

REFORM MEASURES AND POLICY INITIATIVES

The National Health Mission (NHM) encompasses its two Sub-Missions, the National Rural Health Mission (NRHM) and the National Urban Health Mission (NUHM). The NHM envisages achievement of universal access to equitable, affordable & quality health care services that are accountable and responsive to people's needs. The main programmatic components include Health System Strengthening in rural and urban areas, Reproductive-Maternal-Neonatal-Child and Adolescent Health (RMNCH+A) interventions and control of Communicable and Non-Communicable Diseases. The main Goals of the NHM are "Attainment of Universal Access to Equitable, Affordable and Quality health care services, accountable and responsive to people's needs, with effective inter-sectoral convergent action to address the wider social determinants of health".

The National Urban Health Mission seeks to strengthen the primary health care system in about 1000 cities & towns, with focus on the urban poor. NUHM would improve upon the efficiency of the existing public health system in the cities, by strengthening, revamping and rationalizing the existing Urban Health Posts, Urban Family Welfare Centers and dispensaries managed by Government & Local Bodies. It would also establish synergies with other programmes with similar objectives like Jawaharlal Nehru National Urban Renewal Mission (JNNURM), Swarna Jayanti Shahari Rozgar Yojana (SJSRY) and Integrated Child Development Services (ICDS) to optimize outcomes. NUHM would provide the flexibility to the states to choose the model which suits the need and capacities of the states in addressing the health care needs of the urban poor. The services delivered under the NUHM through the urban PHCs and Urban CHCs would be universal in nature and outreach services would however, be targeted towards the slum dwellers and other vulnerable groups. The 'Swachh Bharat Abhiyan' is a key initiative for behavior change and related health and environment consequences, to supplement the effort of NUHM.

Efforts would be directed towards financial & managerial health systems redesigning to ensure better outcomes under NHM. To encourage the States to show progress in the key institutional reforms in the health sector, an incentive pool has been created under the NHM. States have also been provided greater flexibility in the planning and use of resources based on their healthcare priorities. Accordingly, flexible pool for (i) NRHM-RCH, (ii) NUHM (iii) Communicable Diseases Control Programme and (iv) Non-Communicable Disease Control Programmes, have been formed. All interventions under these flexible pools would

be for interventions from village level to District Hospital level. The NRHM-RCH flexible pool would include interventions under Reproductive Child Health & Mission flexible pools, Routine Immunization, Pulse Polio Immunization and Iodine Deficiency Disorder Control Programme and all health systems strengthening components such as human resources, infrastructure, drugs and equipment, ASHAs, Ambulances, and Mobile Medical Units etc. The flexible pools for Communicable Diseases would inter-alia encompass interventions under Nation Vector Borne Control Programme, Revised National T.B. Control Programme, National Leprosy Eradication Programme and Integrated Disease Surveillance Programme. Interventions under flexible pool for NCDs include National Programme for control of Blindness, District Mental Health Programme, National Programme for Health care for Elderly, National Tobacco Control Programme, National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke etc. Under the Infrastructure Maintenance component NHM, support is provided for maintenance and up gradation of Rural Family Welfare Sub Centres, maintenance and up gradation of Urban Family Welfare Centres, Training of ANMs/ LHV and maintenance of Health and Family Welfare Training Centres, etc. India has the highest TB burden in the world accounting for about 23% of the global total. As per the Tuberculosis report by WHO out of the estimated global annual incidence of 9.6 million TB cases; 2.0-2.3 million were estimated to have occurred in India with a best case estimate of 2.2 million cases. The Revised National Tuberculosis Control Programme (RNTCP) based on internationally recommended strategy of Directly Observed Treatment Short Course (DOTS) has goal to reduce morbidity and mortality from Tuberculosis till it is no longer a major Public health problem. TB mortality in the country has reduced from over 38 per lakh population in 1990 to 17 per lakh population in 2014 as per the Global Tuberculosis Report. The prevalence of TB in the country has reduced from 465 per lakh population in 1990 to 195 in 2014. Nationwide coverage of services for programmatic management of drug resistant TB was achieved in March, 2013. As per the WHO Global TB report of 2015, India has achieved the TB related Millennium Development Goals.

