



Ministry of Health & Family Welfare
Government of India

FIVE YEARS (2009-2014)
ACHIEVEMENTS
&
NEW INITIATIVES



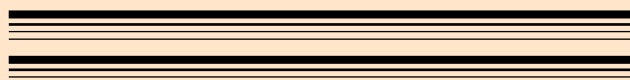
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A healthy and productive workforce is an asset for any country, contributing significantly to overall development. Path breaking steps taken by the Ministry of Health & Family Welfare, Government of India, aimed at improving health infrastructure, medical education, regulatory oversight and health awareness, have led to the increased availability and affordability of health services and products for the people.

Due to increased public investment in health, the growth of primary health sector has now assumed a critical mass in terms of both infrastructure and human resources. There has also been a concerted effort in synergizing the health infrastructure at the secondary and tertiary level, both in public and private sector to provide equitable and quality health care to every strata of the society in all regions of the country.

The five years of the UPA Government have seen major developments particularly in the socio-economic spheres for the benefit of the common man. Various milestones have been achieved but recognizing people's faith in us, we will continue to strive for their betterment in all humility.

National Health Mission

National Rural Health Mission:

National Rural Health Mission was launched by the UPA Government in 2005. Under NRHM, financial assistance has been provided to the States/UTs for health systems strengthening which inter alia includes augmentation of infrastructure, human resources and programme management, emergency response services, Mobile Medical Units, community participation including engagement of ASHAs, involvement of Rogi Kalyan Samitis, mainstreaming of AYUSH and availability of drugs and equipment etc. Central assistance of more than Rs. 101288 crores (cash & kind) have been released to States/UTs under NRHM since inception in a bid to increase public spending on health. There has also been a significant improvement in the utilization and absorption capacity of the states under NRHM. The progress made under health system strengthening is briefly summarized below:

Infrastructure:

- NRHM seeks to strengthen public health delivery system at all levels as per IPHS. More than 27,400 new construction works have been sanctioned till December 2013, since the inception of the Mission. These include 23315 Sub Centres (SC) and 3389 Primary Health Centres, 526 Community Health Centres, 85 Sub District Hospitals and 93 District Hospitals. Of these, 14881 works have been completed.
- Over the last five years, the number of new construction works sanctioned under NRHM increased from about 7500 to over 27,400.
- In addition, 29,703 facilities have been taken up for major renovation and up-gradation till December 2013. These include 16954 Sub Centres, 8475 Primary Health Centres, 3009 Community Health Centres, 606 Sub District Hospitals and 659 District Hospitals. Of these, 21238 works have been completed.
- The numbers of First referral Units (FRUs) has increased significantly from 940 in 2005 to 2653 in 2013-14.
- There are now 8743 PHCs which are working round the clock, compared to 1263 in 2005.

Human Resources

- Augmentation of human resources (HR) is one of the key thrust areas under NRHM. In 2013, the total number of technical HR supported under NRHM increased to 1.49 lakh, which includes 23079 doctors/ specialists including AYUSH doctors, 35172 Staff Nurses, 20011 para-medics including AYUSH paramedics and 70891 ANMs.
- Similarly in the same period, the total HR supported for programme management increased to 10311 which includes 590 District Programme Managers, 601 District Accounts Managers, 4579 Accountants at Block level and 4541 Accountants at PHC level
- Further, multi-skilling of doctors is being supported under NRHM to overcome the shortage of specialists.
- Monetary incentives such as hard areas allowances and special packages are provided to staff in difficult and most difficult areas. Non-Monetary incentives such as preferential admission in post graduate courses for staff serving in difficult areas and improving accommodation arrangements in rural areas have also been introduced.

Mainstreaming of AYUSH

- To improve access to Indian Systems of Medicine, 15525 AYUSH facilities are located at various healthcare facilities including PHCs, CHCs and Districts Hospitals.
- 11925 AYUSH doctors and 4785 AYUSH paramedics are engaged under NRHM.
- NRHM is providing funds for drugs, capacity building and IEC for AYUSH

ASHA

- The total number of ASHAs engaged by States/UTs increased from 7.06 lakh in 2009 to 8.90 lakh in 2013.
- To further enhance the skill of ASHAs, they are now being trained on Home Based New Born Care and have been provided HBNC kits. This is to improve newborn care practices at the community level and early detection and referral of sick new born babies in first 42 days of life.
- For career progression of ASHAs, States have been asked to give priority to ASHAs in ANM/ GNM schools, subject to their meeting the eligibility criteria. Five states have already implemented this initiative.
- A proposal for certification of ASHAs to enhance competency and professional credibility of ASHAs by knowledge and skill assessment has been approved recently. The certification will be done by National Institute of Open Schooling (NIOS).
- The cost norms for ASHAs have been enhanced from Rs. 10,000 per ASHA to Rs. 16,000 per ASHA
- The rates of existing performance based incentives for ASHAs have been enhanced and fresh incentives have also been introduced including those for routine activities so as to ensure that each ASHA gets at least Rs. 1000 a month.

Free Drugs:

- Extremely high out of pocket expenditure on health care due to high cost of drugs and diagnostics have proved to be deterrent in provision of accessible and affordable healthcare for all.
- Under NRHM, a concerted effort was made to sensitize the states towards the huge benefits of free essential drugs and funding available under the Mission was leveraged to support and reward states that agreed to launch free drugs initiative by increasing their own state budget for this purpose.
- Upto 5% additional funding (over and above the normal allocation of the state) under the NRHM was introduced as an incentive from last year i.e. 2012-13 for those states that introduce free medicines scheme.
- In addition, funding within their annual allocation under the Mission was provided for free medicines initiative as supplemental to their state budget.
- Funding was also provided to strengthen systems for introducing free medicines e.g ware houses, drug testing labs, procurement systems and capacities, quality assurance and IT infrastructure for improved logistics
- 28 states have now notified policy/scheme of free drugs with limited or substantial help under NRHM.
- From the current year, substantial funding (more than 50% of what the State budget provides) is available to States to implement the NHM Free Drugs Service Initiative.

- During the last two years, Rs. 3501.39 crores have been sanctioned to States/UTs for providing free drugs to patients in public health facilities.

Mobile Medical Units (MMUs)

- To render services to underserved population, 2062 MMUs have been approved for 424 districts.
- All Mobile Medical Units are being repositioned as “National Mobile Medical Unit Service” with universal colour and design.

Emergency response services and patient transport system

- Prior to launch of NRHM, Call Centre based ambulance network was virtually nonexistent. Now 28 States have the facility where people can dial 108 or 102 telephone number for calling an ambulance
- 108 is emergency response system, primarily designed to attend to patients of critical care, trauma and accident victims etc.
- 102 services essentially consist of basic patient transport aimed to cater the needs of pregnant women and children though other categories are also taking benefit and are not excluded. JSSK entitlements e.g. free transfer from home to facility, inter facility transfer in case of referral and drop back for mother and children are the key focus of 102 service
- As of now 15361 Dial-108/ 102 ambulances have been supported under NRHM. Further, 4769 empanelled vehicles are also being used in some States to provide transport to pregnant women and children e.g. Janani express in MP, Odisha, Mamta Vaahan in Jharkhand, Nishchay Yaan Prakalpa in West Bengal and Khushiyon ki Sawari in Uttarakhand.
- The total number of vehicles for emergency response services/ patient transport systems has increased significantly over the last five years from about 5000 to over 20,000.
- 102 & 108 ambulances have been repositioned as “National Ambulance Service” with universal colour and design.

Community Participation

- To ensure involvement of the communities in over-seeing the provisioning of health care and to redress the public grievances, a total of 31358 Rogi Kalyan Samitis (RKS) and 511670 Village Health Sanitation and Nutrition Committees (VHSNCs) have been created under NRHM.
- Further, during the last five years Rogi Kalyan Samities have been sanctioned Rs 6005.43 Crores as untied funds, annual maintenance grants and corpus grants.

Untied Grants:

- To allow greater flexibility and facilitate responsive allocation to public health facilities the untied grants (annual maintenance grants, RKS corpus grants and untied grants) have been enhanced and merged into a single pool.
- Further 50% of untied grants have been linked to caseloads and performance. This will enable allocation of funds to facilities based on number of patients, fund utilization, range of services etc.

Prioritisation of districts for intensification of health interventions:

- To ensure equitable health care and to bring about sharper improvements in health outcomes, a systematic effort to effectively address the intrastate disparities in health outcomes has been undertaken.
- At least 25% of all districts in each state have been identified as high priority districts based on a composite health index. All tribal and LWE affected districts which are below the State's average of composite health index have also been included as high priority districts. Similarly all LWE and tribal districts have also been designated as special focus districts.
- These districts would receive higher per capita funding, relaxed norms, enhanced monitoring and focussed supportive supervision, and encouraged to adopt innovative approaches to address their peculiar health challenges. Technical support from all sources is being harmonised and aligned with NRHM to support implementation of key intervention packages.

System of Incentives and Disincentives

- To encourage the States to bring in crucial health sector reforms, a provision of incentives/ disincentives has been introduced under the NHM.
- Sector wide reforms in areas such as responsiveness, transparency and accountability, policy and systems to provide free generic medicines to all in public facilities, quality assurance, Inter-sectoral convergence, state providing more than 10% increase in its annual health budget, creation of a public health cadre etc. would attract additional allocation.
- On the other hand, failure to implement key conditionalities such as rational deployment of health human resources, facility-wise performance audit, implementation of free entitlements under Janani Shishu Suraksha Karyakram etc may led to reduction in allocation.

