

**Role of NHM in India's
Journey towards Universal
Health Coverage**

Key Objectives



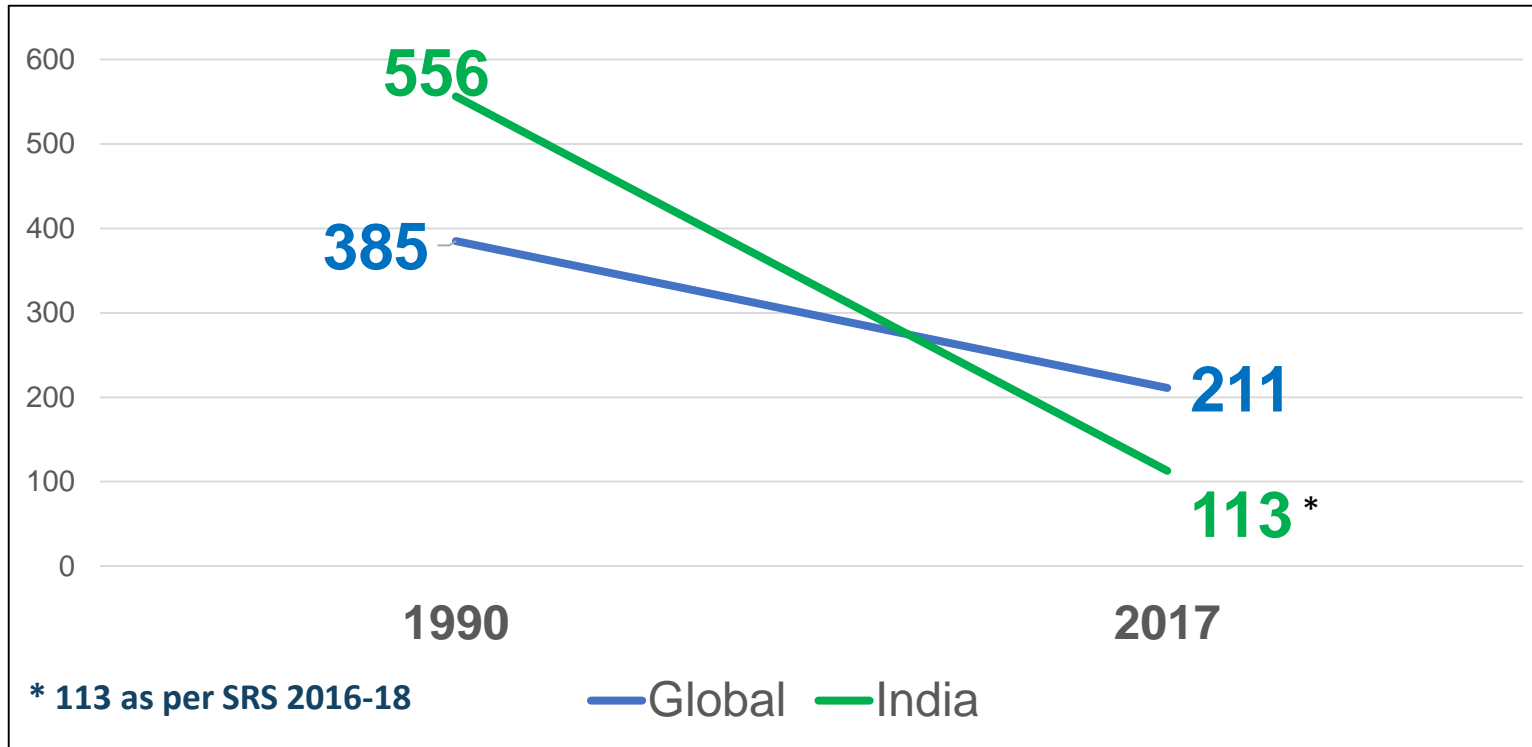
*To support the States/UTs towards the provision of **universal access to Equitable, Affordable and Quality** healthcare services, accountable and responsive to people's needs, with effective **inter-sectoral convergent action** to address the wider **social determinants of health**.*

To provide technical and financial support to States to strengthen health systems

To bring sharper focus on high focus States and rural population, particularly marginalized and vulnerable population

Architectural correction through integration of vertical programmes, decentralization and communitization

Maternal Mortality Ratio (MMR)