The National Health Mission inter-alia supports augmentation of Human Resources by encouraging States to engage health personnel including doctors, nurses and paramedics, strengthening health infrastructure by providing support to the States for new construction/ upgradation/ renovation of healthcare facilities, strengthening First Referral Units (FRUs) and Operationalization of more 24x7 Facilities, decentralized planning through Village Health Sanitation and Nutrition Committees and Rogi Kalyan Samitis, preparation of District Health Action Plan with convergence from all health related sectors, provisioning for health service delivery especially in un-served and underserved areas through Medical Mobile Units; providing financial assistance to States for selection and training of Accredited Social Health Activists (ASHAs) who act as a link between community and healthcare facilities; establishing Emergency Transport and Patient Transport System, implementation of Janani Shishu Suraksha Karyakram (JSSK) which entitles all pregnant women delivering in public health institutions to absolutely free and no expense delivery, including caesarian section.

The 12th Five Year Plan envisages for extending outreach of public health services and moving towards the long term objective of establishing a system of Universal Health coverage through National Health Mission. This would help in meeting health needs without people having to face financial hardship. The initiatives taken by the Government for prevention and control of communicable and non-communicable disease are sought to be strengthened. The Pradhan

Mantri Swasthya Suraksha Yojana (PMSSY) aims at correcting regional imbalances in the availability of affordable/ reliable tertiary health-care services and augmenting facilities for quality medical education in the country. PMSSY aims to construct AIIMS like institutions in different places in the country and to upgrade State Government Medical Colleges. In the Phase-I of PMSSY 6 AIIMS like institutions have already been constructed at Bhopal, Bhubaneswar, Jodhpur, Patna, Raipur & Rishikesh. Teaching and OPD/IPD services have been started at these institutions. Upgradation work of 10 out of 13 existing Government Medical College has also been completed. Phase-II of PMSSY, AIIMS Rae Bareli and 6 existing State Government Medical College have been partially completed. Under Phase-III of PMSSY, as regards to up-gradation of 39 existing State Govt. Medical Colleges (SGMCs), DPRs of 37 SGMCs have been approved. Cabinet has approved on 07.10.2015 setting up 4 AIIMS one each in Andhra Pradesh, Maharashtra, West Bengal and Poorvanchal in UP and to upgrade 12 more Government Medical Colleges under Phase-IV of PMSSY. Further, setting up 6 new AIIMS one each in Assam, Himachal Pradesh, Jammu & Kashmir, Punjab, Tamil Nadu and Bihar has been announced during Budget Speech 2015-16.

Critical gaps in human resources availability in the public health delivery system were sought to be addressed. Accordingly expansion of medical schools /nursing colleges / paramedical institution received priority. To address the concerns of shortfall in human resources, Government has taken several initiatives to augment human resources in the health sector focusing on medical education, nursing education, paramedical education, etc. To strengthen Government medical colleges, the land requirement norms and infrastructural requirements for opening new medical colleges have been revised. In order to increase availability of doctors and PG seats District Hospitals are being upgraded to Medical Colleges, apart from strengthening and upgrading existing medical colleges with a perspective to increase MBBS seats. In order to meet the shortage of nurses, a scheme is under implementation for opening of 132 Auxiliary Nurse Midwife (ANM) schools and 137 General Nursing and Midwifery (GNM) Schools in the districts of high focus states and also in districts where there are no such schools. This would create 13,500 intake capacity of candidates per year. Food & Drug Regulations also received focused attention. Further, the Central Government seeks to strengthen district hospitals to provide advanced secondary care. Further in keeping with the changing diseases profile within the country the preventive, promotive and curative public health interventions in the areas of non-communicable disease are sought to be addressed. In order to ensure minimum standards of facilities and services in clinical establishments, the Clinical Establishments (Registration and Regulation) Act, 2010 has been enacted for registration and regulation of the Clinical Establishments. This Act would regulate the rates of procedures and services charged by Clinical Establishments in States. The Act has been adopted in 9 states namely; Arunachal Pradesh, Himachal Pradesh, Mizoram, Sikkim, Uttar Pradesh, Uttarakhand, Rajasthan Bihar and Jharkhand and all Union Territories except Delhi under clause (1) of Article 252 of the Constitution. It is expected that other states too would adopt this Act in order to have in place standard treatment guidelines and minimum standards of service facilitating better health care delivery. A web portal for this Act has been developed and provisional registration of Clinical Establishments has been made possible through this web portal.