Mandatory Disclosures:

- To ensure transparency and improve accountability under NHM, mandatory disclosures of key services by States in public domain have been prescribed. These include facility wise deployment of all HR, facility wise service delivery data, details of services provided by Mobile Medical Units and ambulance services, procurements, construction of public health facilities etc

Increase in Service Utilization:

- In terms of service delivery, significant progress has been made under NRHM.
- Annual OPD in government institutions increased from 54.40 Crores to 91.31 Crores (68 % increase) between 2009-10 and 2012-13.
- Annual IPD increased from 2.15 Crores to 4.26 Crores (98 % increase) between 2009-10 and 2012-13.
- Number of General Surgeries performed annually increased from 46.49 lakh to 97.17 lakh (109 % increase) between 2009-10 and 2012-13.
- Number of Caesarean sections performed annually increased from 8.19 lakh to 11.56 lakh (41 % increase) between 2009-10 and 2012-13.

Financial Management Group (FMG) initiatives for strengthening of Financial Management:

FMG has undertaken numerous initiatives for supporting the program in order to make the NRHM/NHM more effective, transparent and accountable. Some of its initiatives are as follows:

- Transaction audit of NRHM/NHM by C&AG from 2011 onwards for all the States.
- Performance audit of NRHM/NHM for two years by Institute of Public Auditors of India (IPAI) for 19 States covering 38 districts.
- Preparation and dissemination of “Operational Guidelines for Financial Management” under National Rural Health Mission.
- Development and roll out of “Model Accounting Hand Books” for finance staff at sub district level in all 35 states.
- Advisories and Guidelines for Rogi Kalyan Samitis (RKS), Untied Funds, State Share, Diversion of Funds etc.
- Strengthening mechanisms for Statutory and Concurrent Audit by timely revision of guidelines for appointment of Auditors and the compliance strategies.
- Development of “E- training Modules” for capacity building of financial staff covering internal controls, planning & budgeting, induction and orientation, accounting & book-keeping etc..
- Periodic Review and updation of Financial Monitoring Reports submitted by States.

National Urban Health Mission

- The National Urban Health Mission (NUHM) as a sub-mission of National Health Mission has been approved by the cabinet on 1st May 2013 and launched on 20th January 2014, to meet the health care needs of the urban population with the focus on urban poor and vulnerable sections.
- NUHM would cover all state capitals, district headquarters and cities/ towns with a population of more than 50000. It would primarily focus on slum dwellers and others marginalized groups like rickshaw pullers, street vendors, railway and bus station coolies, homeless people, street children, construction site workers, etc.
- Under NUHM, a provision of Rs1000 Crores has been made in 2013-14.



The Union Minister for Health & Family Welfare, Shri Ghulam Nabi Azad flagging off the 'Nagu-Magu', an ambulance service for pregnant women, in the presence of the Chief Minister of Karnataka, Shri K. Siddaramaiah, at Bangalore on January 20, 2014.

Reproductive, Maternal, New Born, Child plus Adolescent Health (RMNCH+A)

- At the "Call to Action" summit at Mahabalipuram in February 2013, India took the lead in articulating 'A Strategic approach to Reproductive Maternal, Newborn, Child and Adolescent health (RMNCH+A)'. This approach, for the first time, brings focus on adolescents as a critical life stage and linkages between child survival, maternal health and family planning interventions.
- The approach aims to strengthen the referral linkages between community and facility based health services. It also lays emphasis on health systems strengthening as the foundation on which technical interventions must be overlaid for effective outcomes. Following the National Call to Action where this strategic approach was unveiled, State Calls to Action have been organised across the country to ensure quick implementation.

Reproductive Health

- The Total Fertility Rate has declined from 3.2 in 2000 to 2.4 in 2012 (SRS-2012), with 23 States and UTs having already achieved the replacement level of fertility of 2.1.
- Rate of decline of TFR has accelerated by 52.3% during 2006-2011 as compared to 2000-2005. Rate of decline from 2000 to 2005 was 9.38% and from 2006 to 2012 was 14.29%.
- As per 2011 census, India's population is 1.21 billion. This decade (2001-2011) has witnessed the steepest decline in growth rate, since independence, from 21.54% in 1990-2000 to 17.64% in 2001-2011.
- For the first time, there is a significant fall in the growth rate of population in the Empowered Action Group (EAG) States after decades of stagnation.
- Against a back drop of a declining TFR and CBR, performance in sterilization and IUCD insertions have stood firm in the last 3-4 years.
- Family Planning Program has been repositioned to not only achieve population stabilization but also to reduce maternal mortality and infant and child mortality. More emphasis is now being given to the healthy spacing between births.

New Strategic focus on Spacing Methods:

- Basket of choice has been now improved through the introduction of a new IUCD-375 of 5 years duration
- A new method of spacing for the post-partum women has been introduced: Introduction of post-delivery IUCD insertion (PPIUCD)



Counselling for spacing methods



Counselling for spacing methods

- More personnel are being trained in IUCD insertion at all levels
- Interval IUCD services are also being promoted on two fixed days at sub-centre and PHC level.

Scheme of Home Delivery of Contraceptives by ASHAs (Launched in July 2011):

- The scheme aims to improve access to contraceptives by the eligible couples, through distribution of contraceptives at the doorstep of beneficiaries by ASHAs.
- Initially launched in 233 districts of 17 states, the scheme has now been expanded to all districts of the country from Dec.17, 2012.
- Presently 8.9 lakh ASHAs in the country are distributing contraceptives at the doorstep of beneficiaries.

Scheme of Ensuring Spacing at Birth (Launched in May 2012):

- Services of ASHAs are being utilised in counselling newly married couples to ensure spacing of 2 years after marriage and to have spacing of 3 years after the birth of 1st child. The scheme is operational in 18 states (8 EAG, 8 north eastern, Gujarat and Haryana).
- ASHA is being paid following incentives under the scheme:
 - o Rs. 500/- for ensuring spacing of 2 years after marriage.
 - o Rs. 500/- for ensuring spacing of 3 years after the birth of 1st child
 - o Rs. 1000/- in case the couple opts for a permanent limiting method up to 2 children only.

Emphasis on Postpartum Family Planning (PPFP) services:

- Capitalizing on the opportunity of increased number of women opting for institutional deliveries, to reduce the huge unmet need in the post-partum period, post-partum IUCD services (PPIUCD) and post-partum sterilization are being provided at high case load facilities by trained health service providers.

- Specialized technical support is being provided to 6 high focus states (Bihar, Chhattisgarh, Jharkhand, Madhya Pradesh, Rajasthan and Uttar Pradesh) to train service providers in PPIUCD at DH and SDH level.
- Other states are also being urged to undertake PPIUCD trainings for improved service delivery.

Improved counselling through RMNCH Counsellors:

- Availability of RMNCH (Reproductive Maternal Newborn and Child Health) Counsellors at the District level, high case load facilities to ensure counselling of the clients visiting the facilities. 1301 counsellors have been also approved across country and Rs. 8.07 crores has been budgeted for the same in 2013-14.

Celebration of World Population Day & fortnight (July 11 – July 24):

- It is being celebrated all over India since 2009 and the event is observed over a month long period, split into:
 - June 27 to July 10: “Dampati Sampark Pakhwada” or “Mobilisation Fortnight”
 - July 11 to July 24 “Jansankhya Sthirtha Pakhwada” or “Population Stabilisation Fortnight”
- It has been made a mandatory activity from 2012-13 and budgets approved in advance in PIP of all states. The performance is significant each year with an average of 2 lakh sterilization and 4 lakh IUCDs being inserted each year.

Increasing provider’s base for providing IUCD services:

- Government of India is in process of task shifting by utilizing its army of doctors qualified in Indian Systems of Medicine (Ayurveda, Unani, Siddha and Homeopathy) for the provision of IUCD services after undergoing a structured training, at peripheral public health facilities.

Free availability of commodities:

- To ensure better access of family planning commodities, all commodities are being made available at all public health facilities free of cost.

Pregnancy Testing Kits (PTK):

- Free supply of Pregnancy Testing Kits (PTKs) at community level through ASHAs has been initiated to address unintended pregnancies.
- The PTKs is a part of ASHA drug kit and are distributed free of cost to the clients in field by ASHAs.

Safe Abortion Services:

- Capacity Building of doctors for expanding safe abortion services at public health facilities has been undertaken along with assured supply of drugs and equipments.

Maternal Health

- Maternal Mortality Ratio (MMR) in India was exceptionally high in 1990 with 600 women dying during child birth per hundred thousand live births. Approximately 1.5 lakh women were dying every year on account of complications related to pregnancy and child birth. The global MMR at the time was much lower at 400. There has however, been an accelerated decline in MMR in India. In 2011, MMR in the country has declined to 178 against a global MMR of 210. The number of maternal deaths stands reduced by 70%. India's share among global maternal deaths has declined significantly from 27.3% in 1990 to 16.4% in 2011
- State of the art Maternal and Child Health Wings (MCH wings) have been sanctioned at District Hospitals/ District Women's Hospitals and other high case load facilities at sub- district level, as integrated facilities for providing quality obstetric and neonatal care. More than 28,400 beds for women & children are being added across 470 health facilities in 18 States.
- For bringing pregnant women to health facilities for ensuring safe delivery and emergency obstetric care, Janani Suraksha Yojana (JSY), a demand promotion scheme was launched in April 2005. The number of JSY beneficiaries has risen from 7.39 lakhs in 2005 to more than 106.00 lakhs in 2013, with the expenditure on this scheme increasing from Rs 38.29 crores to Rs 1640 crores . Institutional deliveries in India have risen sharply from 47% in 2008 to over 84 % now.



