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Dynamics of Public Health Care System in Andhra Pradesh - A Review

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Abstract: The Public Health is crucial for the development of any society. But the accessibility of free public health services is still a problem in India. There are many reasons for this. Low investments in the public health sector, lack of trained personnel like doctors and nurses, poor infrastructure, unscientific thinking of public, lack of awareness etc are the problems for the low capacity of public health sector in the country. In the same way Andhra Pradesh is also facing various problems in this segment. But one positive thing is that the Aarogya Sri Scheme. This scheme is boosting the poor and middle class families by giving access to immediate health services. The Present AP Government is also giving priority for the betterment of Government hospitals. The state also worked efficiently and effectively in rendering better health services during the pandemic. The main objectives of this paper were to review the dynamics of public health systems in Andhra Pradesh.

Keywords: Public Health, Directorate of Medical Education (DME), Corona Virus, Aarogyasri, Aarogyamithra, Mother and Child Hospital, APVVP, Andhra Pradesh.

1. INTRODUCTION

Health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity according to World Health Organisation (WHO).[1] Health is a human right and hence health care should be made available universally. Health care is the diagnosis, treatment, and prevention of disease, illness, injury and other physical and mental impairments in human beings. Access to and availing of health services by the needy people is an important determinant of health outcome. Health care system should ensure proper access to health care services for people, good communication of health care providers with patients, prevention of diseases and disability, detection of health conditions, provision of treatment, and improvement of quality-of-life which in turn increases the life expectancy (Healthy People, 2020).[2]

2. DIRECTORATE OF MEDICAL EDUCATION

The Directorate of Medical Education (DME) is the administrative authority for the smooth functioning of all medical colleges and attached teaching hospitals, nursing schools and nursing colleges. The DME monitors the medical education in Andhra Pradesh through medical colleges. It is located in the state capital at Vijayawada. It is the agency through which the Government guides, supervises and controls the medical services and the health programmes. The Directorate regulates the Government hospitals in the State by issuing instructions from time to time. It is headed by the Director of Medical Education who supervises the functioning of medical and nursing colleges, Superintendents of General and Specialty Hospitals and Chief Accounts Officers. He is assisted by an Additional Director, Joint Directors and Assistant Directors and Chief Information Officer.

2.1. FUNCTIONS AND SERVICES OF D.M.E.

1) To provide specialist medical care to people through hospitals. 2) To impart medical education to undergraduates, P. G. and super specialities through medical colleges. 3) To provide training in para-medical courses like nursing and sanitary inspectors through medical colleges and teaching hospitals. 4) To provide dental courses through dental colleges for undergraduate and postgraduate studies.

The administrative organization of the government teaching hospital could be discussed under six heads. They are: 1.Superintendent 2. Advisory committee 3. Administrative Wing (Technical) 4. Administrative Wing (Non-technical) 5. Medical Wing and 6. Nursing Wing (G.RatnaVani, 2013).[3]

Andhra Pradesh Vaidya Vidhana Parishad is an autonomous organization funded by Govt. of Andhra Pradesh, to manage secondary level hospitals. The Andhra Pradesh Vaidya Vidhana Parishad deals exclusively with the secondary level Hospitals i.e First Referral Units like Community Health Centres, Area Hospitals and District Hospitals with a bed strength ranging from 30 to 450. Andhra Pradesh Vaidya Vidhana Parishad Hospitals provide outpatient services, inpatient services (including emergency and surgical), diagnostic services and laboratory services. Each category of hospital renders the following services. The Community Health Centres with 30-50 beds provide maternity, child health services apart from general health services. The Sub District Hospitals/Area Hospitals provide services with 100 beds and clinical specialties like Obstetrics and Gynecology, Pediatrics, General Medicine, General Surgery, Anesthesia, Orthopedics, ENT, Ophthalmology, Dermatology and Dental Care. The District Hospitals provide service with a bed strength ranging from 150-350 and clinical specialties like Obstetrics and Gynecology, Pediatrics, General Medicine, General Surgery, Orthopedics, Anesthesia, Ophthalmology, ENT, Dental, Dermatology, Psychiatry, Radiology, and Dental Care etc. All the above Hospitals are provided with professional Staff like Doctors, Nurses, and Paramedical and medical equipment, depending upon their service levels and bed strength. Drugs are provided to all Hospitals by the Central drug stores under APHMHIDC as per the requirements specified by Andhra Pradesh Vaidya Vidhana Parishad. These Hospitals along with the Primary Health Centres and Teaching Hospitals act as a platform for implementation of various national health programmes like Malaria, TB, Family welfare, AIDS etc (APVVP, 2020)[4]

