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Posted On: 18 DEC 2017 3:40PM by PIB Delhi

## **Year Ender: 2017**

### **NATIONAL HEALTH POLICY 2017**

The year 2017 saw the release of a new National Health Policy of the country after a gap of 15 years. The Cabinet in its meeting held on 15th March, 2017 approved the National Health Policy (NHP) 2017. NHP 2017 addresses the current and emerging challenges necessitated by the changing socio-economic, technological and epidemiological landscape. The process of formulation of the new Policy entailed wide consultation with multiple stakeholders and regional consultations before its approval by the Central Council of Health and Family Welfare and Group of Ministers.

The major commitment of the NHP 2017 is raising public health expenditure progressively to 2.5% of the GDP by 2025. It envisages providing larger package of assured comprehensive primary healthcare through the Health and Wellness Centres. The Policy aims to attain the highest possible level of health and well-being for all at all ages through a preventive and promotive healthcare and universal access to quality health services without anyone having to face financial hardship as a consequence. This would be achieved through increasing access, improving quality and lowering the cost of healthcare delivery. NHP 2017 advocates allocating major proportion (two-thirds or more) of resources to primary care and aims to ensure availability of two beds per 1,000 population distributed in a manner to enable access within golden hour. The Policy also takes a fresh look at strategic purchase from the private sector and leveraging their strengths to achieve national health goals and seeks stronger partnership with the private sector.

Besides this, the highlights of the Policy are as following:

1. Assurance based approach - The Policy advocates progressively incremental assurance based approach with focus on preventive and promotive healthcare
2. Health Card linked to health facilities- The Policy recommends linking the health card to primary care facility for a defined package of services anywhere in the country.
3. Patient Centric Approach- The Policy recommends the setting up of a separate, empowered medical tribunal for speedy resolution to address disputes /complaints regarding standards of care, prices of services, negligence and unfair practices, standard regulatory framework for laboratories and imaging centers, specialized emerging services, etc
4. Micronutrient Deficiency- There is a focus on reducing micronutrient malnourishment and systematic approach to address heterogeneity in micronutrient adequacy across regions.
5. Quality of Care- Public hospitals and facilities would undergo periodic measurements and certification of level of quality. Focus on Standard Regulatory Framework to eliminate risks of inappropriate care by maintaining adequate standards of diagnosis and treatment.
6. Make-in-India Initiative- The Policy advocates the need to incentivize local manufacturing to provide customized indigenous products for Indian population in the long run.
7. Application of Digital Health- The Policy advocates extensive deployment of digital tools for improving the efficiency and outcome of the healthcare system and aims at an integrated health information system which serves the needs of all stake-holders and improves efficiency, transparency, and citizen experience.
8. Private sector engagement for strategic purchase for critical gap filling and for achievement of health goals.

NHP 2017 has been duly supported by the Government through provision of Rs. 47352.51 crores to MoHFW under the Union Budget 2017-18. The amount is a 27.7% increase in allocation over previous year's allocation.

### **NATIONAL MEDICAL COMMISSION BILL, 2017**

- Cabinet approved the National Medical Commission Bill 2017 on 15<sup>th</sup> December, 2017
- The Bill envisages to:
  - replace the Medical Council 1956 Act.
  - enable a forward movement in the area of medical education reform.
  - move towards outcome based regulation of medical education rather than process oriented regulation.
  - ensure proper separation of functions within the regulator by having autonomous boards.
  - create accountable & transparent procedures for maintaining standards in Medical Education.
  - create a forward-looking approach towards ensuring sufficient health workforce in India.
- Expected benefits of the new legislation:
  - End of heavy handed regulatory control over medical education institutions and a shift towards outcome based

monitoring.

- Introduction of a national licentiate examination. This will be the first time such a provision is being introduced in any field of higher education in the country, as was the introduction of NEET and common counselling earlier.
- Opening up the medical education sector will lead to significant addition in the number of UG and PG seats and substantial new investment in this infrastructure sector.
- Better coordination with AYUSH systems of treatment.
- Regulation of up to 40% seats in medical colleges to enable all meritorious students to have access to medical seats irrespective of their financial status.