Smt. Sonia Gandhi, Chairperson NAC launching JSSK in Mewat (Haryana) on June 01, 2011

- Building on the phenomenal progress of the JSY scheme, Government of India has launched *Janani Shishu Suraksha Karyakaram* (JSSK) on 1st June, 2011. The initiative entitles all pregnant women delivering in public health institutions to absolutely free and no expense delivery, including caesarean section. The entitlements include free drugs and consumables, free diet up to 3 days during normal delivery and up to 7 days for C-section, free diagnostics, and free blood wherever required. This initiative also provides for free transport from home to institution, between facilities in case of a referral and drop back home. Similar entitlements were put in place for all sick newborns accessing public health institutions for treatment till 30 days after birth. In 2013, the scheme was expanded to cover complications during ante-natal and post-natal period and also sick infants upto 1 year of age. To implement this scheme, over Rs 5500 crores have so far been allocated to the States under NHM.
- Utilization of public health infrastructure by pregnant women has increased dramatically as a result of JSY & JSSK. As many as 1.66 crore women delivered in Government and accredited health facilities last year.
- RMNCH+A approach emphasizes the role of highly skilled & empowered nurses in maternal and child Health. To improve the quality of training of nurses, training institutions for nursing –midwifery are being strengthened. Skill labs are being set up to enable service providers to acquire the necessary skills for providing quality RMNCH+A services.
- A new initiative has been taken for advance distribution of Misoprostol during late pregnancy by ASHAs, to prevent post-partum haemorrhage and incentivisation of ANMs to conduct domiciliary deliveries in notified areas where institutional deliveries are difficult.

Mother and Child Tracking System (MCTS) & Mother and Child Tracking Facilitation Centre (MCTFC)

- MCTS is a name based web based service that captures the details of pregnant women and children up to 5 years and aims to ensure that every pregnant woman gets complete and quality ANC and PNC and every child receives a full range of immunization services. Over 10.5 crore pregnant women and children have been registered in MCTS till now.
- ANMs and ASHAs are given system generated work-plans that contains list of services due to pregnant women and children in their jurisdiction. In addition, SMSes on services due to pregnant women and children are being sent to ANMs, ASHAs, pregnant women and parents of children about due services.
- MCTS system is increasingly making use of opportunity to directly communicate with the ANMs, ASHAs and pregnant women and parents of young children on their mobiles. Over 8.92 Crore mobile numbers of beneficiaries have so far been captured. This facility will inter-alia be used for:
 - Sending appropriate health promotion messages in voice and text to beneficiaries that are relevant according to the month of pregnancy or age of the child.
 - Transfer of JSY benefits to pregnant women as is presently being done in 121 DBT districts.
 - Transfer of ASHA payments directly into their accounts. This will help to ensure that ASHAs receive full range of incentives payment timely and regularly as it will be easy to monitor 'which all ASHAs have not received payments for which activities in which block' etc.
 - Training of ASHAs through an IVR system as per need and requirement.



Union Minsiter of Health & Family Welfare, Shri Ghulam Nabi Azad inaugurating new Mother and Child Tracking Facilitation Centre

- Mother and Child Tracking Facilitation Centre is a major step taken by Government of India under the National Health Mission in improving the maternal and child health care services.
 - The Facilitation Centre has 80 Helpdesk Agents (HAs). The Facilitation Centre will act as a supporting framework to MCTS and help in validating the data entered in MCTS by making phone calls to pregnant women and parents of children and health workers.
 - This Facilitation Centre is also a powerful tool in providing relevant information and guidance directly to the pregnant women, parents of children and to community health workers, thus creating awareness among them about health services and promoting right health practices and behavior.
 - The service providers and recipients of mother and child care services will be contacted to also get their feedback on various mother and child care services, programmes and initiatives like JSSK, JSY, RBSK, National Iron plus Initiative (NIPI), Contraceptive distribution by ASHAs etc. This feedback would help the Government of India/ state governments to easily and quickly evaluate the programme interventions, and plan appropriate corrective measures to improve the health service delivery.
 - It will also be used to check with ASHAs and ANMs regarding availability of essential drugs and supplies like ORS packets and contraceptives.

Child Health

- Encouraging progress has been made in the country in terms of reducing child mortality rates. In 1990, when the global U5M rate was 88 per 1000 live births, India carried a much higher burden of child mortality at 118 per 1000 live births. In 2012, the gap between the global and India's under five mortality has substantially narrowed. India's child mortality of 52 per 1000 Live births is close to the global average of 48. Overall global under five mortality has declined by 44.8% whereas India achieved 54.4% decline in the same period (1990-2012). Number of child deaths has been reduced from approximately 30 lakhs in 1990 to nearly 14 lakhs in 2012.
- Seven states have already achieved MDG 4 target of under five mortality of less than 38 viz., Kerala (13), Tamil Nadu (24), Delhi (28), Maharashtra (28), Punjab (34), Karnataka (37), and West Bengal (38).
- India has the largest annual birth cohort of 2.6 crore babies born in different geographical, climatic and socio-cultural conditions. Initiatives have been started to provide both home based care and facility based care.
- A three tier approach for treatment and referral of sick newborns at health facilities has been adopted representing a huge scale up of infrastructure and facilities for care of the newborns since 2008.
- In order to strengthen the care of sick, premature and low birth weight newborn Special New born Care Units (SCNU) have been established at District Hospitals and Tertiary Care Hospitals. These are 12-20 bedded units, with 4 trained doctors and 10-12 nurses and support staff with provision of 24x7 services to sick newborns.
 - 507 Sick New Born Care Units (SNCUs) are currently functioning at district hospitals and medical colleges. This is a 175 % increase over a baseline of 184 SNCUs functional in 2008.
 - Yearly admissions of newborns in SNCUs have now exceeded 5 lakhs.
- Another smaller unit known as the Newborn Stabilisation Unit (NBSU), which is 4 bedded unit providing basic level of sick newborn care , established at Community Health Centres/ First Referral Units. Provision of newborn care at these units increases the chances of survival for babies with health conditions requiring observation and stabilization soon after birth or in the period thereafter.
 - 1737 New Born Stabilisation Units (NBSUs) have been established at First Referral Units. This is a 55% increase over a baseline of 1120 units in 2010.
- Recognizing that events at the time of birth are critical to newborn survival, Newborn Care Corners (NBCC) are established at delivery points and providers trained in basic newborn care and resuscitation through Navjaat Shishu Suraksha Karyakram (NSSK). Saturation of all delivery points with SBA and NSSK trained personnel and functional new born corners are the topmost priority under the national programme. Linkages with sick newborn care at health facilities at FRUs and DH are in place to refer newborns requiring special/advanced newborn care.
 - Currently 13,653 NBCCs are functional across the country and 1, 24,352 health care providers have been trained under the Navjaat Shishu Suraksha Karyakram.
- The Home Based Newborn Care Scheme launched in 2011 provides for immediate postnatal care (especially in cases of home delivery) and essential new born care to all newborns up to the age of 42 days. Frontline workers (ASHAs/ANMs) are being trained

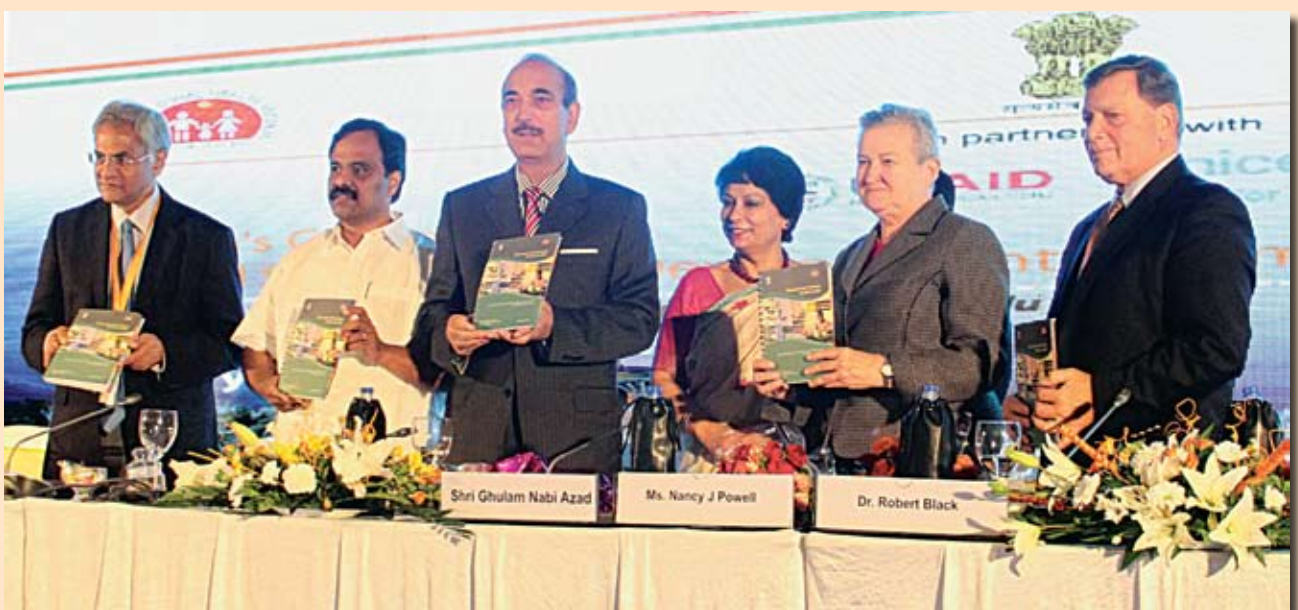


Chairperson, National Advisory Council, Smt. Sonia Gandhi launched the Rashtriya Bal Swasthya Karyakram and the Aadhar enabled micro-ATM based payment service for the ASHA volunteers, at Palghar, Dist. Thane (Maharashtra) on February 06, 2013. Union Minister of Health and Family Welfare, Shri Ghulam Nabi Azad and Chief Minister of Maharashtra, Shri Prithviraj Chavan are also seen.

and incentivized to provide special care to preterms and newborns, identification of illnesses, appropriate care and referral through home visits. Newborns discharged from the Special newborn care units are also being followed up at home by frontline workers.

