PRESENTATION
ON
UNIVERSAL HEALTH COVERAGE

GOVERNMENT OF MEGHALAYA

1. Introduction General Background

Demographic Profile

Indicator	Meghalaya	India
State Population – Total (in lakhs)	29.64	12101 . 02
State Population – Rural (%)	27.04	68.84
Population density (persons/ sq. km)	132	382
Decennial Growth Rate (%) 2001-11	27.82	17.64
Sex ratio (females/ 1000 males)	986	940
Sex ratio 0-6 years	18.05	13.12

Reproductive & Child Health Goals & Achievement

Indicators	Goals		Meghalaya	India
	13-14	16-17	Achievement (year & source)	Current Status
MMR (per lakh live birth)	250	<100	288 (HMIS 12-13)	212 (SRS 2011)
IMR (per thousand live birth)	25	<20	49 (SRS 2012) 27 (HMIS 12-13)	42 (SRS 2012)
TFR (per family)	2.7	2.2	3.1 (SRS 2011)	2.4 (SRS 2011)

2. Effective Public Health Administration

- Strengthened Public Health Administration at Secretariat level
- Created three Health Directorates
- Gave autonomy to Hospitals by setting up Hospital Management Committees.
- Set up various Societies for functional and financial Autonomy
- The mandatory practice of Clinical Treatment Guidelines and the prescription of generic medicines as listed in the National List of Essential Medicines in all the government health institutions is adhered to.

3. Health Financing

- The expenditure on Health Sector has always increased from year to year particularly during last 3 years.
- Regular and timely release of State Share's inspite of resource crunch to take full benefit from Central schemes.
- There is need to give some flexibility under CSS.
- Priority given to Health sectors under NEC, SPA etc.
- Strengthening of Rural Health Care in general and Primary Health Care in particular is accorded priority taking full advantage under NRHM and Central scheme.

4. Health Regulation

- The GoM has enacted the Meghalaya Nursing Homes (Licensing and Registration) Act 1993. The Meghalaya Nursing Homes (Licensing & Registration) Rules 2013 have been framed and sent to the Cabinet for approval.
- State Government has already notified 8 Drugs Inspector, 2 Senior Drugs Inspector and Assistant Drugs Controller cum Licensing Authority.
- Pre-Conception & Pre-Natal Diagnostic Techniques Act – is functional and various committees has been constituted to oversee and monitor the implementation of the Act. There are Five (5) Committees namely:-
    1) State Appropriate Authority(SAA)
    2) State Advisory Board (SAB)
    3) State Advisory Committee (SAC)
    4) District Appropriate Authority (DAA)
    5) District Advisory Committee (DAC)

5. Develop Human resource for Health

- District Hospital & CHC
- **Training is being conducted at 3 District Hospitals for Medical and Para-Medical staff to improve quality of care eg. (EmOC, BEmOC, SBA, NSSK, IMNCI, F-IMNCI etc.)**
- Organize Bridge Courses for AYUSH Graduate and legally empower them to practice as Public Health Care Physician.
- To conduct Bridge Courses like: (a) emergency medicine (b) trauma cases (c) UVS Disorder (d) Hypertensive Stroke (e) Diabetes (f) OB & G, etc.
- To empower the AYUSH Doctor to deliver effectively and be prompt in early Diagnosis Management or refer cases at the earliest to save life.
- The State has taken an initiative for career progression of ASHA into ANM by reserving seats in ANM schools. The ASHA has to fulfill the below criteria:-
  - Qualification should be Class XII and above.
  - Age should be below 30 years.
  - Good Performance as an ASHA.
  - An ASHA can be inducted into regular services

6. Health Information Systems

- Capturing of data for the registration of Births and Deaths in Meghalaya is being done manually by all the Registration Units except for Shillong Municipal Board which are using an offline mode software designed by National Informatics Centre (NIC), Shillong.
- Few health institutions have incorporated the e-hospital offline software designed by National Informatics Centre (NIC), Shillong, but the reporting towards the Directorate is being done manually.
- Initiative being taken to develop comprehensive Health Information System by conduction studies through External Agency.