### **NATIONAL NUTRITION MISSION (NNM)**

- The Cabinet has recently approved the National Nutrition Mission, a joint effort of MoHFW and the Ministry of Women and Child development (WCD) towards a life cycle approach for interrupting the intergenerational cycle of under nutrition.
- The impact of the mission is envisioned to reduce the level of stunting, under-nutrition, anemia and low birth weight babies. It will create synergy, ensure better monitoring, issue alerts for timely action, and encourage States/UTs to perform, guide and supervise the line Ministries and States/UTs to achieve the targeted goals.
- The mission aims to benefit more than 10 crore people.
- It shall be launched in December, 2017 with a three year budget of Rs.9046.17 crore commencing from 2017-18, to cover 315 districts in 2017-18, 235 districts in 2018-19 and remaining districts in 2019-20.
- Major components/features of the Mission:
  - Mapping of various Schemes contributing towards addressing malnutrition
  - Introducing a very robust convergence mechanism
  - ICT-based real time monitoring system
  - Incentivizing States/UTs for meeting the targets
  - Incentivizing Anganwadi Workers (AWWs) for using IT based tools
  - Eliminating registers used by AWWs
  - Introducing measurement of height of children at the Anganwadi Centres (AWCs)
  - Social Audits
  - Setting-up Nutrition Resource Centres, involving masses through Jan Andolan for their participation on nutrition through various activities, among others.

### **MENTAL HEALTHCARE ACT, 2017**

- The Act adopts a rights-based statutory framework for mental health in India and strengthens equality and equity in provision of mental healthcare services in order to protect the rights of people with mental health problem to ensure that they are able to receive optimum care and are able to live a life of dignity and respect.
- The Act strengthens the institutional mechanisms for improving access quality and appropriate mental healthcare services.
- The Act increases accountability of both government and private sectors in delivery of mental healthcare with representation of persons with mental health problem and their care-givers in statutory authorities such as Central and State Mental Health Authority.
- The most progressive features of the Act are provision of advance directive, nominated representative, special clause for women and children related to admission, treatment, sanitation and personal hygiene; restriction on use of Electro-Convulsive Therapy and Psychosurgery.
- Decriminalization of suicide is another significant facet of the Act, which will ensure proper management of severe stress as a precursor for suicide attempts.

### **HIV & AIDS (Prevention & Control) Act, 2017**

- It aims to end the epidemic by 2030 in accordance with the Sustainable Development Goals set by the United Nations.
- A person living with AIDS cannot be treated unfairly at employment, educational establishments, renting a property, standing for public or private office or providing healthcare and insurance services
- The Act also aims to enhance access to healthcare services by ensuring informed consent and confidentiality for HIV-related testing, treatment and clinical research.
- Every HIV infected or affected person below the age of 18 years has the right to reside in a shared household and enjoy the facilities of the household.
- The Act prohibits any individual from publishing information or advocating feelings of hatred against HIV positive persons and those living with them.
- No person shall be compelled to disclose his/her HIV status except with their informed consent, and if required by a court order.
- Every person in the care and custody of the State shall have right to HIV prevention, testing, treatment and counseling services.
- The Act suggests that cases relating to HIV positive persons shall be disposed' off by the court on a priority basis and duly ensuring the confidentiality.

### **Universal Immunization Programme (UIP)**

India's UIP is one of the largest public health programmes in the world. It targets 3 crore pregnant women and 2.7 crore new borns annually. More than 90 lakh immunization sessions are conducted annually. It is the most cost effective public health intervention and largely responsible for reduction of vaccine preventable under-5 mortality rate.

New initiatives under UIP:

- **Mission Indradhanush:** Government of India has launched Mission Indradhanush (MI) in December 2014, a targeted programme to immunize children who have either not received vaccines or are partially vaccinated. The activity focuses on districts with maximum number of missed children. Four phases of Mission Indradhanush have been completed wherein 2.94 crores children have been vaccinated, of which 76.36 lakh children have been fully immunized. In addition, 76.84 lakh pregnant women were vaccinated against tetanus. Under Mission Indradhanush, the annual rate of increase of full immunisation coverage has increased from 1% to 6.7 % during the two rounds.
- **Intensified Mission Indradhanush (IMI)** has been launched by Hon'ble Prime Minister of India on 8th October 2017 from Vadnagar, Gujarat. The Intensified Mission Indradhanush will be held in 121 districts in 16 States, 52 districts in the North Eastern States and 17 urban areas where immunization coverage has been very low in spite of repeated phases of Mission Indradhanush and in UIP, with an aim to rapidly build up full immunization coverage to more than 90% by December 2018. During the two rounds of IMI, held in October and November, a total of 39.19 lakh children and 8.09 lakh pregnant women have been vaccinated in 190 districts/urban areas.