- o Nearly 5.2 lakh ASHA workers are already trained to conduct home visit to each newborn delivered in rural areas for referral of sick newborns to health facilities.
- National Iron Plus Initiative launched in 2013 to bring about renewed emphasis on tackling high prevalence of anaemia, comprehensively, across all age groups. Provision for iron folic acid supplementation made for children 6 months to 10 years, adolescents girls and boys, pregnant and lactating women and women in reproductive age group.
- One of the key preventive interventions for preventing undernutrition in children is the promotion of Infant and Young Child feeding practices. The first two years of life are considered a “critical window of opportunity” for prevention of growth faltering. Optimal breastfeeding and complementary feeding practices together allow children to reach their full growth potential. The various opportunities for maternal and child health contacts now available in the health system, both at the health facility and community level, are being leveraged to reinforce the key messages around infant and child feeding, growth monitoring and promotion. States are being encouraged to set up IYCF (Infant and Young Child Feeding) counselling centres at high case load facilities. Guidelines for Enhancing Optimal Infant and Young Child Feeding Practices were launched by the Ministry of Health & Family Welfare in this respect in 2013.
- As part of the Government’s policy for Vitamin A supplementation, children between nine months to five years are given six monthly doses of Vitamin A. A child must receive 9 doses of Vitamin A by the 5th birthday. A biannual approach is being used in many states where two specific months in a year are designated for carrying out the supplementation.

- Currently the care of children with severe acute malnutrition is mainly through facility based care. In order to reduce the risk of mortality in children with severe acute malnutrition, *Nutritional Rehabilitation Centres* have been established for providing medical and nutritional care. Tribal areas and high focus districts are prioritised for setting up these units.
 - The number of NRCs has *increased nearly four times from a baseline of 180 units in 2008 to 872 NRCs that are currently functional* at the District Hospitals or FRUs depending on the availability of infrastructure and human resources as well as the accessibility of the facility to the surrounding areas.
- In order to address the most common causes under 5 child deaths in India, an integrated strategy that includes both preventive and curative interventions has been adopted. This is known as the *Integrated Management of Neonatal and Childhood Illnesses* (or IMNCI). The strategy also addresses aspects of nutrition, immunization, and other important elements of disease prevention and health promotion. The strategy includes three main components: (i) improvements in the case-management skills of health staff, (ii) improvements in the overall health system required for effective management of neonatal and childhood illnesses; and (iii) improvements in family and community health care practices.
 - IMNCI has been implemented in 508 districts across the country and 5.8 lakhs health personnel have been trained in IMNCI. Nearly 25,412 doctors and nurses have been trained in facility based IMNCI for providing inpatient care for childhood illnesses.
- Considering that the leading causes of death beyond the neonatal period are diarrhoea and pneumonia, priority attention is given to the management of these two illnesses. Availability of ORS and Zinc is ensured at all sub-centres and with frontline workers. Use of Zinc is being actively promoted along with use of ORS in cases of diarrhoea in children and guidelines reinforced during various trainings/meetings of ASHAs, and other frontline workers. Oral Cotrimoxazole is being supplied upto the sub centre level and is recommended as first line drug for community based management of pneumonia by frontline health workers and ASHAs.



The Union Minister of Health and Family Welfare, Shri Ghulam Nabi Azad releasing a set of nine publications at the Call for Action Summit at Mamallapuram, Tamil Nadu on February 07, 2013. The Minister of State for Health and Family Welfare, Shri Gandhiselvan and the US Ambassador to India, Ms Nancy Powell are also seen.

Rashtriya Bal Swasthya Karyakram: A recent initiative

- Expanding focus from child survival to a more comprehensive approach of child survival and development and improving the overall quality of life has been the guiding principle for the launch of a new initiative called the Rashtriya Bal Swasthya Karyakram (RBSK) in 2013. RBSK was launched by Mrs. Sonia Gandhi, Chairperson, National Advisory Council, on 6th February 2013 from a tribal block in Thane district of Maharashtra.
- RBSK includes provision for Child Health Screening and Early Intervention Services through early detection and management of 4 Ds i.e Defects at birth, Diseases, Deficiencies, Development delays including disability. This scheme covers 30 common health conditions and an estimated 27 crore children in the age group of zero to eighteen years are expected to be covered across the country in a phased manner.
- The health screening of children will be carried out by block level mobile health teams consisting of AYUSH doctors and paramedics duly trained in the use of necessary tools for screening.
 - In year 2013-14, 11,839 Mobile Health teams have been approved of which 4,844 teams in 18 States/UTs have already been recruited.
- Early Intervention Centres are being operationalized at District Hospitals for management of cases referred from block upwards. Link with secondary and tertiary level health services is provided in case higher level of management is required, including surgical interventions, free of cost.
 - 279 master trainers across State/UTs have been trained. 225 District Early Intervention Centres (DEICs) are being established.
 - By December 2013, the number of children screened has exceeded 3.45 crore, out of which 1 lakh have received free treatment including surgeries for congenital heart disease, cleft lip and correction of club foot etc.
- Through early identification and link to care, support and treatment, screening will help in providing a comprehensive package of services to reduce the household expenditure of the poor and marginalized, reduce the disease burden and build health awareness. The scheme will reduce the burden on the health system besides encouraging caregivers / parents to seek health care early for their children. These are likely to translate into economic benefits in the long run.

Universal Immunization Programme

- Immunization is one of the key interventions for protection of children from life threatening conditions, which are preventable.
- India has one of the largest immunization programmes in the world.
- Under the Universal Immunization Programme (UIP) , vaccination is provided free of cost against seven vaccine preventable diseases i.e. Diphtheria, Pertussis, Tetanus, Polio, Measles, severe form of Childhood Tuberculosis and Hepatitis B.
- 2.7 crore new-born are targeted for vaccination each year through 90 lakh immunization sessions held annually.
- There are about 27000 cold chain points in the country to store vaccine under required temperature.
- Intensification of Routine Immunization was initiated in 2012-13. As a part the strategy Special Immunization Weeks are carried out in the low coverage pockets in the year 2012 -13 and more than 173 lakh doses of various antigens have been administered. Special Immunization Weeks continue to be observed in 2013-14 in 31 States/UTs.

- More than 98.11 lakh doses of various antigens were administered during Special Immunization Weeks. Monitoring data indicates that nearly 15% of all vaccinated children in the high priority states received the vaccine for the first time.
- Maternal and Neonatal Tetanus has been eliminated in 18 states (2005-2013) with support from partners; the most recent states to be validated for elimination of maternal and neonatal tetanus are Uttarakhand, Delhi and Mizoram.
- The second dose of measles has been introduced across the country. 11 crore children were successfully vaccinated as a special campaign without any serious adverse effect of immunization.
- India along with the 11 South East Asian Region (SEARO) countries has resolved to eliminate Measles and control Rubella by the end of 2020.
- Hepatitis B vaccine, earlier introduced in 10 States, has now been expanded to the entire country.
- Pentavalent, a combination vaccine, (DPT + Hep-B + Hib) has been introduced in 8 states viz., Kerala, Tamil Nadu in December 2011 and Puducherry, Goa, Haryana, Gujarat, Karnataka and Jammu & Kashmir in 2012-13.
 - A total of 1.14 crore doses have been administered to children since inception.
- Under UIP, one dose of Japanese Encephalitis (JE) was being provided. With effect from 1st April 2013, two doses of JE vaccine have been introduced under Routine Immunization with 1st dose to be given at 9-12 months and 2nd dose at 16-24 months. The number of districts for JE vaccination has also been increased from 113 to 177.
- A web enabled National Cold Chain Management Information System (NCCMIS) has been developed in 2011-13 to track the status of cold chain equipment. It is aimed at capturing real time data of functionality of cold chain equipment at all levels across the country.
- The total financial outlay for Routine Immunization Programme has risen to more than 1000 crores for 2012-13 and for Pulse Polio to more than 805 crores. This includes cost for vaccines, syringes, cold chain and operational cost for administering vaccines.

