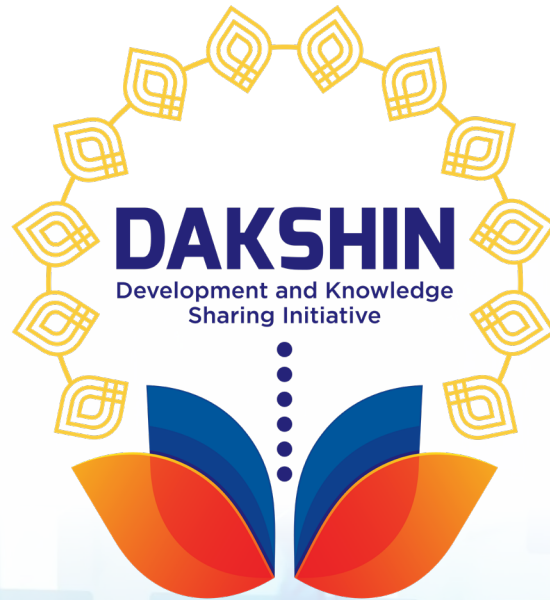
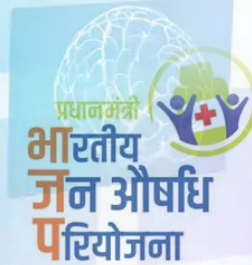


DAKSHIN and Flagship Healthcare Schemes



**GLOBAL SOUTH
CENTRE OF EXCELLENCE**



PRADHAN MANTRI BHARTIYA JANAUSHADHI PARIYOJANA
Quality Medicines at Affordable Prices for All

eSanjeevaniOPD
STAY HOME OPD



DAKSHIN and Flagship Healthcare Schemes

Abstract: India's healthcare system has transformed significantly, driven by innovative initiatives and comprehensive programs designed to enhance accessibility, affordability, and quality of care. This article explores key components and successes of India's major healthcare schemes, including eSanjeevani, maternal and child health programs, and communicable disease control measures. By examining these initiatives, the article provides insights into the strategies and factors contributing to their effectiveness, offering valuable lessons for other countries facing similar challenges. The focus is on political will, robust infrastructure, and community engagement as critical elements for sustainable healthcare improvements. Additionally, the CoWIN initiative, pivotal in India's COVID-19 vaccination drive, has enhanced pandemic preparedness and set a precedent for integrating technology into routine immunization programs.

India has made remarkable progress in healthcare delivery through innovative approaches, offering valuable lessons for other developing nations. India's successful models offer practical strategies that can be emulated and adapted by other countries in the Global South. Highlighting achievements and critical infrastructural requirements, the article aims to provide a comprehensive blueprint for policymakers, healthcare providers, and international health organizations. India's healthcare schemes, including telemedicine services, maternal and child health initiatives, and the CoWIN platform, demonstrate scalability, cost-effectiveness, and technological innovation. These insights underscore the potential for other developing countries to enhance healthcare accessibility, improve quality of care, and achieve universal health coverage and resilient health systems.

1. Introduction

The Global South is facing increasing volatility and uncertainty. Fragile supply chains and over-centralized globalization have led to mounting stress on developing countries, particularly regarding food, energy, and fertilizer security. Furthermore, developmental aid and capital flows are dwindling, while debts continue to rise. International financial institutions and multilateral development banks are struggling to effectively address these concerns.

Developing countries are now expected to bear the burden of developing climate resilience, industrializing without carbonizing, and addressing increasing climate events, all while lifting millions out of poverty. Despite these challenges, the concerns of the developing world are not

receiving adequate attention on the global stage. There is an urgent need for a shared vision and agenda for change to uplift societies and economies in the Global South.

In response to these issues, the Prime Minister of India announced the establishment of the Global South Centre of Excellence (DAKSHIN) during the 1st Voice of Global South Summit in January 2023. DAKSHIN was inaugurated during the 2nd Voice of Global South Summit in November 2023. It aims to serve as both a think tank and a repository of knowledge and development initiatives for the Global South.

DAKSHIN seeks to facilitate stronger collaboration among Global South countries, exchanging best practices and fostering South-South Cooperation. As a major voice of the Global South, DAKSHIN aims to share ideas, concerns, and perspectives on traditional and emerging developmental challenges. It will focus on developing simple, scalable, and affordable solutions for accelerated socio-economic development. DAKSHIN, established at RIS, envisions fostering knowledge sharing and mutual learning to overcome developmental challenges and promote globally inclusive partnerships. Working with partners in India and across the Global South, DAKSHIN will facilitate dialogue and support mutually agreed projects under the guidance of relevant governments and agencies.

