

OVERVIEW OF NATIONAL HEALTH SERVICES IN RURAL INDIA

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Rural Health is a state subject. Every state is responsible for raising the level of nutrition and the standard of living of its people and the improvement of public health as among its primary duties. Rural India is home to 68 per cent of India's total population, and half of them live below the poverty line- struggling for better and easy access to health care and services. Health issues confronted by rural people are many and diverse ranging from severe malaria to uncontrolled diabetes from a badly infected wound to cancer.

Postpartum maternal illness is a serious problem in resource-poor settings and contributes to maternal mortality, particularly in rural India. To improve the status of health of rural India Government has initiated various projects and policies.

Health Budget 2015

Rupees 24549 crores have been allocated in The *Pradhan Mantri Swasthya Suraksha Yojana (PMSSY)* Scheme envisages setting up of new AIIMS-like institutions and upgradation of existing State Government Hospitals. A provision of Rs 2206.00

crore has been earmarked for the scheme during 2015-16. The National Rural Health Mission (NRHM) in April 2005, now renamed as National Health Mission, strives to achieve progress in providing universal access to equitable, affordable and quality health care. Important initiatives for reducing child and maternal mortality as well as stabilizing population have been taken, immunization has been accelerated. Human Resources Development and training of Doctors, Nurses and Paramedics have begun in the right all earnest. All the States have operationalised the Mission and the Health Delivery System is being rejuvenated through additional management, accountancy and planning support at all levels. The Centre: State funding ratio for the NHM will be modified to have higher share from States in view of the higher devolution as per the recommendation of 14th Finance Commission.

By placing Accredited Social Health Activists (ASHAs) in every village, basic health care has been brought closer to the vulnerable groups by giving a boost to Health Education and Promotion.



Health Research: Under the Department of Health Research, Indian Council of Medical Research (ICMR) is the apex body mandated to promote, co-ordinate and formulate biomedical & Health Research. Central Government gives maintenance grants to the Council for Research in health, nutrition, non-communicable diseases and basic research. The Council is also engaged in research on tribal health, traditional medicines and publication & dissemination of information.

To encourage savings and promote healthcare, Finance Minister Arun Jaitley in his budget has increased the limit of deduction under section 80D of the income tax Act from Rs.15,000 to Rs.25,000 on health insurance premium. In case of senior citizens, the limit of deductions has been increased from Rs.20,000 to Rs.30,000. This is a very positive development as it will bring more people into the fold of insurance cover. This should help people to start thinking about insurance when they are young and also buy cover for their families. Public health experts, however, maintain that the government has given incentives the middle class to opt out of the public health system. This is actually providing an option and incentive for middle class to stay out of the public system and go to private hospitals.

Recent Government Initiatives for Rural Health

- [1] **Insurance Scheme:** India is preparing a universal health insurance scheme under Prime Minister Narendra Modi's personal supervision, which is set to be the world's largest of its kind, aimed at delivering quality health insurance services to all. (The blueprint of the world's largest universal health insurance programme is in the process of being sharpened under the Prime Minister's personal gaze.) It is partially inspired by US President Barack Obama's grand insurance-for-all project, which is popularly known as 'Obamacare'. This time the Government aims is to bring about a "complete transformation" of the health sector through research, innovation and the latest technology.
- [2] **National Health Assurance Mission:** The flagship National Health Assurance Mission, aimed at building a robust healthcare support system for the poor, is one of several social welfare schemes centered on the sector to be rolled out by the

Present government. In terms of healthcare, medical experts are hoping for a countrywide implementation of the Gujarat model, which has given the state a system that far surpasses any other in India in its efficacy.

- [3] **Public-private partnership (PPP) model for Health:** The Government promotes the public-private partnership (PPP) model. The state has got several corporate hospitals, 13 medical colleges, 1,072 primary healthcare centres, 273 community health centres and 85 mobile healthcare centres. The ratio of emphasis is 80 per cent on primary healthcare, 17 per cent on secondary healthcare and 3 per cent on tertiary healthcare. Recently this model is running only in Gujarat.

