

## Dr Samit Sharma

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# A FREEWAY TO 'HEALTHY' RAJASTHAN

**G**ive us an overview of the work that is being done by Rajasthan Medical Services Corporation in the State of Rajasthan. What is your vision for the organisation?

The Rajasthan Medical Services Corporation has been created to implement the Chief Minister's scheme of providing free medicines to all patients under "Mukhya Mantri Nishulk Dawa Yojana". The scheme was launched by Government of Rajasthan on 2nd October 2011 and it has been implemented in all 33 Districts of the state. E-Aushadhi was implemented to provide a complete supply chain management solution for the Drugs under the scheme. It provides drug management service to various District Drug Warehouses of Rajasthan, Medical Colleges, Hospitals, CHCs and PHCs and Drug Distribution Centres from where drugs are issued to patients, the final consumers in the chain.

### What is the main idea behind the creation of Rajasthan Medical Services Corporation?

RMSC has been created by the Government of Rajasthan with the idea of making healthcare affordable, especially for the poor. Currently drug prices are very high and healthcare is not affordable, about 40 percent of the admitted patients have to either borrow money or sell their assets to get their treated. 23 percent of the sick never go to a doctor or hospital because they are not having any money in their pocket to spend on healthcare. This is a grave situation, one that leads to thousands of deaths every day. This is a real tragedy. However, this is a preventable tragedy. The situation can be improved through an organisation like RMSC, which provides most commonly used essential drugs free-of-cost to all patients who visit government hospitals.

### RMSC must be involved in procurement and distribution of large amount of drugs. Please give us some ideas of the methodologies that are being used to manage such large quantities?

The complete procurement and supplies management is handled by the headquarter office in Jaipur. We have 34 district drug warehouses, one in each district and two for Jaipur. The warehouses are incorporated with technologies to store the drugs at the right

temperature. The drugs are divided into three categories. The first categories of drugs are those that are highly temperature sensitive. They are stored in the walk-in coolers (WICs), which are huge cold storage places in which drugs are stored. These are used for storing highly temperature-sensitive drugs. The warehouses also have the "cool places," where we maintain a certain temperature by air-conditioning. The third category of drugs belongs to those that can be stored at room temperature. From these drug warehouses, the drugs are issued to the sub-stores of various government hospitals. Essentially these sub-stores are the exclusive drug stores for each hospital. From these sub-stores (located within the hospital premises), drugs are finally issued to the free drug distribution centres (DDC). Currently we have 14,500 DDCs. The supply chain has been developed keeping in mind that the entire population of Rajasthan should have access to essential drugs in all government institutions.

### In your opinion what are the major achievements of the scheme?

After starting this scheme, the number of patients has increased tremendously. Currently we are able to provide drugs to 2,30,000 patients a day, which is a huge number. Out of this, 80,000 patients have been added after starting this scheme. These are not just patients from Rajasthan. Patients are also coming from bordering states of Madhya Pradesh, Haryana and Gujarat who don't have access to some specific drugs in their respective states. The central idea of the scheme is that no patient in need should be deprived of essential drugs.

How did you expand the scope of the scheme over the years?

Initially we started with 200 drugs, which subsequently increased to 400. Now the Hon'ble Chief Minister has announced that the number shall further be increased to 500-600. We have already started working on that. Along with increasing the number of drugs, we shall also start providing even the uncommon or rarely available drugs. This will further increase the number of patients from 90 percent to 95 percent.

**The thing is that healthcare is not only about medicines, it is also about doctors. We can have effective healthcare in all parts of the state only if, there are good doctors available everywhere. What can be done to ensure that everyone has access to good doctors?**

"When it comes to basic healthcare we have removed the distinction between BPL and non-BPL patients. Earlier only BPL patients were entitled to free drugs. Now we are saying that any human being is eligible to get free drugs," says **Dr Samit Sharma**, Managing Director, Rajasthan Medical Services Corporation, Government of Rajasthan



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The team behind e-Aushadhi

In my opinion there are four components in healthcare – infrastructure, healthcare manpower, drugs and investigations. In Rajasthan, the infrastructure is well developed and in most places good infrastructure is already in place. As for the health manpower, at PSC and CSC levels, the infrastructure is currently under-utilised, as in the number of patients is not adequate despite the fact that these places have qualified doctors and well-equipped staff. For instance, in a PSC the average number of staff was ten and the average number of patients visiting the PSC per day was also ten. It is the district hospitals and medical college hospitals that have always been over-burdened. So the state government has started a new drive to recruit doctors. Last week itself we recruited over 500 doctors. Recruitment of more nursing staff and pharmacists is on the way. So far we have inducted 1,400 pharmacists after the inception of this scheme. There are 3,600 data entry officers – these are trained personnel with computers. They have already been deployed and they take care of the software aspect of the scheme.

