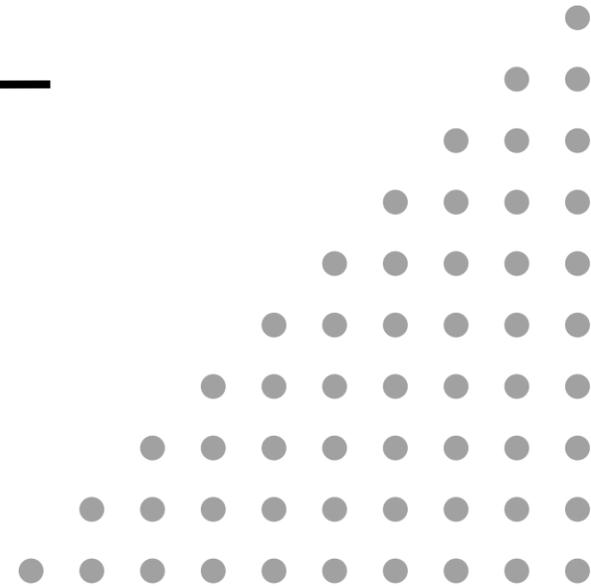




Health Care in Telangana

Health, Medical & Family Welfare Department

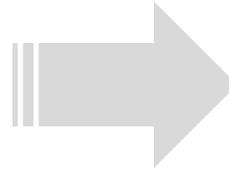


HEALTH DISPARITIES

Developing Countries

**Grappling with inadequacy,
universal healthcare**

Limited access, limited
resources/spending, higher
disease burden, malnutrition &
food security issues, higher
mortality rates (maternal & infant)



Developed Countries

**Moved beyond universal
health**

NCDs, ageing populations,
healthcare costs, mental health
concerns, specialized care

Sustainable Development Goals

- Aims to minimize disparities, Goal-setting through Policy
- 17 SDGs, of which 5 are focused on Health
 - i. Good Health & Well-being (SDG3)
 - ii. Zero hunger (SDG2)
 - iii. Clean water & sanitation (SDG6)
 - iv. Reduced inequalities (SDG10)
 - v. Climate action (SDG13)



INVESTMENT IN HEALTH: GLOBAL CONTEXT

1. Direct correlation to productivity of a nation
 2. Impacts human capital development (improved cognitive skills)
 3. Access to healthcare reduces inequality & burden on the poor
 4. Culminates in stronger societies
 5. Healthy nations attract investments
- Developed countries spend 9% to 17% of GDP on health
 - Developing countries spend 4% to 6% of GDP on health
 - National Health Policy 2017: 1.7% of GDP (Target 2.5%)

(1.4% to 1.7% in 7 years time)

INVESTMENT IN HEALTH

- Health concurrent subject, 2018-19 to 2023-24 (6 yrs)

Gol spending: Rs. 8.60 Lakh Cr* (less by 1.50 L Cr)

State spending: Rs. 19.61 L Cr (more by 3.60 L Cr)

*48% of this was allocation for water supply & sanitation

(Study of Budgets 2023-24 by RBI)

- Telangana: 4% of Total expenditure (2021-22, CAG Report)

Other States: 2% to 8% of total expenditure

- 2025-26 Allocation: Rs. 12,393 Cr

- 2024-25 Allocation: Rs. 11,468 Cr

STATES : SOCIAL INDICATORS 2025

- Social Indicators- Education (GER, literacy), Health (IMR, Life expectancy, Poverty, Labour (unemployment) ratio of doctors in position
- States ranking for social infrastructure 2024 (CareEdge ratings, 2025)

Group A States

Kerala	90.5
Tamil Nadu	79.3
Maharashtra	74.4
Punjab	72.2

West Bengal	67.8
Karnataka	63.1
Haryana	62.8
Telangana	61.6
A.P.	56.8

Performance in Key Health Indicators

 Already achieved
 Nearing completion

Indicators / Parameters	India score	TG score	SDG 2030 Target
Maternal Mortality Ratio (MMR) Per 1,000 population	97	43	≤ 70
Early Neonatal Mortality Rate (ENMR) Per 1,000 population	15	10	≤ 12
Infant Mortality Rate (IMR) Per 1,000 population	35	18	≤ 25
Under 5 Mortality Rate (U5MR) Per 1,000 population	29	22	≤ 25
Neonatal Mortality Rate (NMR) Per 1,000 population	19	14	≤ 12
Total Fertility Rate	2	1.5	≤ 2.0 by 2025
C-Section rate	48	60 %	< 40%
Institution Deliveries	87	99%	100%
Full Immunization	76%	100%	100%