#### Introduction of **new vaccines**

- **Inactivated Polio Vaccine (IPV):** India is polio free but to maintain this status, the Inactivated Polio Vaccine (IPV) was introduced. Till October, 2017, 2.95 crore doses of IPV have been administered in the country.
- **Adult Japanese Encephalitis (JE) Vaccine:** Japanese Encephalitis is a life threatening viral disease affecting brain mainly in children aged less than 15 years. However, National Vector Borne Disease Control Programme (NVBDCP) had identified 31 high burden districts from Assam, Uttar Pradesh and West Bengal for adult JE vaccination in the age-group of 15- 65 years. The Adult JE vaccination campaign has been completed in all 31 districts of Assam, UP, West Bengal, wherein more than 3.3 crore beneficiaries aged 15-65 years were vaccinated.
- **Rotavirus Vaccine:** Rotavirus is one of the leading causes of severe diarrhoea and death among young children. At present, Rotavirus vaccine has been introduced in 9 States - Andhra Pradesh, Haryana, Himachal Pradesh, Odisha, Madhya Pradesh, Assam, Rajasthan, Tamil Nadu and Tripura. Till October, 2017 around 1.12 crore doses of Rotavirus vaccine have been administered
- **Measles-Rubella (MR) Vaccine:** Rubella vaccine has been introduced in UIP as Measles-Rubella vaccine to provide protection against congenital birth defects caused by Rubella infection. The vaccine is being introduced in a phased manner as MR campaign, which started from February, 2017 in 5 States/UTs (Karnataka, Tamil Nadu, Goa, Lakshadweep and Puducherry), where 3.33 crore children were vaccinated with a coverage of 97%. MR vaccine has been introduced in routine immunization in these States/UTs as two doses at 9-12 months and 16-24 months. The next phase started from August, 2017 and is completed in 6 states/UTs (Andhra Pradesh, Chandigarh, Dadra & Nagar Haveli, Daman & Diu, Himachal Pradesh, Telangana). Campaign is ongoing in Kerala and Uttarakhand. By November, 2017, more than 3 crore children have been covered under the campaign in these 8 States/UTs.
- **Pneumococcal Vaccine (PCV):** PCV was launched in a phased manner in UIP in May'17 for reducing infant mortality and morbidity caused by pneumococcal pneumonia. At present, PCV vaccine has been introduced in all 12 districts of Himachal Pradesh, 6 districts of Uttar Pradesh and 17 districts of Bihar. By October, 2017, around 5.7 lakh doses have been administered since introduction.

#### **LABOUR ROOM QUALITY IMPROVEMENT INITIATIVE - LaQshya**

- MoHFW launched LaQshya to improve the quality of care that is being provided to the pregnant mother in the Labour Room and Maternity Operation Theatres, thereby preventing the undesirable adverse outcomes associated with childbirth.
- The goal is to reduce preventable maternal and new-born mortality, morbidity and stillbirths associated with the care around delivery in Labour room and Maternity OT and ensure respectful maternity care.
- The initiative will be implemented in Government Medical Colleges (MCs) besides District Hospitals (DHs), and high delivery load Sub- District Hospitals (SDHs) and Community Health Centres (CHCs).
- The initiative plans to conduct quality certification of labour rooms and also incentivize facilities achieving the targets outlined.

#### **PRADHAN MANTRI SURAKSHIT MATRITVA ABHIYAN (PMSMA)**

- The program aims to provide assured, comprehensive and quality antenatal care, free of cost, universally to all pregnant women on the 9th of every month.
- Over 4500 volunteers are registered on PMSMA portal across all State/UTs
- PMSMA is conducted at over 12500 health facilities across all State/UTs
- More than 90 Lakh antenatal checkups have been conducted at PMSMA sites for comprehensive services under

the programme

- More than 5 Lakh high risk pregnancies have been identified under PMSMA

### **INTENSIFIED DIARRHEA CONTROL FORTNIGHT (IDCF)**

- Observed during July-August every year since 2014 with the ultimate aim of 'zero child deaths due to childhood diarrhea'.
- During fortnight health workers visit the households of under five children, conduct community level awareness generation activities and distribute ORS. During
- In 2017 (July-August), more than 7.0 Crore under 5 Children visited by ASHAs for Prophylactic ORS.

### **RASHTRIYA BAL SWASTHYA KARYAKRAM (RBSK)**

- Launched in February 2013 for child screening and free treatment for 4 Ds i.e. Defects at birth, Diseases, Deficiencies and Development delays including disability.
- As on September, 2017:
  - 11020 teams in 36 State/UTs are in place.
  - 92 District Early Intervention Centres (DEICs) are functional.
  - 11.7 crore children were screened, 43.4 lakhs children were referred to secondary tertiary facilities, 27.8 lakhs children availed services in secondary tertiary facilities.

### **NATIONAL DEWORMING DAY (NDD)**

- To combat STH infections, the Health Ministry has adopted a single day strategy called NDD, wherein single dose of albendazole is administered to children from 1-19 years of age group through the platform of schools and anganwadi centres.
- 50.6 crore children were covered in two rounds (February & August) in 2017 with 88% coverage against the set targets.