The burden of Non Communicable Diseases (NCDs) is projected to increase if preventive and control activities for Cancer, Diabetes, Cardiovascular Diseases and Stroke are not put in place, resulting in economic loss though reducing potentially productive years of human life. The National Programme for

Prevention and control of Cancer, Diabetes, Cardiovascular Diseases and Stroke aims at promoting healthy life style through massive health education and mass media efforts at country level, opportunistic screening of persons above the age of 30 years, establishment of Non-Communicable Disease (NCD) Clinics at Community Health Centre and District Hospitals, development of trained manpower, strengthening of Tertiary level health care facilities and up-gradation of Medical Colleges for Cancer Care. Upto September 2015, 36 State/UTs have functional NCD Cells.

HIV prevalence in India for adult (15-49 years) was estimated at 0.26% in 2015 as per the report on 'India HIV Estimation 2015' released recently. The total number of people living with HIV (PLHIV) in India is estimated at 21.17 lakhs in 2015. The National AIDS Control Programme has succeeded in reducing the estimated number of annual new HIV infections in adults by 66% between 2000 to 2015 and 32% decline from 2007. Wider access to antiretroviral therapy (ART) has resulted in a decline of the estimated number of people dying due to AIDS related causes. Major initiatives include up-scaling of strategies such as services to improve coverage as well as quality, communication strategy to focus more on behavioural change than on awareness, sub-population with largest risk of exposure to HIV to receive high priority, reduce transmission of HIV from an infected mother to the infant, PPTCT(Prevention of Parent to Child Transmission) Programme has been strengthened, An IT based Inventory Management System (IMS) launched for tracking inventory at every point of supply chain for ART Drugs & other commodities, ISO certification of various processes of NACO has been achieved; NACO is now ISO 9001:2008 certified, National Toll free AIDS helpline 1097 was launched to facilitate easy dissemination of information related to HIV/AIDS to general public in all Indian languages, 3rd line of ART has been approved for implementation, Mainstreaming and partnerships to facilitate multi-sectoral response engaging a wide range of stakeholders is strengthened, As part of South-to-South Knowledge Exchange initiative on HIV/AIDS is ongoing with the support of World Bank Institute, A strategic plan for North Eastern (NE) States region has been finalised with detailed district level implementation plans for all the eight NE States.

Some Other Major Initiatives:

- **Mission Indradhanush:** The first round of the 1st Phase started from 7th April'2015 (World Health Day) in 28 states covering 201 districts accounted for nearly 50% of all unvaccinated or partially vaccinated children in the country and further extended to 352 districts (which includes 73 districts of phase I) across the country in Phase-II which was started during Oct'2015 to Jan'2016. The target is towards 90% full immunization coverage of India by year 2020. The objective of Mission Indradhanush is to ensure high coverage of children with all vaccines in the entire country with a high focus on the identified districts. Four special intensified immunization drives during phase I and four rounds during phase II were being conducted across the country between April and July 2015 and October 2015 – January, 2016, covering all children up to two years of age and pregnant women for tetanus toxoid vaccine. As on January, 2016, during Mission Indradhanush, 18.9 lakh sessions were held, during which 3.31 crore vaccines were administered to the children and pregnant women. During these immunization rounds 1.33 crore children were vaccinated and a total of 34.8 lakh children were fully vaccinated. Also, a total of 34.8 lakh pregnant women were vaccinated with tetanus toxoid vaccine during these four rounds. To

combat the problem of diarrhoea, zinc tablets and ORS packets were freely distributed to all the children to protect them against diarrhoea. A total of 27.8 lakh ORS packets and 93.2 lakh zinc tablets were distributed to the children till January, 2016 in Mission Indradhanush.

