

Public Health Cadre in Tamil Nadu

Introduction

Public health interventions are delivered by different bottom - top level stakeholders lacking regulatory authority and powers to systematically enforce public health in the state (Parthasarathi & Sinha, 2016). In Tamil Nadu, there is a dedicated Public Health Cadre that works in administrative and management positions and manages the primary health services. A separate, systematically trained Cadre has helped handle stressful situations like a tsunami, etc.

Implementation of the practice

- A fresh medical graduate can join as Municipal Medical Officer (MMO) in the Cadre. Within 4 years of joining, the MMOs can also complete a diploma in public health (from Madras Medical College). MMOs with completion of diploma get regularized and depending on the vacancy can also be promoted to the Deputy Director level.
- Three categories of such posts are –
 - a) district level officer to head primary health services
 - b) principal of training institutes
 - c) faculty in the community medicine department in medical colleges
 Further, with an MD degree, career progression may include working in medical colleges or field services. The promotions can reach further up to the director through joint director and additional director posts (Parthasarathi & Sinha, 2016).
- There are also incentives for working in rural areas, such as:
 - Allowance for working in rural areas is INR 1000 per month.
 - Before the introduction of the NEET exam in the State, 50% preference was given to the candidate for working in rural areas for two years and they were also provided further preference for each additional year of work experience in rural areas (EY Primary Analysis: KIIs, 2019).
 - Residential accommodation is provided to the medical officers in the majority of cases.

Results of practice

- *Better health outcomes without high expenditure on health* - Tamil Nadu without spending more than the national average on health has been the state with one of the best health indicators. Kerala also with better health outcomes, in contrast, has public health expenditure more than the national average and private expenditure more than twice of the national average (Kumar, Bothra, & Mairembam, 2016)
- *Disaster Management* - Cadre adopts annual pre-emptive planning for responding to potential natural disasters such as floods and cyclones. This ensures that when catastrophic disasters like the tsunami of 2004 strike, the state has the internal preparedness to deal with them (EY Primary Analysis: KIIs, 2019).

Lessons learnt

- Separate components in the public health workforce can be helpful:

S.No.	Health workforce categories
1	Public health administrative and leadership posts (to be headed by doctors with public health training)

2	Technical staff (epidemiologists, entomologists, health informatics/surveillance officers)
3	Trained public health management staff
4	Grassroot front-line public health workers (female and male multi-purpose workers)

- Doctors joining public service can be given a choice to either enter the clinical cadre (providing clinical care) or the public health cadre (with a predominant public health role).
- Doctors with pre-existing public health qualifications and/or providing in-service public health training to existing doctors should be included.

Conclusion

A public health management cadre/public health cadre maybe considered by the States for efficient management of public health system. This practice is replicable across States due to similar administrative structure and minimal restructuring at block/district/state level required.

Further Readings

- i. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5112973/>
- ii. <https://apps.who.int/iris/bitstream/handle/10665/329567/seajph2018v7n1p29.pdf>