Between 1990 and 2017

India
MMR
Decline

80%

Global
MMR
Decline

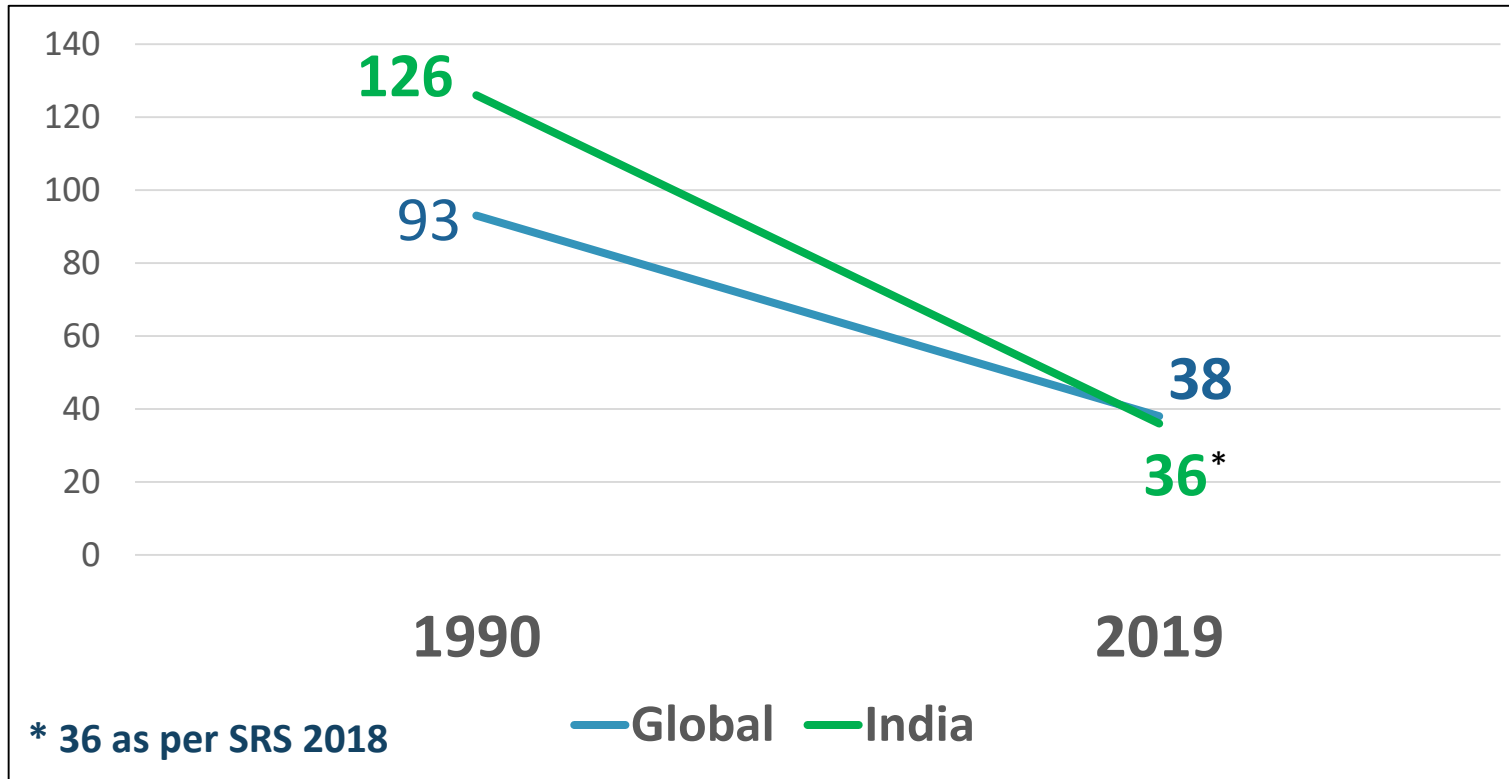
45%

Data Source: SRS India and Trends of Maternal Mortality 2000-2017, UN MMEIG

SDG Target: 70 by 2030

As per SRS 2016-18, five States have already attained SDG target: Kerala (43), Maharashtra (46), Tamil Nadu (60), Telengana (63) & Andhra Pradesh (65)

Under 5 Mortality Rate (U5MR)



Between 1990 and 2019

India
U5MR
Decline

71%

Global
U5MR
Decline

59%

Data Source: SRS, India and Levels & Trends in Child Mortality Report 2020 ,
Estimates developed by the UN Inter-agency Group for Child Mortality Estimation

