

Major initiatives of SHSRC-K

1. Kerala Public Health Act 2023

The Kerala Public Health Ordinance, 2021 was promulgated by the Governor of Kerala on February 23, 2021 and in October 2021 a Bill to replace the ordinance was presented in the Assembly, to be referred to a select committee. The Kerala Public Health Bill 2021, unifying the provisions in the Madras Public Health Act, 1939 and the Travancore-Cochin Public Health Act, 1955 was passed by the Kerala Legislative Assembly in March 2023. It aims to align these laws with the Kerala Municipality Act, 1994 and the Kerala Panchayat Raj Act, 1994, which were enacted in line with the provisions of Part IX and Part IX A inserted by the 73rd and 74th amendments of the Constitution of India. It is after several rounds of discussions with experts from various public health fora and after gathering public opinion on various aspects of the proposed law that the select committee drafted the final Bill. The new Bill has been drafted on the basis of a much broader premise that beyond mere diagnosis and curative services, public health should focus on improving the social determinants of health such as clean water and environment, sanitation and waste management. The Bill also stresses the fact that the scope of a new public health law should encompass the threats posed by climate change, new and emerging viruses, non-communicable diseases and the need for special care and attention for the vulnerable, including the elderly, chronically bedridden and the disabled, welfare of migrant labourers, food safety, blood banks and blood safety, biomedical waste management, tackling antimicrobial resistance and even ensuring adequate toilet facilities in public spaces. The Director of Health Services will be the State Public Health Authority, under whom there shall be district and local health authorities. They will prepare annual action plans before the commencement of every financial year, charting out the activities that need to be taken up in advance to prevent seasonal epidemics and manage their impact on public health. The Act also requires local bodies to earmark a portion of the health budget for implementing programmes for the prevention and control of NCDs.

2. Aardram Mission

In the backdrop of Sustainable Development Goals (SDG) 2030, the Government of Kerala launched a mission called 'Aardram', in 2017 mainly aimed at revamping the public healthcare facilities to deliver comprehensive, equitable, and sustainable healthcare services across the state. Not only does it focus on strengthening the primary healthcare system but also on

enhancing infrastructure and promoting community participation in healthcare. The mission strives to make healthcare more accessible and affordable to the people of Kerala, with an emphasis on preventive care and health promotion. The main changes were in primary care services. During the first phase, 170 PHCs were selected, and 504 PHCs and 212 PHCs were selected during the second and third phases respectively. The secondary and tertiary care services also underwent transformations including changing to patient friendly hospitals, adopting standardization etc, to mention a few. The achievements of Aardram Mission are increased utilization of government health care systems and increased involvement of LSGs that provides the perfect platform for cross-sectoral coordination. Aardram ensures community involvement in the services available through ASHA, WHSNC, Kudumbashree Volunteer Health Workers and their much-lauded initiative 'Arogyasena'. The Nava Kerala Karma Padhathi in its second phase included Aardram Mission with ten key areas for action. These include disease elimination, district cancer control programme, healthy life campaign, annual health check-up, hub and spoke model laboratory networks, integrative medicine and research, infectious disease-related infrastructure, one health initiative, elderly and palliative care programme, along with completing the unfinished targets of Aardram first phase

3. One Health Initiative

One Health is an approach that recognizes that people's health is closely connected to the health of animals and our shared environment. Kerala, with its extensive forest cover and the resultant higher human-animal interfaces, high population density, large number of non-resident citizens and the resultant higher international travel, high proportion of the ageing population, high prevalence of non-communicable diseases and the resultant co-morbidities, is placed in a unique and precarious position compared to the other Indian States. Kerala has experienced recurrent outbreaks of zoonotic diseases during the past decade, including the NIPAH virus, H1N1 and Kyasanur Forest Disease. The COVID – 19 pandemic has demonstrated the state's vulnerabilities to future pandemics. In the above circumstances, Government of Kerala has initiated steps to implement the One Health Programme in the State to ensure healthy living of people through a collaborative, transdisciplinary and multisectoral approach at different levels and by involving multiple stakeholders. As in many other health initiatives, Kerala is the pioneer in the country in implementing the One Health Programme. The programme was launched in the State on 17 May 2022 as part of the Navakeralam Karma Padhathi- 2. As a first phase, the One Health Programme has been initiated in 4 Pamba basin districts – Pathanamthitta, Alappuzha, Kottayam and Idukki under the Rebuild Kerala Initiative (RKI)