**This scheme must be having some focus on rural areas, especially for patients belonging to below poverty level (BPL) families. So how are you managing that?**

Our sub-centres are essentially meant to serve the rural population. One sub centre is meant

**e-Aushadhi  
Technical Specification**

- Application Server: IBM Websphere 8.0.0.4 64 Bit (2 servers) that support beyond 3 GB heap size
- Database server: Oracle 11g R2 64 bit along with Standby database server using Oracle Data guard
- Load balancing: Physical Load balancer is used for managing the load.
- H/w used: IBM X3650 M4 with 16 GB RAM for Application servers and Dell PowerEdge 410 for primary database server with 12 GB RAM.

to serve a rural population of about 3,000 people. PSCs are also meant to serve rural population with one PSC serving about 30,000 rural population and most CSCs are located in rural areas too. Most of the drug distribution centres are located in rural areas only.

**If all CSCs, PSCs and drug distribution centres are located in rural areas, then what about the BPL patients living in urban areas?**

As I already pointed out, when it comes to basic healthcare we have removed the distinction between BPL and non-BPL patients. Earlier only BPL patients were entitled to free drugs. Now we are saying that any human being is eligible to get free drugs. He need not show any ration card, voter ID card or any other identity proof. He need not necessarily be a domicile of Rajasthan to avail the facility. I would also like to point out to the fact that this August 15 the Hon'ble PM has announced that the central government is planning to launch a scheme of free drugs for the entire country. The Planning Commission has already agreed to this and the entire proposal entailing

an outlay of Rs 2,800 crore can be implemented under the 12th Five Year Plan. For this financial year the NRHM and the Ministry of Health have already approved an outlay of Rs 1,300 crore. The scheme for free drugs is around the corner for the entire nation. This is a good news.

**Talking about the drugs that have been made available free of cost across all government hospitals, how did you come up with such a list of drugs?**

The list of drugs that we are providing for free to everyone is based on the guidelines of World Health Organisation (WHO) and the National List of Essential Medicines (NLEM). We also have a state-level technical advisory committee comprising doctors, Vice-chancellors, principals, superintendents, and subject experts. This committee has studied the WHO list and NLEM list and also the disease pattern prevalent in Rajasthan. All these considerations have been deliberated upon to come up with this list of essential drugs. This is because numerous drugs are available in the market, but many of them are non-essential or maybe me-too drugs. So the drugs that are safe, cost-effective and are actually needed to cater to the needs of the masses have been identified in the form of essential drugs list and we are committed to provide these drugs in all the government hospitals based on their level of care. For example, in a PSC, the number of drugs shall be lesser than at a medical college. Specialty drugs are available only in medical colleges because they have expert doctors who have the necessary qualification for prescribing such medication.

**Tell us about e-Aushadhi?**

We have developed a new software, called e-Aushadhi, with the help of C-DAC. It was the IT that made it possible. The “e” is because it is electronic and is IT based, and “aushadhi” stands for drugs. Our motto is that every human being has the right to free healthcare facilities. With this utopian objective in mind, we started the scheme. ‘e-Aushadhi’, a Drug Inventory management system is a comprehensive online system which gives detailed information about medicine from the stage of procurement of the drug to its consumption by the end user. The application has modules like demand generation, purchase order generation, challan process, quality control and can be used to generate various kinds of reports so that the management can track the position of drugs and provide replenishments as and when required. 

**e-Aushadhi**

**Scalability of the Application**

- This Software is capable of being extended not only to district Level but also at State or National level
- This software tracks drugs from procurement stage till patient consuming the medicines.
- Further it can also be enhanced to the level of monitoring consumption record of Individual Patients.