RESEARCH PAPER | Political Science | Volume : 4 | Issue : 9 | September 2014 | ISSN - 2249-555X

Health Care Policy and Administration: A Case Study of Rajiv Arogyasri Health Insurance Scheme in Andhra Pradesh

KEYWORDS: BPL(Below poverty line), UHC (Universal Health Coverage), NHP (National health policy) and NHIS (National health insurance scheme)

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ABSTRACT *Rajiv Arogyasri Scheme is unique and unparalleled in the country having been introduced for the first time in A.P. The scheme was introduced on 1st April 2007 in three backward districts of Mahaboob Nagar, Anantapur and Srikakulam on pilot basis. Subsequently the scheme was extended to the entire Andhra Pradesh in a phased manner to cover 1.92 crore BPL families (more than 20 million) in 23 districts from 17th July 2008.*
The scheme which was initiated with coverage for 163 identified treatments in 6 specialties was gradually extended to 942 procedures in 31 specialties. In order to maximize the benefit of the therapy the scheme provides packages for one year cashless follow up services which includes consultation, tests and treatment to the beneficiary in the 125 identified follow up therapies. To main objectives of provide universal coverage of urban and rural poor of Andhra Pradesh. The secondary data collected from various hospitals (Public and Private) and arogyasri trust.

INTRODUCTION

This paper deals with the Health Care initiatives undertaken by the Centre and the Andhra Pradesh Government. This paper also seeks to analyze the Rajiv Aarogyasri Health Programme in Andhra Pradesh.

Despite impressive growth rates during the latter half of the 1990's and the first half of the new millennium on health remains dismal. Sound Health is important not only as an end in itself, but also for allowing an individual to enjoy a high quality life and contribute productively to a country's economic and social progress.

As John Dreze and Amartya Sen report, mentioned that as a share of Gross Domestic Product (GDP) and as a share of total health expenditure Public Health Spending in India is not only well below the world average but more disturbingly, nearly half, that is sub-saharan Africa and in the Middle East and North Africa. The topic of Health has never received the attention in public discourse in India that is consistent with its importance.

The actual break through shall come only with the emergence of a nationwide awareness of the meaning of Health - "A state of complete physical, mental and social well being and not merely an absence of disease or infirmity".

A nation that cannot provide basic healthcare or education or housing to large swathes of its people and where millions go without a full meal a day, cannot claim to be 'developed'. Our Socio-economic indicators are dismal trailing, on several countries, even our neighbours Bangladesh and Nepal.

Today, health policy issues are central to the political, economic and social issues which constitute the main stay of the dialogue between states and the centre. Halting the population growth as well as combating the communicable and non-communicable diseases which now assume emergency proportions have been identified as a major priority area of national health studies. A health policy according to WHO "is an expression of goals for improving the health situation, the priorities among those goals, and the main directions for attaining them".

India's public health spending barely accounts for 1% of GDP, among the lowest in the world. There are just few countries like Chad, Eritrea, and Yemen which spend a smaller proportion. As a result over 70% of all health expenditure is paid for by people from their own pockets. India's Infant Mortality rate (IMR) and the immunization rate for children do not remain absysmal. India's infant Mortality rate (IMR) is a shameful 42 deaths per 1,000 live births. Even Bangladesh and Nepal have cut Infant Mortality Rate to 33 without the kind of economic growth that India has had in the last decade more than 72% of the money people spent on Health Care is on buying medicines and it is estimated that 50-80% of any treatment costs on medicines.

NATIONAL HEALTH INSURANCE PROGRAMME

The Central Government launched the above programmer in October 2007 to provide Social health protection against the high expenditure burden of healthcare and the consequent debt trap if any, it addresses the health needs of the BPL workers in the unorganised sector and their families.

The scheme is implemented through a SMART CARD, which entitles the insured to cashless hospitalized care in all empanelled hospitals (Public and Private) across the country, with a total sum insured of Rs. 30,000 per annum per BPL family for only five members: the head of the family, one spouse and three dependents. The premium is shared between the Central Government and state Government in the ratio 3:1. The only cost that a BPL family has to incur is the registration/renewal fees of Rs.30 per annum. The scheme gives beneficiaries the autonomy to choose between private and public Hospitals. By the year 2012, the National Health Insurance scheme aims to cover 60 million BPL families in about 631 districts across 35 states and Union Territories in India which would necessitate an expenditure of US $880 million per year. The Union Government would increase the allocation from Rs.90 million to Rs.900 million (Union Budget 2011-12). A state which has registered commendable progress on certain

Volume : 4 | Issue : 9 | September 2014 | ISSN - 2249-555X

fronts of the scheme is Kerala.

ON UNIVERSAL HEALTH COVERAGE

The twelfth plan strategy envisages Universal Health Coverage as the long term goal that will unfold over two or three plan periods. The doctrine of UHC guarantees cashless access to a defined package of quality health services to all citizens. Such a system that has been in existence for a long in developed countries such as Germany, the United Kingdom, Canada, Japan, Australia, New Zeland and in Scandinavian countries has now been embraced by middle income countries such as Thailand, Mexico and Brazil.