with the support of World Bank and will be expanded to all other districts in the next phase. The Director of Health Services (DHS), Govt. of Kerala is the overall authority for implementing the programme in the State. The programme will be managed by the Centre for One Health- Kerala (COH-K). State Health Systems Resource Centre- Kerala (SHSRC-K) is designated as the Nodal Agency for establishing the COH-K. Under COH-K, there will be State Programme Management Unit (SPMU) at DHS and District Programme Support Unit (DPSU) in each district. Features of One Health Programme are sustained community surveillance of unusual events that could trigger zoonotic diseases, early detection of suspected Zoonotic Disease outbreaks and effective community-based participatory interventions to reduce risk factors to prevent and contain the spread of Zoonotic diseases which are key to prevent and contain the spread of such diseases.

4. Community Link Worker Scheme & Queer Inclusive Hospital Initiative

The transgender and Intersex community is one of the most marginalized sections of the society. SHSRC-K, in association with NHM has taken up several initiatives for providing equitable health care to the Transgender and Intersex community- such as the Community Link Worker Scheme (CLW), Queer Inclusive Hospital Initiative (QIHI) and supporting the initiative of the Social Justice Department in developing a standard protocol for the healthcare of this community. Kerala was the first state in India to declare a Transgender and Intersex Policy in 2015. It aimed to address the unique challenges faced by transgender and intersex individuals in the state and promote their rights and well-being. Transgender Persons (Protection of Rights) Act, 2019, outlines several critical provisions to address discrimination and promote healthcare access for Transgender individuals. According to Section 3d of Chapter II, the Act prohibits denial and discontinuation of, as well as, unfair treatment for Transgender individuals, in health care institutions of Kerala. In accordance with Section 15 of Chapter VI of the act, the government mandated equitable access to healthcare facilities of transgender persons. Despite legal provisions and efforts to combat discrimination against sexual minorities, including transgender individuals, discrimination and disparities in healthcare access and treatment is still persisting. This necessitated the launch of the QIHI and CLW programs, both of which were launched in association with the NHM in 2023. On August 1st, 2023, the Hon. Minister for Health announced plans to implement a Queer Inclusive Hospital Initiative (QIHI) in the state, making Kerala the first state in India to do so. This initiative was initially rolled out in four districts - Thiruvananthapuram, Ernakulam, Thrissur, and Kozhikode. The Community Link Worker Scheme (CLW scheme) encompassed the

recruitment of people from the transgender community to act as a link between the health system and the transgender community. A total of 15 CLWs have been recruited from the four districts selected for the QIHI. A tangential benefit of this scheme is the mainstreaming of transgender people through a participatory approach by involving the community members in decisions that affect their health care. Extensive training modules are being developed for the CLW covering topics such as useful terminology, health care needs and options available to the community, crisis management, relevant laws and policies, etc. The CLW act as gatekeepers and keep the community members informed regarding policies and benefits that they can avail, encourage the increased utilization of healthcare services and facilities, act as a source of support during times of crisis, and also play a key role in amicably resolving any disagreements that might arise between the health system and the community members. Plans to expand this program to Malappuram and Kottayam, and gradually to all districts, are in the pipeline.