2. Good Practices Developed by India

While announcing his intention to establish a Global South of Excellence, the Prime Minister of India referred to several good practices developed in India, covering areas and sectors like health, education, agriculture, banking and finance, climate finance and technology, connectivity infrastructure, science technology and innovation etc.

India's progress in vaccine development, biometric identification, digital public goods, financial inclusion, satellite technology, digital governance, and last-mile connectivity holds substantial promise for interested partners in the Global South seeking comprehensive economic development.

To begin, DAKSHIN aims to focus on three sectors: health, agriculture, and digital solutions. This paper delineates some of the successful schemes and programmes of India in the health sector.

3. Focus Area of Health

DAKSHIN is striving to amplify the collective concerns of the Global South in shared health challenges. In this regard emphasizing on collaborative approaches, it seeks inclusive solutions beyond borders. Programmes like CoWIN, National Telemedicine Service, Health Protection Scheme and National Health Mission in India epitomize efforts towards accessible, innovative healthcare delivery. These experiences can be shared for common challenges. The aim is to provide on hand universal access to quality health services, including digital solutions, promoting traditional medicines, developing regional healthcare hubs and ensuring mobility of health professionals with the help of the following flagships Programmes launched by India:

- Health Assurance Scheme (Pradhan Mantri Jan Arogya Yojana - PM-JAY)
- Health Infrastructure Digital Mission (Ayushman Bharat Digital Mission - ABDM)
- COVID Vaccine Intelligence Network - Co-WIN

- National Telemedicine Service (eSanjeevani)
- Maternal and Child Health/Communicable Disease/Non-Communicable Disease Programmes
- Health Assurance Scheme (Pradhan Mantri Jan Arogya Yojana - PM-JAY)

A. Health Assurance Scheme (Pradhan Mantri Jan Arogya Yojana - PM-JAY)

Introduction

The Indian National Health Policy (NHP), published in 2017 by the Ministry of Health and Family Welfare, recognizes the changing healthcare priorities of India and sets out the goals to achieve universal health coverage (UHC). This policy observes that increases in health spending should be achieved primarily through better mobilization of public (tax-funded) sources, and by collaborating with other sectors, most notably the private sector. The implicit objective is that India's vast private health sector can be exploited to promote UHC by extending service provision, especially in remote rural areas and to fill critical gaps in public health provision. The policy further reinforces the role of health insurance in promoting strategic purchasing¹ and suggests aligning existing publicly financed health insurance schemes to cover selected benefit packages of secondary and tertiary care services purchased from the public, not-for-profit and private sectors.

In India, health-care utilization has been associated with high out-of-pocket expenditures (OOPE) and catastrophic health expenditures (CHE). In India, OOPE accounts for 55% of total health expenditures. It was estimated that OOPE was responsible for pushing nearly 55 million people into poverty annually. To address this and in line with the policy observations of the NHP, a publicly funded health insurance schemes emerged in India.

PM-JAY is the world's largest health insurance/assurance scheme that offers a health cover to nearly 120 million poor families which comes to a staggering 550 million Indians that forms 40% of its bottom population. It is fully funded by the Government and provides financial protection for a wide variety of secondary and tertiary care hospitalisations. The prime objective of PM-JAY is to reduce catastrophic out-of-pocket health expenditure² by improving access to quality health care for its underprivileged population. The scheme is creating a system of demand-led health



care reforms that meet the immediate hospitalisation needs of the eligible beneficiary family in a cashless manner thus insulating the family from catastrophic financial shock.

Key Features

- It provides a cover of Rs. 0.5 million per family per year for secondary and tertiary care hospitalization across public and private empanelled hospitals in India.
- Over 120 million poor and vulnerable entitled families (approximately 550 million beneficiaries) are eligible for these benefits.
- PM-JAY provides cashless access to health care services for the beneficiary at the point of service.
- PM-JAY envisions helping mitigate catastrophic expenditure on medical treatment which pushes nearly 60 million Indians into poverty each year.
- It covers up to 3 days of pre-hospitalization and 15 days post-hospitalization expenses such as diagnostics and medicines.
- There is no restriction on the family size, age or gender.
- All pre-existing conditions are covered from day one.
- Benefits of the scheme are portable across the country i.e. a beneficiary can visit any empanelled public or private hospital in India to avail cashless treatment.
- Services include approximately 1,929 procedures covering all the costs related to treatment, including but not limited to drugs, supplies, diagnostic services, physician's fees, room charges, surgeon charges, OT and ICU charges etc.
- Public hospitals are reimbursed for the healthcare services at par with the private hospitals.