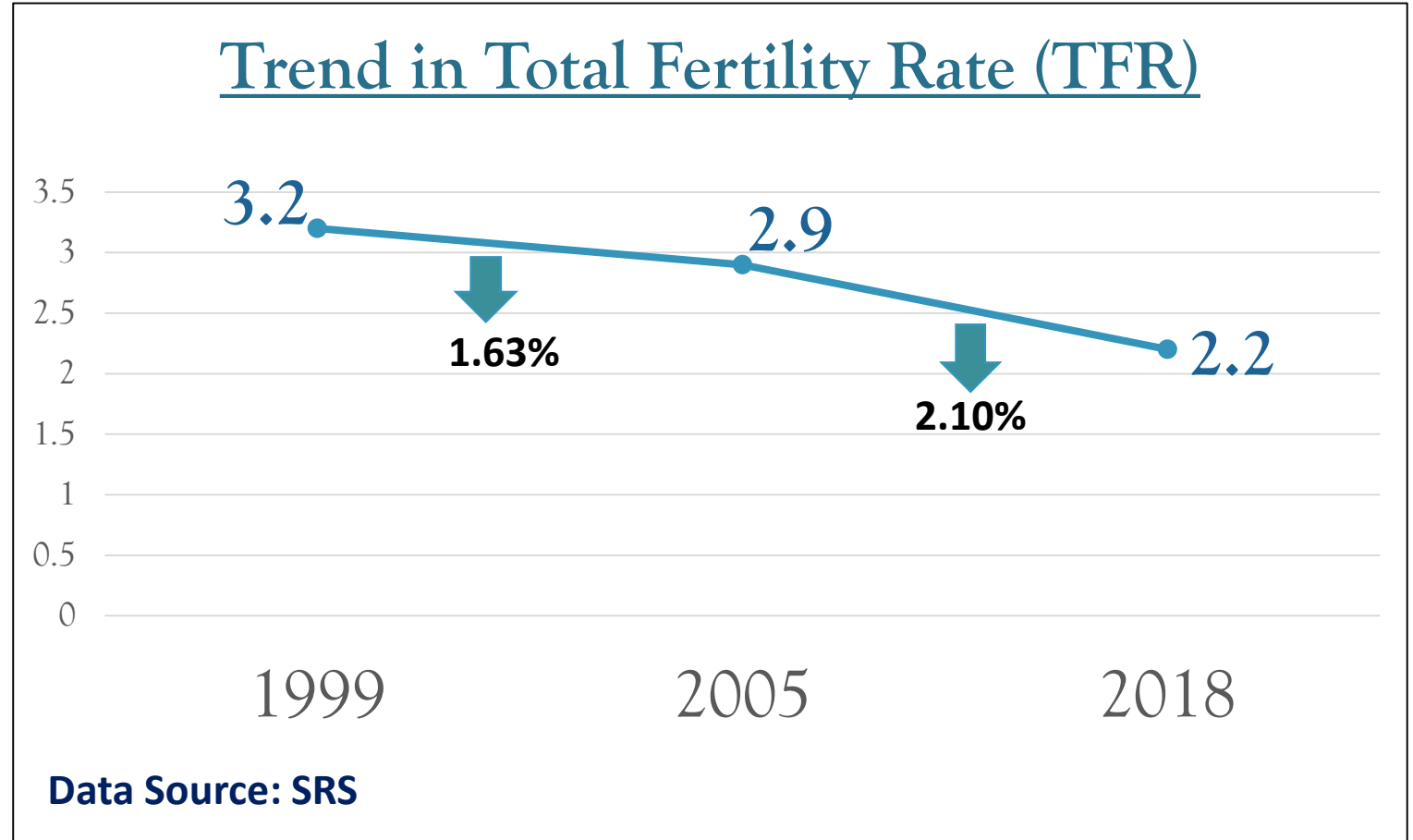
SDG Target: 25 by 2030

As per SRS 2018, seven States have already attained SDGs target : Kerala (10), Tamil Nadu (17), Delhi (19), Maharashtra (22), J&K (23), Punjab (23) & Himachal Pradesh (23)

Total Fertility Rate (TFR)

