

## Resilient Health Systems

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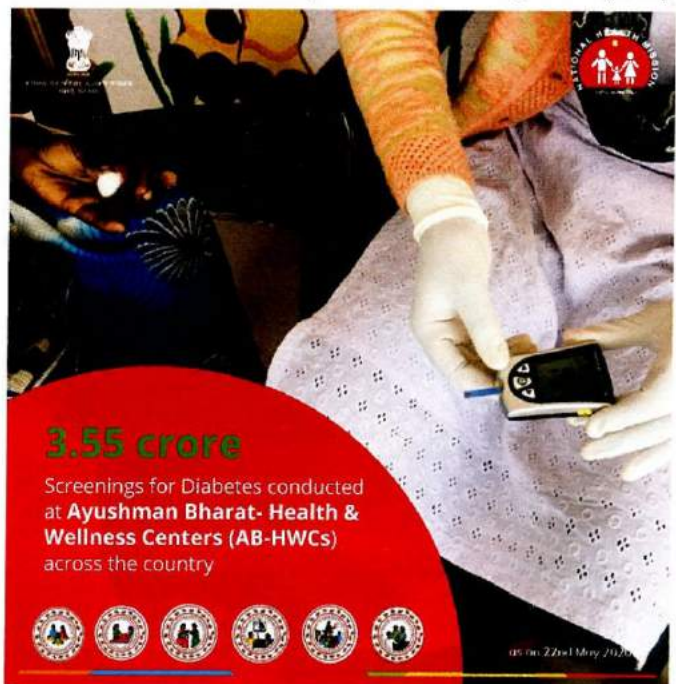
India has exhibited consistent progress in ensuring strengthened health systems and infrastructure over the years. It is committed to building effective and efficient health delivery systems and attaining the highest possible level of health and well-being for all, at all ages, through a preventive and promotive health care orientation in all developmental policies, and universal access to good quality health care services without anyone having to face financial hardship as a consequence.

**N**o other adage carries as much significance as “healthy people, healthy nation”, in the present context. The COVID-19 pandemic has forcefully pushed the importance of investment in resilient health systems across the globe. Nations have been reminded again about the critical importance of health forming the formidable foundation of any prosperous and productive nation.

When we talk about health systems, it signifies a collective term consisting of various interlinked components such as health financing and financial protection; health service and quality norms; trained and skilled human resources; health infrastructure; medical education, effective regulatory systems, equity and access to health services, multi-stakeholder participation, community engagement, and reforms, to name a few.

India has exhibited consistent progress in ensuring strengthened health systems and infrastructure over the years. The National Health Mission launched in 2005 has provided the much needed national framework for various initiatives and interventions for advancing the public health agenda. In the recent years, one national initiative that has been globally lauded as one of the largest public health programmes is Mission Indradhanush. It was launched on 25<sup>th</sup> December 2014 and rolled out on World Health Day, 7<sup>th</sup> April 2015. Aiming for Full Immunisation Coverage (FIC), this programme was introduced to accelerate the annual immunisation coverage from an average of 1% in geometric progression. Before 2014, the national immunisation coverage stood at 65% with

an annual growth of 1%. At this speed, India would have taken more than 25 years to achieve 90% immunisation coverage. In order to speed up the coverage rate, India set up an ambitious target of achieving 90% FIC by 2020. The Government strengthened the basket of vaccination services via a life-cycle continuum of care approach for both pregnant women and children. Seven diseases that were targeted included Diphtheria, Whooping Cough, Tetanus, Poliomyelitis, Measles, Meningitis and Hepatitis B, and that is why the programme was christened as Mission Indradhanush (Mission Rainbow). On a yearly



**3.55 crore**  
Screenings for Diabetes conducted at **Ayushman Bharat- Health & Wellness Centers (AB-HWCs)** across the country

as on 22nd May 2020

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million children and 9.46 million pregnant women in the past six years across seven phases. These have been spread across approximately 690 districts in 36 States and Union Territories (UTs). Thus, the empowerment of Human Resources of Health (HRH) like ASHAs and ANMs, has assured the movement of the mission's vehicle, till date. Therefore, it comes as no surprise that such a hugely successful public health programme was rightly cited as one of the 12 best global health practices in the world.

basis, new additions to this basket have been made by the Ministry of Health & Family Welfare (MoHFW). In 2016, vaccines pertaining to Japanese Encephalitis, Rubella, Inactivated Polio Vaccine (IPV) and Rotavirus were added, and 2017 saw the addition of Pneumococcal Conjugate Vaccine (PCV), to address pneumonia under the aegis of this program. Pentavalent vaccine with five antigens (Diphtheria, Pertussis, Tetanus, Haemophilus influenzae type.b [Hib] and Hepatitis B) was expanded to all the states in the year 2015.

While the Government of India led the initiative, international agencies such as WHO, UNICEF, Bill & Melinda Gates Foundation, Rotary International etc., were roped in to augment the efforts in robust planning, capacity building of the frontline workers, accelerated behavior change communications, and monitoring, and evaluation of the programme. An exhaustive intervention of this magnitude was certain to produce the desired results. While the annual immunisation coverage shot up from 1% to approximately 6.7% per year in 2016 itself, a survey carried out in 190 districts covered in Intensified Mission Indradhanush (5<sup>th</sup> phase of Mission Indradhanush) showed 18.5% points increase in full immunisation coverage as compared to NFHS-4 survey carried out in 2015-16.