### **RASHTRIYA KISHOR SWASTHYA KARYAKRAM (RKSK)**

- Started in 2014 as a comprehensive programme focusing on Sexual Reproductive Health, Nutrition, Injuries and violence (including gender based violence), Non-Communicable Diseases, Mental Health and Substance Misuse with a promotive and preventive approach.
- The interventions are carried out using health facilities, community and schools as platforms-
- **Adolescent Friendly Health Clinics (AFHCs):** These act as the first level of contact of primary health care services with adolescents. Till date 7632 AFHCs have been established across the country and around 29.5 lakh adolescent clients avail services during Q2 of 2017-18.
- **Weekly Iron Folic Acid Supplementation (WIFS) Programme:** It entails provision of weekly supervised IFA tablets to in-school boys and girls and out-of-school girls and biannual albendazole tablets, besides Nutrition & Health Education. Upto Q2 of 2017-18, 3.9 crore beneficiaries (adolescent boys & girls) benefitted under WIFS.
- **Menstrual Hygiene Scheme:** The scheme is being implemented for adolescent girls in the rural areas. From 2014 procurement of sanitary napkins has been decentralized. This year Rs. 42.9 Crores have been allocated through NHM to 16 States for de-centralised procurement of sanitary napkins through the process of competitive bidding. Eight states are implementing the scheme through State funds.
- **Peer Education Programme:** Under the programme four peer educators (Saathiya) - two male and two female are selected per 1000 population to orient the adolescents on health issues. The Peer Education programme is being implemented in 211 districts and till date 1.94 Lakh PEs have been selected and training of ANMs and Peer Educators is under process

### **MISSION PARIVAR VIKAS (MPV)**

- Launched in 146 districts of 7 States for substantially increasing the access to contraceptives and family planning services in districts with TFR of 3 and above.
- MPV encompasses the following gamut of activities
  - Roll out of Injectable Contraceptives
  - Sterilization Compensation Scheme
  - Condom Boxes in public health facilities
  - MPV Campaigns and Saarthi (IEC vehicle)
  - Nayi Pehl Kits to the newly married couples
  - Saas Bahu Sammelan

### **FAMILY PLANNING - LOGISTICS MANAGEMENT INFORMATION SYSTEM (FP-LMIS)**

- Launched to strengthen the supply-chain management system.
- The National training of trainers (ToT) has been completed.
- State level trainings have been completed in 13 states and 3 States/ UTs have also initiated the district level trainings.
- The ground stock entry for state warehouses has been completed in 34 State/UTs (except Lakshadweep and Nagaland).

### **HEALTH AND WELLNESS CENTRES (HWCs)**

- In 2017-18, the Ministry announced transformation of Sub-health Centres to Health and Wellness Centres

(HWCs) to expand the basket of services of primary care to make it comprehensive.

- The HWCs are expected to provide preventive, promotive, rehabilitative and curative care for a package of services related to RMNCH+A, communicable diseases, non-communicable diseases, Ophthalmology, ENT, Dental, Mental, geriatric care, treatment for acute simple medical conditions and emergency & trauma services.
- The indicative package of services envisaged is:
  1. Care in pregnancy and child-birth.
  2. Neonatal and infant health care services
  3. Childhood and adolescent health care services.
  4. Family planning, Contraceptive services and Other Reproductive Health Care services
  5. Management of Communicable diseases: National Health Programmes
  6. Management of Common Communicable Diseases and General Out-patient care for acute simple illnesses and minor ailments
  7. Screening and Management of Non-Communicable diseases
  8. Screening and Basic management of Mental health ailments
  9. Care for Common Ophthalmic and ENT problems
  10. Basic Dental health care
  11. Geriatric and palliative health care services
  12. Trauma Care (that can be managed at this level) and Emergency Medical Services
- The H&WC will deliver comprehensive primary health care using a team based approach and would be led by a mid-level service provider with a primary health care team including ANMs, ASHAs, and AWWs, of the sub center area.
- 4000 Sub-centres are targeted to be transformed to HWCs by Mar 2018 and 1.25 lakh HWCs by Mar 2022. So far approval has already been given for 3871 HWCs.

#### **PRADHAN MANTRI NATIONAL DIALYSIS PROGRAMME**

- 'National Dialysis Programme' to be supported in all district hospitals in a PPP mode under NHM;
- Under NHM support is provided to States/UTs for provision of free dialysis services to the poor.
- As on July 2017 States/UTs have reported that over 1.77 Lakh patients have availed the services with over 19.15 Lakh dialysis sessions.