PUBLIC HEALTH IN TELANGANA

- 3 tier system (Primary, Secondary & Tertiary) & Specialty Hospitals
- Criteria is mainly POPULATION (relaxation for Tribal areas)

PRIMARY

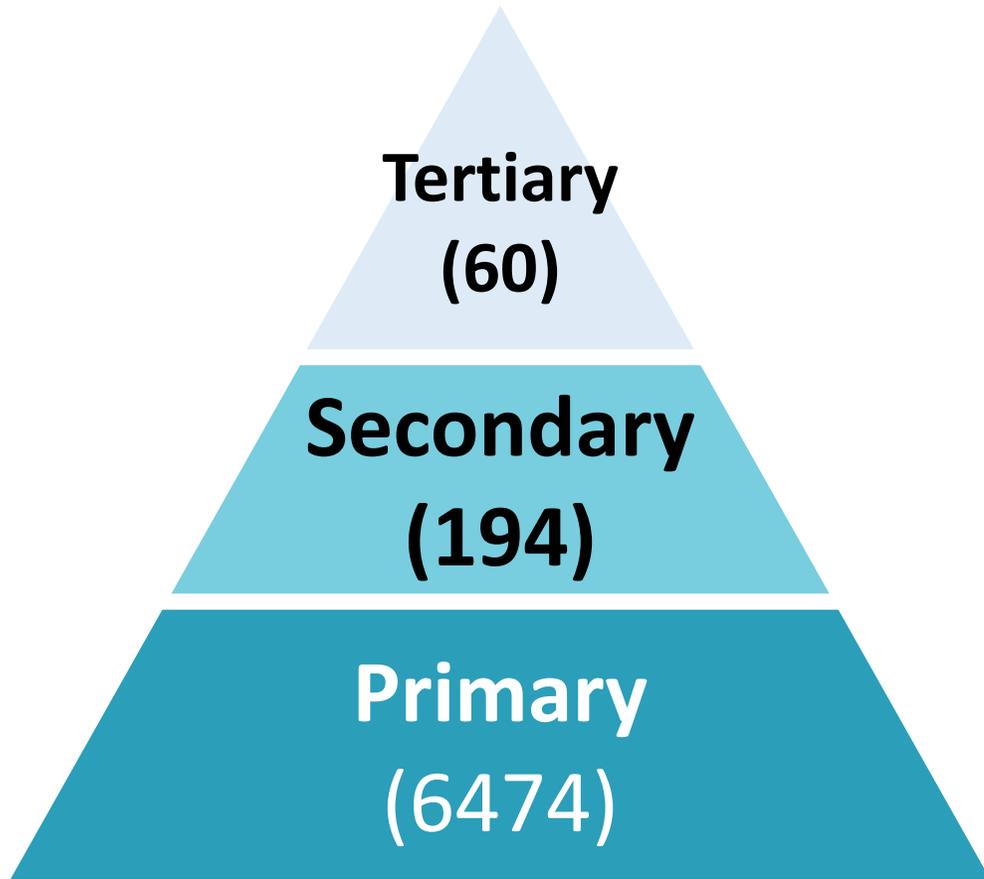
Sub Centre	5000 population (3000 in ITDAs)
Basti dawakhana	15,000- 20,000 population
Primary Health Centre	30,000 population(20,000 in ITDAs)
Urban PHC	50,000 population

SECONDARY

30 bed	30,000- 60,000 population
50 bed	60,000- 1 lakh population
100 bed	> 1 lakh – 2 lakh population
>100 bed	2.5 L to 5 L population

TERTIARY (Teaching Hospitals) – 46, **SPECIALTY HOSPITALS** – 6

PUBLIC HEALTH CARE SYSTEM IN TELANGANA



2 existing Super Specialty Hospitals:

NIMS & MNJIORCC

6 new SSHs -Osmania, Warangal Health City, TIMS at Sanathnagar, LB Nagar and Alwal, Mancherial

35 Teaching Hospitals, 12 Specialty Hospitals

5 AYUSH Hospitals

2 District Hospitals

104 Community Health Centres

74 Area Hospitals

4 Civil Dispensaries, 10 AYUSH

6474 Primary Health Care level

(4695 Sub Centres, 631 PHCs, 249 UPHCs, 421 AYUSH Dispensaries, 474 Basthi Dawakhanas)

HEALTH METRICS : NFHS 5

National Family Health Survey (NFHS)

- Fertility, Family Planning, Infant & child mortality, Maternal & child health, Breast feeding, anemia & nutrition, Adult healthcare, HIV/AIDS are some of the health indices (out of 131 key indicators)
 - These sectors impact the health performance in a State, also track against SDGs
 - Input for targeted programmes/schemes eg: MCH DBT
 - Gaps in access eg: Secondary & tertiary health
 - Early challenges to public health eg: NCD
- *International Institute for population sciences (IIPS) Mumbai

IMPROVING MCH INDICATORS

1. Telangana Midwifery Initiative:

- The state has 353 midwives in place and 22 Midwifery educators trained with a cost of Rs.13.35 Cr for 1.5 years.
- The National midwifery training institute (NMTI) at Secunderabad was established with Rs.1.5 Crore, started on 8th March 2024

2. C-section audit in hospitals:

- As per NFHS-V report, 60.7% of total institutional deliveries are Caesareansection deliveries in Telangana (higher than national average of 21.5%)
 - Pvt - 80.7% and Govt. – 44.5%
- To curb the high C-section rate in Telangana, weekly c-section audit areconducted. Robson’s classification in the case sheets for auditing purposes.

IMPROVING MCH INDICATORS

3. Specialized Units:

- (46) Special New-born Care Units (SNCU) are set up for all sick and new born children who may be preterm and premature.
- Peripheral units are mentored by neonatology experts from Niloufer Hospital.

4. Immunization:

- Vaccination is conducted for all <16 years age at fixed and outreach sessions.
- Presently 11 vaccines are administered to children to protect them against deadly vaccine preventable diseases.

Telangana Rising Vision 2047 - Health

Accessible • Affordable • Equitable Health for All

← **Vision** →

"To build a Healthy Telangana by 2047 that guarantees accessible, affordable and equitable healthcare for every citizen through a people-first, technology-enabled, financially secure & rights-based health system."

Six Pillars of Healthcare – VISION 2047

Nutrition

- In convergence with WCD and School education.
- Nutrition kits for mothers, fortified rations,
- Anaemia Mukt Telangana
- Deworming programs, Digital growth monitoring.
- 100% WASH coverage.

Maternal & Reproductive Health

- Human Development Indices aligned with SDG 2030.
- Reduced MMR, NMR, IMR.
- 100% institutional deliveries
- Reduced Caesarean births.
- Anti Natal & Post Natal Checks for Pregnant women & universal immunization.
- IVF services accessible in public sector.

Child & Adolescent Health

- Comprehensive school health: nutrition, growth, vision, dental, mental health
- Menstrual hygiene & adolescent-friendly services
- Reducing Obesity in Adolescents
- IFA supplementation & deworming

Healthcare Service Delivery

- Customized solutions for core urban, peri-urban and rural regions
- Poly clinics in urban areas, strengthened rural PHCs,
- Upgraded facilities to IPHS standards.
- Timely recruitment of staff
- Free essential medicines & diagnostics.
- Elimination of chronic infectious diseases like TB, Leprosy & Filariasis.
- Trauma Care within 30 mins.

Non-Communicable Diseases

- Universal early screening, detection and treatment for Diabetes, Hypertension, Stroke and Chronic Respiratory Diseases
 - **Cancer care:** Day Care Cancer Centres, regional radiation therapy centres, notifiable disease status and a comprehensive cancer policy
 - **Kidney Disease (CKD):** Strengthen dialysis & vascular access centres
 - **Liver Diseases:** AI-enabled early detection of Non Alcoholic Fatty Liver.

