

# Andhra Pradesh Public Health Care Policies – Current Scenario

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**Abstract:** There is a great need to build health systems that respond to the needs of society, especially the poor. In view of the growing divergence both between and within the states, disaggregated studies are necessary for identification of the critical areas calling for policy intervention. In this connection, the article is an attempt to analyse the performance of Public Health Care Policies of Andhra Pradesh. This paper is based on secondary data. In India, around 700 million people live in rural areas and accessing of health care services is still a problem in rural India especially underprivileged corners. The Government of India introduced many policies to make health care services available to rural masses. The 108 Emergency Response Service is a free emergency service. Around 99.7% calls are attended in the 1st phone call itself and nearly 5000 emergencies are served per day.

**Keywords:** Public Health, Medical and Family Welfare, Aarogyasri, UHC (Urban Health Centre), PHC (Primary Health Centre), APVVP (Andhra Pradesh Vidya Vidhana Parishad), 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). 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. The access to good health care is not universal. Barriers to accessing the health care services include lack of physical accessibility (geographical barriers), deficit of required health care resources, low quality or functionality of health care resources, inability to afford health services due to lack of insurance coverage. Recognizing and eliminating the barriers will improve the quality of the health care system by meeting health needs in time, lessen the hospitalization and improve the prevention services.

## 2. Structure of Andhra Pradesh Health System:

The Department of Health, Medical and Family Welfare in Andhra Pradesh consists of four most important governing bodies. They are: 1. The Directorate of Health (DOH), 2. Directorate of Health and Family Welfare 3. Andhra Pradesh Vaidya Vidhana Parishad (APVVP), 4. Directorate of Medical Education.

The Directorate of Health (DOH) takes care of primary health care and implements the vertical programs. The Commissioner of Family Welfare is responsible for family planning, pre- and post-natal care and immunisations. The APVVP manages the secondary care hospitals in districts and hospitals at sub-district level (area hospitals and community health centers). The APVVP is an additional structure in the state level health administration and is specific in Andhra Pradesh. Conceived and implemented in the mid-1980s to give more attention to secondary level health care, the setting up of the APVVP has helped to streamline and improve infrastructure and services in secondary hospitals. The Directorate of Medical Education is the administrative authority for the smooth functioning of all medical colleges and attached teaching hospitals, nursing schools and nursing colleges. Of these four bodies, the Director of Health is the core one, and the Commissionerate of Family Welfare implements its programmes through the staff of the DOH in the districts.

The important health officials in the districts are the District Medical and Health Officer (DM&HO), who is responsible for the vertical programs (including family welfare) and the Primary Health Care Centers (PHCs). The program officers (all working under the DM&HO, and usually in charge of one vertical program); and the District Coordinator Health Services (DCHS, the main APVVP person in the district, coordinating all APVVP services). At the PHC level, it is the medical officer who is in charge. Collaborations between the private sector and the government in the delivery of health services are recent phenomenon in Andhra Pradesh.

### 3. Poor Implementation of MDGs:

Andhra Pradesh progress towards the health related Millennium Development Goals (MDGs) has been stagnant since 1992. Some 16 million of its 80 million population remain in poverty, and additional effort is required to address the “off-track” MDGs. Effective delivery of quality basic health services is hampered by both demand and supply issues, the latter included poor infrastructure and absenteeism in remote areas, poor financial management, and insufficient human resource capacity. The Government of Andhra Pradesh has embarked upon significant reforms of the health sector, and they have developed a health reform strategy that sets out its vision for the sector, and its commitment to ensure better services for the poor. An emphasis of the Health Strategy is to reduce infant and maternal mortality, communicable disease burden, under-nutrition and regional and social inequalities in health outcomes. Thomas Bossert on behalf of the International Health Systems Program within the Department of Population and International Health will help the program to improve the health status of the people, especially the poorest, of Andhra Pradesh and increase the quality of their health services (Thomas Bossert, 2010).<sup>1</sup>

Over the years Andhra Pradesh, the tenth most populous state in the country (Census 2011), with a population of 8.46 crores (84,580,777), has shown tremendous improvement in health parameters. According to the NITI Aayog’s 2019 Health Index report ‘Healthy States, Progressive India’, Andhra Pradesh took a big leap from the eight position (2015-16) to second (2017-18) and emerged as the second healthiest state in India after Kerala. The overall performance index score increased from 60.16 (2015-16) to 65.13 (2017-18).