#### **FREE DIAGNOSTICS SERVICES INITIATIVE**

- MOHFW has provided illustrative list of investigations to be carried out at each level of facilities in the guideline. Number of tests provided at each level of facility may be more or less than mentioned in the guideline. States like Kerala, Jharkhand, Karnataka are collecting user charges from certain class of people. While UT like Daman & Diu is charging for CT scan services.
- As on date, the program is rolled out in 26 States/ UTs which are providing Free Diagnostics Services either in-house or in PPP mode. The number of tests and implementation plan varies from state to state.
- Rs. 759.10 crore has been approved for Free Diagnostics Services Initiative under NHM for 29 States/ UTs in FY 2017-18.

#### **BIOMEDICAL EQUIPMENT MANAGEMENT & MAINTENANCE PROGRAM**

- MoHFW organized consultations with officials from states to devise appropriate mechanisms to ensure that medical equipment already purchased are used and properly maintained. An extensive exercise was undertaken to map the inventory of all Bio-medical equipment including their functionality status.
- The mapping has been completed in 29 States. 7,56,750 number of equipment in 29,115 health facilities costing approximately Rs. 4564 Crores were identified. Equipment in range of 13% to 34% was found dysfunctional across states.

#### **NATIONAL PROGRAMME FOR PREVENTION AND CONTROL OF CANCER, DIABETES, CARDIOVASCULAR DISEASES AND STROKE (NPCDCS)**

- In order to prevent and control major NCDs, GoI is implementing the NPCDCS in all States across the country with the focus on strengthening infrastructure, human resource development, health promotion, early diagnosis, management and referral.
- As on date, the programme is under implementation in total 436 districts, with setting up of NCD clinics in 435 District Hospitals, and 2145 Community Health Centres.
- Cardiac Care Units have been set up in total 138 Districts and Day care centres for Cancer chemotherapy have been set up in 84 districts.
- In FY2017-18, over 1.92 crore people have been screened upto the 2<sup>nd</sup> Quarter.
- The programme has component of outreach activities through camps and over 1.18 crore people have been screened in these camps. Of those screened over 10 lakh people have been suspected and referred to further care for diabetes.
- Approximately 70 lakh people till date are receiving treatment under this programme, for diabetes and its complications.
- Diagnostic and drugs facilities: Provision has been made under the programme to provide free diagnostic facilities and free drugs for NCD patients attending the NCD clinics at the District and CHC levels



## **POPULATION-BASED SCREENING FOR DIABETES, HYPERTENSION AND COMMON CANCER (ORAL, BREAST and CERVICAL)**

- The recently launched population-based Screening of Diabetes, Hypertension and Common Cancers represents a massive step in identifying and addressing the risk factors at the community level itself. More than 150 districts are being taken up during 2017-18.
- Operational Guidelines for Screening and Management of NCDs as part of Comprehensive Primary Care under NHM has already been developed and issued. Training of Trainers for Medical Officers, Staff nurse, ANMs and ASHAs have been completed and 9126 ASHAs, 4373 ANM/MPWs, 674 staff nurses and 1006 medical officers have already been trained.
- As on September 2017, approvals given for about 170 districts in 16309 Sub Centres and screening has been initiated in about 60 districts 12 states and 2 UTs and 20,15,474 people have been screened.

## **CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD) AND CHRONIC KIDNEY DISEASE (CKD)**

- In order to prevent and manage the COPD and CKD, also major causes of death due to NCDs, their intervention has been included under NPCDCS.
- Till date, CKD intervention as part of NPCDCS has been implemented in 41 districts and COPD intervention in 96 districts.

## **INTEGRATION OF AYUSH WITH NPCDCS**

- For comprehensive management of lifestyle related disorders, a pilot project on 'Integration of AYUSH with NPCDCS' has been initiated in six districts in collaboration with the different Central Councils for AYUSH.
- Synergy is being harnessed between the Allopathy system under NPCDCS and the alternative systems of medicine under AYUSH, for prevention and management of 'lifestyle-related' common NCDs.
- 1,75,417 and 65,169 patients have been enrolled for NCD management under NPCDCS-AYUSH As on 1st May 2017. Besides this, 2,21,257 participants have been registered under daily yoga classes conducted at CHC and PHC level.
- For awareness against NCDs, 1,157 outreach camps have been conducted.

## **AMRIT (AFFORDABLE MEDICINE AND RELIABLE IMPLANTS FOR TREATMENT)**

- 105 pharmacies have been set up across 19 states for providing medicines for Diabetes, CVDs, Cancer and other disease at discounted prices to the patients.
- A total of more than 5000 drugs and other consumables are being sold at upto 50% discounts.
- As on 15th November 2017, 44.54 Lakh patients benefitted from AMRIT Pharmacies.
- The value of drug dispensed at MRP is Rs 417.73 crores and savings of Rs. 231.34 crores from AMRIT stores thereby reducing their out of pocket expenditure.