- **India Newborn Action Plan:** India Newborn Action Plan (INAP) was launched in Sept'2014 to end all preventable newborn deaths and reduce still births to single digit by 2030. The present neonatal mortality rate is 28 per thousand live births. India loses about 7.5 Lakh new born (<28 days every year primarily due to prematurity, sepsis and asphyxia. INAP plans to end preventable newborn deaths, identifies ways to accelerate progress and scale up interventions that are high-impact, cost-effective and driven by epidemiological causes. It is aligned not just with Global Every New Born Action Plan, but also takes into account specific contextual needs of India. Goals are set till 2035; however coverage targets and interventions are defined till 2020. Detailed review will be done in 2020 to recommend mid-course corrections / changes. As of now, 15 states have prepared their Newborn Action plans while 10 states are in the process.
- **National Deworming Day:** Worms adversely affect crores of children in the 1-19 year age group across the country. Soil Transmitted Helminths (STH) are a significant public health concern in the country. According to WHO estimates, 24.1 crore children in the age group 1-14 year (68% of the total cohort) are at risk of parasitic intestinal worm infections that impair physical growth and cognitive development. The Ministry observed the first National Deworming Day on 10 February 2015, followed with mop-up activities till 14 February 2015. It was implemented in 277 districts covering 11 States/UTs across 4.7 lakh schools and 3.67 anganwadi centers. Against a target of 10.31 crore children in the 1-19 year group, about 8.98 crore children received deworming drug. While the average national coverage was more than 85%, it touched 95% in places such as Dadra and Nagar Haveli. The Ministry trained 9.49 lakh frontline functionaries, school teachers and principals to accomplish the target. It is envisaged to hold the national Deworming day annually.
- **Intensified Diarrhoea Control Fortnight:** Intensified Diarrhoea Control Fortnight (IDCF) was observed from in July-August, 2014 and 2015. The IDCF has been launched in 33 States/UTs and being planned in rest of States. The first such Fortnight was observed during July-August, 2014. It was later extended to one month with the ultimate aim of 'zero child deaths due to childhood diarrhoea'. During the fortnight, health workers visited the households of under-five children, conducted community level awareness generation activities and distributed ORS packets to the families with children under 5 years of age. School children and mothers were sensitised in addition to demonstration of ORS preparation in the schools and communities. Multi sectoral activities, involving Anganwadi Centres, Schools, Panchayats and Department of Water and Sanitation have been carried out. Approximately 6.6 crore ORS packets were distributed to families having children up to 5 years of age during IDCF 2015. This will help in reducing mortality and morbidity due to diarrhoea in the country. This fortnight is being observed annually in the country.

- **Tobacco Control:** The Ministry of Health and Family Welfare (MoHFW) has taken various multi-pronged initiatives towards reducing consumption of Tobacco and Tobacco products in the country including advocating for higher taxes on all tobacco products and spreading awareness about ill-effects of tobacco consumption. All States have been resulted to issue necessary notifications in order to effectively ban processed/flavoured/scented chewing tobacco such as Gutkha, Zarda etc. and to raise VAT on all tobacco products. As a result of sustained efforts on part of the MoHFW, the Finance Ministry, in the budget for 2015-16, increased excise duty by 25% on cigarettes of length not exceeding 65 mm and by 15% on cigarettes of other lengths. Similar increases have also been imposed on cigars, cheroots, and cigarillos. The MoHFW, on 24th September 2015, notified that the new rules on "tobacco pack pictorial warnings" notified earlier on 15th October 2014 which would come into effect from 1st April 2016. Notably, these rules mandate display of pictorial health warnings on 85% of the principal display area of tobacco product packs on both sides (60% for picture and 25% for text). Two pictorial warnings each for smoking and smokeless tobacco products were notified.
- **New National Health Policy-2015:** In recognition of the need for a new health policy which is responsive to contextual changes that have taken place since 2002 after rapid globalization, the Government has taken the initiative to revise the extant NHP 2002. In this regard, draft of the New Health Policy 2015 has been formulated and placed in public domain for stakeholder consultations based on the feedback/inputs.
- **National Mental Health Policy:** The Health Ministry launched the country's first ever Mental Health Policy in October 2014. The Policy aims to provide universal access to mental healthcare by enhancing understanding of mental health. It clearly spells out the specific roles to be played by the central government, state governments, local bodies and civil society organizations. In 2005, National Commission on Macroeconomics and Health reported 10-20 million (1-2% of population) suffered from severe mental disorders such as schizophrenia and bipolar disorder and nearly 50 million (5% of population) from common mental disorders such as depression and anxiety, yielding an overall estimate of 6.5 per cent of the population.
- **e-Health Including Telemedicine:** Tele-medicine solutions are being promoted to provide quality healthcare to patients in rural/ remote locations by the specialists sitting in another location using information and communication technology to overcome challenge of human resources scarcity for healthcare delivery to remote, difficult, inaccessible and tribal areas in every State & UT. m-Health is also one of the segments of Telemedicine which refers to using mobile communication devices, such as mobile phones and wirelessly-enabled PDAs, to deliver health services and transmit health-related information. m-Health solutions have demonstrated good health outcomes and have a great deal of potential, as mobile phone penetration is increasing. An online registration system for patients with UHID (Unique health Identification) has been operationalized. Patients can now setup appointment with 170 clinics/Departments of AIIMS, New Delhi by registering themselves on the patients Portal of AIIMS.