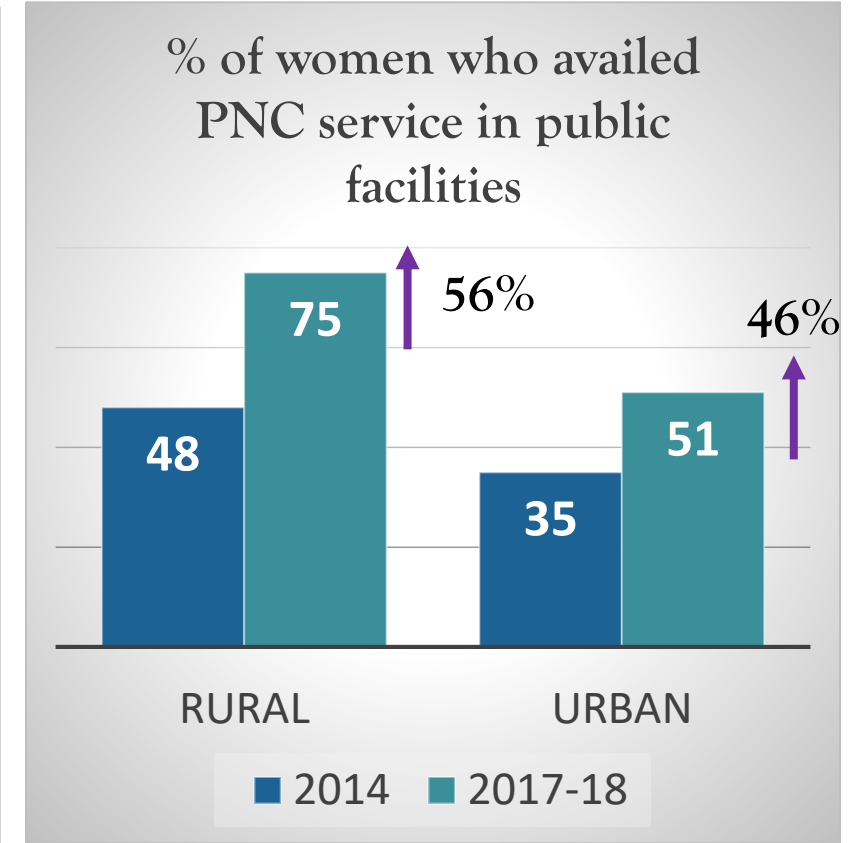
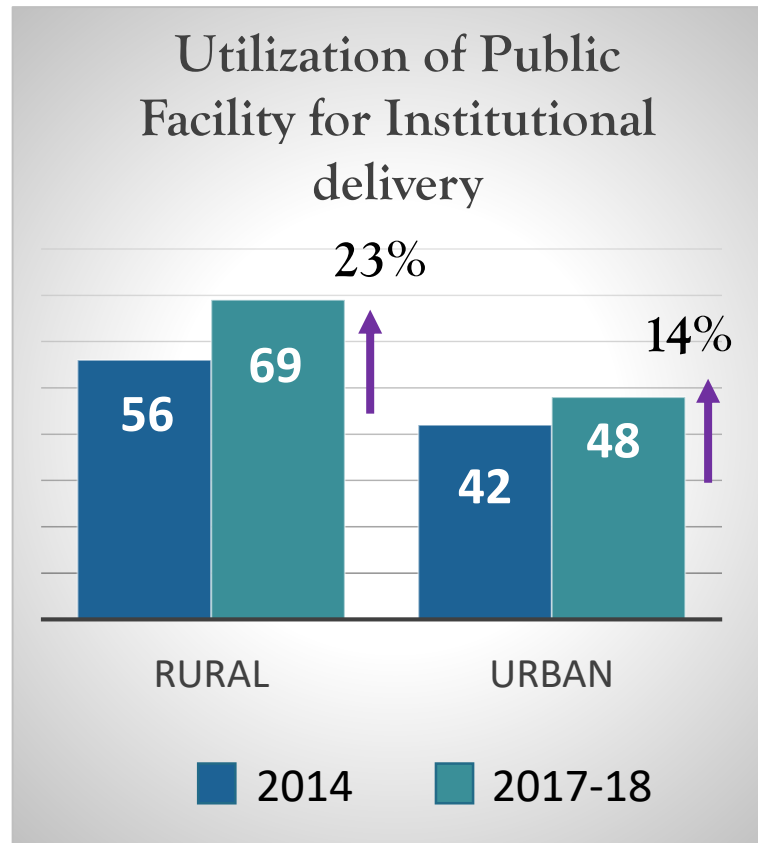
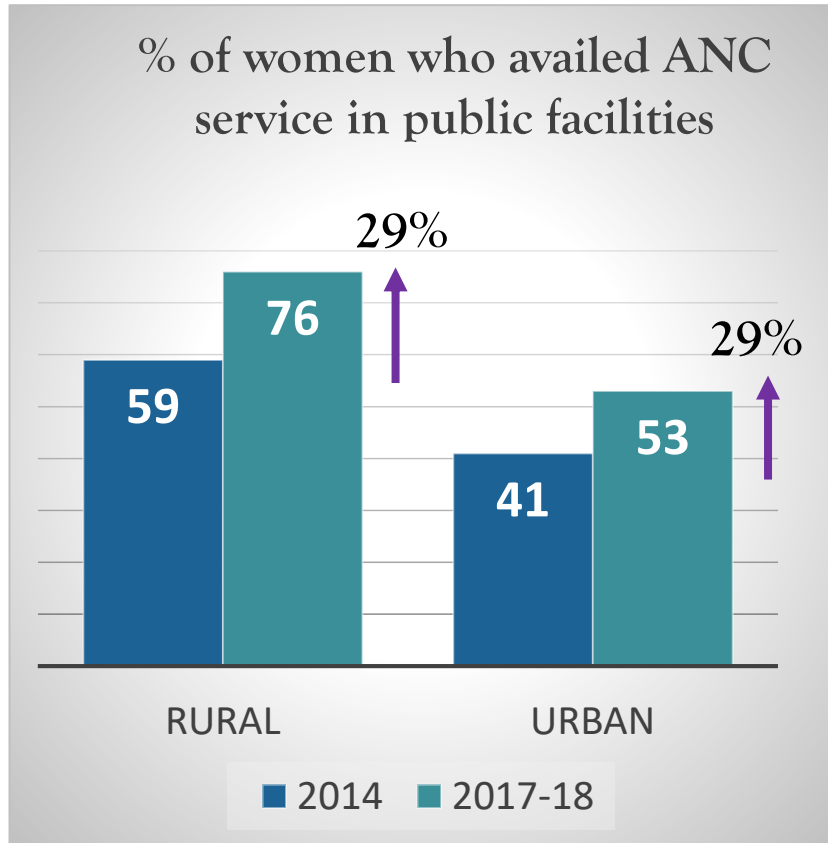
India has seen a considerable decline in TFR over the last few decades;