7. Convergence and Stewardship

- AYUSH are recruited in PHC/CHC/DH to practice and improvise their own system of medicines.
- The Senior AYUSH Doctor at the State, District & Sub-Divisional level is appointed as AYUSH Nodal Officer/AYUSH DM&HO for convergence of AYUSH Programme.
- MACS has integrated with National Rural Health Mission (NRHM) on Reproductive & Child Health (RCH), training programme.
- Sensitization cum training programme for officials of NRHM (State level), District Programme Managers (DPM) and Block Programme Managers
- All Vertical programme are under National Health Mission (NHM).
- Meghalaya has no Panchayats, but we have local authorities known as local Durbars, empowered through Rogi Kalyan Samiti (RKS) & Village Health Sanitation & Nutrition Committee (VHSNC) to play a major role in bringing convergence in the social sector.
- Grievance Redressal Mechanism – in pipeline – 104 Helpline being planned

8. Health Services

- We are providing all services as per MoHFW, GoI guidelines.
- Efforts are being made to achieve Indian Public Health Standard (IPHS) at all health facilities.
- All the Public Health Care facilities are provided with financial and administrative autonomy (Annual Maintenance Grant (AMG), Untied funds, Rogi Kalyan Samiti (RKS) , etc.)
- Grievance Redressal Mechanism – 104 Helpline mooted. Hospital Committees etc.
- Quality Health Services is still a Challenge due to shortage of Doctors and health worker specially to interior and remote villages.

9. Ensure access to Medicines, Vaccines and Diagnostics

(a) The Government of Meghalaya makes all efforts to ensure availability of Drugs in all health care establishments.

(b) The World Bank is providing assistance in strengthening Health Systems in the State including improving the Drug Supply chain

(c) There is a synergy between the NHM and the Directorate to ensure optimum availability of essential drugs in all Public Health facilities

10. Status of Universal Health Care Pilot .

- Government of India has identified three Districts viz. East Garo Hills District, Ri-Bhoi District and Jaintia Hills District and asked State Government to select and communicate name of one District.
- However, we have requested to cover 2 (two) Districts under UHC on Pilot basis namely Ri Bhoi District and East Garo Hills District. Approval is awaited.
- Orientation of Health Supervisors on Universal Health Care Initiative was conducted by the District Officials during the Supervisor's monthly review meeting.
- Instruction was given to all Health Supervisors to conduct the Household surveys and to submit the Data.
- Guidelines on UHCs has been shared across the District.
- State Government will seek assistance from Ministry of Health & Family Welfare
- All Necessary proposals and Plans will be finalized and prepared in the District PIP 2014-17 with special emphasis on Universal Health Care Initiative.

STATE INNOVATIONS

Megha Health Insurance Scheme (MHIS)

Definitions

- APL: Above Poverty Line
- Asha Worker: Accredited Social Health Activist
- BPL: Below Poverty Line
- CBC: Complete Blood Count
- CGHS: Central Government Health Scheme
- CHC: Community Health Centres
- ENT: Ear, Nose, Throat
- ESIS: Employees' State Insurance Scheme
- GoM: Government of Meghalaya
- IMR: Infant Mortality Rate
- JSSK: Janani-Shishu Suraksha Karyakram
- JSY: Janani Suraksha Yojana
- MBBS: Meghalaya Maternity Benefit Scheme
- MCH: Maternal and Child Health
- MHIS- Megha Health Insurance Scheme
- MMR: Maternal Mortality Rate
- MoLE: The Ministry of Labour and Employment
- NRHM: National Rural Health Mission
- OPD: Out patient department
- PHC: Primary Health Centres
- RSBY: Rashtriya Swasthya Bima Yojana
- SNA: State Nodal Agency