Mental Health

- Centre of Excellence: Institute of Mental Health, Erragadda
- District programs in all districts with tele-psychiatry
- PHC-level screening, counselling and school interventions
- 24x7 Tele-MANAS helpline and de-addiction centres

From Access to Equity — Telangana's Road to UHC

ACCESSIBILITY

- Strengthened PHCs/CHCs & urban polyclinics
- Near trauma, dialysis & emergency care (30-min access)
- Near Cancer Day Care chemotherapy Centres.
- Universal NCD & cancer screening
- Telemedicine, ABHA & digital health records
- Mental health & school health services
- Specialist outreach & mobile medical units
- AI-enabled early detection

AFFORDABILITY

- Financial protection through Aarogyasri/EJHS integration
- 100% Free essential drugs & diagnostics
- Free specialty care (dialysis, cancer, cardiac, trauma)
- Reduced OoPE for chronic diseases
- Public investment in tertiary & super-specialty expansion
- Cashless treatment pathways

EQUITABILITY

- Nutrition kits & Anaemia-Mukt Telangana
- Maternal care: 100% institutional deliveries & ANC coverage
- Menstrual hygiene & adolescent-friendly services
- Tribal & remote area PHC strengthening
- Women-focused 30-parameters screening
- Transgender health pathways
- Geriatric & palliative care services

SOME HEALTH SCHEMES IN TELANGANA

1. RAJIV AAROGYASRI
2. TELANGANA DIAGNOSTICS
3. AROGYA MAHILA CLINICS



1. Health Assurance Scheme - Rajiv Aarogyasri Health Scheme

Introduction

- Launched on **1st April 2007** by Hon'ble Chief Minister Sri Y.S. Rajashekar Reddy
- Aarogyasri Health Care Trust established with the Chief Minister as Chairperson

Objective

- Provide free quality health care and equity of access to BPL families
- Protect against catastrophic health expenditures
- Relies on strengthened public institutions and cashless mode treatment for excellence

Eligibility

- Food Security Cards holders in Telangana i.e **1.03 Cr families** consisting of **3.26 Cr beneficiaries**.
- Initial financial coverage Rs. 2.00 lakhs per annum-per family for BPL families now extended to **Rs 10 lakhs per annum-per family** (Since December 2023)
- Impact Since 2014: **25.34 lakh** beneficiaries received free treatment worth **11,062 Cr.**

Rajiv Aarogyasri Health Scheme

A total of **1528** health facilities are empaneled with the scheme out of which

Hospital Type	Empaneled
Private hospitals	496
Government hospitals	224
PHCs	808
Total	1,528

1835 Procedures Covered

~3.28L Patients treated every year

~44,000 /Patient / annum

Haemodialysis (PPP) U/ Rajiv Aarogyasri Health Scheme

Haemodialysis under Aarogyasri aims to provide equitable, high-quality dialysis care across Telangana .

Comprehensive Statewide Coverage

99 Dialysis centres are operating 24×7 across the state under a Hub-and-Spoke model.

Public-Private Synergy

- Hub and Spoke Model
- Combining government infrastructure with private sector via PPP model to deliver cost-effective, single-use dialyzer dialysis sessions.

Zero Reuse Protocols

Telangana stands out as the only state mandating 100% single-use dialyzers, enhancing patient safety and reducing infection risks.

The government's share of dialysis cases has doubled, rising from 30% in 2016–17 to 60% in 2024–25.

Haemodialysis - Outcomes

Hub and spoke model for dialysis

- Successful Implementation of PPP Model in Dialysis
- Hubs are 3 tertiary hospitals

Gandhi Hospital

28 Peripheral centers

NIMS

44 Peripheral centers

Osmania Hospital

27 Peripheral centers

Key Achievements

14,150+ Patients (FY 2024-25)