- **Monitoring and Evaluation:**

- ✓ **Common Review Mission:** 9th Common Review Meeting (CRM) of NHM was held from 30th October, 2015 to 6th November, 2015 in 18 States namely Andhra Pradesh, Assam, Chhattisgarh, Delhi, Haryana, Himachal Pradesh, Jharkhand, Karnataka, Madhya Pradesh, Maharashtra, Manipur, Meghalaya, Odisha, Punjab, Rajasthan, Uttar Pradesh, Uttarakhand and West Bengal to review the processes/ progress of interventions and programmes running under NHM and their impact on accessibility equity, affordability and quality of health care services.

Large scale sample surveys: Large scale sample surveys are conducted to monitor and evaluate the effectiveness, quality and utilisation of services provided by health facilities. The Fourth round of National Family Health Survey (NFHS-4) is in progress in two phases. The main survey field work of NFHS-4 has been completed in all the States/ Regions covered in the first phase except in Assam where the main survey field work is progressing. The Factsheets in respect of 15 first phase States/ UTs viz. Andhra Pradesh, Bihar, Goa, Haryana, Karnataka, Madhya Pradesh, Meghalaya, Sikkim, Tamil Nadu, Telangana, Tripura, Uttarakhand, West Bengal, Andaman and Nicobar Islands and Puducherry are also released and these Factsheets are available on the website of the Ministry. Further out of the 15 States / Regions covered in the second phase, field work of mapping and listing is progressing in 6 States / Regions whereas field work of mapping and listing has already been completed in 9 States / Regions.

- ✓ **Health Management Information System (HMIS):** To provide key inputs for policy formulation and interventions, a web based Health Management Information System (HMIS) portal was launched in October, 2008 to facilitate data capturing at District and lower levels. The HMIS portal has led to faster flow of information and almost all districts in the country are now reporting data on a regular basis. The HMIS has also been rolled out to capture information at the facility level. As on 26.10.2015, 672 districts (out of 674) are reporting facility wise information every month. The remaining districts (2) are reporting consolidated district information. To promote use of HMIS data, standard ready to use reports giving national, State, district and sub-district level key indicators are being generated and refreshed on daily / weekly basis. Further, to improve quality of HMIS data, score cards and dash-boards have been developed and these are being used at the State and district level consultations to highlight the poor performing regions and the programme areas which need more attention
- ✓ **Mother & Child Tracking System (MCTS):** Mother & Child Tracking System (MCTS) is a web based; name based tracking system being implemented across all States/UTs to facilitate timely delivery of antenatal and postnatal care services to all the pregnant women and immunisation to all the children. MCTS provides alerts to health service providers about the services due list and service delivery gaps. Furthermore, the system also provides ready reference about the status of services/ vaccination delivered to pregnant women and children. Under MCTS, appropriate health

promotion messages that are relevant to beneficiaries according to the month of pregnancy or date of birth of the child are being sent to the mobiles of beneficiaries.