## **REVISED NATIONAL TUBERCULOSIS PROGRAMME (RNTCP)**

- As per the Global TB Report 2017, updated estimate of incidence is 27 lakh cases in 2016 as compared to 28 lakhs in 2015 (Rate: 211 per 100,000 population in 2016 as compared to 217 per 100,000 pop in 2015)
- The updated number of TB deaths (excluding HIV) is 4.23 lakhs in 2016 as compared to 4.80 lakhs in 2015 (Rate: 32 per 100 000 population in 2016 as compared to 36 per 100,000 in 2015)).
- Since October 2017, entire country has been covered by the Daily Regimen Fixed Dose Combination Drugs.
- Child friendly flavoured & dispersible paediatric formulations have been made available.
- The Active Case Finding has been implemented in 2 phases covering 257 districts. During these two phases, about 2.98 crores vulnerable population were screened for TB and 15,397 TB cases were identified and initiated on treatment.
- 3<sup>rd</sup> phase covering additional 183 districts has been initiated in December, 2017.
- Currently there are 70 quality assured laboratories (46 solid culture, 40 liquid culture and 55 Line Probe Assay) and 628 CB-NAAT machines available in the country.
- Additional 507 CBNAAT machines have already been procured and are under installation currently.
- The number of sites providing Bedaquiline has increased from 6 sites to 21 sites in 5 States. Till Nov 2017, more than 824 drug resistant TB patients have been initiated on treatment with this new drug.
- Capacity building of the States for scaling up of Conditional Access Programme for Bedaquiline across the country has been completed. Drugs are under dispatch to the other States.
- A Call Center for user-friendly reporting, notification of TB cases and patient monitoring of public and private sector TB patients is being established.

## **NATIONAL PROGRAMME FOR CONTROL OF BLINDNESS AND VISUAL IMPAIRMENT (NPCB&VI)**

- The Ministry released the **National Trachoma Survey Report (2014-17)** in December, 2017.
- The report declares India free from 'infective trachoma'. The survey findings indicate that the active trachoma infection has been eliminated among children in all the survey districts with overall prevalence of only 0.7%, which is much below the elimination criteria of infective trachoma as defined by the WHO- active trachoma is considered eliminated if the prevalence of active infection among children below 10 years is less than 5%.
- With this India met the goal of trachoma elimination as specified by the WHO under its GET2020 program and

that trachoma is no longer a public health problem in India.

## IT INITIATIVES

- A case based web based reporting system called **NIKSHAY** is established and this has been scaled-up nationwide to capture all TB cases in the public health system.
- For adherence monitoring **99DOTS** has been implemented wherein the patient just has to give a missed call to a toll free number and the system captures the adherence information.

## ■ M-DIABETES

- MoHFW has launched a mobile health initiative for the prevention and care of diabetes
- mDiabetes will contribute to improving awareness about diabetes and promoting healthy diets and active lifestyle, which are vital to the prevention of diabetes.
- Text messages were sent to 130 million mobile phone numbers using data base of individuals working in public enterprises across the country. A total of 107,548 responded and were registered.

## ■ MERA ASPATAAL

- MoHFW has designed an ICT-based Patient Satisfaction System (PSS) for implementation in public and empanelled private hospitals. The application has been named 'मेरा अस्पताल' ('My Hospital' in English). A multi-channel approach i.e. web portal, mobile application, Short Message Service (SMS) and Interactive Voice Response System (IVRS) is being used to collect patients' feedback. The application automatically contacts the patient to collect information on patient's experience in government hospitals.
- Launched on 29th August, 2016. Till October'17, 22 Central Government hospitals and 883 health facilities of State government including 136 District Hospitals have been integrated with Mera Aspataal.
- During the period from 4th September 2016 to 4th November 2017, out of the total 4,12,40,374 patient visits to these facilities, a total of 10,63,688 patients submitted their feedback. The proportion of very satisfied and satisfied patients was 37% and 40% respectively, while those dissatisfied were 23%. This information is being shared with the states and the facilities on regular basis.

- **ONLINE REGISTRATION SYSTEM (ORS)** is a framework to link various hospitals for online registration, payment of fees and appointment, online diagnostic reports, enquiring availability of blood online etc. As on date, around 124 hospitals including Central hospitals like AIIMS -New Delhi & other AIIMS (Jodhpur; Bihar, Rishikesh, Bhubaneswar, Raipur, Bhopal); RML Hospital; SIC, Safdarjung Hospital; NIMHANS; Agartala Government Medical College; JIPMER etc. are on board ORS. So far around 10,80,771 appointments have been transacted online.