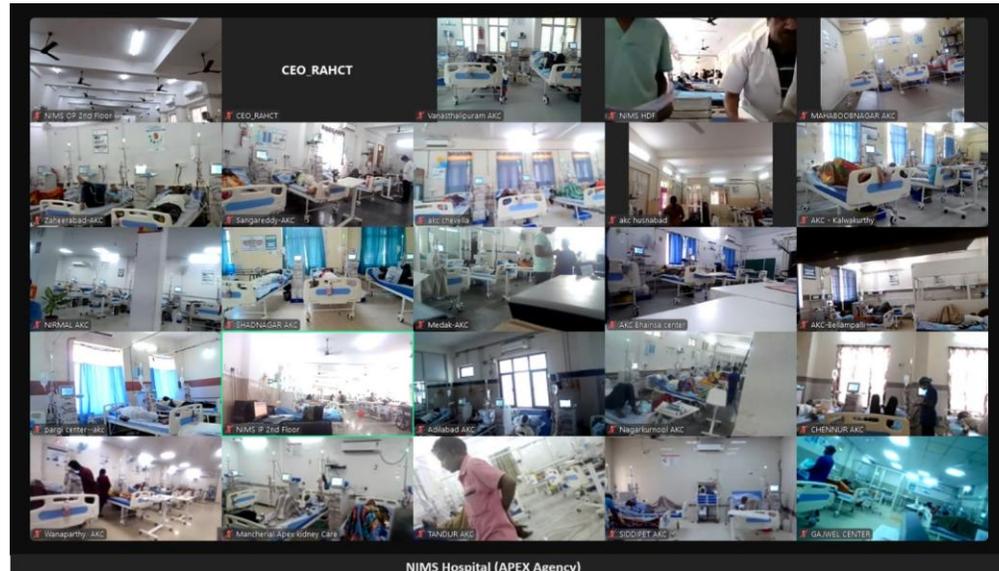
84,553 Avg. Sessions per month

An overall average of **3000+** cycles per day & **1750+** cycles under PPP mode.



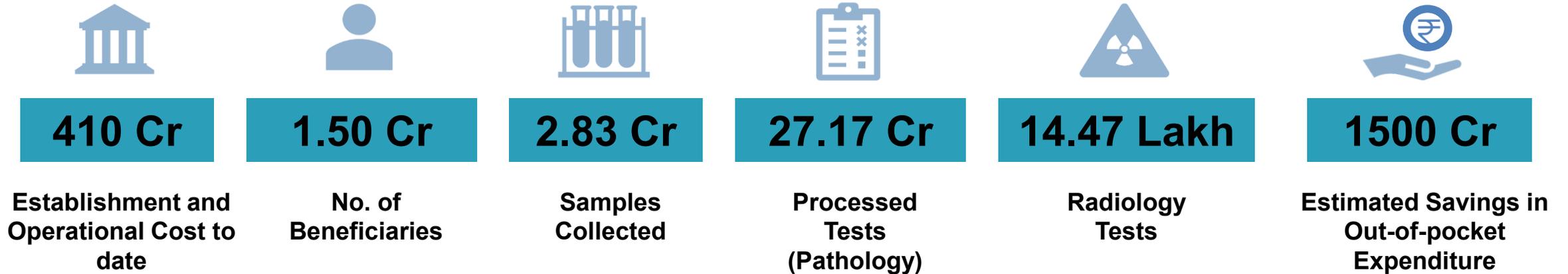
24/7 Telemedicine for dialysis

- Continuous Support
- Real-time Consultations
- Remote Diagnostics



2.Telangana Diagnostics

Reducing OOPE through Free Universal Diagnostics



Scale of Financial Protection

- 📌 3.25 lakh beneficiaries/month
- 📌 5.86 lakh samples/month
- 📌 11.2 lakh tests/month
- 📌 141 dedicated transport vehicles

Efficiency Gains that Lower Costs

- Turnaround time reduced 58% (24 hrs → 10 hrs)
- Sample rejection reduced 70%
- 93% reports delivered within 24 hrs
- Free radiology: X-ray, ECG, USG, Mammogram

“Every free diagnostic test is a financial protection intervention for a family.”