Some key Initiatives under NHM:

- ✓ **Launch of National Quality Assurance Framework for Health facilities:** To improve quality of health care in over 31000 public facilities and provide a clear roadmap to states, Quality Standards for District Hospitals (DHs), CHCs and PHCs under National Quality Assurance Framework were rolled out in November, 2014. Certification under this framework has been initiated in 2015.
- ✓ **Launch of Kayakalp- an initiative for Award to Public Health Facilities:** Hon'ble Prime Minister had launched Clean India Campaign (Swachh Bharat Mission) on 02.10.2014. Department of Health and Family Welfare has taken a national initiative 'Kayakalp' to promote high degree of cleanliness, hygiene and infection control practices in public health care facilities which seeks to appreciate and recognize efforts by these public health facilities to create a healthy environment. Under this initiative public healthcare facilities shall be appraised and such public healthcare facilities that show exemplary performance meeting standards of protocols of cleanliness, hygiene and infection control will receive awards and commendation. Further, Swachhta Guidelines for public health facilities to promote Cleanliness, Hygiene and Infection Control Practices in public health facilities were released on 15th May, 2015. The Guidelines provide details on the planning, frequency, methods, monitoring etc with regard to Swachhta in public health facilities.
- ✓ **Free Drugs Service Initiative:** Under the NHM-Free Drug Service Initiative, substantial funding is being given to States for provision of free drugs and setting up of systems for drug procurement, quality assurance, IT based supply chain management system, training and grievance redressal etc. Detailed Operational Guidelines for NHM- Free Drugs Service Initiative have also been released to the States on 2nd July 2015. Model IT application Drugs and Vaccines Distribution Management Systems (DvDMS), has been developed by CDAC and shared with States. 17 States are implementing DVDMS application.
- ✓ **Free Diagnostics Service Initiative:** Operational Guidelines on this Initiative have been shared on 2nd July, 2015. These guidelines also contain model RFP documents for a range of PPPs such as Tele radiology, hub and spoke model for lab diagnostics and CT scan in District Hospitals. 5 States, namely, Andhra Pradesh, Karnataka, Maharashtra, J& K and Tripura have already adopted the model as per national guidelines.
- ✓ **Bio-Medical Equipment Maintenance:** States have been asked to plan interventions for comprehensive equipment maintenance for all medical equipment/machinery. To ensure functionality and optimal utilization of equipment in public health facilities, Operational Guidelines for Bio-Medical

Equipment Maintenance Program and Model RFP document for comprehensive medical equipment maintenance has been developed and shared with States on 16 February, 2015. Many States are in the process of operationalizing this mechanism.

- ✓ **Comprehensive Primary Health Care:** In December 2014, the MoHFW constituted a Task Force to provide a report on roll out of comprehensive Primary Health Care. The Task Force has since submitted its report and the Ministry is now working on operational guidelines to roll out comprehensive primary care. On 11 February, 2015, a concept note on piloting Health and Wellness Centers (HWC) was prepared by the Ministry and shared with States for proposing pilots under NHM. The Health and Wellness centers are to be headed by a mid-level service provider (who would be either an AYUSH or Nurse Practitioner trained through a bridge course in primary health care or public health) with a primary health care team including ANMs, ASHAs, and AWW of the sub center area. The package of healthcare services include screening of NCDs such as diabetes, hypertension and common cancers at the sub-centre /Primary Health Centre. One important innovation is the provision of performance based team incentives linked to achievement of key indicators built around comprehensive primary health care.
- ✓ **Kilkari & Mobile Academy:** To create proper awareness among pregnant women, parents of children and field workers about the importance of Ante Natal Care (ANC), institutional delivery, Post-Natal Care (PNC) and immunization, the first phase of Kilkari has been launched on 15 January, 2016 in 6 states viz. Uttarakhand, Jharkhand, Uttar Pradesh, Odisha, Rajasthan & Madhya Pradesh (HPDs). Kilkari is an Interactive Voice Response (IVR) that delivers free, weekly, time-appropriate 72 audio messages about pregnancy, child birth and child care directly to families' mobile phones from the second trimester of pregnancy until the child is one year old. The first phase of Mobile Academy was also launched on 15 January, 2016 in 4 states viz. Uttarakhand, Jharkhand, Rajasthan & Madhya Pradesh. Mobile Academy is a free audio training course designed to expand and refresh the knowledge base of Accredited Social Health Activists (ASHAs) and improve their communication skills. Mobile Academy offers ASHAs a training opportunity via their mobile phones which is both cost-effective and efficient. It reduces the need to travel – sometimes great distances – and provides them the flexibility they need to learn at their own pace and at times they find convenient.