

EXECUTIVE SUMMARY

The Government of India in association with States on the spirit of cooperative federalism have been implementing various programmes to provide affordable, equitable, accessible and quality health care especially to the marginalised and vulnerable sections of the population. National Health Mission (NHM) is the main plank of rural health care interventions through improvements made across the rural health delivery system in the country. Emphasis was accorded to reducing disparities in health care across regions and communities by ensuring access to affordable health care. National Health Mission (NHM) has promoted decentralised planning and implementation providing flexibility to states and local body institutions resulting in improved programme management, innovative practices in health care delivery, improved and better drug availability, etc. The Twelfth Five Year Plan envisages building on the achievements of the Eleventh Plan for extending outreach of public health services and for moving towards the long term objective of establishing a system of Universal Health coverage through National Health Mission. The National Health Mission envisages effective inter-sectoral convergent action to address the wider social determinants of health. Under the National Health Mission, incentives are provided to those States and UTs which undertake health sector reforms that lead to greater efficiency and equity in health care delivery. Progress towards a healthier nation is closely correlated to progress in related sectors as there is circularity in relationship between the health sector and other sectors/environment of the economy like education, gender sensitivity, poverty, housing amenities, employment, nutrition, environmental pollution, availability of clean drinking water and sanitation. These have a bearing on health sector.

Achievements

Over the period, health indicators, especially life expectancy at birth, maternal and child mortality rate have shown remarkable improvement, despite variations in health outcomes across States. According to the SRS, Registrar General of India, Maternal Mortality Ratio (MMR) in India declined from 178 per one lakh live births during the period 2010-12 to 167 per one lakh live births for the period 2011-13. As per the latest Sample Registration System (SRS) figures, Infant Mortality Rate (IMR) at national level is 40 per 1000 live births in 2013 with 44 in rural and 27 in the urban areas. Goa has the lowest IMR 9 per 1000 live births followed by Manipur with 10. Madhya Pradesh and Assam has the highest IMR at 54 per 1000 live births. Total Fertility Rate (TFR) steadily declined from 2.9 in 2005 to 2.3 in 2013 (rural 2.5 & urban 1.8). 24 states i.e. Goa, Manipur, Tamil Nadu, Tripura, Kerala, Andhra Pradesh, Telangana, Uttaranchal, Himachal Pradesh, Odisha, West Bengal, Punjab, Delhi, Maharashtra, Karnataka, Mizoram, Nagaland, Jammu & Kashmir, Sikkim and 5 UTs i.e. Andaman & Nicobar Islands, Puducherry, Chandigarh, Daman & Diu and Lakshadweep have already achieved replacement level fertility (i.e. 2.1 or less). West Bengal now has India's lowest fertility rate (1.6). The challenge lies in reducing inter-state and intra-state disparities

National Rural Health Mission (NRHM), launched in 2005, has been able to make a substantial improvement in public healthcare delivery system to provide an integrated and holistic approach to primary and secondary care under its overarching umbrella. Better infrastructure, availability of manpower, drugs and equipment and other factors have led to improvement in health care delivery and increase in OPD and IPD services. The Accredited Social Health Activist (ASHA) has been active in all states as an essential link between the community and the public health system. Under the NRHM, over 1,72,876 health human resources have been added to the health system across the country (up to June'2015) which include 10,618 allopathic doctors/specialists, 24,890 AYUSH doctors, 73,154 Auxiliary Nurse Midwives (ANMs), 40,847 staff nurses, and 23,367 paramedics including AYUSH paramedics. Accredited Social Health Activists (ASHAs) are engaged in each village / large habitation in the ratio of one per 1000 population. Till 30th June'2015, 9.15 lakh ASHAs have been selected in the entire country out of which 8.82 lakh have been positioned after training and provided with drug kit. Further, as part of infrastructure strengthening under NRHM, so far the construction of 16,051 Sub-Centres, 1,362 PHCs, 356 CHCs have been newly constructed. Also, renovation/ upgradation of 12,992 Sub-Centres, 8,196 PHCs 2,480 CHCs and 613 SDHs have been completed. 8,420 PHCs are made functional round the clock (24x7) and 2,706 facilities were operationalized as First Referral Units (FRUs). 7,358 (Dial 108) Emergency Response Service and 6290 vehicles (Janani Express, Mamta Vahan etc.) have been empanelled for free transporting, pregnant women to public health facilities for institutional delivery and back