From 3.2 in 1999 to 2.2 in 2018



Currently 28 States/ UTs out of 36 have achieved desired replacement level of fertility (2.1)

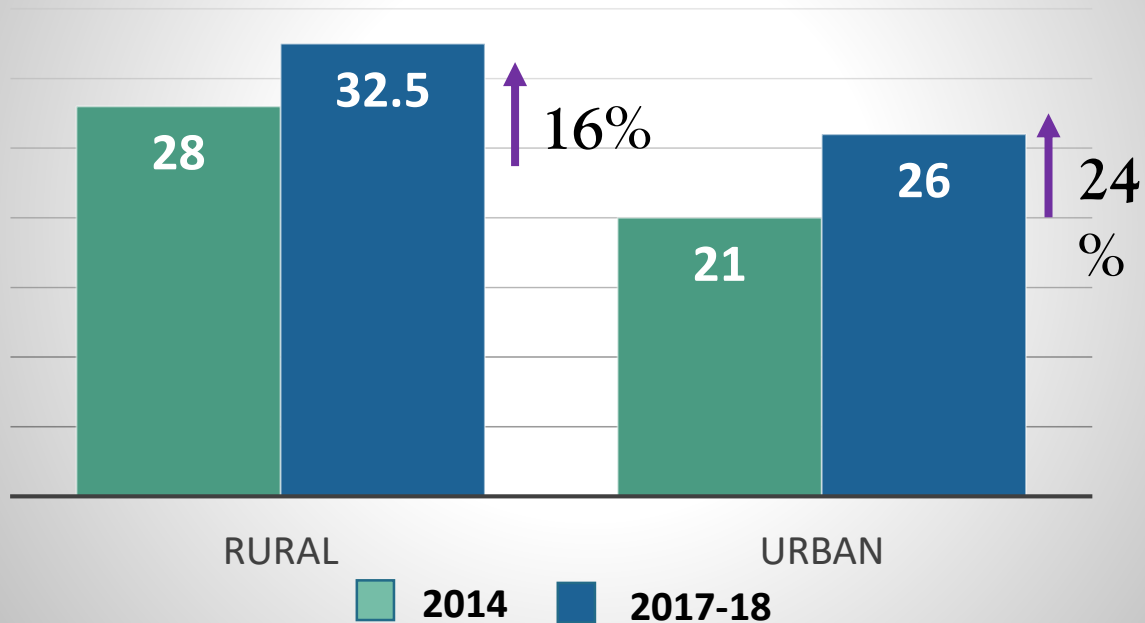
Improved ANC-Institutional Deliveries-PNC Services