The various phases during this mission also saw the implementation of Gram Swaraj Abhiyan and Extended Gram Swaraj. This assured increased community participation and individual engagement with the flagship mission. While the Accredited Social Health Activists (ASHAs) played the most important role of mobilising the beneficiaries, the motivated Auxiliary Nurse Midwife (ANMs) administered vaccines to approximately 37.6

Furthermore, the two subsequent phases of Intensified Mission Indradhanush have also contributed in accelerating the administration of vaccines across 173 and 272 districts, respectively. The first phase aimed to achieve the full immunisation target (90%) by December 2018, the rebooted second phase of IMI took off in a more structured and cohesive manner in mid-2019. As a result of these targeted interventions, the Full Immunisation Coverage (FIC) has reached 91.16 % (in 2019-20).

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To enhance the quality of vaccines and supply chain, the Government of India effectively introduced the indigenously developed eVIN (Electronic Vaccine Intelligence Network) which seeks to ensure supply of vaccines and cold chain maintenance through technological solutions.

It provides real-time information on vaccine stocks and flows, and storage temperatures (to be maintained at 2-8 degree centigrade) across all 27,000 cold chain points in

**eVIN**  
**Electronic Vaccine Intelligence Network**

Strengthening immunization supply chain systems in India by providing **real-time information** on vaccine stocks & flows, and **storage temperatures** across all cold chain points.



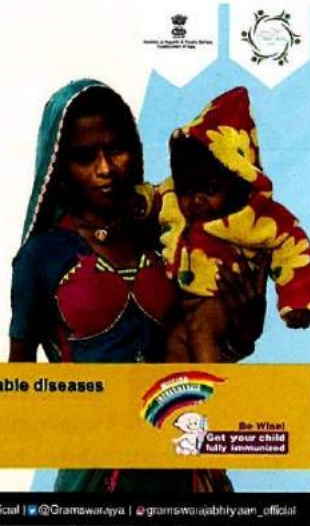
## Extended Gram Swaraj Abhiyan

### Mission Indradhanush

Ensuring Full Immunization for children up to two years and pregnant women

#### It provides

- Vaccination for 12 vaccine-preventable diseases
- Vitamin A doses
- ORS packets
- Zinc tablets



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the country. Along with UNDP, the initiative has been successful in saving 90 million vaccine doses with the adherence rate of 99% in maintaining the vaccine supply and temperature norms, thereby improving the coverage and quality of vaccination program in India. In view of its benefits, eVIN has been successfully piloted by countries like Indonesia, Sudan and Malawi.

In the recent years, another major flagship program of the Central Government that has gained massive traction is Ayushman Bharat (AB), with its twin pillars of Health & Wellness Centres (HWCs) which provide primary and secondary health care, and Pradhan Mantri Jan Arogya Yojana (ABPMJAY) for provisioning of health assurance to the most vulnerable and needy population (approximately 10.74 cr poor and deprived rural families covering almost 50 cr people that form the bottom 40% of the population pyramid). PMJAY was launched on 23<sup>rd</sup> September 2018 and covers the biggest target population for any such health insurance scheme in the world.

In trying to bring the Comprehensive Primary Health Care services closer to the doorsteps of the beneficiaries, Ayushman Bharat Health & Wellness Centres (AB-HWCs) go a step further in targeting communities as the beneficiaries of the primary health care services. Additionally, they cover services related to both maternal and child health and non-communicable diseases. An evolutionary model of the sub-centres and primary health care centres, HWC are patterned at becoming centres of excellence for comprehensive primary

health care services. With vastly improved aspects of community participation, institutional reforms and free access to medicines and vaccines, HWCs form a major component of strengthened health care systems in India today. Also, this will certainly enable improvements in existing and the creation of new health care facilities in rural, remote and underserved areas of our country. As on date, 40,644 AB-HWCs have become operational with total footfalls amounting to 15.79 crore of which 8.56 crore are women. Moreover, 4.23 crore population has been screened for hypertension; 3.55 crore for diabetes; 1.25 crore for breast cancer; and 82.54 lakh for cervical cancer. More than 11 lakh sessions of yoga have also been held across the HWCs.

The second component of Ayushman Bharat, PMJAY, besides providing health assurance of 5 lakh rupees per family for tertiary care hospitalisation, has not only increased the scope of better health care services and health systems in our country, but has also made up for the alleged lack of budgetary allocation to the public health

**Accredited Social Health Activists (ASHAs) played the most important role of mobilising the beneficiaries, the motivated Auxiliary Nurse Midwife (ANMs) administered vaccines to approximately 37.6 million children and 9.46 million pregnant women in the past six years across seven phases.**

sector in the past few years. The Government has also covered 23 specialties with this programme in both private and public sector hospitals, thus pushing the discussion on private sector hospital's contribution to UHC to the backburner. In fact, this programme will be

useful in aligning the private sector hospitals with public health sector goals. Recent data indicates that 12.46 crore beneficiaries have been provided the scheme cards; 21,583 hospitals have been empanelled; there have been over 1 crore hospital admissions (70.9 lakhs since 1<sup>st</sup> June 2019) and treatments of Rs. 13560.72 crore have been provided





in Ministry of Health and Family Welfare, Government of India, successfully led the Maternal and Neonatal Tetanus Elimination (MNTE) validation to achieve the target in April 2015. This was another feather in the cap of the Government of India after achieving Polio Eradication in March 2014.