Under Reproductive and Child Health Programme (RCH), 602 Special New Born Care Units (SNCUs), 2228 New Born Stabilisation Unit (NBSUs) and 16968 New Born Care Corners (NBCCs) have been established throughout the country till Sept'2015. The number of beneficiaries under Janani Suraksha Yojana (JSY) has increased from 7.39 lakhs in 2005-06 to more than 104.38 lakhs in 2014-15. The total number of JSY beneficiaries during 2015-16 (up to Sept'15) was 43.17 lakhs. Percentage of institutional deliveries against reported deliveries up Sept. in 2015-16 is 88.2%. Janani Shishu Suraksha Karyakram (JSSK) entitles all pregnant women delivering in public health institutions to absolutely free and no expense delivery including Caesarean section. The initiative stipulates free drugs, diagnostics, blood and diet, besides free transport from home to institution, between facilities in case of a referral and drop back home. Similar entitlements have been put in place for all sick new-borns and infants accessing public health institutions for treatment. The implementation under JSSK is being strengthened in States. Immunisation in India is an important component of Reproductive and Child Health Programme. Various activities such as National Immunization Days and Sub National Immunization Days (SNID) continued to be observed in States. With effective immunization strategy initiatives, it has been possible to eradicate polio from the country and WHO has declared India free from Polio. National Technical Advisory Group on Immunization (NTAGI) has recommended an introduction of four new vaccines in routine immunization i.e. Rubella vaccine, Inactivated Polio vaccine (IPV), Rota vaccine and Adult JE vaccine which is also being implemented in the country in a phased manner.

Mission Indradhanush has been also launched in the country initially in 28 states covering 201 districts during Phase-I and 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 aim is to move 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 focused

attention on the 480 identified districts. Four special intensified immunization drives were conducted across the country between April and July 2015, starting from 7th April 2015 and 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.

Various initiatives are underway for prevention and control of Vector borne diseases like Malaria, Filariasis, Kala-azar, Japanese Encephalitis (JE), Dengue and Chikungunya. Malaria has shown a declining trend since 2011. Malaria incidence reported by states is around 1.03 million cases and deaths 273 (up to November, 2015 as compared 1.10 million cases and 562 deaths of Malaria reported during, 2014. During 2015 (up to 29th Dec.), a total no. of 97740 dengue cases and 200 deaths have been reported as compared to 40571 Dengue cases and 137 deaths during 2014. Chikungunya cases have shown a declining trend after its re-emergence in 2006. During 2015 (up to 29th Dec.), a total no. of 26912 cases of clinically suspected Chikungunya have been reported as compared to 16049 clinically suspected cases of Chikungunya during 2014 and 1.39 million during 2006. For prevention of Japanese encephalitis, the vaccination programme for children 1 to 15 years is being carried out since 2006 in high priority districts. Till 2015, 182 Japanese Encephalitis (JE) districts across endemic states have been covered out of 204 endemic districts. During 2015 (up to 29th Dec.) a total no. of 8405 cases and 1171 deaths of AES including JE have been reported as compared to 10867 cases and 1719 deaths during 2014. Kala-azar at present is endemic in 54 districts of four endemic states viz., Bihar (33), Jharkhand (4), West Bengal (11) and Uttar Pradesh (6). The Kala-azar Control Programme was launched way back in 1990-91. The annual incidence of disease has come down from 77,102 cases in 1992 to 9241 cases in 2014 & deaths from 1,419 to 11 respectively. During 2015, till December, 7720 cases of Kala-azar and 5 deaths have been reported. Govt. of India provides 100% cash assistance under domestic support to Kala-azar states for meeting out operational cost of spray and spray workers' wages. All precautionary steps were undertaken in consultation with WHO and other stakeholder Ministries for prevention of Ebola outbreak in the country. To address the rising incidence of non-communicable diseases, a national programme for prevention and control of Cancer, Cardiovascular Diseases, Diabetes and Stroke is being implemented. State level and Tertiary Care Cancer Centres are being set up to address concerns on rising incidences of cancer. Government has launched the first ever National Mental Health Policy with the objective to provide universal access to mental health care. While interventions upto District level in the field of Mental Health are being undertaken through the District Mental Health Programme, for tertiary level support, the National Mental Health Programme is being implemented. Geriatric health care is also an area of focus. 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.

In order to reduce the regional gap in the availability of tertiary health care in the States, the Pradhan Mantri Swasthya Suraksha Yojana (PMSSY) has been implemented to augment facilities for quality medical education and services 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 Bareilly 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.

Central Government hospitals and autonomous institutions of Medical Education under the Ministry, have been catering to increased number of patients, both outpatient and inpatient. The infrastructural facilities in Dr. RML Hospital, New Delhi, Safdarjung Hospital, Lady Hardinge Medical College & Kalawati Saran Children's Hospital, New Delhi and other Central Government hospitals are being strengthened to meet their requirements. High standards of patient care and advanced diagnostic and therapeutic measures continue to be taken by AIIMS, New Delhi, PGIMER, Chandigarh, JIPMER, Puducherry and NIMHANS, Bengaluru. An online registration system for patients with Unique Health Identification (UHID) number was also operationalized at AIIMS, New Delhi for appointments with various clinics/ Departments. Hon'ble Prime Minister had launched Clean India Campaign (Swachh Bharat Mission) on 02.10.2014. Ministry of Health & Family Welfare, Government of India, has launch a national initiative 'KAYAKALP' on 15th May, 2015 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.

