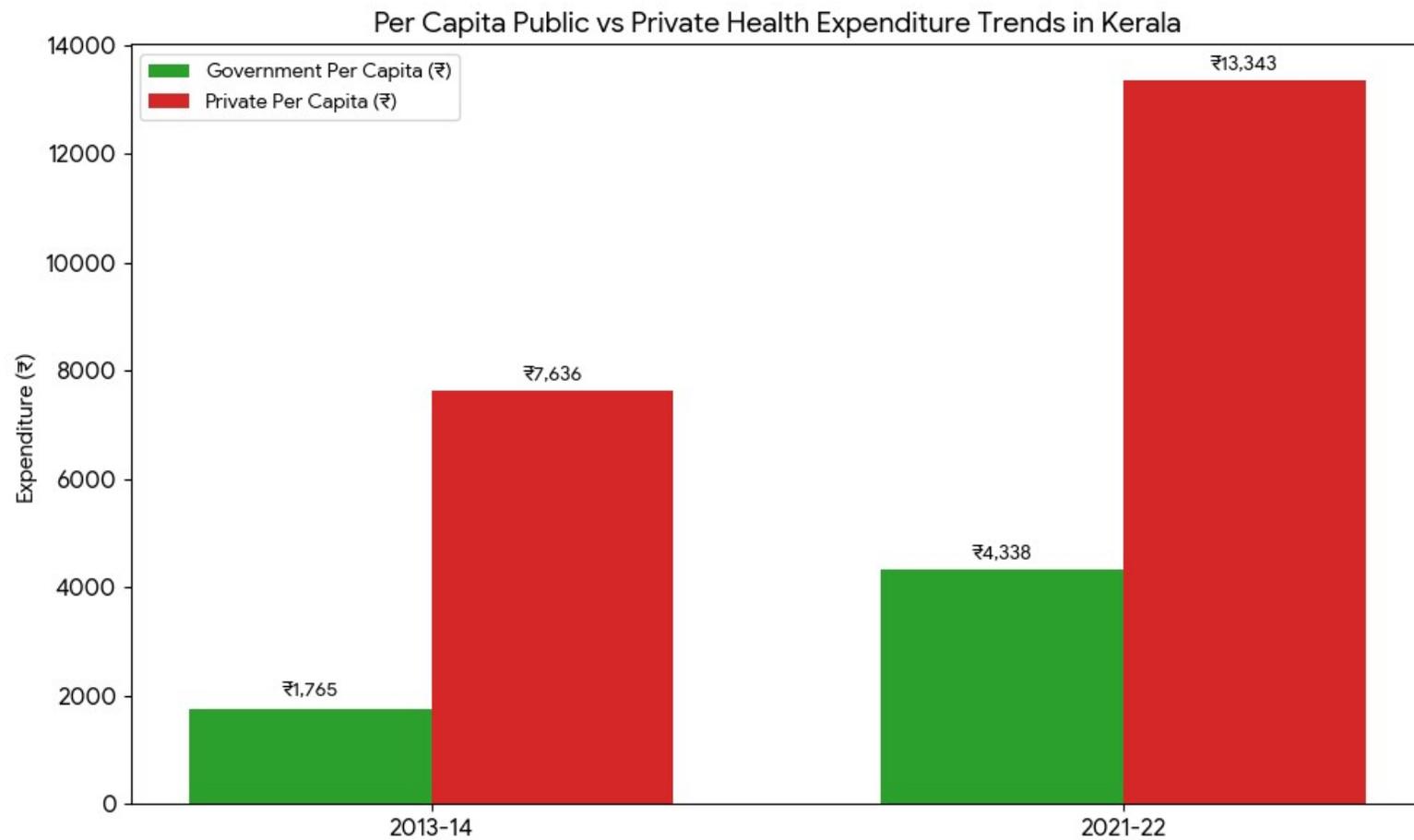
Health Expenditure

- ✓ Vibrant Public Sector
 - ✓ Functioning health insurances: KASP, MEDISEP
 - Increasing Health Expenditure
 - Both government and private expenditure highest
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Kerala Health Expenditure Breakdown (2021-22)
Total: ₹48,034 Crore



Per Capital Expenditure



Increasing Health Expenditure

- Public hospital coverage 35%?
 - Patients exposed to lifelong outpatient treatment
 - Poor control of Private Hospital charges
 - Health Seeking Behaviour
 - People with disposable income
 - Availability and Accessibility
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Curative-Centric Health System

- Hospital and treatment-focused
 - Poor health education, prevention, and health promotion activities
 - ✓ High public health potential
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Re-centring Prevention People's Health Campaign

- A comprehensive People's Health Campaign
 - Focusing on Health education, Disease prevention, Health promotion
 - Mobilising communities, local governments, and civil society
 - School and College Health Programme
 - Geriatric health
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Key Policy Directions

- Expand public hospitals 50% coverage
 - Regulate private healthcare costs : CEA
 - Link Small and Medium-Sized Private hospitals with Primary Care Network
 - Revitalise the cooperative health sector
 - Medium-sized hospitals, Geriatric centres
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Government Hospitals

- Functional Autonomy to tertiary care centres
 - Human resource deficiency
 - Geriatric departments and courses
 - Family medicine
 - Modernisation of patient amenities
 - Administrative training
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Conclusion: From Longevity to Equitable Well-being

- Shift focus from survival alone to equity, sustained well-being
- Life span to Health Span - Add Life to Years
- Affordable health care

From Longevity to Equitable Well-being

Life span → Health span

Life → Years



Affordable
health care



Central Government Policies Advocacy

- Increase health expenditure 1.7% to 3.5%
 - Support state health programs
 - Availability of essential drugs, devices
 - Drug Production public drug industries and vaccine factories
 - Free supply to government hospitals
 - Fair priced drug stores
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