5. Healthy Ageing Initiative

The United Nations General Assembly, recognizing the significance of the period from 2021 to 2030 as the Decade of Healthy Ageing, has underscored the pivotal role health plays in the ageing experience and the abundant opportunities that come with growing older. The most contemporary definition of healthy ageing, described as the process of developing and maintaining functional ability for well-being in older age (WHO, 2015), serves as the foundation for the transformative Healthy Ageing initiative. This flagship program carries a resounding mission: to enhance the overall health and well-being of Kerala's vibrant elderly population. Kerala, with its distinctive demographic profile characterized by a rapidly growing elderly population, stands as a living testament to the challenges and opportunities posed by population ageing. The state's progressive approach to social and healthcare systems has not only extended the lifespans of its seniors but has also nurtured a vibrant culture of respect and inclusion for the elderly. Since 2022, under the umbrella of the Healthy Ageing initiative, SHSRC-K embarked on a journey marked by five ground-breaking research projects aimed at comprehensively addressing the unique healthcare needs of Kerala's elderly population. These projects, including "Evaluation of the National Program for Health Care of the Elderly in the State of Kerala," "Risk Assessment for Falls Among Older Persons in Kerala," "Interventions for Prevention of Falls Among Older Persons - a Randomized Control Trial in Kerala, India," "Development of a Screening Tool for Identifying Home Fall Hazards of Older Persons," and "Towards Inclusive Elderly Health Interventions: Social Engagement for Studying Semantics

of Ageing, Health, Illness, and Quality of Life in Older Persons," symbolize a visionary effort to understand and improve the lives of Kerala's elderly citizens. As part of the studies, conducted extensive surveys and organized medical camps in Manikkal and Nellanad Grama Panchayats, directly benefiting over 500 elders. These camps have gone beyond delivering basic healthcare services and medicines; and have also provided valuable awareness classes delivered by experts on fall prevention. These classes have incorporated exercises and tailored physical activities to enhance muscle tone and strength while contributing to the physical, social, and mental well-being of the elderly population. The studies have meticulously identified environmental hazards that pose fall risks, offered algorithmic solutions for systematic scaling to enhance holistic well-being, spanning physical, mental, and social facets for the elderly, revealed profound insights into the unique healthcare requirements of the elderly, setting the stage for potential enhancements to the existing state geriatric policy. Looking ahead, the Healthy Ageing research initiative of SHSRC-K is poised to build on its successes and expand its reach. Future plans encompass the continuation of medical camps, preventive interventions, and community engagement programs across various panchayats in Kerala. The initiative is also set to focus on capacity building, healthcare professional training, and raising public awareness about healthy ageing. Collaborative efforts with local self-government bodies (LSG), active elderly neighbourhood groups, and other stakeholders, including NGOs and volunteers, will play a pivotal role in sustaining and expanding these efforts. These initiatives collectively contribute to future policy directions to better cater to the unique healthcare needs with extensive support from the health systems and the state government.

6. Health Systems Policy and Research

SHSRC-K was involved in drafting the State Health Policy in 2016 in line with Sustainable Development Goals of United Nations, co-ordinated the activities related to Kerala Clinical Establishment Bill 2017 and was involved in the preparation of State Palliative Care Policy 2019- Action Plan. SHSRC-K also supported NHM in the proposal and tool development of the Social Audit and also in coordinating Kerala's collaboration with Cuba for the bilateral exchange of knowledge and innovations in the field of medicine. It is in the process of developing a stroke action plan, infection control policy for the State in the wake of COVID-19 and Nipah outbreaks and is a part of drafting the State Health Research Policy. SHSRC-K

also played the main role in drafting the Public Health Management Cadre for its implementation in the State. SHSRC-K was nominated by the Government as the nodal agency for conducting and guiding health systems-related research in the State of Kerala. As part of this, SHSRC-K constituted an Institutional Research Committee and an Institutional Ethics Committee for the supervision of research studies. Research in health systems is essential for the generation of evidence in the implementation of health policies. SHSRC-K is involved in various research studies on its own and also with collaborations from external agencies like as the Indian Council of Medical Research (ICMR), Public Health Foundation of India (PHFI), National Health Systems Resource Centre (NHSRC), Lancet Commission, Indian School of Business Hyderabad, George Institute Delhi, International Institute for Population Sciences Mumbai, Digital University of Kerala, Kerala State AIDS Control Society(KSACS), Mariwala Health Initiative Mumbai, World Health Organisation, Azim Premji University, Extension for Community Healthcare Outcomes (ECHO) India, Indian Institute of Health Management Research (IIHMR) Jaipur, Women and Child Development Department Kerala, AYUSH department Kerala etc. SHSRC-K is also involved in partnering with private healthcare institution in conducting health systems research like KIMS Trivandrum, Ananthapuri Hospital Trivandrum, etc. SHSRC-K is involved in conducting research in the State on relevant public health topics such as communicable diseases and non-communicable diseases, health programme evaluations as well as studies on marginalized and vulnerable communities like the mentally ill, People Living with HIV/AIDS (PLHIVs), tribals, transgenders, migrants etc.