To strengthen human resources in the health sector, Government has taken several initiatives focusing on medical education, nursing education, paramedical education, etc. Some of the initiatives undertaken by the Department of Health and Family Welfare to improve and upgrade the medical, dental and nursing education in the country includes Establishment of new Medical Colleges attached with District Hospital, Strengthening of State Government Medical Colleges for increasing MBBS seats, establishing new All India Institute of Medical Sciences (AIIMS) and upgrading State Government Medical Colleges under PMSSY. In order to increase the undergraduate/postgraduate medical seats, Central Government, in consultation with Medical Council of India (MCI), has relaxed the norms relating to: teacher student's ratio, enhancement of maximum intake capacity at MBBS level, requirement of land, faculty, staff, bed strength and other infrastructure for setting up of medical colleges. Central Government is also providing financial assistance for up-gradation of State Government Medical Colleges to increase PG seats in various disciplines. Under the Centrally Sponsored Scheme of strengthening/ up-gradation of Nursing Services the Government has approved 132 Auxiliary Nurse Midwife

(ANM) Schools and 137 General Nursing and Midwifery (GNM) Schools in various States in order to build capacity, improve the infrastructure in nursing institutions and improve quality of nursing education. So far 125 ANM schools and 133 GNM schools have been approved across the country.

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 2000-2015 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 strengthen, 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 strengthen, 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.

Thrust areas during 12th Five Year Plan and 2015-16

During the 12th plan period, public health care services are sought to be further expanded to cover the urban areas. National Urban Health Mission (NUHM) was launched on May 1st 2013 as a sub-mission of an overarching National Health Mission, with NRHM being the other sub-mission. Apart from continuing activities, recent initiatives such as Janani Shishu Suraksha Karyakram (JSSK), Name based Mother and Child Tracking System (MCTS), delivery of contraceptives to doorsteps, Menstrual Hygiene Scheme, have been carried forward from the Eleventh Five Year Plan. The coverage under the JSSK is being expanded to include no expense care for antenatal and post natal complications of mothers and all infants. Further, a strategic approach to RMNCH+A (Reproductive, Maternal, New born, Child Health + Adolescent) has been launched, in which new focus on adolescents health has been included in recognition of the fact that without adolescent health,

maternal and child health outcomes may not be achieved efficiently. In consonance with the RMNCH+A approach, the Rashtriya Kishor Swasthya Karyakram (RKSK) was launched during January, 2014 in order to comprehensively address the health needs of the country's adolescent population. Rashtriya Kishor Swasthya Karyakram focuses on six areas of health: sexual and reproductive health, life skills, nutrition, injuries and violence (including gender based violence), non-communicable diseases, mental health and substance misuse. The key strength of the program is its health promotion approach. It is a paradigm shift from the existing clinic-based services to promotion and prevention and reaching adolescents in their own environment, such as in schools and communities. With effective immunization strategy initiatives, the various activities such as National Immunization Days and Sub National Immunization Days (SNID) continued to be observed in States. Mission 'Indradhanush' was also launched in the country initially in 28 States covering 201 districts during phase -I and was further extended to 352 districts (which also includes 73 districts of first phase) of 34 States/UTs to achieve 90% vaccine coverage.

. The national disease control programmes are being organised under one pool under the NHM allowing flexible funding for these programmes so as to help states better address their state specific health problems. Further, NCDs at primary and secondary level has been brought under a flexi-pool under the NHM. An Incentive Fund within NHM has been created to encourage the states to undertake sector wide health reforms.

The key strategies under the National AIDS Control Programme Phase-IV (2012-2017) includes intensifying and consolidating prevention services with a focus on High Risk Groups (HRGs) and vulnerable population, increasing access and promoting comprehensive care, support and treatment, expanding IEC services for general population and high risk groups with focus on behaviour change and demand generation, building capacities at national, state and district levels and strengthening the Strategic Information Management System. Prevention and Care, Support & Treatment (CST) form the two key pillars of all HIV/AIDS control efforts in India. The focus is to accelerate the process of reversal and further strengthen epidemic response in India.

Further, with the 14th Finance Commission (2015-20) recommendation of a larger share of devolution of tax resources (from 32% to 42%) to States would provide significant flexibility for States in designing the schemes and programmes enabling activities as per state priority, on the related sectors thereby targeting the health sector through a more brand canvas.