The total annual budget of healthcare in Gujarat is 6 per cent, while the current budget in India is one per cent of the total GDP. The doctor to patient ratio in Gujarat is 1:10 and nurse to patient ratio 1:5. If this model is applied at the all-India level, a healthcare system would be better across the nation. [4] The National Health Assurance Mission linked with the Rashtiya Swasthya Bima Yojana (RSBY) was supposed to provide a complete basket of services, including 50 essential medicines, a package of diagnostic services as well as around 30 alternative medicines such as ayurveda, homeopathy, etc., at government hospitals. The private sector hospitals will gain tremendously from the insurance policy of the present government. While we talk about universal health coverage, we are looking at the role insurance companies will pay. There is a reason it is called health 'assurance' and not 'insurance'. The main aim of NHAM is to assure the health to its citizens.

- [4] **National e-Health Authority:** National e-Health Authority (NeHA) as a promotional, regulatory and standards setting organization to guide and support India's journey in e-Health and consequent realization of benefits of ICT intervention in Health sector in an orderly way. It also spells out the proposed functions and governance mechanism of NeHA. These draw from earlier recommendations of high level bodies in India as also global experience. It is also strongly recommended that NeHA be created at the earliest, as it will give a fillip to all the current

and envisaged programs of the government in respect of IT in Health and accelerated adoption of HER in an orderly manner. It will also help avoid problems arising out of uncoordinated induction of IT systems in hospitals and public health systems which will become inevitable with the passage of time in the absence of a suitable authority to guide and enforce orderly evolution. The Indian health care system is one of India's largest and most complex sectors. It delivers services to a diverse population of approximately 1.24 billion across a wide range of geographic and socioeconomic settings. Services are provided by a complex network of public and private care providers, ranging from a single doctor rural PHCs (Primary Health Centers) to specialty and super specialty health care institutions like the medical college hospitals in the public sector and from a single doctor outpatient clinic to large trust or corporate hospitals and third party providers in the private sector. Given that India today enjoys a demographic dividend which can contribute to the productivity and prosperity of the nation, the healthcare system is specially and fundamentally important to the country from both an economic and social perspective. A health population underpins strong economic growth, community well-being and prosperity.

Benefits of Electronic Health Record (EHR):

EHR and the ability to exchange health information electronically can help the providers to extend higher quality and safer care for patients while creating tangible enhancements in the efficiency of operations of the organization. EHRs helps providers to better manage care for patients by providing accurate, up-to-date, and complete information about patients at the point of care; access patient records quickly for more coordinated, efficient care; share electronic information securely with patients and other clinicians; diagnose Patients more effectively, reduce medical errors and provide safer care; prescribe more reliably and safer; promote legible, complete documentation and accurate, streamlined coding and billing; improve productivity and work-life balance; and reduce costs through decreased paperwork, improved safety, reduced duplication of testing, and improved health.

National Health Information Authority: The National Knowledge Commission (NKC) had recommended in 2008 formation of National Health Information Authority (NHIA) to support implementation on e-Health. High Level Expert Group (HLEG) set up by Planning Commission in the context of XII Plan had recommended EHR adoption and setting up of a nationwide network to support the same. They had done so as part of recommending Universal Health Coverage. ('Digital India' Program has been announced by Government of India in August 2014 and a set of on-line Healthcare services are scheduled to be offered as part of the same in a definite time frame in the) next 4-5 years. **National eHealth Authority (NeHA):** NeHA will be the nodal authority that will be responsible for development of an Integrated Health Information System (including Telemedicine and m-Health) in India, while collaborating with all the stakeholders, viz., healthcare providers, consumers, healthcare technology industries, and policymakers. It will also be responsible for enforcing the laws & regulations relating to the privacy and security of the patients health information & records. Vision/Goals a) To guide the adoption of e-Health solutions at various levels and areas in the country in a manner that meaningful aggregation of health and governance data and storage/exchange of electronic health records happens at various levels in a cost-effective manner b) To facilitate integration of multiple health IT systems through health information exchanges c) To oversee orderly evolution of state-wide and nationwide Electronic Health Record Store/Exchange System that ensures that security, confidentiality and privacy of patient data is maintained and continuity of care is ensured.