**Infant Mortality Rate (IMR):** The number of deaths of children under one year of age per 1,000 live births is called Infant mortality rate (IMR). According to the National Family Health Survey (NFHS 4) conducted in 2015-16, IMR of Andhra Pradesh stands at 35 better than the national status of 41 per 1000 live births.

**Under-Five Mortality Rate (U5MR):** The under-five mortality rate (U5MR) which is the number of child deaths under five years of age is also lesser in the state than the country’s overall status. NFHS 4 noted U5MR at 41 (per 1000 live births) in Andhra Pradesh and 50 at an all India level. In the state, U5MR is high in rural regions where 66.64 per cent of the population resides. While U5MR in rural Andhra Pradesh was recorded at 45, in urban it was at 29.

**Malnutrition:** The Global Burden of Disease Study 1990–2017 states that in 2010, the presence of child stunting in the state was 42.9 per cent and seven years down the line that is in 2017, it was observed at 35.1 that is a decline of 7.8 per cent. The fall is almost equivalent to an all India drop of 8 per cent. On the other hand, child wasting too witnessed a downward trend as it came down from 19.3 per cent (2010) to 17.6 per cent (2017). In seven years, while the state saw a decline of 1.7 per cent, child wasting dropped by 1.4 per cent in India.

**Anaemia Among Children And Women:** As per Global Burden of Disease Study 1990–2017. Child anaemia declined by 8 per cent (from 67.5 per cent in 2010 to 59.5 per cent in 2017), which is similar to the overall country’s performance of 8.1 percent reduction in child anaemia cases. While anaemia in women fell by only 0.7 per cent (from 59.3 per cent in 2010 to 58.6 per cent in 2017) in Andhra, the decline was more at 2.7 per cent at an all India level.

**Diarrhoea:** Unlike other health indicators, Andhra Pradesh didn’t show much improvement in cases and deaths due to acute diarrhoeal diseases, states National Health Profile 2019. In 2017, almost 12 lakh (11,89,407) cases and 52 deaths were recorded. In 2018, while the number of cases rose to 11.9 lakh cases (11,93,473), the number of deaths due to diarrhoea increased to 72 (Aastha Ahuja, 2019).

**Declining Infant Mortality Rate:** As per SRS, 2017 the early Neonatal Mortality Rate for Andhra Pradesh has been estimated at 17 and ranges from 21 in Rural areas and 8 in Urban areas. In this indicator, Rural proportion is relatively higher than the Urban proportion. Infant mortality is defined as the infant deaths (less than one year) per thousand live births. The Causes of death Report (2006) of India, sites a number of causes for Infant Mortality. As per SRS, the infant mortality is showing a declining trend over the years, It has been observed that, Infant Mortality Rate has declined from 37 for the year 2015 to 32 for the year 2017. Though

the Urban and Rural gap in infant mortality has declined over the years, still it is very significant. IMR has declined in urban areas from 26 in 2015 to 23 in 2017, whereas in rural areas IMR has declined from 41 to 36 during the same period for Andhra Pradesh (Child Statistics, 2018).<sup>2</sup>

**Tuberculosis:** According to the National Family Health Survey (NRHS-4) in Andhra Pradesh, 296 persons per 100,000 are estimated to have medically treated tuberculosis, based on reports from household respondents. The prevalence of medically treated tuberculosis is higher among men (384 per 100,000) than among women (209 per 100,000), and is higher in urban areas (347 per 100,000) than in rural areas (274 per 100,000).

**Diabetes, Asthma, Goitre, Heart disease, and Cancer:** According to self-reports, 2,392 women age 15-49 and 3,157 men age 15-49 per 100,000 have diabetes. Overall, 2,973 women and 1,574 men per 100,000 suffer from asthma. Goitre or any other thyroid disorder is somewhat more common than asthma among women (3,826 per 100,000 women) and is much more common among women than men. The prevalence of any heart disease is slightly higher among women (1,425 per 100,000) than men (1,353 per 100,000). Among the five diseases, cancer is the least common, with 95 women per 100,000 and 193 men per 100,000 reportedly suffering from cancer.