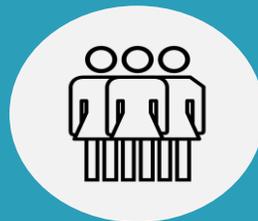
3. Aarogya Mahila

Flagship Women-Centric NCD Screening Initiative

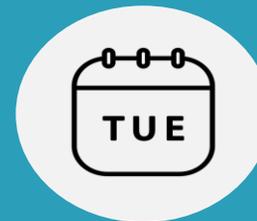


- Launched in 2023
- Trusted Care by Women, for Women
- Exclusive Women-Only Clinic Days
- Early Detection & Preventive Screening
- Seamless Flow of Care:
Regular check-ups, awareness, and swift referrals.

SERVICES



All women of
the state



On Every
Tuesday



At
372 Facilities



37 Designated
Tertiary Referral
Care Facilities

Core Focus Areas – Aarogya Mahila



1

Cancer
Screening



2

Diagnostics



3

Micronutrient
Deficiencies



4

UTI & Pelvic
Inflammatory
Diseases



5

Menopausal
Management



6

PCOD, Family
Planning,
Menstrual
Issues, and
Infertility
Management



7

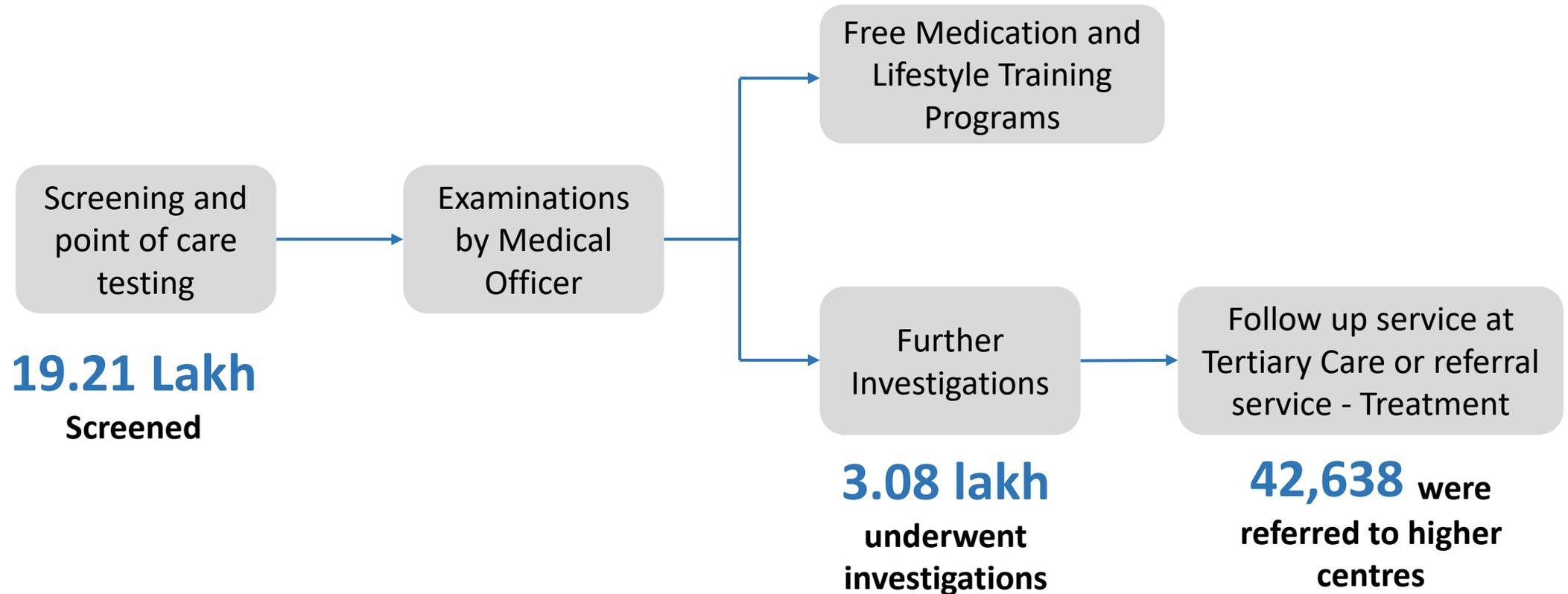
Sexually
Transmitted
Infections
(STIs)