[5] Pradhan Mantri Swasthya Suraksha Yojana:

The Pradhan Mantri Swasthya Suraksha Yojana (PMSSY) aims at correcting the imbalances in the availability of affordable healthcare facilities in the different parts of the country in general, and augmenting facilities for quality medical education in the under served States in particular. The scheme was approved in March 2006. It has been decided to set up 6 AIIMS-like institutions, one each in the States of Bihar (Patna), Chattisgarh (Raipur), Madhya Pradesh (Bhopal),

Orissa (Bhubaneswar), Rajasthan (Jodhpur) and Uttaranchal (Rishikesh) at an estimated cost of Rs 840 crores per institution. These States have been identified on the basis of various socio-economic indicators like human development index, literacy rate, population below poverty line and per capital income and health indicators like population to bed ratio, prevalence rate of serious communicable diseases, infant mortality rate etc. Each institution will have a 960 bedded hospital (500 beds for the medical college hospital; 300 beds for Specialty/Super Specialty; 100 beds for ICU/Accident trauma; 30 beds for Physical Medicine & Rehabilitation and 30 beds for Ayush) intended to provide healthcare facilities in 42 Speciality/Super-Speciality disciplines. Medical College will have 100 UG intake besides facilities for imparting PG/doctoral courses in various disciplines, largely based on Medical Council of India (MCI) norms and also nursing college conforming to Nursing Council norms.

Recent Updates in National Rural Health Scheme: The National Rural Health Mission (NRHM) was launched by the Hon'ble Prime Minister on 12th April 2015, to provide accessible, affordable and quality health care to the rural population, especially the vulnerable groups. NRHM seeks to provide equitable, affordable and quality health care to the rural population, especially the vulnerable groups. Under the NRHM, the Empowered Action Group (EAG) States as well as North Eastern States, Jammu and Kashmir and Himachal Pradesh have been given special focus. The thrust of the mission is on establishing a fully functional, community owned, decentralized health delivery system with inter-sectoral convergence at all levels, to ensure simultaneous action on a wide range of determinants of health such as water, sanitation, education, nutrition, social and gender equality. Institutional integration within the fragmented health sector was expected to provide a focus on outcomes, measured against Indian Public Health Standards for all health facilities.

[1] National Urban Health Mission (NUHM): In 2013 the government launched the National Urban Health Mission (NUHM) as a sub-mission of an over-arching National Health Mission (NHM), with National Rural Health Mission (NRHM) being the other Sub-mission of National Health Mission. NHM has six financing components:

NRHM-RCH Flexipool, NUHM Flexipool, Flexible pool for Communicable disease, Flexible pool for Non communicable disease including Injury and Trauma, Infrastructure Maintenance and Family Welfare Central Sector component.

[2] India Newborn Action Plan (INAP): The India Newborn Action Plan (INAP) is India's committed response to the Global Every Newborn Action Plan (ENAP), launched in June 2014 at the 67th World Health Assembly, to advance the Global Strategy for Women's and Children's Health. The ENAP sets forth a vision of a world that has eliminated preventable newborn deaths and stillbirths. INAP lays out a vision and a plan for India to end preventable newborn deaths, accelerate progress, and scale up high-impact yet cost effective interventions. INAP has a clear vision supported by goals, strategic intervention packages, priority actions, and a monitoring framework. For the first time, INAP also articulates the Government of India's specific attention on preventing stillbirths. INAP is guided by the principles of Integration, Equity, Gender, Quality of Care, Convergence, Accountability, and Partnerships. It includes six pillars of intervention packages across various stages with specific actions to impact stillbirths and newborn health.

