

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 Five Year Plan would build on the achievements of the Eleventh Five Year 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 are extended to the urban areas under the National Urban Health Mission, which would cover the urban poor and people living in urban slums. It aims to make available essential healthcare to urban poor, reducing the 'out of pocket' expenditure. NUHM would leverage the institutional structures of the NRHM for administration and operationalization of the Mission. NUHM would improve upon the efficiency of the existing public health system in the cities, by strengthening, revamping and rationalizing the existing government Urban Health Posts, Urban Family Welfare Centers and Urban dispensaries. It would also establish synergies with other programmes with similar objectives like Jawaharlal Nehru National Urban Renewal Mission (JNNURM), Swarna Jayanti Shahari Rozgar Yojana (SJSRY) and Integrated Child Development Services (ICDS) to optimize the outcomes. NUHM would provide the flexibility to the states to choose the model which suits the need and capacities of the states in addressing the health care needs of the urban poor. The services delivered under the NUHM through the urban PHCs and Urban CHCs would be universal in nature and outreach services would however, be targeted towards the slum dwellers and other vulnerable groups. Efforts would be directed towards financial & managerial health systems redesigning to ensure better outcomes under both the NUHM and NRHM. To encourage the States to show progress in the key areas of the institutional reforms identified in the PIP and MOU with the State Health Societies, an incentive pool have been devised under the NHM. States have also been provided greater flexibility in the planning and use of resources and accordingly, NRHM-RCH flexible pool, the National Urban Health Mission Flexible Pool, Flexible pool for Communicable Diseases and Flexible pool for Non-

Communicable Diseases, Injury and Trauma have been envisaged. All interventions by the Central Government under these flexible pools would be for interventions at the district and below levels. The NRHM-RCH flexible pool would include interventions under Reproductive Child Health & Mission flexible pools, Routine Immunization, Pulse Polio Immunization and Iodine Deficiency Disorder Control Programme and Providing Free Generic Medicines in all public health institutions in the country. The flexible pools for Communicable Diseases would inter-alia encompass interventions under National 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 flexible pool for Non-Communicable Diseases, Injury and Trauma. Assistance would also be given under the National Health Mission for Infrastructure Maintenance to States. Under the Infrastructure Maintenance, support is provided for maintenance and up gradation of Rural Family Welfare Sub Centre, maintenance and up gradation of Urban Family Welfare Centres, Training of ANMs/LHV and maintenance of Health and Family Welfare Training Centres, etc.

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 Rogi Kalyan Samitis, 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 Janani Shishu Suraksha Karyakram (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 as also 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. During January, 2014 Mother and Child Tracking Facilitation Centre (MCTFC) has been opened, which facilitates for sending appropriate health promotion messages in voice and text to beneficiaries according to the month of pregnancy or age of the child; transfer of JSY benefits to pregnant women as is presently being done in 121 DBT districts, transfer of ASHA payments directly into their accounts, etc. India had been polio free since January 2011 and the World Health Organisation (WHO) presented official certification to India for its 'Polio Free' status during 2014. This polio eradication achievement was possible with technological innovations like the indigenous bivalent polio vaccine, adequate domestic financial resources and close

monitoring of polio programme, with which immunization levels soared to 99% coverage. In order to improve the overall quality of life of children through early detection of birth defects, diseases, deficiencies, development delays including disability, a new initiative Rashtriya Bal Swasthya Karyakram (RBSK) was launched on 6th February, 2013 for Child health screening and early intervention services to provide comprehensive care to all the children in the community.

Apart from this, other important areas of intervention are: 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. Reduction in mortality, morbidity and disability due to burn injuries during the 12th Five Year Plan would be a focus area. The initiatives taken by the Government for prevention and control of communicable diseases and non-communicable diseases would be strengthened. The Pradhan Mantri Swasthya Suraksha Yojana (PMSSY) aims at correcting regional imbalances in the availability of affordable/reliable tertiary health-care services and augmenting facilities for quality medical education in the country. PMSSY aims at (i) construction of 6 AIIMS like institutions in the first phase at Bhopal, Bhubaneswar, Jodhpur, Patna, Raipur and Rishikesh and in the second phase in West Bengal and Uttar Pradesh, (ii) up gradation of 13 medical colleges in the first phase, 6 in the second phase and 39 in the third phase. All the six new AIIMS at Jodhpur, Bhopal, Patna, Rishikesh, Bhubaneswar and Raipur in the first phase of PMSSY have become functional. Two batches of students totaling 210 at each of these six new AIIMS are receiving education. All the six new AIIMS now have functional outpatient departments and four of them, viz., AIIMS Bhubaneswar, AIIMS Patna, AIIMS Raipur and AIIMS Rishikesh have started admitting indoor patients in their hospitals. These activities would be taken forward during the remaining years of the 12th Five Year Plan.

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. To strengthen Government medical colleges, the land requirement norms and infrastructural requirements for opening new medical colleges have been revised. In order to increase availability of doctors, new medical colleges attached to district hospitals are being set up apart from strengthening and upgrading existing medical colleges with a perspective to increase MBBS seats to the tune of 16,000 during the Twelfth Plan period. In order to meet the shortage of nurses, a scheme is under implementation for opening of 132 Auxiliary Nurse Midwife (ANM) schools and 137 General Nursing and Midwifery (GNM) Schools in the districts of high focus states and also in districts where there are no such schools. This would create 13,500 intake capacity of candidates per year. As of March, 2014, 116 ANM schools and 137 GNM schools have been approved across the country. Further strengthening of health and medical regulation is envisaged in the 12th Plan. Food & Drug Regulations would also receive focused attention. Further, the Central Government seeks to strengthen district hospitals to provide advanced secondary care. The Central Government also 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 12th 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. In order to ensure minimum standards of facilities and services in clinical establishments, the Clinical Establishments (Registration and Regulation) Act, 2010 has been enacted for registration and regulation of the Clinical Establishments. This Act would regulate the rates of procedures and services charged by Clinical Establishments in the States. The Act has taken effect in the four states namely; Arunachal Pradesh, Himachal Pradesh, Mizoram, Sikkim, and all Union Territories and the states of Uttar Pradesh, Rajasthan Bihar and Jharkhand have adopted this Central Act under clause (1) of article 252 of the Constitution. It is expected that in order to have in place standard treatment guidelines and minimum standards of service, other states too would adopt this Act, facilitating better health care delivery. A web portal for this Act has been developed and provisional registration of Clinical Establishments has been made possible through this web portal.