Key Achievements³

- As of January 12, 2024, Ayushman Health cards have been issued to 300 million beneficiaries.
- The Ayushman Bharat PM-JAY is committed to achieving gender parity and approximately 146 million Ayushman cards have been created for females, constituting 49% of the total cards issued.
- 48% of treatments provided under the scheme have been availed by females, highlighting the emphasis on gender equity in the scheme's design.
- Successfully facilitated Rs.62 million hospital admissions.
- Resulted in substantial savings of over Rs. 1250 billion in out-of-pocket expenditure for poor and deprived families.

B. Health Infrastructure Digital Mission (Ayushman Bharat Digital Mission - ABDM)

Introduction

The Ayushman Bharat Digital Mission (ABDM) aims to develop the backbone necessary to support the integrated digital health infrastructure of the country. It also, aims to create a national digital health ecosystem that supports universal health coverage in an efficient, accessible, inclusive, affordable, timely and safe manner, that provides a wide-range of data, information

and infrastructure services, duly leveraging open, interoperable, standards-based digital systems, and ensures the security, confidentiality and privacy of health-related personal information.

ABDM is built on a strong foundation of 4 building blocks:

- **Health Id:** The creation of unique health Id for every citizen is the key component of ABDM. This Id serves as a digital passport for accessing health services across the country.
- **Healthcare Professional Registry (HPR):** This is volunteer creation of registry of healthcare professionals which enables better management of human resources.
- **Health Facility Registry (HFR):** This is a volunteer registry of healthcare facilities in the country. The database is accessible to the citizens for location of the health facility of their choice.
- **Ayushman Bharat Health Account (ABHA):** This account provides citizens with a unique identifier called the ABHA. Through this account, individuals can securely store and share their medical information with doctors, hospitals, and laboratories. This user-centric approach puts complete control in the hands of patients, ensuring that no data is shared without their explicit consent. Further, it also, supports in creating a Personal Health Record (PHR) for all the users.

Additionally, the digital health locker feature: a cloud based medical document storage facility- consolidates scattered medical records, eliminating the hassle of physically searching for documents. It provides a secure environment where users can aggregate and access their health information in one place, ensuring portability and convenience regardless of geographical location.

National Health Authority (NHA) is the apex body responsible for implementing India's Health Assurance Scheme and entrusted with the role of designing strategy, building technological infrastructure and implementation of Health Infrastructure Digital Mission to create a National Digital Health Eco-system.



Key Features

- To establish state-of-the-art digital health systems, to manage the core digital health data, and the infrastructure required for its seamless exchange
- To establish registries at appropriate level to create single source of truth in respect of clinical establishments, healthcare professionals, health workers, drugs and pharmacies
- To enforce adoption of open standards by all national digital health stakeholders
- To create a system of personal health records, based on international standards, easily accessible to individuals and healthcare professionals and services providers, based on individual's informed consent
- To promote development of enterprise-class health application systems with a special focus on achieving the Sustainable Development Goals for health
- To ensure that the healthcare institutions and professionals in the private sector participate actively with public health authorities in the building of the Ayushman Bharat Digital Mission (ABDM)
- To ensure national portability in the provision of health services
- To promote the use of clinical decision support (CDS) systems by health professionals and practitioners
- To promote a better management of the health sector leveraging health data analytics and medical research
- To provide for enhancing the efficiency and effectiveness of governance at all levels
- To support effective steps being taken for ensuring quality of healthcare
- To strengthen existing health information systems, by ensuring their conformity with the defined standards and integration with the Ayushman Bharat Digital Mission (ABDM).

Key Achievements⁴

- 500 million individuals now possess an Ayushman Bharat Health Account (ABHA) as their unique health ID.
- Under ABDM, over 15million patients have utilized the ABHA-based instant Out Patient Department (OPD) registration service, streamlining the registration process.
- Additionally, more than 5 million people are actively managing their health records digitally using the ABHA app.
- The ABHA number is also facilitating instant registration services at hospitals through the Scan and Share service. Patients can scan the QR code at OPD counters for instant registration, saving time and streamlining the registration process for approximately 15 million patients daily.
- The Healthcare Professionals Registry (HPR) has verified 0.26 million doctors and nurses
- The Health Facility Registry (HFR) has registered 0.226 million hospitals, clinics, labs, and pharmacies.
- Over 56,000 hospitals across the country use ABDM-enabled solutions, contributing to the digital transformation of the healthcare ecosystem in India.