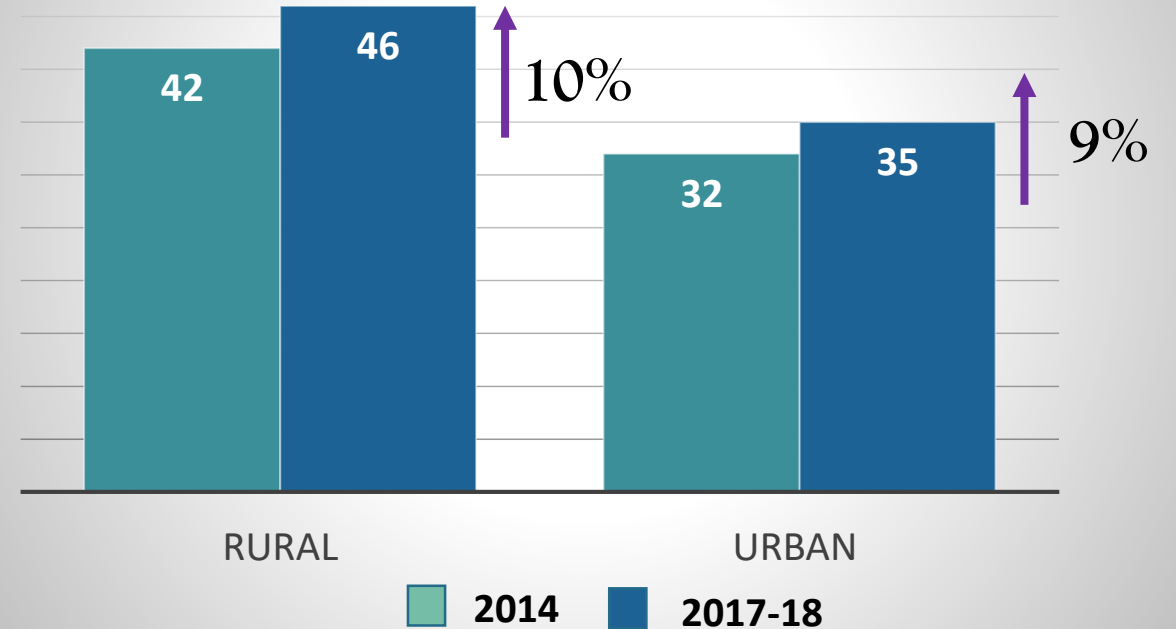
Data Source: NSSO Survey

Increased public healthcare utilization

Increased Preference for Public Health Facilities for OPD Care



Share of hospitalization cases in public hospitals for IPD Care



Considerable increase in utilization of public health facilities as per NSSO Survey

Free Drugs
Service Initiative
(FDSI)

Free Diagnostics
Initiative (FDI)