The year 2020 threw a lot of challenges to the State government, more specifically the Covid-19 pandemic, which the administration not only contained well but also strengthened the medical and health sector. Further, the government increased the extent of YSR Aarogyasri scheme by incorporating many more diseases under its cover. The State, led by Chief Minister Y.S. Jagan Mohan Reddy, made rapid strides in developing infrastructure and facilities in controlling the pandemic by widening the network and pressing into service the village secretariat system and closely monitoring the situation almost on a daily basis. It stood first in the number of tests per million in the country and its recovery rate was higher and mortality rate lower than that of the national average. Labs were established in a record time. 'Trace, Test and Treat' was the policy followed and ANMs, village and ward volunteers along with sanitation workers and medical personnel did a commendable job in containing the pandemic. A household survey was taken up by volunteers on each and every demanding situation and adequate medical staff were recruited for Covid centres. The data, as on Friday, shows that about 1.15 crore tests were conducted, covering nearly 20 percent of the population standing first in the country. About 8.80 lakh were infected with an average positivity rate of 7.64 percent, the death rate logged was 0.81 percent, which is considerably lower than the national average. An effective control system was put in place by developing testing facilities, setting up of Covid care centres, and establishing a structured network right from 104 toll-free number to telemedicine. The number of virology labs went up to 150 when there was not even one before. The State has followed a decentralized model of sample collection centres and about 1,519 facilities acted as sample collection centres ranging from teaching hospitals to primary health centres and mobile units. Doctors, para- medical staff, employees of village and ward secretariats, volunteers, sanitation workers, ASHA workers and ANMs played a vital role during the pandemic. Government hospitals were revamped under Nadu Nedu. Green signal was given for commencement of 16 additional teaching hospitals, covering tribal areas as well. The year started with Jagan Mohan Reddy, fulfilling his election promise with the launch of a pilot project on January 3 in West Godavari district, which provides medical cover for treatment costing Rs 1,000 or more and bringing 2,059 ailments under its purview from the earlier 1,059 (Deccan Chronicle, 2020).[5]

3. ANDHRA'S KEY HEALTH INDICATORS BETTER THAN NATIONAL AVERAGE

The Maternal Mortality Ratio (MMR) in Andhra Pradesh is 74, much lower than the all-India average of 122, according to the latest Sample Registration System (SRS 2015-17). The MMR is defined as the proportion of maternal deaths per one lakh live births. In fact, the goal is to achieve less than 70 MMR. According to the Socio-Economic Survey 2019-20 released by the State government, the Infant Mortality Rate (IMR) is 29, compared to the national average of 32, while Under-5 Mortality Rate (U-5MR) is 35, as against the national average of 37. In the last one year, continuing the measures initiated under the Centre sponsored schemes, the State government has made efforts to address the health issues. The YSR Aarogyasri, YSR Kanti Velugu and improvement of the existing health schemes are seen as steps in the direction of achieving the goal of 'Better Health for All'.

The objective of YSR Aarogyasri is to provide end-to-end cashless healthcare services to BPL families identified by the government in empanelled network hospitals for 2,059 (including 1,000 new) medical procedures with a financial limit of Rs 5 lakh per annum for each family. Nearly 95% families in Andhra Pradesh are benefitting from Aarogyasri, the state government's flagship health scheme, with the enhancement of the annual income limit to Rs 5 lakh, according to health officials. The Andhra Pradesh government has spent Rs 2,398 crore in bills since June 2019 to provide free healthcare under Aarogyasri. This is in addition to clearing Rs 680 crore in arrears of the previous government. Under YSR Aarogyasri, patients can avail free treatment for as many as 2,434 diseases, including cancer. Around 130 super-speciality hospitals in Hyderabad, Bengaluru and Chennai have also been brought under the Aarogyasri network (Times of India-May, 2021)[6]