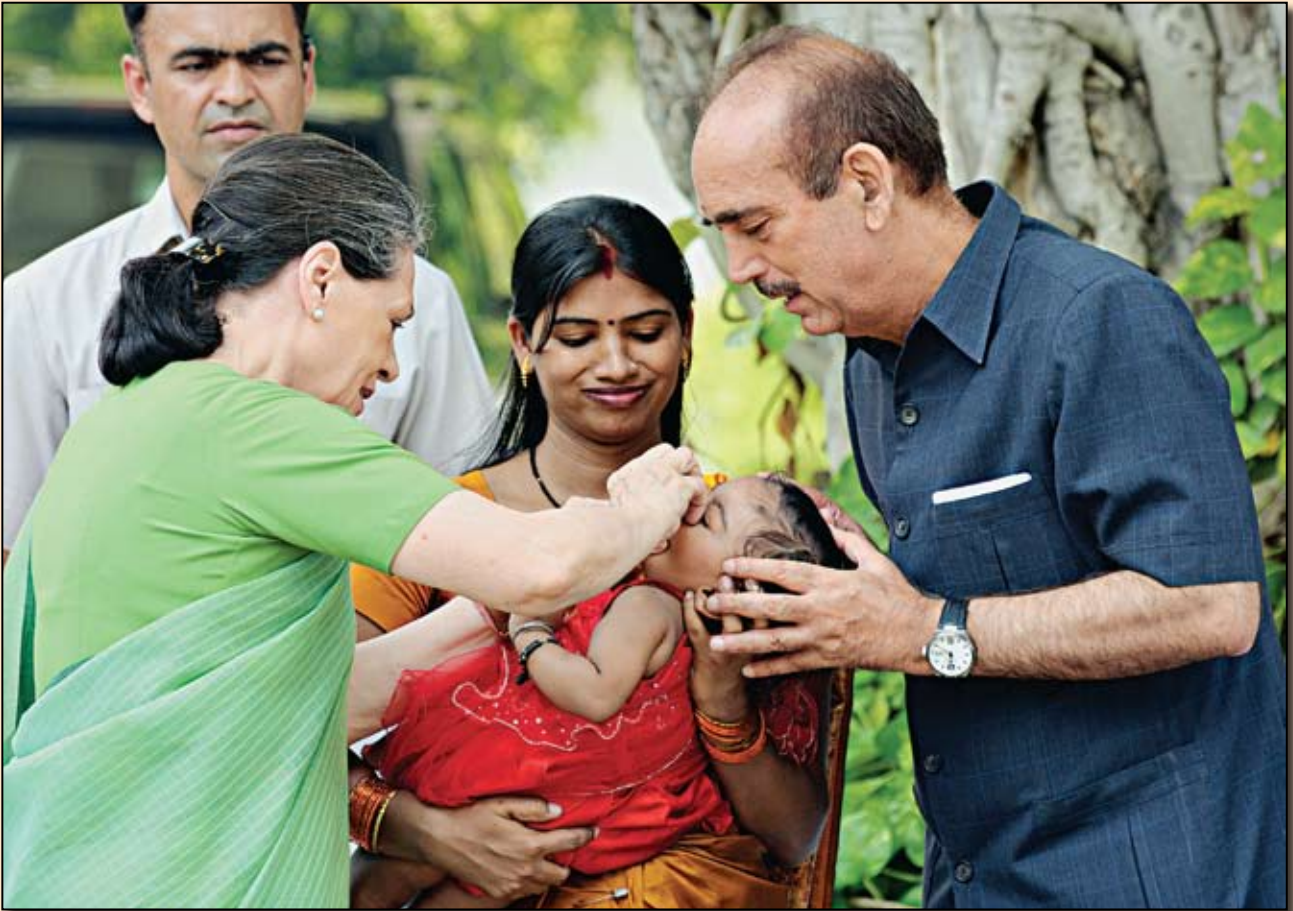
Polio Free India

Achievements

- India completed 3 years without reporting any case of polio due to wild polio virus. The last case was reported on 13th Jan 2011. On 24th Feb 2013, WHO removed India from the list of countries with active wild polio virus transmission.
- This is unprecedented achievement considering that until 2009, India accounted for more than half the world's polio incidence.
- India's extraordinary progress against polio will pave the way for polio free certification of the entire South East Asia Region of WHO in the first quarter of 2014.
- On 11th Feb 2014, India celebrated victory over polio in New Delhi. His Excellency President of India Shri Pranab Mukherjee, Prime Minister Dr. Manmohan Singh, Chairperson NAC, Smt. Sonia Gandhi, Leader of opposition in Lok Sabha, Smt. Sushma Swaraj, Director General of WHO Dr. Margaret Chan and a number of stakeholders and partners attended the glittering event.
- The elimination of polio in India is a credit to the strong commitment and efficient programme management and monitoring by the Government of India, seamless partnerships between the national and state governments, international partners (Rotary International, WHO, UNICEF) and sustained efforts of frontline workers, the vaccinators, social mobilisers, community leaders and volunteers.



Hon'ble President, Shri Pranab Mukherjee giving Polio drops to a child at Rashtrapati Bhawan in presence of Shri Ghulam Nabi Azad, Union Minister of Health & FW and Smt. Santosh Choudhry, Minister of State for Health & FW



Chairperson NAC, Smt. Sonia Gandhi giving Polio drops to a child along with Minister of Health and Family Welfare, Shri Ghulam Nabi Azad

Maintaining vigilance

- All children upto 5 years of age need to be protected against polio until polio is eradicated globally to mitigate the risk of importation.
- Two national and three sub-national polio immunization campaigns are planned in 2014.
- In each nationwide polio campaign, 2.3 million vaccinators immunize nearly 172 million children.
- The first National Immunization round has been conducted on 19th January, 2014.
- The Programme continues to focus and reach out to the most vulnerable populations including migrants, under-served and marginalized communities, and children in 40 lakh high risk areas (HRAs).
- 450 transit vaccination teams immunize 8 million children on the move. Nearly 100,000 of them on running trains in UP, Bihar, West Bengal, Delhi and Maharashtra.
- The migrant population is also tapped for polio immunization during major festivals such as Diwali, Chhat, Id, Holi, and at congregations such as Ajmer Urs.
- To mitigate the risk of polio virus importation through travellers, continuous polio immunization posts have been set up along the international borders with Pakistan, Nepal, Bangladesh, Myanmar and Bhutan in order to vaccinate all children upto age of 5 years crossing the border into India.

- All travellers travelling through aerial routes to seven countries viz., Afghanistan, Pakistan, Nigeria, Somalia, Kenya, Syria, Ethiopia, and vice versa, are required to be vaccinated with oral polio vaccine at designated vaccination centres at international airports, 4 weeks prior to departure.

Emergency Response

- Government of India has declared that any case of polio virus importation would be treated as public health emergency. Nearly 200 rapid response team members are being trained and reoriented on an ongoing basis.
- Over 40,000 health facilities across the country are reporting cases of Acute Flaccid Paralysis (AFP) as part of polio surveillance.
- More than 120,000 stool specimens are tested annually in the 8 WHO accredited laboratories in India, one of them being the global specialized laboratory.
- To further step up the vigil, surveillance has been expanded to cover 5 sites, viz., Mumbai, Delhi, Kolkata, Patna and Punjab.
- To help eradicate polio globally, India continues to share experience and best practices with polio endemic and re-infected countries of Pakistan, Afghanistan, Nigeria, Syria and Somalia.

Adolescent Health

- India is home to 253 million adolescents (10-19 years) constituting about one fourth of the population -this represents an unprecedented opportunity that can transform the social and economic fortunes of the country. In order to ensure holistic development of this strong population, the Ministry of Health and Family Welfare has initiated various schemes and programmes.
- Major achievements and initiatives under Adolescent Health programme are summarised below:

Adolescent Reproductive and Sexual Health (ARSH) Programme

- Adolescent Reproductive and Sexual Health Programme focuses on reorganizing the existing public health system in order to meet health service needs of adolescents through provision of promotive, preventive and curative services at designated Adolescent Friendly Health Clinics across level of care.
- The numbers of operational Adolescent Friendly Health Clinics have increased from 3356 in 2011-12 to 6325 in 2013-14 showing 88% increment over a period of 2 years.
- 881 dedicated Adolescent Health counsellors and 1439 ICTC counsellors have been enrolled to provide counselling services in Adolescent Friendly Health Clinics.

Scheme for Promotion of Menstrual Hygiene

- The Scheme for Promotion of Menstrual Hygiene has been initiated for rural adolescent girls in the age group of 10-19 years age group. This programme aims at that girls in rural areas have adequate knowledge and information about menstrual hygiene and have access to high quality sanitary napkins along with safe disposal mechanisms.
- The major objectives of the programme are- Increase awareness about menstrual hygiene among rural adolescent girls, increase use of high quality sanitary napkins among rural adolescent girls, Ensure establishment of safe mechanism for disposal of Sanitary.
- Scheme for promotion of menstrual hygiene among adolescent girls has rolled out in 17 states through Central supply of 'Freedays' sanitary napkins. Over 1.9 crore girls have been reached and a total of 3.9 crore sanitary napkins packs have been distributed till December 2013.

Weekly Iron and Folic Acid Supplementation (WIFS) Programme

- The Ministry of Health and Family Welfare has rolled out the Weekly Iron and Folic Acid Supplementation (WIFS) Programme in 2012-13 to meet the challenge of high prevalence and incidence of Iron Deficiency Anaemia amongst adolescent girls and boys.
- The long term goal is to break the intergenerational cycle of anaemia, the short term benefits is of a nutritionally improved human capital.
- WIFS programme include- Weekly supervised administration of Iron and Folic Acid supplements to in-school adolescent girls and boys and out-of-school adolescent girls, screening of target groups for moderate/severe anaemia and referral, biannual de-worming and provision of information and counselling
- Weekly Iron Folic Acid Supplementation programme has been launched in 31 States/ UTs with coverage of 3.4 crore adolescent boys and girls.



The Union Minister of Health and Family Welfare, Shri Ghulam Nabi Azad along with Chief Minister of Karnataka Shri K Siddaramaiah giving Iron and Folic Acid tablets to a girl on National launch of WIFS Programme on 17th July 2013 at Bengaluru

National Iron + Initiative

- National Iron + Initiative was launched on 7th February 2013 for prevention and treatment of Iron Deficiency Anaemia among most vulnerable age groups.
- This initiative envisage provision of IFA supplementation and therapeutic management of mild, moderate and severe anaemia in children (6months- 10 years), adolescents (10-19 years), pregnant and lactating women and women of reproductive age group (15-45 years) through a continuum of care approach.

Rashtriya Kishor Swasthya Karyakram

- The Ministry of Health and Family Welfare has adopted a continuum of care approach through its RMNCH+A strategy, in which +A denotes the addition of Adolescent Health.
- Rashtriya Kishor Swasthya Karyakram (RKSK) was launched on 7th January 2014 to reach out to 253 million adolescent including male and female, rural and urban, married and unmarried, in and out-of- school adolescents.
- Rashtriya Kishor Swasthya Karyakram is underpinned by evidence that adolescence is the most important stage of the life cycle for health interventions.
- RKSK uses a health promotion approach and provides information, counselling and services to adolescent across level of care both in the community and at the facilities.
- The programme expands the scope of adolescent health programming in India - from being limited to sexual and reproductive health, it now includes in its ambit nutrition, injuries and violence (including gender based violence), non-communicable diseases, mental health and substance misuse.



The Union Minister of Health and Family Welfare, Shri Ghulam Nabi Azad releasing the National Health Strategy and AH Resource Pack, at the launch of the Rashtriya Kishor Swasthya Karyakram and National Adolescent Health Consultation, in New Delhi on January 07, 2014.

- RKSK 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.
- Key drivers of the program are community based interventions like peer educators, facility based counselling, involvement of parents and the community through a dedicated adolescent health day; Social and Behaviour Change Communication; and strengthening of Adolescent Friendly Health Clinics across levels of care.