- **SAFE DELIVERY APPLICATION** - an mHealth tool that can be used for health workers who manage normal and complicated deliveries in the peripheral areas. The application has Clinical Instruction films on key obstetric procedures which can help the health workers translate their learnt skills into practice.

- **MOBILE APPS:** Various mobile apps have been launched namely

- Indradhanush Immunization (for immunisation tracker)
- India Fights Dengue (enables a user to check Dengue Symptoms, get nearest Hospital / Blood bank information and also share feedback)
- NHP Swasth Bharat (information dissemination on Disease, Lifestyle, First Aid)
- NHP Directory Services Mobile App. (provides information related to Hospital and Blood banks across India have been hosted.
- No More Tension Mobile App. (information on stress management related aspects)
- Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA) Mobile App. (for reporting pregnancy care related information from across states)

## NATIONAL VECTOR BORNE DISEASE CONTROL PROGRAMME (NVBDP)

### Malaria

- India is committed to malaria elimination by 2030 in response to the global call by WHO for eliminating malaria by the end of the year 2030.
- In response to the above, India drafted National Framework for malaria elimination and was launched by HFM in February, 2016 which was followed by drafting of National Strategic Plan (NSP) for malaria elimination (2017-2022). Both the above documents give clear vision as well as time bound strategies for malaria elimination by 2027.
- After the call for malaria elimination, India strengthened its interventions by providing and increasing the outreach of malaria diagnosis by using Rapid Diagnostic Kits (for both Pv& Pf), effective anti-malarials like Artemisinin combinations, provision of Long Lasting Insecticidal Nets - 40 million already distributed in North-eastern states and Orissa (more in pipeline for high endemic areas of Chhatisgarh and Jharkhand).
- Because of these heightened malaria interventions, malaria has shown a decline by nearly 12% in October, 2017 as compared to October, 2016. Deaths have dramatically reduced to nearly 52%.
- High endemic states of Orissa and NE states have shown drastic decline in malaria in the past 2 years as well as in this year.

### Japanese Encephalitis (JE)

- Constitution of National Programme for Prevention and Control of JE/AES to reduce morbidity, mortality and disability due to JE/AES.
- JE vaccination campaign in children (1-15 yrs) completed in 216 out of 231 JE endemic districts. JE vaccination campaign is planned in 15 districts in 2017-18.

- Adult vaccination (15-65 years): Completed in all 31 districts identified in Assam, Uttar Pradesh and West Bengal.
- Number of sentinel sites has increased from 51 in 2005 to 131 at present for free confirmation of JE. Total 406, JE kits (1 kit=96 tests) have been supplied in 2015 and 502 JE Kits have been supplied in 2016. During 2017, 531 kits have been supplied till date till November.
- Apex Referral Laboratories have increased from 12 to 15.
- Out of 60 priority districts 31 PICUs are functional in the country: 10 in UP, 4 in Assam, 10 in WB, 5 in Tamil Nadu and 2 in Bihar.
- States have been requested to make JE a Notifiable disease.

## **Kala-Azar**

- Kala-azar is a notifiable disease in all four endemic states.
- Kala-azar elimination programme has made significant progress, there was been a tremendous reduction (5 times) in the number of Kala-azar cases from 33,187 in 2011 to 6245 in 2016.
- By the end of 2016, only 94 blocks had an incidence of >1 case of Kala-azar/10,000 population in comparison to 136 blocks in 2015. In 2017 the number of endemic blocks having incidence of >1 has been reduced to 61.
- Intensification of disease surveillance activities to identify the cases early and ensuring their complete treatment.
- Single day single dose treatment with Liposomal Ambisome, is available for cases of visceral leishmaniasis, which has improved the treatment compliance and outcome.
- Synthetic pyrethroid is used for indoor residual spraying, in all the endemic areas.
- Government of India is providing wage compensation of INR. 500 to the cases of Visceral Leishmaniasis and INR 2000 to cases of Post Kala-Azar Dermal Leishmaniasis.
- An incentive of INR. 300/- to front line workers for ensuring complete treatment of case and INR. 200/- during Indoor Residual Spray (IRS) for generating community awareness and community mobilization.