7. Capacity Building and Dissemination

SHSRC-K conducted Aardram-related training that included capacity building, skill training, concept training, team building and documentation training for various categories of staff working in Family Health Centres including Local Self Government bodies. SHSRC-K conducted many research methodology-related workshops and training for DNB postgraduate students and interns from national-level institutes such as Tata Institute of Social Sciences (TISS) Mumbai, Prasanna School of Public Health, Manipal, Central University of Kerala, AMCHSS, SCTIMST, JIPMER Pondicherry at SHSRC-K. SHSRC-K is the nodal agency for conducting the MLSP (Mid-Level Service Providers) training. As part of this, SHSRC-K developed training modules, materials, and identification of resource persons and conducted examinations including the preparation of a question bank. SHSRC-K is the facility identified for implementing the Sophisticated Analytical and Technical Help Institute (SATHI) Project in collaboration with the Government College for Women, Thiruvananthapuram. Aardram

Concept Training for FHC Medical Officers and Staff Nurses SHSRC-K received trainings on ICMR research guidelines and Good Clinical Practice in collaboration with Forum for Ethics Review Committee in India (FERCI). SHSRC-K was involved in the conduct of various workshops like the NFHS 5 Southern Regional dissemination workshop, a regional workshop on Implementation research and Aardram Mission-related workshops.

8. Epidemic and disaster management activities

SHSRC-K actively participated during emergencies such as the COVID-19 pandemic, the Nipah outbreak, Brahmapuram fire accident etc. During the emergencies, SHSRC-K supported and guided the Health Department by being part of Core Committees to control the diseases, surveillance and management of cases including preparation of SOPs and guidelines. SHSRC-K also took part in training the health staff, community volunteers and community-level health workers during such emergencies.

9. Integration of AYUSH and Modern Medicine

SHSRC-K took the responsibility for accomplishing and executing the integration of AYUSH and Modern Medicine in the NCD control programme. NCDs have always been a major public health problem in Kerala and in order to match the need for improved quality of care and reduced mortality and morbidity from NCDs, the Health and Family Welfare Department of Govt. of Kerala has decided to integrate AYUSH and Modern Medicine health care systems in providing comprehensive NCD care. The other areas prioritized for integration are palliative care and anaemia control. The integration also aims to strengthen the research activities of AYUSH.

10. Recruitments

SHSRC-K is actively involved in the conduct of state-level examinations in various post such as JPHN, JHI, Lab technician, RBSK Nurse, Medical Officers etc under National Health Mission Kerala. SHSRC-K also conducted state-wide virtual examinations for recruited MLSPs who had been trained through LMS Portal. SHSRC-K members are also part of various interview boards like NHM Kerala, NAM Kerala.

11. Documentation and Publications

SHSRC-K supported the Health Department in drafting various government orders, guidelines, protocols, manuals, handbooks and SOPs. The major documents include Aardram-related G.Os and guidelines. SHSRC-K published its research studies in various scientific journals for its wide public dissemination. It is also involved in various revision works such as the updating of outdated guidelines and protocols. The major works include CPHC guidelines, Handbooks for various categories of staff, guidelines for Best doctor award, Statement of Interest for Cuban Collaboration, Referral protocol, Extreme poverty eradication guideline, Redefining the job responsibilities of field staff, Minimum standards for primary stroke care units in secondary level hospitals in Kerala, etc.