Medical Education

Achievements

- Since May, 2009 18,412 MBBS seats and 10358 PG seats have been created.
- 97 new medical colleges, including six new AIIMS, have been established since May, 2009.

At present, there are 387 medical colleges with a capacity of 51,979 MBBS seats and 24,196 PG seats.

Relaxation in norms in infrastructure for opening of new medical colleges and intake capacity:

- Land requirement relaxed from 25 acres to 20 acres.
- In Metropolitan cities of Mumbai, Kolkata, New Delhi and Chennai and 'A' class cities of Ahmedabad, Hyderabad, Pune, Bangalore and Kanpur, requirement of land would be 10 acres.
- Land requirement of 10 acres extended to three other cities with population of more than 25 lakhs viz. Jaipur, Lucknow and Surat.
- In hilly areas and notified tribal areas, North Eastern States and Union Territories of Andaman & Nicobar Islands, Daman & Diu, Dadra & Nagar Haveli and Lakshadweep land can be in two pieces at a distance of not more than 10 km.
- The relaxation to set up a medical college in two pieces of land and to utilize an existing district hospital extended to 8 underserved states of Bihar, Chhattisgarh, Jharkhand, Madhya Pradesh, Orissa, Rajasthan, Uttar Pradesh and West Bengal for 5 years.
- The relaxation has been further extended to the remaining States as well to enable state governments to set up new medical colleges by utilizing the existing district hospitals.



Hon'ble President, Shri Pranab Mukherjee presenting the degree at the 40th Annual Convocation of AIIMS in New Delhi on 16th October 2012 in presence of Union Minister of Health & Family Welfare, Shri Ghulam Nabi Azad

- Requirement of infrastructure like institution block, library, auditorium, examination hall, lecture theatres, etc. has been rationalized for optimal use.
- The notification has been sent for publication for use of Government Hospital by the Private applicant for opening of new medical college within 10 Km with the MoU between the Govt. and the Private players.



Prime Minister, Dr. Manmohan Singh presenting the medal at the 38th Convocation of AIIMS in New Delhi on 1st October 2010 in presence of Union Minister of Health & Family Welfare, Shri Ghulam Nabi Azad

Amendments in MCI Regulations for increase in intake capacity of MBBS (UG seats):

- Maximum intake at MBBS level has been raised from 150 to 250.
- Required bed occupancy reduced from 70% to 60% at inception and 80% to 75% at 3rd renewal
- Bed Occupancy for North Eastern States & Hill States reduced from 60% to 50% at inception and 80% to 60% at subsequent renewals.
- Companies registered under the Companies Act allowed to establishing medical colleges.
- For the academic year 2013-14, enhancement of intake capacity at UG level from 50/100 to 100/150 seats allowed without inspection by MCI during the first year for Government and Private Medical Colleges with 10 years' standing (amendment being notified).

Amendments in MCI Regulations for increase in intake capacity of Postgraduate seats:

- The ceiling on age limit for appointment as medical faculty has been raised from 65 to 70 years.
- DNB qualification has been recognized for appointment as faculty to take care of shortage of faculty.
- The ratio of teachers to students has been revised from 1:1 to 1:2 for all MD/MS disciplines and 1:1 to 1:3 in subjects of Anaesthesiology, Forensic Medicine, Radiotherapy, Medical Oncology and Surgical Oncology.
- Postgraduate and Graduate medical degrees of five English speaking countries (US, UK, Canada, Australia and New Zealand) have been recognized in India.

Steps taken to encourage posting in remote or difficult/rural areas:

- Additional marks will be given in the Post Graduate Entrance Examination at the rate of 10% for each year of service in remote or difficult areas subject to a maximum of 30%.
- 50% Seats in post graduate diploma courses have been reserved for medical officers in Government service who have served for at least three years in remote or difficult areas
- One years' rural posting after passing MBBS has been made compulsory for getting admission in PG courses from the academic year 2015-16.

National Eligibility cum Entrance Test (NEET)

Single entrance tests in the name of National Eligibility-cum-Entrance Test (NEET) for admission to UG and PG medical courses were conducted by CBSE and NBE respectively for the academic year 2013-14. This matter is under litigation in Hon'ble Apex Court. However, the Hon'ble Court allowed the admissions already given on the basis of NEET. Further, the Ministry has filed a petition in the Hon'ble Apex Court to review its judgment.



Chairperson National Advisory Council, Smt. Sonia Gandhi presenting the degree at the Convocation Ceremony of AIIMS in 2011

Bachelor of Science (Community Health)

A three and a half year Bachelor of Science (Community Health) course is proposed to be introduced to create mid-level health professionals, who will primarily be deployed at Sub Centres and would possess the necessary public health and ambulatory care competencies to serve rural population. The proposal for the introduction of the course has been approved by the Cabinet in its meeting held on 13th November, 2013. The course would be accredited by the National Board of Examinations and introduced in the States which are willing to adopt it.

Financial assistance for strengthening and upgradation of Government Medical Colleges for increase of PG seats:

- From February, 2009 an amount of Rs. 686.02 crore was released for strengthening and up-gradation of 72 Government Medical Colleges for creating new PG seats and starting new PG Departments with a target of increasing about 4000 additional PG seats.
- Under the scheme, funding shared by Centre and States in the ratio of 75:25.

New Centrally sponsored Scheme during 12th Plan Period:

• Upgradation of District Hospitals to Medical Colleges -

Establishment of 58 new medical colleges by upgradation of existing District hospitals in deficient states with intake capacity of 100 MBBS seats each medical college with proposed central assistance share of Rs. 8457.40 crore and State/UT share of Rs. 2513.70 crore has been approved by the CCEA. The funding pattern will be 90:10 by Central and State Governments respectively for North Eastern States and Special category States and in the ratio of 75:25 for other States. The total cost of establishment of the one Medical College is approximately about Rs.189 crore

• Strengthening of existing government medical colleges to increase the MBBS Seats-

It is proposed to upgrade existing medical colleges with a view to increase 10,000 additional MBBS seats during the plan period with proposed central assistance of Rs. 7,500 crore and State/UT share of Rs. 2,500 crore has been approved by the CCEA. The funding pattern will be 90:10 by Central and State Governments respectively for North Eastern States and Special category States and in the ratio of 70:30 for other States with the upper ceiling cost for MBBS pegged at Rs. 1.20 crore.

Nursing & Paramedical Education

Achievements

- During the period 2009 - 2014, the ANM Schools increased from 491-1870, there by increasing capacity by 40,000 seats recording 4 fold increase. Similarly, GNM, BSc (Nursing) and M.Sc (Nursing) witnessed impressive growth adding more capacity.
- Government of India has identified districts for openings 132 ANM and 137 GNM Schools across the country.
- An amount of ₹ 621crores has been released for opening 203 ANM/GNM schools in 24 states for creation of additional 2730 ANM seats and 4480 GNM seats in the country.
- An amount of ₹ 51.14 crores released for upgrading 19 nursing schools to nursing colleges with central assistance of ₹ 6 crore per institution.
- An amount of ₹ 14.99 crores released for strengthening 62 nursing schools and colleges during last five years.
- 15 states have been given Central assistance of ₹1crore each for establishing State Nursing Cell and State Nursing Councils.
- 229 Nursing personnel honoured with Florence Nightingale Award since 2009. This year, 35 Nursing personnel awarded by President of India.
- To increase availability of graduate nurses, 18 Schools of Nursing were updated to College of Nursing at a cost of Rs 56.88 crore.



The President, Shri Pranab Mukherjee presenting the Florence Nightingale Awards 2013 to meritorious nursing personnel, on the occasion of the International Nurses Day, at Rashtrapati Bhavan, in New Delhi on May 12, 2013

- Rs 2.10 crore has been released so far under the Faculty Development Scheme to meet the shortage of qualified Post graduate teachers and to improve the quality of nursing education.
- Rs 4.33 crore were released to conduct 304 courses to upgrade knowledge and skills of nursing personnel in various speciality areas.
- Rajkumari Amrit Kaur College of Nursing is being strengthened as a 'Centre of Excellence' at a cost of ₹ 96.77 crore.

New Initiatives

- For the first time, to overcome the acute shortage of nurses and ANMs in states with poor health indicators and under-served areas, the Ministry of Health and Family Welfare has sanctioned 269 GNM and ANM colleges which will increase capacity by an additional 20000 trained persons each year. An amount of ₹ 2030 crores is being spent on the scheme.
- National Nursing Portal, envisaged as a 'Single Window' for all facts and statistics related to Nursing fraternity in India both at the state including UT and central level was launched on 14th February 2013. The National Nursing Portal is an online resource centre for nurses, students, nursing institutions, national and state nursing councils and boards, Ministry of Health and Family Welfare and all stakeholders.

Paramedical Education

New Initiatives

In order to promote quality through standardization of paramedical education and to augment Human Resources in Allied Health Sciences, Government of India has decided to set up one National Institute of Paramedical Sciences (NIPS) at Delhi and 8 Regional Institute of Paramedical Sciences (RIPS) at Chandigarh, Lucknow, Bhopal, Hyderabad, Coimbatore, Bhubaneswar, Bhagalpur and Nagpur and also to support State Government Medical Colleges for conducting Paramedical Courses & enhancing capacity.

Pradhan Mantri Swasthya Suraksha Yojana (PMSSY)

Achievements

- OPD Services have commenced at all six new AIIMS. Hospitals are likely to start in early 2014.
 - First batch of academic session with 50 MBBS students commenced at medical colleges of the six AIIMS under PMSSY Phase-I, in September, 2012. The Academic Session of year 2013-14 has also commenced for second batch of 100 MBBS students and first batch of 60 B.Sc. (Nursing) students. Expert Committees have been constituted for developing and recommending roadmap for setting up of Centre of Excellence at six AIIMS for various disciplines like nursing, ophthalmology, mental health etc.
- Expert Committees have been constituted for developing and recommending roadmap for setting up of Centre of Excellence at six AIIMS for various disciplines like nursing, oncology, ophthalmology, mental health etc.