8

Weight
Management

Linking Screening to Speciality Care – Aarogya Mahila



Cancer Care



ORAL CANCER

14.86 Lakh

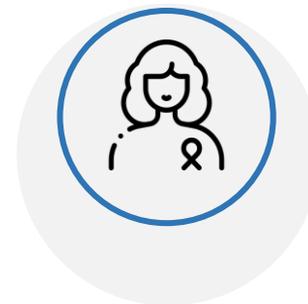
Examined



CERVICAL CANCER

3.51 Lakh

Examined



BREAST CANCER

14.49 Lakh

Examined

Suspected Patients were referred to higher centres for treatment

- Positive patients are treated for free of cost under Rajiv Aarogyasri Scheme at MNJ Cancer Hospital and NIMS.
- Post-treatment care includes counselling, rehabilitation, and reintegration into daily life.

ACCESS TO HEALTH

- Primary : Secondary Hospitals
5616 156 (36:1 in TG, India 26:1)
- Secondary : Tertiary Hospitals
156 46 (3.4:1 in TG, India 7.2:1)
- Tertiary : Primary (1: 122 in TG, India 1:187)
- Tertiary : Specialty Hospitals
46 6 (7.6:1 in TG)

Focus is on strengthening Referral network

35 Govt. Medical Colleges, 26 Pvt Medical Colleges

UG: 8690 (Govt: 4140, Pvt: 4,550)

PG:3100 (Govt:1266 , Pvt: 1834)

Super specialty: 203 (Govt:165 , Pvt:38)

MEDICAL EDUCATION AS A RESOURCE

- **Govt. Medical Colleges:** 35 GMCs, of which 8 newly set up in 2024
(@ >1/District) 1 new GMC in 2025
- **Govt. Nursing Colleges:** 16 new nursing colleges in 2024
Co-terminus with Govt Medical Colleges
Rs. 26 Cr for each Nursing college
- **Govt. Paramedical Colleges:** 28 new Paramedical colleges in 2024
Co-terminus with Govt. Medical Colleges

GOVT. SPECIALTY HOSPITALS

HOSPITAL	CENTRE OF EXCELLENCE	DEPARTMENTS	BEDS	BUDGET (Rs. In Cr)
TIMS, Sanath Nagar	Cardiac Sciences & Transplant Sciences	37	1,000	1126
Warangal SSH	Multi-specialty	30	2,018	1528
TIMS, Alwal	Neurosciences	34	1,000	1196
TIMS, LB Nagar	Gastro Sciences	34	1,000	1150
NIMS Expansion	Kidney Diseases	35	2,020	1698
New Osmania General Hospital	Multi-specialty	30	2,000	2700
		TOTAL	9038	9398

TIMS SANATH NAGAR (1000 Beds)



95% Completed

WARANGAL SUPER SPECIALTY HOSPITAL (2018 Beds)



TIMS ALWAL (1000 Beds)



71% Completed

TIMS L B NAGAR (1000 Beds)



41% Completed

NIMS EXPANSION (2020 Beds)



36% Completed

External Assistance – TG SVASTH 1.0 & 2.0

TG SVASTH 1.0 WORLD BANK (Rs. in Cr)				
S No.	Particulars	WB Loan (70%)	State Share (30%)	Total
1	Non Communicable Diseases (NCD)	588	252	840
2	Access to Health Care through Referral Services	2,762	1,184	3,946
3	Women & Child Health	343	147	490
4	Geriatric Care	32	14	46
5	Health Innovations	425	182	607
Total (TG SVASTH 1.0)		4,150	1,779	5,929
TG SVASTH 2.0 AIIB (Rs. in Cr)				
S.No	Particulars	AIIB Loan (70%)	State Share (30%)	Total
1	Strengthening of Tertiary Care Services at (15) GGHs	1,890	810	2,700
2	Construction of Hostels and Staff Quarters at (18) GMCs	829	355	1,184
3	Upgradation of Equipment in (13) Teaching Hospitals	235	101	335
4	Branding of (9) Speciality Hospitals in Hyderabad	126	54	180
Total (TG SVASTH 2.0)		3,079	1,320	4,399
Total External Assistance		7,229	3,098	10,327



THANK YOU

“Together, we are building a healthier Telangana with world-class care and innovation”