C. COVID Vaccine Intelligence Network - Co-WIN

Introduction

COVID Vaccine Intelligence Network (CoWIN) system is a comprehensive cloud-based IT solution for planning, implementation, monitoring, and evaluation of COVID-19 vaccination in India. It provides real time information of vaccine stocks, their storage temperature and individualized tracking of beneficiaries of the COVID-19 vaccine.

COVID-19 Vaccine Intelligence Network (CoWIN) is the digital backbone of India's COVID-19 vaccination Programmes. It is a scalable, inclusive, and open platform for universal vaccination, and enables monitoring of vaccine utilization, coverage, and wastage throughout the system. The citizen-centric solution facilitates registration by incorporating Citizen Unique Identification number (AADHAR) and booking of appointments for vaccination, regular reminders and communication, provision of vaccination certificates for citizens and helps Programme managers and vaccinators to create and manage sessions, develop reports and monitor progress.



Key features

- Each dose of vaccination is digitally acknowledged using a QR based certificate. The certificate can be easily traced and verified.
- Minimum prescribed time interval is maintained between the first and second doses of vaccination.
- Invariably, the same type of vaccine is administered during the second dose.
- Vaccination data can be used for future pandemic planning and for research and development.
- Vaccine is administered to only an identifiable individual, thus preventing pilferage and fraud.
- In case of adverse events following immunization, beneficiaries, vaccine batches, and vaccination can be easily tracked.

Key Achievements⁵

- More than 950 million citizens registered on CoWIN portal through online and on-site modes (scalable up to one billion plus citizens).
- Trained over 1.2 million frontline workers and health staff to use the CoWIN platform.
- More than 2.2 billion doses of vaccine administered and duly recorded on CoWIN⁶. More than 20.5 million vaccination sessions held across the country.
- Vaccination sessions conducted across more than 470,000 s, 73% of the s are in rural areas.
- Vaccination coverage in hard-to-reach tribal areas is better than the national average.
- Real-time monitoring of national vaccination programme with de-segregated demographic and geographic data at the national, sub-national, local, and health facility level.
- Seamless integration and roll-out of newly approved vaccines with different vaccination schedules.

Way Forward

To expand the scope of CoWIN for digitalisation of other health programmes namely Universal Immunization Programme, RMNCH+A, Non-Communicable disease Programme, National Viral Hepatitis Control Programme etc.

D. National Telemedicine Service (eSanjeevani)

Introduction

eSanjeevani is an integrated telemedicine solution and a flagship indigenously developed world-class innovative technology in healthcare sector. It is a path breaking initiative of the Ministry of Health & Family Welfare, Govt. of India that is providing safe, contactless, risk-free health services. eSanjeevani has been developed by the Health Informatics Group of for Development of Advanced Computing (C-DAC). It is a step towards digital health equity to achieve Universal Health Coverage (UHC). eSanjeevani facilitates quick and easy access to doctors and medical specialists from a smartphone. It can also be accessed remotely by visiting the nearest Ayushman Bharat Health & Wellness.

Key Features

eSanjeevani - National Telemedicine Service, has two variants:

- **eSanjeevani Ayushman Bharat-Health and Wellness (AB-HWC):** A Doctor-to-Doctor Telemedicine service under Ayushman Bharat-Health and Wellness s is a scheme of the Government of India, to provide general and specialised health services in rural areas and isolated communities. Doctor-to-Doctor Telemedicine service is based on a Hub-and-Spoke model. 'eSanjeevani AB-HWC' enables virtual connection between the beneficiary (along with the paramedic and a generalist) at the spoke i.e. HWC and the doctor/specialist at the hub (tertiary healthcare facility/hospital/medical college). This facilitates real-time virtual consultation from doctors & specialists at the hub with the beneficiary (through paramedics) at the spoke. The e-prescription generated at end of the session is used for obtaining medicines. 'eSanjeevaniAB-HWC' was implemented with a vision to provide quality health services to maximum number of citizens by leveraging potential of Information Technology bypassing hindrances of geography, accessibility, cost and distance.

