

### REFORM MEASURES AND POLICY INITIATIVES

The National Rural Health Mission (NRHM) was launched in 2005, to provide accessible affordable and quality healthcare to the population, with focus on people living in rural areas. The various initiatives under NRHM aim to close the Inter regional and interstate disparities to promote delivery of health services with focus on equity. The NRHM has been able to show a direction to provide health services to the poorest household in the remotest areas with focus on strengthening public health systems, reducing overall morbidity, mortality and establishing a fully functional community owned decentralized health delivery system with flexibility for need based planning.

The 12th plan, would build on the achievements of the Eleventh Plan for extending outreach of public health services and for moving towards the long term objective of establishing a system of Universal Health coverage through National Health Mission. The Government plans to fill critical gaps in infrastructure and manpower planning in recognition of fresh challenges being posed due to increasing migration from rural to urban areas. The interventions under National Rural Health Mission would be extended to the urban areas under the National Urban Health Mission during the 12<sup>th</sup> Plan. It would meet the long standing need to strengthen the healthcare in urban areas with special focus on the urban poor. Accordingly, Public health care services are sought to be further expanded during the 12<sup>th</sup> Plan. Efforts would be directed towards financial & managerial health systems redesigning to ensure better outcomes. To encourage the participation of States in addressing their State specific problems, the flexible pool would be enlarged. This would enable States to prioritize the interventions there under in keeping with their needs.

Accordingly, flexi pools would comprise of the NRHM-RCH flexi pool, the National Urban Health Mission Flexi Pool, flexi pool for communicable diseases and flexi pool for non communicable diseases, injury and trauma. All interventions by the Central Government under these flexi pools would be for interventions at the district and below levels. The NRHM-RCH flexi pool would include interventions under Reproductive Child Health & Mission flexi pools, routine immunization, pulse polio immunization and iodine deficiency disorder control programme, strengthening of district hospitals for providing advanced secondary care and providing free generic medicines in all public health institutions in the country. The flexi pools for communicable diseases would inter-alia encompass interventions under Nation Vector Borne Control Programme, National T.B. Control Programme, National Leprosy Eradication Programme and Integrated Disease Surveillance Programme. Interventions under National Programme for control of Blindness, National Mental Health Programme, Health care for Elderly,

National Programme for Prevention and Control of Deafness, National Tobacco Control Programme, National Oral Health Programme, National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke and Assistance to States for capacity building for Burns, would be included in the flexi pool for non-communicable Diseases, Injury and Trauma. Assistance would also be given under the National Health Mission for Infrastructure Maintenance to States.

The National Health Mission will build on the experience gained in implementation of the National Rural Health Mission and focus inter-alia on augmentation of Human Resources by encouraging States to engage health personnel including doctors, nurses and paramedics strengthening health infrastructure by providing support to the States for new construction/ upgradation/ renovation of healthcare facilities; strengthening First Referral Units and Operationalisation of more 24x7 Facilities, decentralized planning through Village Health Sanitation and Nutrition Committees and RogiKalyanSamitis, preparation of District Health Action Plan with convergence from all health related sectors, provisioning for health service delivery especially in un-served and underserved areas through Medical Mobile Units; providing financial assistance to States for selection and training of Accredited Social Health Activists (ASHAs) who act as a link between community and healthcare facilities; establishing Emergency Transport and Patient Transport System, taking forward the JananiShishuSurakshaKaryakram (JSSK) which entitles all pregnant women delivering in public health institutions to absolutely free and no expense delivery, including caesarian section. The initiative stipulates free diagnostics, blood, drugs and diet, besides free transport from home to institution, between facilities in case of a referral and drop back home. Similar entitlements have been put in place for all sick newborns accessing public health institutions for treatment till 30 days after birth; initiatives for tracking every pregnant women and child to ensure registration of all pregnant mothers and neonates to monitor the ante-natal and post-natal care of mothers and immunization of children would receive attention. Apart of this, other areas of importance would be distribution of contraceptives (condoms and oral pills) through ASHA's to the user homes, supply of sanitary napkins through ASHA's at subsidized rates to rural adolescent girls; weekly Iron and Folic Acid Supplementation Programme; the National School Health Programme and appointments of post partum counselors for RMNCH Services at high case load facilities. Reduction in mortality, morbidity and disability due to burn injuries during the 12<sup>th</sup> Five Year Plan would be focus area. The initiatives taken by the Government for prevention and control of communicablediseases and non-communicable diseases would be strengthened. The PradhanMantriSwsthyaSurakshaYojana (PMSSY) was launched with the objective of correcting regional imbalances in the availability of affordable/ reliable tertiary health care services and augmenting facilities for quality medical education in the country. The PMSSY aims at (i) operationalisation of 6 AIIMs like Institutions in the first phase at Bhopal, Bhubaneswar, Jodhpur, Patna, Raipur and Rishikesh and construction of AIIMs like Institutions approved in the second phase in West Bengal and Uttar Pradesh , (ii) Upgradation of 13 Medical College Institutions in the first phase and 6 in the second phase (iii) Inclusion of more institutions in third phase. These activities would be taken forward.

Critical gaps in human resources availability in the public health delivery system would be addressed. Accordingly expansion of medical schools /nursing colleges / paramedical institution would receive priority. To address the concerns of shortfall in human resources, Government

has taken several initiatives to augment human resources in the health sector focusing on medical education, nursing education, paramedical education, etc. Several reforms have been brought out in the MCI norms, which include revision in the requirement of land for setting up medical colleges, bed strength, enhancement of age of faculty, increase in maximum ceiling in age of intake for undergraduate students and revision of teacher student- ratio for the post graduate students. Government has also approved setting up of 269 ANM/ GNM schools in different States. Decision has also been taken for setting up a National Institute of Paramedical Sciences and 8 Regional Institutes of Paramedical Sciences. These initiatives would be taken forward.

Further strengthening of health and medical regulation is envisaged in the 12<sup>th</sup> Plan. Food & Drug regulations would also receive focused attention. Further, the Central Government seeks to strengthen district hospitals to provide advanced secondary care. Further the Central Government seeks to strengthen district hospitals to provide advanced secondary care. The Government seeks to provide free generic medicines in all public health facilities during the 12<sup>th</sup> plan period with a view to address concerns on the high Out of Pocket (OOP) expenditure) being currently incurred. Further in keeping with the changing diseases profile within the country the preventive, promotive and curative public health interventions in the areas of non communicable disease would be addressed.