The government has also extended financial assistance to the patients who undergo surgeries under the YSR Aarogyasri scheme for the post-operation recovery period at the rate of Rs 225 per day, subject to a maximum of Rs 5,000 per month. From December 1, 2019 to March 31, 2020, as many as 1,05,702 patients have received post-operation sustenance allowance of Rs 72.93 crore. For provision of eye care to schoolchildren, the YSR Kanti Velugu scheme was launched. Under the first phase of the scheme, 95 per cent of beneficiaries have been examined for eye ailments and treated so far. Several measures have also been initiated with respect to other chronic diseases. Under the National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS), 13 NCD Clinics are functioning in district hospitals. There are also 12 cardiac care units in all districts except Chittoor, which is under the PPP mode, besides 90 CHCs, NCD clinics. Also for AIDS, the State has initiated measures, including provision of basic services such as free HIV/AIDS counseling, testing and also prevention of mother to child transmission through 1,936 centres (1,630 government, 196 private, 102 CBSTI NGOs and eight mobile). The report stated that there are three lakh people suffering from HIV in AP. Also, blood transfusion services are provided through 145 storage centres, where blood is tested for HIV and other infectious diseases.

4. RAJIV AROGYA SRI HEALTH INSURANCE SCHEME (RAHIS)

Annual Government Public Health insurance scheme, to serve people of poor from the serious ailments is now attracting the nation, as this programme highly successful. This scheme provides financial support to families of BPL upto 2 lakhs per anum for treating serious ailments. It is proposed to cover the entire state by 2nd October 2008 with the government paying the insurance premium for all the beneficiaries. An amount of Rs.450 crores are provided to implement the scheme during 2008-09. Apart from Rajiv Arogya Sri Health Insurance Scheme, under the Sukhibhava Scheme, a cash assistance of Rs.300 (Rs 200 towards transportation charges and Rs 100 for food and incidental expenses) is paid to pregnant women belonging to below poverty line families who come to government hospitals for delivery services. This assistance is payable only to those women with no living children or with one living child.

4.1. IMPLEMENTATION PROCESS OF THE AAROGYASRI SCHEME

The key stakeholders in RACHI scheme are the state government, a private insurance company (Chennai based Star Health and Allied Insurance) and Tata Consultancy Services (TCS) for ICT solutions (Aarogyasri Health Care Trust, 2011b). One hundred and fifty one (151) government and 275 private sector tertiary hospitals across the state have been involved in implementing the scheme. The hospitals have to get empanelled4 to provide treatment for Aarogyasri patients based on the fulfillment of certain criteria5 set by the trust and insurance company and all those empanelled hospitals, both private and public, are called network hospitals. The TCS Programme Director oversees the IT solution6 and ensures that all the IT needs

of the scheme are being addressed on time. The RACHI scheme has ensured a key link person , Aarogyamithra (Health Coordinator), to connect people and the programme at the grass root level. The insurance company has appointed Aarogyamithras at all network hospitals to facilitate admission, treatment and cashless transaction of patients around the clock. The Aarogyamithras have a key role to play.7 The beneficiaries for the RACHI scheme are identified through the white ration cards provided as part of Annapoorna and Anthyodaya Anna Yojana Scheme for BPL families. It is estimated that about 80 per cent of the population has BPL ration cards and are considered eligible to utilise the benefits provided by the RACHI Scheme. The families, who were covered for specified diseases by other insurance schemes such as CGHS, ESIS, RTC, etc., are not considered eligible for any benefits provided in the RACHI scheme. The RACHI scheme has attempted to incorporate the philosophy of social inclusion in terms of the number people covered without age limit as well as covering pre-existing illness.8 Beneficiaries can approach through a referral from nearby PHC/Area Hospitals/ District Hospital/network hospital. Aarogyamithras placed in the above hospitals facilitate the contact with the beneficiary. The beneficiary may also attend the health camps being conducted by the network hospital in the villages and can get the referral card based on the diagnosis. The Aarogyamithras at the network hospital examine the referral card brought by the beneficiary and also verify the details of the ration card, based on the diagnosis results, admits the patient. After that they send preauthorisation request to the insurance company and the Aarogyasri Health Care Trust. Specialists of the insurance company and the trust examine the preauthorisation request and approve it if all the conditions are satisfied. The network hospital extends cashless treatment and surgery to the beneficiary. Network hospital, after discharge of the beneficiary/patient, forwards the original bill, discharge summary with signature of the patient and other relevant documents to insurance company for settlement of the claim. The insurance company scrutinises the bills and approves the same for sanction. The network hospitals also provide follow-up services. The entire scheme is cashless for the beneficiary/patients for 121 procedures which are pre-identified (Aarogyasri Health Care Trust, 2011c). The scheme provides insurance for specific catastrophic illness9 that can have serious financial repercussion in the lives of the poor. There are specific diseases that are not covered under this scheme.10 Till 20 January 2013, a total of 17 lakh surgeries and therapies had been covered. The cost of treatment for every medical and surgical procedure is fixed by the panel of doctors that has to be uniformly followed by all the network hospitals who implement Aarogyasri scheme.