Background

- RSBY launched in December 2009 with NRHM as the nodal agency

- MHIS 1 launched in December 2012 universalizing the public health insurance scheme in Meghalaya
  - Higher cover –sum insured of INR 1.6 lakh on a floater basis for secondary and tertiary care including and cancer specific cover provide
  - All residents of Meghalaya except for government employees covered in the scheme
  - Robust mechanisms for effective implementation including incentives for enrolment to FKOs, utilization incentives for beneficiaries and doctors, and monitoring framework introduced
  - Dedicated SNA created for implementation

- MHIS 2 under consideration based on
  - Overall objects of GoM to provide rationale and sufficient health cover to all the residents of the state
  - the in-depth analysis and diagnostics of MHIS 1

STATUS OF MHIS 1

PARAMETER	STATUS
ENROLLMENT	1,99,000 Households with a family size of 3.9 per Household @ a premium of Rs. 478 per Household
INSURANCE COVER	Rs. 1,60,000 per Household
PACKAGES	1,288 packages including Cardiac and Critical care packages
HOSPITALS EMPANELLED	• 108 PHCs (100%) • 28 CHCs (100%) • 11 District Hospitals (100%) • 10 private hospitals in Meghalaya (91%) • 13 Private Hospitals outside state for critical care
TOTAL CLAIMS (as on Jan 6, 2014)	Rs. 5,48,72,244
CLAIMS BREAKUP	Public Hospitals: 45 Private Hospitals: 9
PATIENTS TREATED	13,276 (vs. less than 1,000 in RSBY 2011-12)
STATE NODAL AGENCY	1 CEO 17 Professionals on Contract
DURATION OF CONTRACT	One Year
INCENTIVES	ANM/ ASHAs Incentives for enrollment 30% of total claims at Public Hospitals are being distributed to the medical and paramedical staff as incentive

MHIS 2

PARAMETER	STATUS
ENROLLMENT	All Households in the State Eligible, except for families of State and Central Govt. employees
INSURANCE COVER	Rs. 2,00,000 per Household
PACKAGES	1,600 packages including some high incidence primary care and most common secondary and tertiary care conditions
HOSPITALS TO BE EMPANELLED	• 100% of all Public Hospitals • Atleast 6 private hospitals in Meghalaya • Atleast 12 Private Hospitals outside state for critical care and tertiary care • Atleast 2 NABH Accredited hospitals to be included in the network
DURATION OF CONTRACT	Three Years
INCENTIVES	• MHIS 1 Incentives to Continue • Additional Incentives and Penalties to be applicable on the Insurance Company to ensure high enrollment and effective implementation
CURRENT STATUS	• Prebid Meeting held on jan 6, 2014, 14 Insurance companies participated and have expressed interest • Bid Due date on Jan 28, 2014 • Enrollment planned to start in second half of Feb 2014

STATE INNOVATIONS

Shillong Medical College under Public Private Partnership

Shillong Medical College under PPP

PARAMETER	STATUS
CAPACITY	• 100 MBBS seats per year with 40% seats allocated to GoM at subsidized fees • 500 bed modern teaching hospital
LAND IDENTIFIED	• Approx 29 acres of land of RP Chest Hospital, Shillong
TERM OF CONCESSION	• 35 yrs, extendable upto 99 yrs • 20 acres to be used for the medical college and teaching hospital • 9 acres can be used by private partner for any business permitted by law and approved by govt.
GOM OBLIGATIONS	• Providing Rs 95 crore as CAPEX grant. • Providing Rs 9 crore as operational subsidy for first 12 years of the project. • Providing around 29 acres of land on lease for 99 years
ESTIMATED PROJECT COST	Rs. 250 crores, excluding cost of land
ESTIMATED PATIENTS BENEFITED	2,40,000 per yr
STATUS	• Three compliant bids were received from KPC Medical College, Techno India group and Rajalakshmi Institute • KPC medical college emerged the winning bidder of the project • Land transfer to concessionaire pending

Objective

Government of Meghalaya's intended to set up medical college with capacity to train 100 MBBS (Bachelors of Medicine Bachelor of Surgery) doctors each year on Public Private Partnership (PPP) mode with the following objectives:

- Meet the existing medical doctors demand in the state
- Improve the quality of healthcare in the state
- Provide incentives for retention of doctors in Meghalaya
- Limit fiscal exposure for Government of Meghalaya
- Transfer key risks that are difficult to manage in government sector to PPP partner

An Associated Teaching Hospital

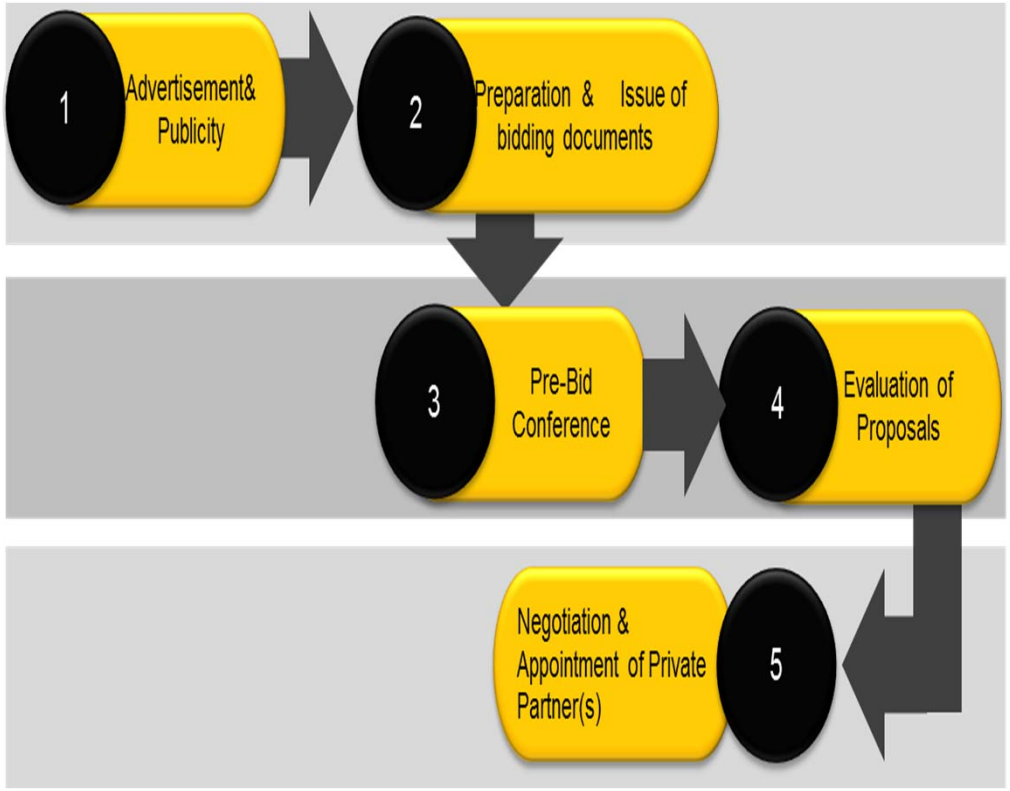
Regulations by Medical Council of India (MCI) stipulates that a 100 MBBS seat medical college needs to have a 500 bed teaching hospital associated with it. This hospital needs to maintain 70% occupancy of beds each year. The medical college bears the cost of treating around 240,000 outpatients and around 20,000 admissions each year.