## **MEDICAL EDUCATION**

- The Ministry has granted permission for establishment of 83 new medical colleges in the last 3 years including 31 in government sector. The country has today 479 medical colleges with more than 67,000 MBBS seats.
- The Ministry has taken various measures to facilitate the setting up of new colleges viz.
  - norms for medical colleges have been rationalized
  - requirement of minimum area of land has been dispensed with in notified urban areas.
  - Companies have been allowed to set up medical colleges.
- MoHFW is implementing a Centrally Sponsored Scheme namely “Establishment of new medical colleges attached with existing district/referral hospitals”
- 58 districts in 20 States/UT have been identified under this Scheme to establish new Medical Colleges attached with existing district/referral hospitals. Out of these, 56 have been approved till date.
- Funds to the tune of Rs.5188.42 crore have been released to the State/UT Governments
- Out of 56 approved medical colleges, 8 are functional and 29 have applied for MCI's permission to start new medical colleges from the academic year 2018-19.
- Increase of PG seats:
  - In January, 2017 the teacher student ratio was revised in government medical colleges in clinical subjects and consequently around 3,000 PG seats were added as a one time measure.
  - 700 seats were added in normal course of permission under IMC Act. Combined with increase of DNB seats, the ministry could achieve an increase of nearly 5800 PG seats in 2017.
  - The country has today around 38,000 PG seats including DNB.

## **GLOBAL PRESENCE**

- India is a regular participant and leading speaker at global events viz. World Health Assembly 2017, UN Health Assembly etc.
- While India hosted the 2017 BRICS event, MoHFW coordinated the health ministers meet to advocate for continued support of member nations on health issues viz. TB, medical devices and AMR etc.
- India and Cuba signed a Memorandum of Understanding (MoU) in December 2017, for enhanced cooperation in the health sector. The objective of this MoU is to establish comprehensive inter-ministerial and inter-institutional cooperation between the two countries in the field of health by pooling technical, scientific, financial and human resources with the ultimate goal of upgrading the quality and reach of human, material and infrastructural resources involved in health care, medical education & training, and research in both countries.
- India and Morocco signed a Memorandum of Understanding (MoU) in December 2017, for enhanced cooperation in the health sector.
- India and Italy signed a MoU for enhanced cooperation in the health sector. The main areas of cooperation include:
  - Exchange & training of medical doctors, officials, other health professionals and experts;
  - Assistance in development of human resources and setting up of health care facilities;
  - Short term training of human resources in health;
  - Regulation of pharmaceuticals, medical devices and cosmetics and exchange of information thereon;
  - Promotion of business development opportunities in pharmaceuticals;
  - Procurement of generic and essential drugs and assistance in sourcing of drug supplies;
  - Procurement of health equipment and pharmaceutical products;
  - Collaboration in the prevention of NCDs of mutual interest, such as neurocardiovascular diseases, cancer, COPDs, mental health and dementia, with an emphasis on SDG3 and related factors;
  - Collaboration in the field of climate change impact on communicable diseases and vector borne diseases;
  - Nutritional aspects of food intake, including malnutrition (over-nutrition and under-nutrition) in the light of the SDG2 and organization of nutritional services;
  - Safety of production, transformation, distribution and food delivery;
  - Research and training of food industry operators;
  - Information and communication to citizens on hygiene and food safety and healthy eating habits; and
  - Any other area of cooperation as may be mutually decided upon
- MoU was signed with Rotary India to provide support and accelerate the efforts under Polio Eradication Programme, Routine Immunization including Mission Indradhanush, Intensified Mission Indradhanush. The key areas for collaboration will be:
  - Social mobilization of beneficiaries, especially in urban slums and undeserved areas having no mobilizers.
  - Support to the members of NCC, NYK, NSS etc. in their efforts of community mobilization through incentives like refreshments/mementoes during the sessions
  - Advocacy and generating awareness through innovative approaches and involving private practitioners and local leaders for Polio Eradication



Programme, Routine Immunization including Mission Indradhanush, Intensified Mission Indradhanush and Measles-Rubella.

- India is the founding member of the Partners in Population & Development (PPD) - an Inter-Governmental Organization, formed during the International Conference on Population and Development (ICPD) in 1994 for promoting South-South Cooperation in the field of Reproductive Health, Population and Development. India is currently the Vice Chair of the PPD Board.
- India is the member of the high level advisory group as well as co-chair of the Executive Committee of the PMNCH (Partnership for Maternal, Neo-natal and Child Health) Board. India has played a leadership role in development of the updated Global Strategy for Women, Children & Adolescents and was the implying force in getting adolescent health to be included in the global strategy.
- Secretary, MoHFW, has been elected to serve as President of the COP Bureau (the Conference of the Parties to the WHO Framework Convention on Tobacco Control (FCTC)) for next two years.
- MoHFW is working towards strengthening India's leadership on AMR (Anti Microbial Resistance) and a revised and robust National Action Plan to combat AMR has been released early this year.

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(Release ID: 1513000) Visitor Counter : 4304