- **eSanjeevaniOPD:** This is a patient-to-doctor telemedicine service to enable people to get outpatient services in the confines of their homes. 'eSanjeevaniOPD' has also been speedily and widely adopted by citizens in all parts of the country. It is available as a mobile app for both Android and iOS based smart phones, and these apps have seen over 3 million downloads.



Key achievements⁷

- Currently, eSanjeevaniHWC is operational at around 50,000 Health & Wellness s.
- 00.11 million patients were served at 115,234 Health & Wellness s (as spokes) through 15,731 hubs and 1,152 online OPDs populated with 229,057 medical specialists and super-specialists trained in telemedicine.
- eSanjeevani supports over 1 million consultations in a day, so far, the platform has peaked to serve 5,10,702 patients in a day.
- 57% of the beneficiaries of eSanjeevani are women and around 12% beneficiaries are senior citizens.
- eSanjeevaniOPD now enables creation of Ayushman Bharat Health Account (ABHA), which will facilitate access and portability of health data with consent of the beneficiary, with participating healthcare providers and beneficiaries as per Ayushman Bharat Digital Mission (ABDM).

E. Maternal and Child Health/Communicable/Non-Communicable Disease Programmes

The Government of India through National Health Mission has launched several schemes/initiatives for the welfare and assistance to pregnant women and malnourished children, which are as follows:

Schemes/initiatives for Pregnant Women

- **Mother Protection Scheme- Janani Suraksha Yojana (JSY)**, a demand promotion and conditional cash transfer scheme which aims to promote institutional delivery.
- **Mother and Child Protection Scheme - Janani Shishu Suraksha Karyakram (JSSK)**, every pregnant woman is entitled to free delivery, including caesarean section, in public health institutions along with the provision of free transport, diagnostics, medicines, other consumables, diet & blood.
- **Ante-Natal & High-Risk Pregnancy Tracking System - Pradhan Mantri SurakshitMatritva Abhiyan (PMSMA)** provides pregnant women a fixed day, free of cost assured and quality antenatal check up by a Specialist/Medical Officer on the 9th day of every month. Further, extended PMSMA strategy was launched to ensure quality ante-natal care (ANC) to pregnant women, especially to high-risk pregnancy (HRP) women and individual HRP tracking till a safe delivery is achieved.
- **Respectful Maternal Health Scheme- SurakshitMatritvaAashwasan (SUMAN)** aims to provide assured, dignified, respectful and quality healthcare at no cost and zero tolerance for denial of services for every woman and newborn visiting the public health facility.
- **Labour Room Quality Improvement Initiative (LaQshya)** improves the quality of care in labour room and maternity operation theatres to ensure that pregnant women receive respectful and quality care during delivery and immediate post-partum.
- **Maternal Cash Incentive Scheme- Pradhan Mantri Matru Vandana Yojana (PMMVY)** is a maternity benefit Programme run by the Ministry of Women and Child Development, Government of India. The scheme aims to cover women belonging to socially, economically disadvantaged and marginalised sections of society. All pregnant women who have their pregnancy for the first child in family on or after 01.01.2017 are eligible for getting benefit under the programme. Further, as per the new guideline for 'Mission Shakti', applicable with effect from 01.04.2022, the scheme (PMMVY 2.0) seeks to promote positive behavioural change towards girl child by providing additional cash incentive for the second child, if that is a girl child.

Schemes for Malnourished Children

- **Child Breastfeeding Scheme - Mothers' Absolute Affection (MAA)** to improve breastfeeding coverage and appropriate breastfeeding practices in the country. Early initiation and exclusive breastfeeding for first six months and appropriate Infant and Young Child Feeding (IYCF) practices are promoted under Mothers' Absolute Affection (MAA).
- **Anaemia Eradication Scheme - Anaemia Mukta Bharat (AMB)** strategy to reduce prevalence of anaemia in children (6-59 months), children (5-9 years), adolescent girls and boys (10-19 years), pregnant and lactating women and in women of reproductive age group (15-49 years) in Programme mode through life cycle approach through Iron Folic Acid (IFA) supplementation across life stages.