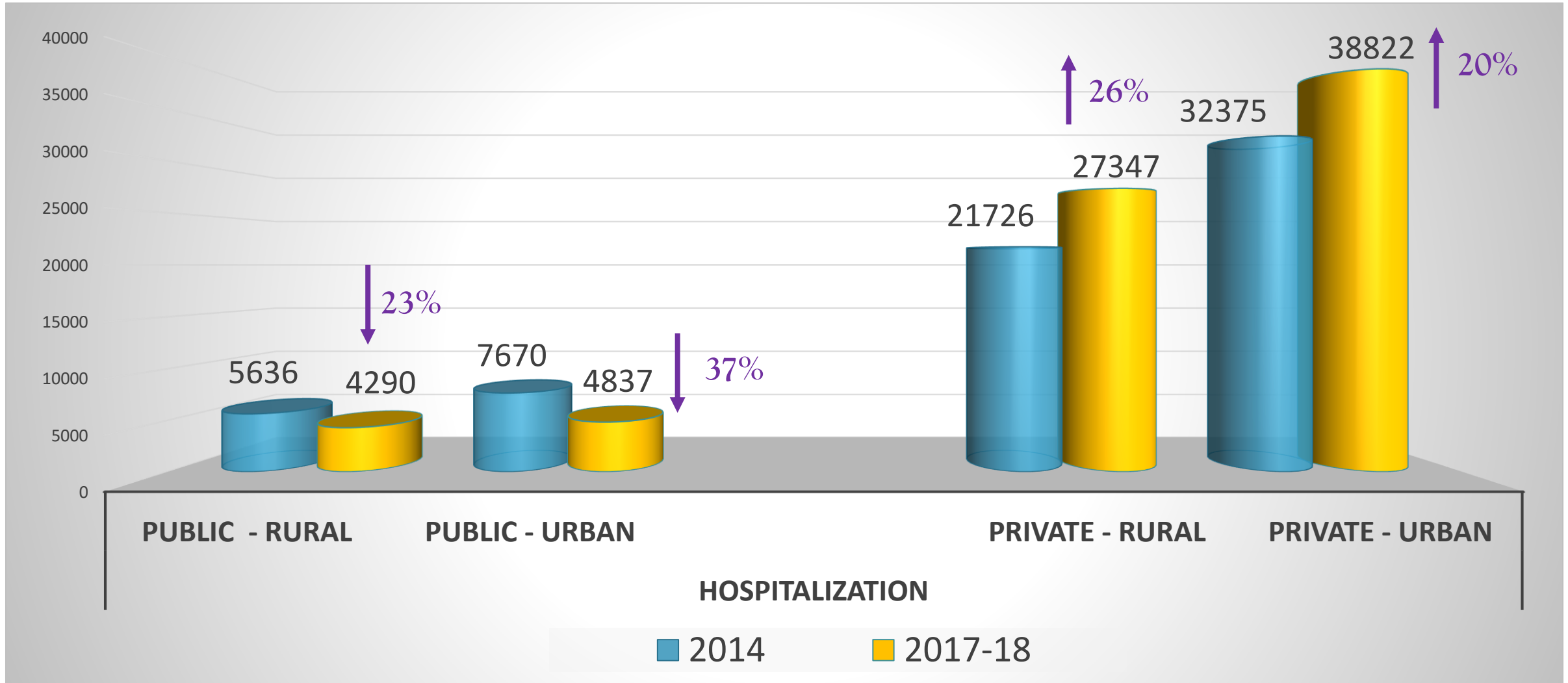
Increased
number of
health facilities

Specialists,
Doctors, other
HR and ASHAs

Referral
Transport
Services

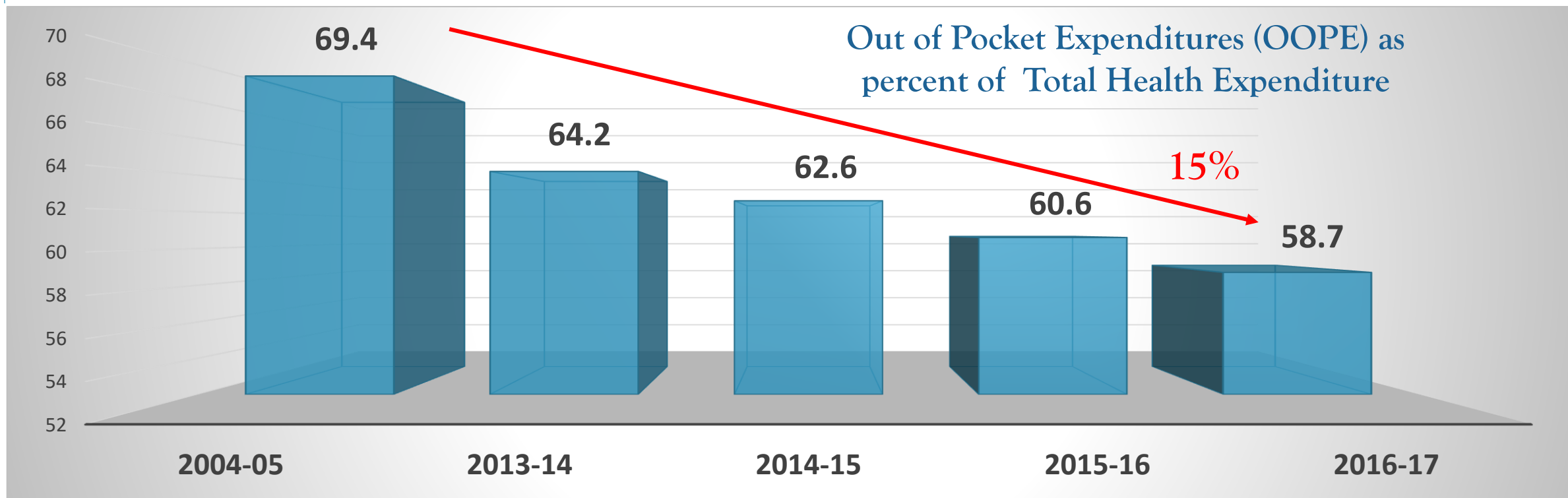
National Health
Programmes

Reduction in Average Medical Expenditure in Public Health Care facilities Vs Private Healthcare Facilities



Data Source: NSSO Survey (Amount in Rs)

Continuing Reduction of OOPE



Data Source: NHA estimates. As per provision estimate, the OOPE of 2017-18 is 48.8% of THE

Major interventions for considerable reduction in OOPE

National Health Programmes

Free Drugs Services Initiative (FDSI)