**Blood pressure (hypertension):** Thirteen percent of women age 15-49 in Andhra Pradesh have hypertension, including 8 percent with Stage 1 hypertension, and 2 percent with Stage 2 and 1 percent with Stage 3 hypertension. Sixty-four percent of women have normal blood pressure, including 1 percent of women with normal blood pressure who are taking medicine to lower their blood pressure. The prevalence of hypertension among men age 15-49 is somewhat higher than in women. Eighteen percent of men in Andhra Pradesh have hypertension, including 11 percent with Stage 1 hypertension, 4 percent with Stage 2 hypertension, and 2 percent with Stage 3 hypertension. Forty-one percent of men have normal blood pressure, including 0.2 percent of men with normal blood pressure who are taking medicine to lower their blood pressure. For both women and men, hypertension tends to increase with age. Health examinations In Andhra Pradesh, 34 percent of women have ever undergone an examination of the cervix, 5 percent have ever undergone a breast examination, and 13 percent have ever undergone an examination of the oral cavity.

#### 4. Source of Health Care:

The private health sector is the main source of health care for more than three-fifths of both urban and rural households. Household members are more likely to go to private hospitals (33%) than private doctors or clinics (17%). Health insurance Seventy-five percent of households in Andhra Pradesh have any kind of health insurance that covers at least one member of the household. Health insurance coverage is somewhat more common in rural areas (81%) than in urban areas (61%). In Andhra Pradesh, the State health insurance scheme predominates, accounting for 95 percent of households with any member covered by insurance.

Seventy percent of women age 15-49 and 76 percent of men age 15-49 in Andhra Pradesh are covered by any health scheme or health insurance. More women and men residing in rural areas than in urban areas are covered by any health scheme or health insurance. Health scheme or health insurance coverage is higher among women and men with less schooling or no schooling than among those with 12 or more years of schooling. HIV/AIDS Awareness of HIV or AIDS Almost all women (95%) in Andhra Pradesh have heard of HIV or AIDS. In urban areas, 98 percent know about HIV or AIDS, compared with 94 percent in rural areas. Young women age 15-24 years are more likely (97%) than older women age 40-49 (92%) to have heard of HIV or AIDS. Women with no regular media exposure (87%), women having no schooling (90%), and Christian women, and scheduled tribe women (92% each) are less likely than other women to have heard of HIV or AIDS (NRHS-4, 2018).<sup>3</sup>

#### 5. Reforms in AP Public Health System:

A healthcare system (HCS) is a system, framework or network of all the organizations/institutions, resources, personnel, commodities, information, technologies, research, logistic and governance strategies whose primary purpose is to establish, promote, strengthen, maintain and sustain delivery of preventive, primitive and curative health services (goodness) to the targeted population in a fair and equitable manner without discrimination (Rout, 2011).<sup>4</sup>

The government of Andhra Pradesh (GoAP 1999) Vision 2020 document identifies a seven-point set of priorities for health sector reform: i) providing universal access to primary healthcare; ii) encouraging private investment in tertiary healthcare; iii) focusing on specific programmes to promote family planning; iv) focusing on improving health levels in disadvantaged groups and backward regions; v) ensuring a strong prevention focus; vi) enhancing the performance of the public health system; and viii) formulating a state Information Education and Communication (IEC) programme to broadcast information on preventive healthcare. The Government of Andhra Pradesh is embarking on a major health sector reforms to improve health care delivery in the State. DFID has expressed its willingness to support these initiatives with a grant of 100 Million pounds over the next five years (2006-2011). The reform initiative will include measures to improve the effectiveness and accountability of public health services, measures to focus on community centric preventive healthcare system and enhance access to quality healthcare for major diseases to the poorer sections of the population. The major reforms underway are classified under these categories and the activities are noted below:

Reorganization and restructuring of existing government health care system  
Establishment of Andhra Pradesh Vaidya Vidhana Parishad (APVVP) (II) Changes in health system organisation, delivery and Management Public Private Partnership (PPP) (III) Changes in financing methods Sukhibhava Scheme (Improvement of Institutional Delivery Services Scheme) (IV) Reforms related to human resources (V) Involving community in health service delivery and Provision (VI) Reforms to quality of care. Management of Urban Health Centers by NGOs Under the World Bank assisted Andhra Pradesh Urban Slum Health Care Project (APUSHCP), 192 urban health centers (UHCs) have been established in 74 municipal towns in 21 districts covering 1848 slums. After withdrawal of support by the World Bank, the project has been funded by the state government since 2002. The outcomes of the project show marked improvement in ANC coverage, institutional deliveries, post natal care and immunization in the slum population (T.Yadigiri Rao et al., 2020).<sup>5</sup>

## 6. Plans for Privatization

The former Telugu Desam Government initiated health sector reforms. The government wants to privatize health services at all levels and is actively advocating public-private partnership (PPP). Government has been making efforts to privatize for instance Guntur medical college and hospital, one of the oldest hospitals in A.P. The state's health budget does not exceed 1% of GDP. Within allocated resources, 25% of it is diverted towards Arogya Raksha, a community health insurance scheme as part of NTR Vaidya Seva.. From the year 2008 onwards, Aarogyasri then and Arogya Raksha now has been a sacred cow for the corporate tertiary hospitals and private nursing homes in A.P. As public health sector is already starving for resources, there should be separate allocation for these health insurance schemes in the health budget. State government proposed to attach Chittoor Government hospital to Apollo Medical college for three years on a trial basis in order to develop the hospital. This is a clear indicator of privatizing the public hospitals in Andhra Pradesh. It is being projected by the government as its initiative to improve health services in public health sector. Corporate college managements have been creating as many hurdles for the government colleges in its development, more particularly PG seats. In the name of PPP, corporate have been trying to take over government hospitals, land and other resources, weaken medical colleges, and health services (diagnostic services, supply of equipment and medicines (N.Purendra Prasad, 2017).<sup>6</sup>

In 2007, Andhra Pradesh introduced the Rajiv Aarogyasri community health insurance scheme (RAS) in order to break the vicious cycle of ill health, poverty, indebtedness and bankruptcy among families who are below the poverty line (BPL). The purpose of the scheme was to improve access to treatment of certain medical and surgical conditions for BPL families through a network of health care providers. We conducted a rapid evaluation of RAS at the request of government of Andhra Pradesh. The purpose of the evaluation was to provide insights into the current performance of the scheme, to examine whether it is meeting the overall objectives and to suggest ways by which it may be further strengthened (Mala Rao et al, 2012).<sup>7</sup>

## 7. Renewed Focus on Public Health:

The Andhra Pradesh government has prepared mega plans to strengthen the public healthcare system through an infusion of a massive sum of Rs 17,000 crore over the next three years. All the hospitals, right from primary health centers (PHCs) to teaching hospitals are being renovated in a bid to cater to the needs of ordinary people. Around 10,000 village clinics are also in the pipeline. In fact, many believe that the decision to set up one government medical college in every parliamentary constituency and seven government nursing colleges in the state is going to prove to be a game changer of the healthcare sector of the state (Samdani MN, 2020).<sup>8</sup>

## 8. Andhra Pradesh Makes Rapid Strides in Health Infrastructure

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 staffs were recruited for Covid centres. 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 numbers 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 centers and about 1,519 facilities acted as sample collection centers ranging from teaching hospitals to primary health centers 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. The scheme was extended to Vizianagaram, Visakhapatnam, Guntur, Prakasam, YSR Kadapa and Kurnool districts from July 16 covering 2,200 ailments. Later, it was implemented in Srikakulam, East Godavari, Krishna, Nellore, Chittoor and Anantapur districts. Procedures were increased by 234, taking the total to 2,436 on November 10. During the year, the State recruited 508 Aarogya Mithras and 670 new help desks were set up in the network hospitals. About 1,404 ambulances of 108 and 104 were pressed into service (Deccan Chronicle, 2020).<sup>9</sup>

## 9. Niti Aayog is all praise for Andhra Pradesh Government COVID Management, Preventive Measures

Niti Aayog lauded the Andhra Pradesh government's efforts in fighting against the coronavirus pandemic. The Mitigation and Management of COVID-19 practices from the states and Union Territories of India, published by Niti Aayog and it also mentioned the new innovations carried out by districts to control the spread of coronavirus. Andhra Pradesh Chief Minister YS Jagan Mohan Reddy has instructed officials to ensure that the COVID-19 tests are available at all government hospitals right from Primary Health Centres (PHCs) to district hospitals.