- **National Deworming Day (NDD)** Programme under which biannual mass deworming for children and adolescents in age group 1-19 years is carried on designated dates – 10th February and 10th August every year, in schools and anganwadi (day care) s.
- **Nutrition Rehabilitation Centres (NRCs)** are set up at public health facilities to provide in-patient medical and nutritional care to Severe Acute Malnourished (SAM) children less than 5 years of age with medical complications. For other malnourished children supplementary nutrition is provided at Anganwadi s as per nutrition norms specified under schedule- II of National Food Security Act (NFSA)-2013
- **Community Based care of New-born and Young Children under HomeBased New-born Care (HBNC) and Home-Based Care of Young Children (HBYC) Programme**, home visits are performed by ASHA's (Accredited Social Health Activist) to improve child rearing practices and to identify sick new-born and young children in the community.
- **Intensified Diarrhoea Control Fortnight / Defeat Diarrhoea (D2) initiative** is implemented for promoting ORS and Zinc use, for reducing diarrhoeal deaths and associated malnutrition.
- **Social Awareness and Actions to Neutralize Pneumonia Successfully (SAANS)** initiative is implemented for reduction of Childhood morbidity and mortality due to Pneumonia.
- **Universal Immunization Programme (UIP)** is implemented to provide vaccination to children against life threatening diseases such as Tuberculosis, Diphtheria, Pertussis, Polio, Tetanus, Hepatitis B, Measles, Rubella, Pneumonia and Meningitis caused by Haemophilus Influenzae B. The Rotavirus vaccination has also been rolled out in the country for prevention of Rotaviral diarrhoea. Pneumococcal Conjugate Vaccine (PCV) is also introduced in all the States and UTs.
- **National School Children Screening - Rashtriya Bal SwasthyaKaryakaram (RBSK)** is one of its kind Programme to improve the overall quality of life of children enabling all children achieve their full potential; and also provide comprehensive care to all the children in the community. This Programme involves screening of children from birth to 18 years of age for 4 Ds- Defects at birth, Diseases, Deficiencies and Development delays, spanning 32 common health conditions for early detection and free treatment and management, including surgeries at tertiary level. Children diagnosed with identified selected health conditions are provided early intervention services and follow-up care at the district level. To facilitate screening of children, there is a strong convergence with the Ministry of Women and Child Development for screening children the age group 0 – 6 years enrolled at Anganwadi s and with the Ministry of Human Resource Development for screening the children enrolled in Government and Government aided schools. The newborn is screened for birth defects in health facilities by the doctors at health facilities and during the home visit by ASHA (peripheral health worker). These services are provided free of cost, thus helping their families reduce out of pocket expenditure incurred during treatment.
- **Village Health Sanitation and Nutrition Days (VHSNDs)** are observed for provision of maternal and child health services and creating awareness on maternal and child care in convergence with Ministry of Women and Child Development. Health and nutrition education through mass and social media is also promoted to improve healthy practices and to generate demand for service uptake.
- **Mother and Child Protection Card (MCP)** is the joint initiative of the Ministry of Health & Family Welfare and the Ministry of Women and Child Development to addresses the nutrition concerns in children.

- **Prime Minister Overarching Scheme for Holistic Nourishment, POSHANAbhiyan**, This is a scheme jointly by Ministry of Women and Child Development and Ministry of Health and Family Welfare, to address malnutrition in India through convergence, behaviour change, IEC advocacy, training and capacity building, innovations and demand generation. The scheme provides package of six services i.e. Supplementary Nutrition, Pre School Non-formal Education, Nutrition and Health Education, Immunization, Health Check-ups and Referral services

Schemes for Communicable diseases

- **National AIDS Control Programme(NACP) Phase-V** is a Central Sector Scheme fully funded by the Government of India. The NACP Phase-V will take the national AIDS and STD response till Financial Year 2025-26 towards the attainment of United Nations' Sustainable Development Goals 3.3 of ending the HIV/AIDS epidemic as a public health threat by 2030 through a comprehensive package of prevention, detection and treatment services. The Phase-V builds upon the game changer initiatives of the HIV/AIDS Prevention and Control Act (2017), Test and Treat Policy, Universal Viral Load Testing, Mission Sampark, Community-Based screening, transition to Dolutegravir-based Treatment Regimen etc and introduces newer strategies consolidating and augmenting the gains. This include setting-up of Sampurna Suraksha Kendras (SSK) for providing services through a single window model for those "at risk" for HIV and STI covering prevention-test-treat-care continuum. It includes a holistic set of services customized as per clients' needs, with strong linkages and referrals within and outside of health systems.
- **National Tuberculosis Elimination Programme (NTEP)** is to safeguard and address the concerns of TB patients and providers during times of complex emergencies and unprecedented crisis. Although India has managed to scale up basic TB services in the public health system, treating more than 10 million TB patients under Revised National Tuberculosis Control Programme(RNTCP). New, comprehensively-deployed interventions have been envisioned to hasten the rate of decline of incidence of TB, to more than 10-15% annually. The requirements for moving towards TB elimination have been integrated into the four strategic pillars of "Detect - Treat - Prevent - Build" (DTPB).