[3] Janani Shishu Suraksha Karyakaram (JSSK): The scheme is estimated to benefit more than 12 million pregnant women who access Government health facilities for their delivery. Moreover it will motivate those who still choose to deliver at their homes to opt for institutional deliveries. It is an initiative with a hope that states would come forward and ensure that benefits under JSSK would reach every needy pregnant woman coming to government institutional facility. All the States and UTs have initiated implementation of the scheme. **The following are the Free Entitlements for pregnant women:** Free and cashless delivery, Free C-Section, Free drugs and consumables, Free diagnostics, Free diet during stay in the health institutions, Free provision of blood, Exemption from user charges, Free transport from home to health institutions, Free transport between facilities in case of referral, Free drop back from Institutions to home after 48hrs stay. **The following are the Free Entitlements for Sick newborns till 30 days after birth. This has now been expanded**

to cover sick infants: Free treatment, Free drugs and consumables, Free diagnostics, Free provision of blood, Exemption from user charges, Free Transport from Home to Health Institutions, Free Transport between facilities in case of referral, Free drop Back from Institutions to home.

[4] Rashtriya Bal Swasthya Karyakram (RBSK): Rashtriya Bal Swasthya Karyakram (RBSK) is a new initiative aimed at early identification and early intervention for children from birth to 18 years to cover 4 'D's viz. Defects at birth, Deficiencies, Diseases, Development delays including disability. The launch of this programme assumes great significance as it corresponds to the release of Reproductive, Maternal, Newborn, Child Health and Adolescent Health strategy and also with the Child Survival and Development.

[5] Rashtriya Kishor Swasthya Karyakram (RKSK): The Ministry of Health & Family Welfare has launched this programme for adolescents, in the age group of 10-19 years, which would target their nutrition, reproductive health and substance abuse, among other issues. **The Rashtriya Kishor Swasthya Karyakram was launched on 7th January, 2014.** The key principle of this programme is adolescent participation and leadership, Equity and inclusion, Gender Equity and strategic partnerships with other sectors and stakeholders. The programme aim at enabling all adolescents in India to realize their full potential by making informed and responsible decisions related to their health and well being and by accessing the services and support they need to do so. The Rashtriya Kishor Swasthya Karyakram (National Adolescent Health Programme) will comprehensively address the health needs of the 243 million adolescents. It introduces community-based interventions through peer educators, and is underpinned by collaborations with other ministries and state governments. Objectives: Improve Nutrition, Improve Sexual and Reproductive Health, Enhance Mental Health, Prevent Injuries and violence, Prevent substance misuse. **[6] Reproductive, Maternal, Newborn, Child and Adolescent Health:** RMNCH+A launched in 2013 it essentially looks to address the major causes of mortality among women and children as well as the delays in accessing and utilizing health care and services. The RMNCH+A strategic approach has

been developed to provide an understanding of 'continuum of care' to ensure equal focus on various life stages. Priority interventions for each thematic area have been included in this to ensure that the linkages between them are contextualized to the same and consecutive life stage. It also introduces new initiatives like the use of Score Card to track the performance, National Iron + Initiative to address the issue of anemia across all age groups and the Comprehensive Screening and Early interventions for defects at birth, diseases and deficiencies among children and adolescents. The RMNCH+A appropriately directs the States to focus their efforts on the most vulnerable population and disadvantaged groups in the country. It also emphasizes on the need to reinforce efforts in those poor performing districts that have already been identified as the high focus districts. Objectives: The 12th Five Year Plan has defined the national health outcomes and the three goals that are relevant to RMNCH+A strategic approach as follows:

Health Outcome Goals established in the 12th Fiver Year Plan [1] Reduction of Infant Mortality Rate (IMR) to 25 per 1,000 live births by 2017 [2] Reduction in Maternal Mortality Ratio (MMR) to 100 per 100,000 live births by 2017 [3] Reduction in Total Fertility Rate (TFR) to 2.1 by 2017.

[7] Mother and Child Tracking System: Government has developed The Mother and Child Tracking System. When a mother dies, children lose their primary caregiver, communities are denied her paid and unpaid labour and countries forego her contributions to economic and social development. A woman's death is more than a personal tragedy it represents an enormous cost to her nation, her community, and her family. Any social and economic investment that has been made in her life is lost. More than a decade of research has shown that small and affordable measures can significantly, reduce the health risks that women face when they become pregnant. Most maternal deaths could be prevented if women had access to appropriate health care during pregnancy, childbirth, and immediately afterwards.

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