The aim of Aarogyasri is to make hospitalization and treatment for serious life-threatening conditions affordable to households living below the poverty line. The scheme's rationale for focusing on tertiary procedures is that it wanted to give patients services that could prevent the loss of life, severe disablement and major health care expenditures pushing households into – or further into – poverty. Aarogyasri uses another instrument to ensure the covered population benefits from the program: it employs more than 3,000 ancillary health workers 20 known as "Aarogyamithras" (or "friends of health") who support patients at all government-run primary health centers and in all hospitals contracted by the program. Aarogyamithras in primary health care centers are responsible for raising awareness about the Aarogyasri program in the community, while those working in contracted hospitals are responsible for guiding patients through the treatment process and collecting feedback. Most of the Aarogyasri program's call center calls are actually outgoing calls – to coordinate with "Aarogyamithras" and contact patients who have received treatment funded by the program to remind them about follow-up treatments, check on the welfare, and on their receipt of medicines after discharge from hospital. In 2011 it was decided that Aarogyasri Trust should take over another help line / call center (known as the "104 call center") that provides advice on preventive and primary health care services. Algorithms guide the call center staff, and a panel of doctors is available to give advice when needed. The center was initiated as a public-private partnership in 2009 inspired by a public-private partnership for ambulance services in AP Board of Trustees. Hospital associations became more active, as a response to Aarogyasri, to negotiate prices with the government. A challenge for Aarogyasri in managing these negotiations is a lack of data on costs of care for transparent price-setting; Aarogyasri has therefore initiated a study of costs in public and private hospitals.

4.2. SUSTAINABILITY OF AAROGYASRI

A Big Question The purpose of the RACHI scheme is to cut down OOPE for the BPL population and to provide financial protection for catastrophic illness. Though this intention is achieved, it has serious implications and consequences. The former Chief Minister, K. Rosaiah mentioned that the average amount claimed by the Aarogyasri beneficiaries per day is about `3.5 crores. As on 20 January 2013, the total amount claimed from its inception was about `4,729 crores. According to the Aarogyasri scheme CEO, the state government spent a quarter of the health budget towards the scheme and wanted to approach the central

government for support (GoAP, 2009). In the fiscal year 2010–2011, the government allocated `925 crores only. The state government approached the centre for sharing the funding of Aarogyasri and extend financial support on 70:30 cost sharing basis on the ground that the burden of the scheme has put enormous pressure on the state exchequer. However, the central government turned down the proposal on the advice of the Planning Commission that recommended against partnering with states for funding any community health insurance scheme. The Planning Commission rejected because they observed that these insurance schemes are turning out to be a 'cash cow' for the corporate hospitals. Even though this scheme helped poor families to undergo surgeries, the fact is that the private hospitals were making money through reimbursement by the state government (Times of India, 2011).[7]

5. ANDHRA PRADESH VAIDYA VIDHANA PARISHAD RANKING: MCH SEVENTH IN STATE

As per the recent Andhra Pradesh Vaidya Vidhana Parishad (APVVP) ranking, Mother and Child Hospital (MCH) in Ongole stood first among all the district government hospitals and has been placed at the seventh position in the State. As the Ongole RIMS was converted into Covid-19 district hospital, the gynaecology wing was temporarily shifted to the MCH to keep pregnant women safe from the virus spread. Currently, the 50-bed hospital receives around 150 outpatients daily and conducts nearly 15 deliveries. Among these, seven to eight are cesarean (C-Section) surgeries. To encourage government hospitals across the State to provide better healthcare to public, the APVVP is giving grades to hospitals based on certain parameters. They include number of inpatients/outpatients treated in a fiscal, major surgeries performed, number of deliveries, ultrasound/ X-ray scanning, blood tests, ECG tests, bed occupancy ratio among others. In all categories, the Ongole MCH has performed well and stood as a role model for the rest of the hospitals. During 2020-21, the MCH targeted to treat 42,000 outpatients; it has received 28,800 (up to November) patients in the OP wing. Coming to the inpatients category, the MCH admitted 8,642 as against the target of 5,250. The MCH performed 1,528 major surgeries as against the targeted 700. Coming to the vasectomy count, MCH performed 2,011 vasectomies, while the target is 1,925 (IVNV Prasad Babu, 2020).[8]