Shri Ghulam Nabi Azad, Union Minister of Health & FW inaugurating AIIMS Jodhpur in presence of Chief Minister of Rajasthan Shri Ashok Gehlot on 24th September 2013.



Newly constructed AIIMS Patna

- Expert Committee was constituted for developing protocols for patient care and trauma care at six new AIIMS and the recommendations have been received.
 - For AIIMS, Rae Bareli in the second phase of PMSSY, Government of Uttar Pradesh identified 148.15 acres of land, out of which approx. 98 acres of land has already been transferred to this Ministry.
 - Civil work for construction of housing complex at AIIMS, Rae Bareli is in full swing.
- The upgradation programme of 58 identified medical college institutions broadly envisages improving health infrastructure through construction of Super Speciality Blocks/Trauma Centres etc. and procurement of medical equipments for existing as well as new facilities.
 - Out of 13 medical colleges taken up for upgradation in the first phase of PMSSY, civil work at the following eight medical college institutions has been completed.
 - Trivandrum Medical College;
 - Govt. Mohan Kumaramangalam Medical College, Salem;



Newly constructed AIIMS Raipur



Newly constructed AIIMS Rishikesh

up in the first stage of upgradation has also been completed.

- Procurement of high end medical equipments worth ₹ 355 crore (approx) has been made through M/s. HLL Lifecare Ltd for the upgradation projects in the first phase
- Out of 6 Medical College institutions taken up for upgradation in the second phase, civil work has started at the following four medical colleges and work is in progress.



Newly constructed AIIMS Bhopal

upgradation programme involves only procurement of equipments which is being undertaken by the State Government and procurement process has already been initiated by them.

- Civil work at Madurai Medical College has been awarded.
- Under third phase of upgradation programme, 39 medical colleges in 18 states have been approved.

- Bangalore Medical College;
- SGPGIMS, Lucknow;
- NIMS, Hyderabad;
- Jammu Medical College;
- Rajendra Institute of Medical Sciences (RIMS), Ranchi; and
- IMS, BHU, Varanasi

In addition, OPD & Academic Block at Kolkata Medical College which was taken



Union Health Minister, Shri Ghulam Nabi Azad, inaugurating newly constructed AIIMS Rishikesh in presence of Chief Minister of Uttarakhand, Shri Harish Rawat on 10th February 2014.

- R.P. Government Medical College, Tanda (78%)
- Jawaharlal Medical College of AMU, Aligarh (78%)
- Government Medical College, Amritsar (40%); and
- Pt. B. D. Sharma Postgraduate Institute of Medical Sciences, Rohtak (31%).
- At Government Medical College, Nagpur



Newly constructed AIIMS Bhubaneswar

Institutions and hospitals directly under the Ministry of Health & Family Welfare

Dr. Ram Manohar Lohia Hospital

Achievements

- Setting up of PGIMER in 2008-09 for Super Speciality Course.
- Construction of New Emergency Care Building with 268/bed with all modern medical facilities and three Emergency OTs and 65 ICU beds.
- Up-gradation of School of Nursing to College of Nursing.
- Commissioning of Renal Transplant unit with state of art operation Theatre and post-transplant ICU facilities.
- Establishment of Department of Hospital administration from IGNOU to conduct PG diploma in Hospital 4 batches of students have undergone.
- Hearing Course of Diploma in ENT
- Construction of Dharamshala
- Commissioning of a four storied (G+3) new building for Dharamshala with 42 nos. rooms & covered area of 2157.569 sqm. is under construction for patients and their relatives.
- Computerization of PGIMER, Dr. RML Hospital



Newly constructed emergency block of Dr. R.M.L. Hospital, New Delhi

Hospital Information System namely e-hospital was undertaken at the cost of ₹ 14.33 crores for providing customised software for catering the medical information. It provides supports for complete treatment of OPD/IPD patients and integrate various function in the area of clinical, administration & billing/insurance.

Department of Laboratories

- New Infrastructure was created for upcoming advanced microbiology lab.
- New Sections like Modular Microbiology, Immunology, virology, Advanced Bacteriology introduced.
- New equipment put in place to strengthen for better identification of pathology for patients care.
- Newer tests started for Hepatitis A & E ELISA, Amoebic serology & Malaria antigen tests.

Department of Burn Plastic

- Up-gradation of Burn Plastic Surgery for comprehensive management of Burn injuries.

ENT Department

- ENT Department augmented with state-of-the-art facilities in OPD with modern equipment.

Trauma Centre

- Setting of Trauma Centre to manage critical Neuro trauma and Ortho traumas with modern equipments including minimum invasive surgery.

Safdarjung Hospital

Achievements during 2008-2013

- The Deptt. (CTVS) has installed state-of-art equipments in OT & ICU.
- Residential Hostel for MBBS Students at VMMC has been constructed (2008-2010).

Sports Injury Centre (SIC)

- Sports Injury Centre is a unique centre of its own kind in India. Inaugurated by the Hon'ble Prime Minister on 26th September 2010. It was established with aim to provide integrated surgical, rehabilitative and diagnostic services under one roof for the management of sports injuries and related joint disorders.
- The Centre comprises of two separate distinct and highly specialized units working in two different fields i.e. early Sports Injuries (Arthroscopy Unit-I) and late sequel of Sports injuries (Arthritis and Joint Replacement Surgery Unit-II)
 - o Creation of a spacious dialysis room accommodating around 10-11 haemodialysis machines.
 - o Creation of a dialysis set up for HIV patients.
 - o Creation of a separate ward for patients.
 - o Purchase of a fully automatic R.O. plant.
 - o Central oxygen supply and central suction facility.



Asia's first Sports Injury Centre (SIC) at Safdarjung Hospital constructed in record time of one year in 2010

Renal Transplantation Service

- o The Department of nephrology and urology have initiated Renal Transplant programme at Safdarjung Hospital.
- o The first transplant has been conducted successfully on 8th October 2013.
- Establishment of Model Organ Procurement & Distribution Organization.
- Establishment of Bio-Material Centre (Tissue Bank).

Lady Hardinge Medical College & Hospital

Over the years, the Institute has matured as a pioneering Institute for Medical Education and now has a present strength of 200 admissions per year for MBBS lady students. This institution also has post graduate courses for which the intake capacity is 142 students every year in various specialities of medical science.

Pediatric Centre of Excellence in HIV Care (PCODE) :

- This Centre started as a Regional Pediatric Centre (RPC) for HIV care at Kalawati Saran Children's Hospital on 30 November 2006 to commemorate roll out of pediatric HIV initiative of the Govt. of India.



Re-developed Lady Hardinge Medical College, Hospital and Hostel New Delhi, 2012-13

Department of Medical Education :

- A reconstituted, new Medical Education Unit was set up in response to the MCI mandate
- The Mission is to build capacity and lay foundation for professionalism and excellence in medical education in LHMC. The MEU is in the process of getting recognition from the Medical Council of India.
- Adult Thalassemia Day Care Centre : This Centre was started in the Department of Medicine on 5th August, 2011.
- Medical Intensive Care Unit : Medical ICU was opened in the Department of Medicine on 24.12.2010.

Central Medical Services Society (CMSS)

Central Medical Services Society (CMSS), a Central Procurement Agency of Ministry of Health and Family Welfare has been registered under Societies Registration Act, 1960 on 22nd March 2012. The Society shall function as an independent, professional and autonomous agency for procuring quality health sector goods and services.

The required Rules and Regulations of CMSS in this regard have been framed. The Ministry of Health and Family Welfare has provided a one time budgetary support of ₹ 50 crore to enable establishment of CMSS.

All India Institute of Medical Sciences (AIIMS)

- All India Institute of Medical Sciences runs courses on MBBS, Post Graduate and Post-Doctoral courses in 57 medical disciplines, along with courses like B.Sc (Hons) Nursing, B.Sc (Hons) Ophthalmic Techniques, B.Sc (Hons.) in Medical Technology in Radiography with the help of 50 teaching departments and 7 Centres.

- AIIMS introduced new Post Graduate course (MD) in Emergency Medicine and Geriatric Medicine.

- The Institute introduced two super-speciality courses (DM and M.Ch) in the disciplines of Pulmonary Medicine & Sleep Disorder and Surgical Oncology.

- AIIMS imparted short term and long term training to Indian as well as foreign national in various departments. The institute also organised elective trainings for foreign



D G, World Health Organization, Dr. Margaret Chan presenting the degree to a student, at convocation of AIIMS in New Delhi on September 12, 2013 in presence of Union Minister of Health & Family Welfare Shri Ghulam Nabi Azad.

undergraduates from countries such as Australia, Bangladesh, Canada, China, France, Germany, Ireland, Malaysia, Nepal, Netherlands, New Zealand, North Korea, Singapore, Sri Lanka, Sweden, UAE, UK, and USA.