Free Diagnostic Services Initiative

Specialists, Doctors, other HR and ASHAs

Referral Transport Services

Support for Infrastructure

Enhanced Health Human Resource at PHFs

Additional Health Human Resources - 4.35 lakh resources in States and UTs



5,972
Specialists



16,252
Medical
Officers
(MOs)



Others:

61,395 Staff Nurses
91,255 MPW (M&F)
51,307 CHO's
15,079 LTs
6,326 Pharmacists
1,92,002 Programme
Management and others
(including 33,000 AYUSH HR)

With 10.4 lakhs ASHA workers, total HRH supported in States and UTs
is 14.75 lakhs

AYUSHMAN BHARAT YOJANA

Health & Wellness Centres

Delivering Comprehensive Primary Healthcare closer to CommunitiesCare with the principle of “time to care” to be no more than 30 minutes

Preventive & Promotive Healthcare



PMJAY

Financial protection up to Rs.5 lakhs per annum for secondary and tertiary care to about 40% of India's socially vulnerable and low-income households

Affordable Healthcare

Transformation of SC/PHC/U-PHCs to AB-HWCs

Expanded Package
of services

(12 service
packages including
elderly and mental
health care)

Expanded range of
free Medicines and
Diagnostics

(Updated list of free
Meds & Diagnostics)

Continuum of Care

(use of technology,
linkage with PMJAY)

Expanded HRH
(CHO)

Community
Mobilisation and
Health Promotion

(Eat Right movement,
JAS Committee)



Comprehensive Primary Health Care

Operationalization of all Ayushman Bharat - Health & Wellness Centres
with Expanded package of Services

1. Care in Pregnancy and Child-birth
2. Neonatal and Infant Health Care Services
3. Childhood and Adolescent Health Care Services
4. Family Planning, Contraceptive Services and other Reproductive Health Care Services
5. Management of Communicable Diseases: National Health Programmes
6. General Out-patient Care for Acute Simple Illnesses and Minor Ailments
7. Screening, Prevention, Control and Management of Non-communicable Diseases
8. Care for Common Ophthalmic and ENT Problems
9. Basic Oral Health Care
10. Elderly and Palliative Health Care Services
11. Emergency Medical Services including Burns and Trauma
12. Screening and Basic Management of Mental Health Ailments

Enrolment of Households & Individuals

- **HWC Data Base:** Population enumeration for the creation and maintenance of database of all families and individuals in an area served by a HWC
- **Health Cards and Family Health Folders:** These are made for all service users to ensure access to all health care entitlements and enable continuum of care. The family health folders are kept at the HWC or nearby PHC in paper and/or digital format

Use of Technology for Ensuring Continuum of Care

- Tele-health and Referral- Teleconsultation services connecting the primary healthcare facilities to secondary and tertiary care facilities at district level on Hub and Spoke model has been operationalized.
- Tele-consultation services ensure access to Specialist care and continuum of care closer to the homes.

Referral and Return Linkages between AB-HWCs & PMJAY

From AB-HWCs, Patients
will be referred to the FRU
of the Public Healthcare
System;
either CHCs / SDHs / DHs /
Medical College Hospitals

Sharing of patients'
information on
discharge
electronically with
CMHOs.

01

02

03

04

CHCs / DHs will inform
the patients about the
various options available
for Secondary and
Tertiary care at Public
facilities and PMJAY
empanelled Hospitals.

Individuals discharged from
AB-PMJAY services will
approach DHs / CMHOs for
getting continuous
(Rehabilitative or palliative)
treatment from appropriate
AB-HWCs.

Intersectoral Linkages

Coordinated action on Social Determinants as part of CPHC

1. The Swachh Bharat Abhiyan.
2. Balanced, healthy diets and regular exercises.
3. Addressing tobacco, alcohol and substance abuse.
4. Yatri Suraksha - preventing deaths due to rail and road traffic accidents.
5. Nirbhaya Nari -action against gender violence.
6. Reduced stress and improved safety in the work place.
7. Reducing indoor and outdoor air pollution.

Equity

- CPHC closer to Homes of People (SCs/PHCs/U-PHCs converted to HWCs)
- 12 service packages including elderly care, mental healthcare etc.
- Financial Protection through PMJAY
- Social Accountability mechanisms with ensured community participation
-

Desired Outcomes

- Improved population coverage
- Reduced OOPE and catastrophic health expenditure
- Risk factor mitigation through Health Promotion
- Decongestion of secondary and tertiary health facilities
- NHP, 2017 ; SDGs
- UHC

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Thank You