Schemes for Non- Communicable diseases

- **National Programme for Prevention and Control of Non-Communicable Diseases (NP-NCD)** The Programmeme focuses on strengthening infrastructure, human resource development, health promotion & awareness generation for prevention, early diagnosis, management and referral to an appropriate level of healthcare facility. A population-based initiative for prevention, control and screening for common NCDs i.e., diabetes, hypertension and common cancers has been rolled out in the country under National Health Mission (NHM) and also as a part of Comprehensive Primary Health Care. Preventive aspect of NCDs has been strengthened under Comprehensive Primary Health Care through Ayushman Bharat Health Wellness scheme, by promotion of wellness activities and targeted communication at the community level. Other initiatives for increasing public awareness about NCDs and for promotion of healthy lifestyle include observation of International & National Health Days and use of print, electronic and social media for continued community awareness. Furthermore, healthy eating is also promoted through FSSAI. Fit India movement is implemented by Ministry of Youth Affairs and Sports, and various Yoga related activities are carried out by

Ministry of AYUSH. In addition, NP-NCD gives financial support under NHM for awareness generation (IEC) activities for cardiovascular diseases to be undertaken by the States/UTs. The provisions under Cigarettes and Other Tobacco Products (Prohibition of Advertisement and Regulation of Trade and Commerce, Production, Supply and Distribution) Act, (COTPA) 2003 prohibits smoking in public places; ban on sale of tobacco products to and by minors, sale of tobacco products within a radius of 100 yards of educational institutions; prohibition on direct and indirect advertising of tobacco products and mandatory display of specified health warnings. To further accelerate the efforts towards tobacco control, Government launched National Tobacco Control Programme (NTCP) in 2007-08. The National Tobacco Control Programme aims at discouraging the use of tobacco with special emphasis on protection of children and young people. It also serves to create awareness about the harmful effects of tobacco consumption through regular and sustained public awareness campaigns.

Key Achievements

- Owing to ceaseless integrated efforts by the Government, India has successfully achieved the major milestone of bringing down its MMR to 97/lakh live births in 2018-20 from 130/lakh live births in 2014-16.⁸
- Neonatal Mortality Rate has also declined by 2 points from 22 per 1000 live births in 2019 to 20 per 1000 live births in 2020 (Annual Decline Rate: 9.1%).⁹
- India witnessed encouraging progress, with 79% of people living with HIV aware of their status. Of those aware, 86% of all people living with HIV are receiving antiretroviral treatment. Moreover, 93% of those on treatment who underwent viral load testing achieved viral suppression.¹⁰
- Several initiatives for prevention, detection and treatment of TB through robust surveillance, monitoring, research for newer drugs and intervention methodologies and introduction of digital diagnostics.

4. Prerequisites for implementing Health Programmes in Global South Countries

In order to successfully implement health schemes such as AB-PMJAY, ABDM, eSanjeevani, and CoWin in Global South countries, it is crucial to prioritize several prerequisites. Chief among these is the necessity for the solution to be demand-driven, in accordance with the principles of South-South cooperation. This means that advocacy efforts should be based on a thorough analysis of needs, ensuring that the solutions provided address the specific and often unmet healthcare needs of the population. By tailoring interventions to the requirements and challenges faced by communities, we can enhance the effectiveness and relevance of health initiatives in the Global South. The other pre-requisites are as follows:

- **Political Will and Support:** Strong political commitment is essential to drive the implementation of such schemes. Government support is crucial for funding, policy formulation, and overcoming bureaucratic hurdles.
- **Infrastructure:** Adequate healthcare infrastructure including hospitals, clinics, diagnostic facilities, and trained healthcare professionals is necessary to ensure the effective delivery of healthcare services.