During this period, India laid sharp emphasis on newborn care, therefore scaling of Special Newborn Care Units (SNCUs) have been at the forefront of improved newborn and infant healthcare in India. With the establishment of 794 SNCUs in district hospitals and medical colleges, 0.85

to the beneficiaries. Moreover, over 1.05 lakh hospital admissions have been authorised under portability of services. A National Call Centre (toll free number-14555) was set up by National Health Authority on 24<sup>th</sup> August 2018 which has recorded 20 lakh inbound and 70 lakh outbound calls (since 1<sup>st</sup> June 2019).

The direct benefits of PMJAY are tangible enough for everyone to see. While it would certainly bolster India's march towards achieving UHC, it is also bound to positively impact our realisation of Sustainable Development Goals (SDGs) in general and SDG-3 (Good Health and Well-being) in particular. Another major highlight of this component is that it is bound to significantly reduce out-of-pocket expenditure on medical care and securing health services.

The major dimensions of public health in which India has taken giant strides in the past six years is the Reproductive Child Health (RCH) programme. All the key RCH indicators namely Maternal Mortality Ratio (MMR), Neonatal Mortality Rate (NMR), Infant Mortality Rate (IMR), Under-Five Mortality Rate (U-5MR) and Total Fertility Rate (TFR) etc., have recorded appreciable improvements. They have provided us with significant evidence regarding the rapid and wholesome progress of health care systems in India. It was also during this point in time that due to burgeoning health systems, the policymakers

million beneficiaries are being admitted annually in these facilities for round-the-clock services provided at SNCUs.<sup>1</sup> In conjunction with this flagship initiative, other interventions to improve child health care in India have been of critical significance. Universalisation of Vitamin K injection at birth, Antenatal Corticosteroids during preterm labour, Kangaroo Mother Care (KMC) and administration of Gentamycin injection to newborns by ANMs in order to treat newborn sepsis; all have boosted the prospects of saving so many newborns and infants in India over the

last six years. These high impact interventions protect the newborn babies against sepsis, periventricular and intraventricular haemorrhage, birth asphyxia, pneumonia, diarrhoea, etc. amongst others.

A major policy breakthrough for maternal health care services came about in June 2016 with the implementation of Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA). Under this programme, all pregnant women in our country are provided fixed and free

Antenatal Care (ANC) services on the 9<sup>th</sup> of every month with the participation of the private sector. This not only helps in improving the quality of antenatal care, but also helps majorly in identification of high-risk pregnancies at the very outset. As on date, over 2.44 crore pregnant women have benefitted through special ANC check-ups; over 1.26 crore pregnant women have received PMSMA

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## Aatmanirbhar Bharat Abhiyan Health Reforms & Initiatives

### Increased investments in Public Health –

- Public Expenditure on Health will be increased.
- Investments in grass root health institutions
  - Ramp up Health and Wellness Centres in rural and urban areas

### Preparing India for any future pandemics –

- Infectious Diseases Hospital Blocks – all districts
- Strengthening of lab network and surveillance –
  - Integrated Public Health Labs in all districts & block level Labs & Public Health Unit to manage pandemics.
- Encouraging Research – National Institutional Platform for One health by ICMR
- National Digital Health Mission: Implementation of National Digital Health Blueprint

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Programme of the Government of India. While this programme aims to uplift those backward 117 districts in India that are lagging behind in specific development parameters of health and nutrition, education, agriculture and water resources, financial inclusion, skill development, and basic infrastructure, it is interesting to note that the maximum weightage (30%) amongst the six core thematic areas of this programme has been accorded to health and nutrition. It is no surprise then that the Government of India expects to draw strengthened health systems as the major takeaway from the implementation of this programme.

In the wake of the global pandemic of COVID-19, there is a renewed realisation that investment in sturdy and resilient health systems is an investment in strong foundations of a prosperous nation. As noted in the National Health Policy 2017, India is committed to building effective and efficient health delivery systems and “attain the highest possible level of health and well-being for all at all ages, through

services in 2<sup>nd</sup>/3<sup>rd</sup> trimester for the first time; more than 12.8 lakh high-risk pregnancies have been identified and over 6301 private sector volunteers have registered to provide voluntary services under PMSMA.

The Government of India’s premier think tank, NITI Aayog, has spearheaded the implementation and oversight of the “Transformation of Aspirational Districts” (TADP)

a preventive and promotive health care orientation in all developmental policies, and universal access to good quality health care services without anyone having to face financial hardship as a consequence”. Thus, it envisages to achieve through increasing access, improving quality and lowering the cost of health care delivery. □

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