NITI AAYOG

A comparative study of Universal Health Coverage initiatives around the globe with a focus on primary healthcare

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ABOUT NITI AAYOG

- National Institute for Transforming India was established in 2015 as the apex public policy think tank for the Goverment of India. It focuses on providing strategic policy vision for the government, and deals with contingent issues.It is supported by an attached office, Development Monitoring and Evaluation Organisation (DMEO), a flagship initiative, Atal Innovation Mission (AIM) and an autonomous body, National Institute of Labour Economics Research and Development (NILERD).

OBJECTIVES

- To design long-term policy frameworks, encourage partnerships, and create a knowledge, innovation, and entrepreneurial support system.
- To monitor program implementation, focus on technology upgradation, and undertake other activities to further the national development agenda.

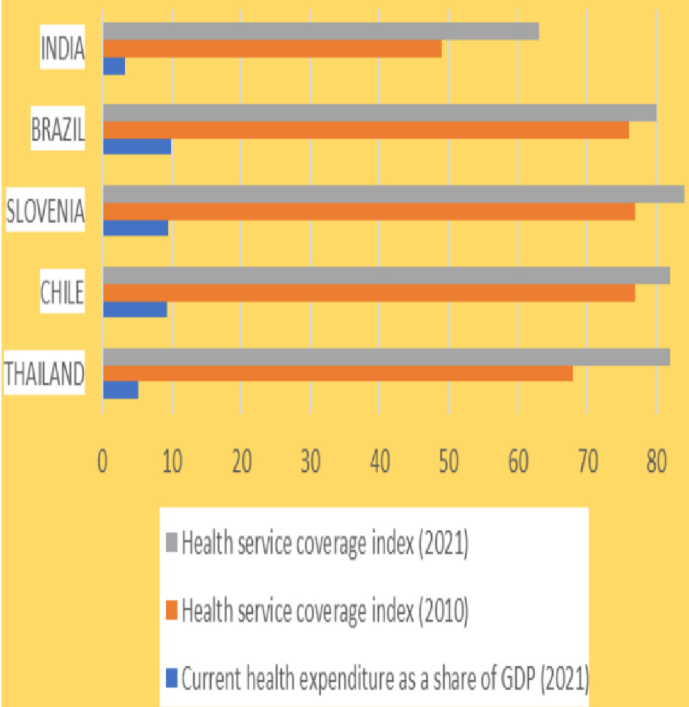
PROJECT DESCRIPTION

- To develop a comparison between India's flagship initiative- Ayushman Arogya Mandir under PMJAY and other similar initiatives launched by Chile, Brazil, Thailand and Slovenia as a step towards UHC.

USEFULNESS OF INTERNSHIP

- Understanding of SDG targets and country-wise change in UHC service coverage index score.
- Exposure to various frameworks like OECD, REESI- essential for quick quantitative studies.
- Comparative analysis

COUNTRY-WISE COMPARISON



SUGGESTION

- ·The students enrolled in medical colleges should be encouraged to come and work in rural and remote areas.
- Tie education subsidies for health workers to agreements for return of service in rural areas and remote areas.
- Appropriate community engagement approach should be used according to the health promotion capability, experiences in people's participation at the community level and infrastructure for community engagement.

CHALLENGES

- Some of the data was confidential and hard to access.

KEY FINDINGS/LEARNINGS

- Thailand's Universal Coverage scheme, CPIRD rural doctor retention program, CHV program- global model for community based public health (WHO).
- Focus on multidisciplinary team approach for primary care by Brazil, focus on family medicine.
- Chile's "demand medical manager" role for HR retention, Comprehensive Family and Community Health Care Model.
- Slovenia- Regular screening for NCDs and risk factors and its health promotion and health education services to actively support positive lifestyle changes.
- SDG 3.8.1 and 3.8.2 progress of these countries.

STRENGTHS

- CLIENT SATISFACTION IS HIGHER AMONG THOSE WHO RECEIVE SERVICES FROM AYUSHMAN AROGYA MANDIR AS COMPARED TO THOSE WHO RECEIVE FROM NON-AYUSHMAN AROGYA MANDIR.
- EFFECTIVE COMMUNICATION BETWEEN SHC AND PHC

WEAKNESS

- INFRASTRUCTURE
- HR SHORTAGE
- FUNDS

OPPORTUNITIES

- TRAINING AND DEVELOPMENT PROGRAMS
- FINANCIAL AND NON-FINANCIAL INCENTIVES
- COMMUNITY ENGAGEMENT

THREATS

- OVER-POPULATION
- GLOBAL PANDEMIC
- DATA MANAGEMENT