- The Andhra Pradesh state government has been focusing on the coronavirus since February this year.
- The state medical health department, district officials and police are working hand in hand.
- Quarantine centres have been set up across the state. The suspects were tested and those who tested positive for coronavirus were shifted to hospitals.
- Primary and secondary contacts were identified and suspects were kept in quarantine centers.
- Special applications have been launched to keep a track of people purchasing medicines over the counter for cough, cold and fever from medical stores across the state.
- The Andhra Pradesh government has ramped up its health infrastructure to test and trace aggressively and provide timely treatment.

- Initially, the state government had purchased the TrueNat testing machines and later purchased rapid test kits from Korea.
- Not only the laboratories in the government Medical Colleges of 11 districts but also a few laboratories in private medical colleges have been especially utilised for testing.
- The authorities have made elaborate arrangements for the treatment of COVID-19 patients and beds will be allotted for coronavirus affected persons in 30 minutes.
- Village and ward volunteers have worked round the clock and an extensive survey has been conducted to identify the people with the coronavirus positive symptoms. Tests have been conducted and the government also conducted daily inspections for those under home quarantine.
- Medications were delivered at home to those in the home quarantine with mild symptoms.
- The state government has developed two apps specifically in the wake of the coronavirus outbreak. The travel history of the COVID-19 positive patients will be identified with the help of one app whereas another will monitor the movement of those who are in home quarantine.
- Strict measures were taken to prevent the spread of the virus by conducting tests on them if coronavirus positive patients have spent time with anyone for more than 15 minutes.
- The app has been developed in such a way that the officials will get an alert if the coronavirus positive patients move beyond 100 meters.
- Arrangements have been made for travellers from abroad to stay in the quarantine for a specified period.
- Mobile testing centers have also been set up and tests are being conducted in every nook and corner of the state (Sakshi Post, 2020).<sup>10</sup>

#### 10. Pay Wards in Government Hospitals

Recently, an expert committee led by Dr K Sujatha Rao suggested the state government to improve infrastructure facilities of the public health care system especially government hospitals. One of the main points in the list of suggestions was the creation of special/ paid rooms. As such, the officials concerned believe such a measure would be implemented soon. At present, most of the government hospitals including those run by AP Vaidhya Vidhana Parishad lack special rooms, due to which middle class and upper-middle-class people refrain from getting admitted in such hospitals and instead opt for private treatment despite the hefty cost. As of now, only Guntur, Kakinada and Visakhapatnam GGHs have special room facility, with over 25 rooms in each hospital. Vijayawada city, which falls in the State capital region was supposed to have pay ward facility by now. However, delay in constructing the Super Speciality block at Vijayawada GGH, delayed the opening of special room services. According to reports, the under-construction rooms are likely to have 100 per cent occupancy round the year and also help in increasing the hospital's revenue. In government hospitals, plans are being made to build special rooms of two types. The first one will provide one room for one patient and the second one will house two patients in a single room. People will have to pay for these rooms. However, hospital and other government employees will get concession on the tariff, while for the general public it will be given at a nominal price of Rs 500 per day. These rooms will provide privacy for people who don't want to opt for general wards. In Vijayawada, private hospitals and even clinics with less than 20 beds are providing separate rooms for patients. On an average, a room in a small clinic costs Rs 2,000 a day, while in corporate hospitals they go over Rs 5,000. "Due to lack of special rooms, it is rather difficult for middle class people to opt for treatment in government hospitals. Not everyone is comfortable to stay in a room with 20 strangers sharing the same ward without any partitions. No one is comfortable in crowded places, especially in hospitals. Pregnant women who get admitted for deliveries are choosing private clinics over government hospitals. Lack of private rooms is a major concern for them. If, they are created, public will come forward in order to avail treatment at government hospitals. This is the opinion of Officials of the Health Department (The New Indian Express, 2019).<sup>11</sup>

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