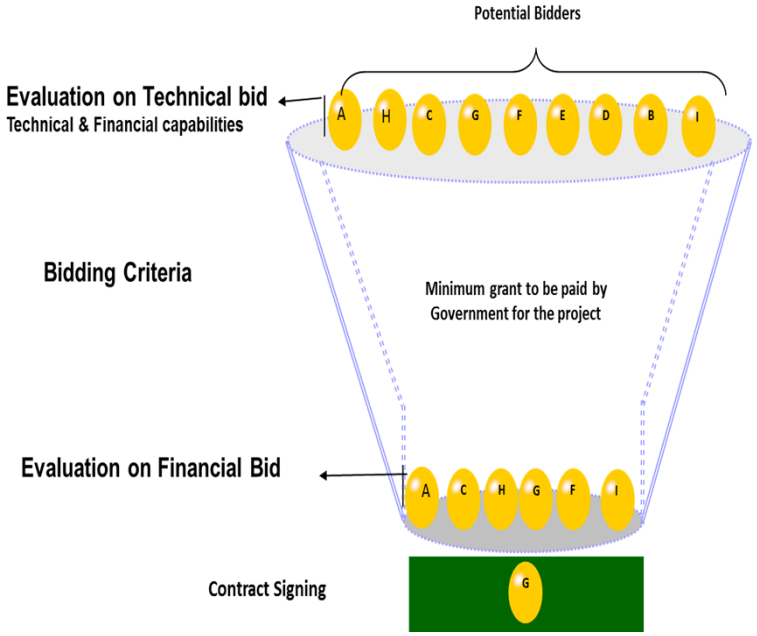
Capital Cost

The capital cost for developing the medical college and teaching hospital in Shillong is about Rs 250 crores

TENDER PROCESS

The sequence of events followed in this single stage bidding process:





Selection Criteria	**Minimum grant to be paid by Government for the project**
Selected Bidder	**KPC Medical College** (amongst three compliant bids)

Obligations and Impact

Government Obligations

- Providing **capex grant** of Rs. 95 Crores
- Providing Rs 9 crore as **operational subsidy** for first 12 years of the project
- Providing around **29 acres of land on lease** for 99 years
  - 20 acres for the medical college and teaching hospital
  - 9 acres to be used by private partner for any business permitted by law and approved by govt.*

Private Sector Obligations

- Design, Construct, operate, manage and maintain the college and hospital for a period of 35 years (extendable upto 99 years)
- Provide 40% of the MBBS seats and subsidized fees to students of Meghalaya
- The private sector partner free to introduce other teaching programs such as nursing college, physiotherapy, medical technicians etc

- First State controlled medical college in Meghalaya
- 100 doctors trained each year out of which 40 will be from Meghalaya and will pay lower fees than students from out of Meghalaya
- Over 2.4 lakhs patients will be treated every year at the teaching hospital

First batch of students expected to be admitted by 2016

*The capex of doing business on the extra piece of land is not included in the Rs 250 crore mentioned

TURA GOVERNMENT MEDICAL COLLEGE

- Initiated /proposed to set up Government Medical College at Tura on 100 Acres Campus.
- Land acquired for the College.
- Process of selecting a Consultant stated and M/s Telecommunication Consultant India Ltd based on Expression of Interest.
- Memorandum submitted to Hon'ble Prime Minister for Central Assistance on 27.8.2013.
- We seek Planning Commission support for approval during the 12th Plan Period.
- This will meet the shortage of Doctors, nurses etc. strenthen allied health services.

Thank You

Health Infrastructure

Districts	No. of Block	No. of DH	No. of SDH	No. of CHC	No. of PHC	No. of St. Dispy	No. of UHC	No. of SC	No. of Private SC	No. of Private Hospital	No. of Medical College	No. of Military Hospital	Total Facilities
East Garo Hills	5	1	0	2	16	1	-	73	-	-	0	0	**93**
East Khasi Hills	8	3	0	6	23	5	13	67	1	6	1	1	**125**
Jaintia Hills	5	1	0	5	18	1	2	76	-	1	0	0	**104**
Ri Bhoi	3	1	0	3	8	2	-	27	-	-	0	0	**41**
South Garo Hills	4	1	0	1	6	1	-	21	-	-	0	0	**30**
West Garo Hills	8	2	1	6	18	3	3	92	-	2	0	0	**127**
West Khasi Hills	6	2	0	4	19	-	1	66	-	1	0	0	**93**
Meghalaya	**39**	**11**	**1**	**27**	**108**	**13**	**19**	**422**	**1**	**10**	**1**	**1**	**614**