Given that India has a mixed health system, both public and private sectors have to work in tandem to provide adequate appropriate, equitable and affordable Health Care at all levels. The High level Expert Group on universal Health coverage constituted by the planning commission, envisioned a National Health system where in a strong public sector leads the design and delivery of universal public Health coverage drawing support from the private sector in a well regulated framework. It is estimated that universal Health coverage would require public spending on Health care to the tune of 3.0 percent of G.D.P (Gross Domestic Product) or more.

RAJIV AROGYASRI HEALTH SCHEME IN A.P

Arogyasri Scheme was launched by the Government of A.P. as a flagship scheme of all health initiatives as per GO 227 Dated 9th June, 2006 with a mission to provide Quality Health Care to all the poor people.

The experiment in restructuring the healthcare sector through Arogyasri Community health insurance scheme in Andhra Pradesh has received wide attention across the country promoting several states governments to replicate this "innovative" model, especially because it supposedly generates rich electoral dividends. Arogyasri scheme being implemented in A.P. from 1st April 2007.

VISION

1. Rajiv Arogyasri is the flagship scheme of all health initiatives of the State Government of A.P. with a mission to provide quality healthcare to the poor.
2. The aim of the Government is to achieve "Health for All" in Healthy Andhra Pradesh.
3. In order to facilitate the effective implementation of the scheme, the State Government has set up the Arogyasri Health Care Trust.
4. The Trust in consultation with the specialists in the field of insurance and medical professionals runs the scheme.

OBJECTIVES

1. To improve access to poor families of AP for quality tertiary medical care and treatment of identified diseases involving hospitalization through an identified network of Health Care providers.
2. To cover catastrophic illness, this will have the potential to wipe out a life time savings of poor families.
3. To provide universal coverage of urban and rural poor of Andhra Pradesh.
4. To strengthen the A.P. Govt. Hospitals through demand side financing.
5. To start Arogyasri II scheme run directly under the trust for additional therapies.

The Arogyasri II scheme covers Network hospitals, Arogyamithras, Health Cards etc., will remain the same. Only difference would be that the pre-authorization and claim processing for the new diseases would be done by the Trust directly and funded from the Chief Minister's relief fund. Under this scheme a list of 425 surgical and 132 medical diseases and also evolved package rates for its cashless treatment with the launch of Arogyasri II Cashless treatment of BPL families for all major diseases will become possible in Government/Corporate hospitals in A.P.

The Arogyasri scheme having been introduced for the first time, there was no data available to arrive at the disease load and morbidity rates in Andhra Pradesh. However based on data from the tertiary care Government Hospitals and incidence rates of certain diseases, it was assumed that around 10% of population suffers from ill health, requiring hospitalization during any year. Out of this 60% would require medical treatment and 40% surgical treatment. Out of the total patients who require surgical treatment 10% might need surgical interventions listed under the scheme.

All below poverty line (BPL) families of 2.03 crores are benefited through universal coverage of the Arogyasri scheme with cashless treatment upto Rs. 2 lakhs in a year. The 3394 Arogyamithras, Health workers are identified as the beneficiaries for medical treatment. 8058 Health camps are conducted so far. The government of Andhra Pradesh extended this benefit only to the Health Card/White Card holders. The schemes Arogyasri-I implemented through insurance companies and the Arogyasri-II directly by the trust. As many as 7.16 lakh poor people underwent surgeries in 2011 testifies the success of this scheme.

BOOST TO GOVERNMENT HOSPITALS

As part of Rajiv Arogyasri, the Andhra Government has improved the basic infrastructure in 202 hospitals. It is extending Health care to people through 1571 primary Health Centre, 12522 public Health Sub-centers, 72 Government Hospitals, 38 Teaching Hospitals, 50 Community Hospitals and 117 Dispensaries in Andhra Pradesh.

FACILITIES AT DOOR STEPS

Arogyasri model is a holistic approach to Healthcare, ensuring that people are given free health checkups by the network Hospitals and 24 hour Helpline, manned by 100 Doctors and 1600 paramedics that handle about 53000 calls a day. 108 and 104 Ambulance services will always available to the patients at their door steps with a simple phone call by the people.

SHORT COMINGS

Since the coverage of diseases under Arogyasri was limited, a large number of patients continued to seek assistance from Chief Minister's Relief Fund for treatment of other ailments. The Arogyasri Health, Scheme testifies to the State Governments skewed priorities. It helps only 500 out of the 20,000 odd patients who admitted to the Network Hospitals, both in the private and public sectors in the state every day. The rest of the patients have to incur out of pocket expenditure. The opposition political parties alleged that Arogyasri with its focus on super specialty care, has only helped corporate Hospitals paying step motherly treatment to the Government Hospitals. In order to rectify the shortcomings in this scheme, the efforts would be made to set up 40 percent of the Arogyasri operations back to the Government Hospitals. It would help Government Hospitals to get more sophisticated equipment and Doctors better equipped and enable them to earn incentives under this scheme. Recently the Andhra

Volume : 4 | Issue : 9 | September 2014 | ISSN - 2249-555X

Pradesh Government has stopped payments to the Corporate Hospitals and launched punitive action against 66 Hospitals in the state for committing irregularities while offering treatment to the patients under Arogyasri Health Insurance Scheme.

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