6. NEED TO PUMP 10,000 CRORE IN PUBLIC HEALTH SECTOR

The Expert Committee on Health Reforms, which submitted its report to the State government on recently, felt the need for investing Rs 10,000 crore in the next five years to improve facilities and increase capacity in teaching hospitals, medical colleges and district hospitals. The committee made this recommendation after studying the model in Gujarat, where the government pumped Rs 15,000 crore into the BJD Medical College, Ahmedabad since 2015. The Expert Committee, headed by former IAS officer Dr K Sujatha Rao, visited Gujarat and Tamil Nadu to study the functioning of health sector there and compared the reforms there with those in AP. "It is shocking to see the near neglect of capital investments in AP Vaidya Vidhana Parishad and Directorate of Medical Education (DME) institutions (in AP),'' the committee felt while referring to the infrastructure provided in hospitals. The committee observed that in both Gujarat and Tamil Naidu, there is a strong commitment to strengthening public hospitals to reduce medical expenditure burden on the poor by providing free services (Kiranmai Tutika, 2019).[9]

7. COVID-19 EXPERIENCES OF ANDHRA PRADESH

Like the rest of the world, the Andhra Pradesh state also has bitter experiences with COVID -19. Around 9 lakhs people contracted to this disease. The State Government timely response and preparedness has avoid big human lose. The government initiatives like daily testing of people in a large scale, establishment of COVID-19 Care centers, Quarantine centers, Free treatment for positive cases through Aarogyasri program, Sanitation improvement programs and implementation of Containment rules have yielded good results in the state. In Andhra-pradesh so far (31-12-2020) 881948 people are affected by novel corona virus covid-19 and 871588 have recovered out of 881948 affected people. In the state 7104 patients have died due to corona virus , 3256 patients are still in hospital and recovering (Coraona India Tracker, 2020).[10]

8. CORONA VIRUS VACCINATION IN AP

The Centre on launched the dry run for vaccination drive in anticipation of the corona virus immunisation drive that it would likely undertake starting next month. One of the four states chosen for the dry run was Andhra Pradesh, where the dry run is being conducted in five facilities of the Krishna district. At these places, the beneficiaries were selected from among the healthcare workers at each site, and the dry run began at 9 in the morning on Monday. As many as 95% of the beneficiaries attended the process and the drive ended by 1 pm, and the work on preparation of the session site, allotting time and vaccinators to beneficiaries and sending them messages went well. The centers in Andhra Pradesh also witnessed smooth allocation of the vaccine doses from the stores.

9. NEW CORONA VIRUS IN A.P

Indian researchers have found 19 corona virus variants circulating in India with "escape mutations" that allow them to evade the antibodies generated by immune systems and one such variant is spreading fast in Andhra Pradesh. The genetically tweaked variant with a mutation named N440K has been found in nearly 34% of the 272 SARS-CoV-2 genomes analysed from Andhra Pradesh. The variant has also been seen in Karnataka, Maharashtra and Telangana (Kalyan Ray, 2020).[11]

10. CONCLUSION

In public Health Care Andhra Pradesh is showing better performance. Better ranks are receiving by AP in the Recent Studies and Reports. With the Central Funding and State Government initiatives for improving health infrastructure and better facilities Arogyasri, 108 vehicles, 104 vehicles are increasing the efficiency of the public health systems in the state. During COVID-19 state government has taken several measures for the betterment of the government hospitals. In COVID-19 treatment the state has received appreciations from centre and also a model for other states. Still there is much to do for the betterment of Government Hospitals and also to improve the efficiency of the private health care also. The COVID-19 pandemic has stressed the importance of the private hospitals. For facing the health emergencies both public and private health sectors have to be developed.

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