- **Information Technology Infrastructure:** A robust IT infrastructure is required to support digital platforms like eSanjeevani and CoWin. This includes reliable internet connectivity, computer systems, and cyber security measures to safeguard patient data.
- **Funding and Financial Management:** Sustainable funding mechanisms need to be established to finance the implementation and operation of the health schemes. Effective financial management practices are necessary to ensure transparency and accountability in the use of funds.
- **Regulatory Framework:** Clear regulatory guidelines and policies are needed to govern the implementation of health schemes, ensure quality standards, protect patient privacy, and regulate healthcare providers.
- **Community Engagement and Awareness:** Public awareness campaigns and community engagement Programmes are essential to educate people about the benefits of the health schemes, encourage participation, and address any concerns or misconceptions.
- **Capacity Building:** Training Programmes for healthcare professionals and administrators are crucial to build capacity and ensure that they are equipped with the necessary skills and knowledge to effectively implement and manage the health schemes.
- **Monitoring and Evaluation:** Robust monitoring and evaluation mechanisms should be put in place to track the progress of the health schemes, identify areas for improvement, and ensure accountability.

5. Insights from India

India's experience in implementing these schemes can offer valuable lessons and insights for Global South countries:

- **Scalability:** India has demonstrated the scalability of its health schemes to cater to a large population. Global South countries can learn from India's experience in scaling up healthcare services to reach remote and underserved areas.
- **Innovative Solutions:** India has leveraged technology to overcome challenges in healthcare delivery, as seen in the implementation of eSanjeevani and CoWin. Global South countries can adopt similar innovative solutions to improve access to healthcare services.
- **Cost-Effectiveness:** India's focus on cost-effective healthcare solutions, such as AB-PMJAY's insurance-based model; can provide valuable insights for Global South countries looking to achieve universal health coverage within limited resources.
- **Public-Private Partnership:** India has successfully engaged the private sector in the implementation of health schemes, which has helped expand coverage and improve service delivery. Global South countries can explore similar partnerships to leverage the strengths of both the public and private sectors in healthcare delivery.
- **Data Management:** India's experience in managing large-scale healthcare data through platforms like CoWin can serve as a model for other countries looking to implement digital health initiatives and improve health information systems.

6. Conclusion

In conclusion, the significance of mutual learning and cooperation among Global South countries cannot be overstated when it comes to development. By sharing knowledge, best practices, and innovative solutions, these nations can collectively overcome common challenges and accelerate their socio-economic progress. India's experiences in health schemes, digital solutions, and public-private partnerships provide valuable insights that other Global South countries can adapt to their unique contexts. Such collaborative efforts foster an environment where countries can leverage each other's strengths, ensuring that development initiatives are sustainable and impactful. Through platforms like DAKSHIN, the Global South can build a united front to address pressing issues, uplift their populations, and ensure a more inclusive and equitable global development landscape.

Endnotes

- ¹ Purchasing is considered strategic when these allocations are linked, at least in part, to information on provider performance and the health needs of the population they serve, with the aim of realizing efficiency gains, increasing equitable distribution of resources and managing expenditure growth
- ² The share of households with catastrophic health spending is defined as out-of-pocket payments greater than 40% of capacity to pay for health care.
- ³ Divya Parmar et al in Effects of the Indian National Health Insurance Scheme (PM-JAY) on Hospitalizations, Out-of-pocket Expenditures and Catastrophic Expenditures. See <https://www.tandfonline.com/doi/full/10.1080/23288604.2023.2227430>
- ⁴ <https://www.tgnns.com/lifestyle/health/exploring-the-ayushman-app-and-state-wise-achievements-of-ayushman-bharat-pradhan-mantri-jan-a-rogya-jojana/2024/01/15/#:~:text=Uncover%20how%20the%20scheme%20has,cards%20on%20January%2012%2C%202024>
- ⁵ <https://www.drugtodayonline.com/medical-news/news-topic/17620-india-embraces-digital-health-revolution-with-ayushman-bharat-digital-mission>
- ⁶ <https://www.undp.org/india/projects/winning-over-covid-cowin>
- ⁷ <https://www.mohfw.gov.in/>
- ⁸ https://www.cdac.in/index.aspx?id=pk_itn_spot1301
- ⁹ <https://static.pib.gov.in/WriteReadData/specificdocs/documents/2023/apr/doc2023411179501.pdf>
- ¹⁰ <https://pib.gov.in/PressReleaseIframePage.aspx?PRID=1861710>
- ¹¹ <https://www.livemint.com/news/india/india-has-the-potential-to-end-aids-epidemic-says-un-aids-director-emphasizes-need-for-sustained-efforts-and-progress-11689254957761.html>



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