- National Drug Dependence Treatment Centre was designated as WHO Collaborating Centre on Substance Use (2012-16)
- Department of Nephrology is the only centre contributing to world's largest transplant registry; Collaborative Transplant Study, Germany.
- Jai Prakash Narayan Apex Trauma Centre (JPNATC) commissioned DNA Finger Printing Laboratory which provides facility for tests in medico legal cases referred from Delhi Police, Neighboring States, CBI and Hon'ble Courts of India.
- Number of publications in peer reviewed journals has been steadily increasing. An overview of publications, various research project running and extra mural grants received by AIIMS in this duration are as below:

Year	Research Papers/ Chapter/Monograph	Research Projects	Extra mural grants (In crores)
2009-10	1804	458	56
2010-11	1870	622	73
2011-12	1973	636	68
2012-13	More than 1700 as on 31 st March 2013	508	69

- AllMS partnered with Welcome Trust and Department of Biotechnology, Govt. of India to support research and develop projects that would provide innovative health care products at affordable cost.
- AllMS was selected as Sentinel Centre to treat dengue and treating injuries during Common Wealth Games.
- AllMS telemedicine assistance went international by providing diagnostic therapeutic expertise for patient management in 54 African countries.
- Department of Neurology launched Ekatewan- support group of people with epilepsy under the Indian Rural Epilepsy Education and Prevention Programme

Patient Care:

- AllMS continues to provide health care to patients from all over the country. The details of the same are as below:

Year	No of OPD patients (Lakh)	No of In house patients (Lakh)	No of surgery performed (Lakh)
2009-10	24,00,962	1,53,335	1,24,204
2010-11	23,55,089	1,62,267	1,49,365
2011-12	27,56,538	1,71,670	1,37,383
2012-13	28,77,479	2,05,589	1,47,692

- The National Drug Dependence Treatment Centre (NDDTC) was called by the Ministry of Social Justice and Empowerment, Gol, to prepare a Draft National Policy for prevention of alcoholism and substance abuse and rehabilitation of its victims. NDDTC also represented on the International Narcotics Control Board (INCB).
- Department of Psychiatry collaborated with Central Mental Health Authority on the issue related to National Mental Health Programme.
- National programme for health care of elderly is being supported by Geriatric Medicine Department.



Newly constructed Convergence Block, AllMS 2013-14

- Otolaryngology doctors performed first robotic surgery for throat cancer in India.
- New operative equipments like Intraoperative MRI, Gamma Knife Perfexion and 1.5 Tesla MRI, Extended GK (Fractionated GK therapy), 16 Slice CT Scan and Digital Radiography System etc.
- AIIMS started the National Initiative for Patient Safety (NIPS).
- Department of Medicine has set up an intermediate reference lab for diagnosis of MDR-TB in the year 2012.
- The National Pharmacovigilance Programme of the Ministry of Health and Family Welfare, GoI, was launched in the country under the aegis of Central Drugs Standard Control Organisation (CDSCO) in collaboration with the Department of Pharmacology, AIIMS.

Infrastructure:

- Renovation of patient wards, registration hall of Raj Kumari Amrit Kaur OPD, OPD at Cardio Neuro Centre has been remodeled in a patient friendly manner with better aesthetics.
- The main casualty of AIIMS has been renovated, along with 12 operation theatres of the main hospital to improve the sterility and functionality.
- Outreach OPD at Jhajjar, Haryana, completed and OPD started on 24.11.2012. The cost of the project was 12.25 crore. Construction of Underground Parking at Masjid Moth Campus with a parking facility of 435 cars has been completed with a project cost of Rs.54 crores.
- National Cancer Institute at Jhajjar Campus has been approved by Cabinet at a cost of Rs 2035 crores. Foundation stone of the Institute was laid by the Prime Minister on 3rd January 2014.
- The work of constructing New Hostel block comprising 346 rooms (area of construction – 26500 sqm) with an estimated project cost of Rs. 72.85 crore has already started. Expected date of completion is March 2014.



Prime Minister looking at model of National Cancer Institute at the time of foundation stone laying ceremony at Jhajjar, Haryana

National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS)

Non-Communicable Diseases (NCDs) are major contributors of rising morbidity and mortality patterns in India.

In order to prevent and control major NCDs, National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS) was launched in XI Five Year Plan during second half of 2010 with focus on prevention and control of important NCDs through health promotion, early diagnosis, treatment and referral, strengthening of infrastructure and human resource development. It was implemented in 100 backward and inaccessible districts across 21 States during 2010-12.

Initial phase of the programme has helped in identifying the bottle-necks in the implementation and requirements for successful implementation.

Initiatives under 12th Plan:

1. The programme will cover all 640 districts in the country.
2. From 2013-14, the programme have been subsumed in National Health Mission and will run under Programme Implementation Plan (PIP) mode.
3. District Hospitals will be strengthened / upgraded. Each district will have a 4-6 bedded Cardiac Care Unit and day care facilities for Chemotherapy component of Cancer Care.
4. District Hospitals and CHCs will have dedicated NCD Clinics for screening, counselling, follow up of referred cases, awareness generation and diagnosis and management of diseases covered under NPCDCS.
5. Screenings of Diabetes and hypertension in urban slums in cities with population of more than 1 million will get priority.
6. Screening for common cancers (Breast, Oral and Cervical Cancers) will be undertaken at district level.
7. 20 State Cancer Institutes(SCI) will be set up and 50 Tertiary Care Cancer Centers (TCCCs) will be set up / strengthened in Government Medical Colleges for providing



Random test for Diabetes at Health Pavilion at IITF 2011

specialized, comprehensive cancer care at Tertiary level in the country. These facilities will also serve as resource centre for training and research for Cancers.

Facilities / Infrastructure created

The programme is providing support for facilities / infrastructure as follows:

1. Developing / Strengthening and equipping Cardiac Care Units
2. Strengthening of Laboratories
3. Furniture, Equipments, Computer etc. for NCD Clinics
4. Training and development of Human Resources

Functional Status of NCD Cells / Clinics

- State NCD Cell in 21 states, District NCD Cell in 73 districts, District NCD Clinic in 72 districts and 64 CHC Clinics in 10 districts.

Cardiac Care Units : Cardiac Care Units in 60 districts

Cancer Care facilities : Chemotherapy services started in 11 districts

Glucometres & other commodities

29,000 Glucometers, 5.8 crore Glucostrips and 6.67 crore Lancets have been supplied to 21 States and Urban Health Checkup in 4 metro-cities for Diabetes screening under NPCDCS. Piloting of screening under School Health Programme in 4 Districts was also taken up.

5.33 crore persons have been screened for Diabetes and Hypertension respectively. 6.13% found suspected to be Diabetes and 5.41% found suspected to be having Hypertension.

Trainings : 95 trainers have been trained in 3 Programme sessions of TOTs conducted by NIHFWS.

Health Education Text Books : Development of Text Books on Health Education for school curriculum from Class III to X standard is under process.

Funds

Total cost of the programme during 12th Plan, is estimated to be about Rs. 11,000 crore, out of which cost for the programme till district level is Rs. 8096 crore (share of Government of India will be Rs.6535 crore and that of State Governments will be Rs. 1561 crore). The funds for programme activities would be provided to the States under NCD Flexi-Pool through State PIPs of respective States/UTs.

For State Cancer Institutes(SCI) Tertiary Care Cancer Centers (TCCCs), a provision of providing one time grant of Rs 120.00 crore per SCI and Rs 45.00 crore per TCCC has been made under a separate Centrally Sponsored Scheme. This grant will be used for procurement of equipments and building construction with the Centre:State share as 75:25 except for NE & Hilly States where the share will be 90:10.

During 2014-15, the programme will be scaled up to cover majority of the districts to provide one stop facility in district hospitals and Community Health Centres, for diagnosis, treatment and follow up of major Non Communicable Diseases under the programme.

National Tobacco Control Programme (NTCP)

Summary of achievements

- The Global Adult Tobacco Survey (GATS), India was conducted during 2009-10, to monitor prevalence of tobacco use and track key tobacco control indicators across the country.
- The coverage of National Tobacco Control Programme (NTCP) has been up-scaled from existing 42 districts of 21 states to 53 districts of 29 states in 2013. Approval has been obtained from Empowered Programme Committee (EPC) under NHM for scaling the programme to more than 600 Districts, in a phase-wise manner during 12th Five Year Plan.
- State-level Coordination Committees are in place in 19 NTCP states and District-level Coordination Committees have been set up in 37 NTCP districts.
- Steering Committees to monitor the implementation of Section-5 of COTPA have been established at the state-level in 19 NTCP states and at district-level in 36 NTCP districts.
- With consistent follow up by Ministry of Health & Family Welfare 33 States/UT's have issued orders for implementation of the central Food Safety Regulations prohibiting manufacture, sale and storage of Gutka and Pan Masala containing tobacco and nicotine.
- Guidelines for Tobacco Free Educational Institutions were developed and adopted by the Central Board of Secondary Education (CBSE).
- Operational guidelines for implementation of National Tobacco Control Programme (2012) and Law Enforcers Manual (2013) have been developed.
- The Ministry of Health & Family Welfare co-hosted 'The International Conference on Public Health Priorities in the 21st Century: The Endgame for Tobacco' in New Delhi from September 10-12, 2013.



Union Minister of Health & FW, Shri Ghulam Nabi Azad, flagging off Rally on World No Tobacco day on 31-05-2012

- Ministry of Health and Family Welfare has up-scaled the coverage of National Tobacco Control Programme (NTCP) from existing 42 districts of 21 states to 53 districts of 29 states in 2013, subsumed under the National Health Mission (NHM) Flexi-pool for Non-Communicable disease (NCD's).
- The interventions under the National Tobacco Control Programme (NTCP) at the district and the sub-district levels have been largely planned
- In order to inculcate the concepts of tobacco control in children and youth, more than 950 school health programmes covering approximately 1.6 Lakh school children were held in the year 2012-13 in the NTCP districts
- National level public awareness campaign was launched as a key activity under the National Tobacco Control Programme.
- The Ministry, through Food Safety & Standards Authority of India issued a food safety regulation in August 2011 laying down that tobacco and nicotine cannot be used as an ingredient in any food item. Pursuant to this and due to consistent follow up by Ministry of Health & Family Welfare 33 States/UT's have issued orders for implementation of the central Food Safety Regulations prohibiting manufacture, sale and storage of Gutka and Pan Masala containing tobacco and nicotine.
- Guidelines for Tobacco Free Educational Institutions were developed and adopted by the Central Board of Secondary Education (CBSE).
- A South East Asia Regional Conference on implementation of the WHO Framework Convention on Tobacco Control (FCTC) was organized during 23-26 July, 2013 at New Delhi.
- The new pictorial health warnings have been notified and implemented from 1st April, 2013. Three sets of warnings each for smokeless and smoking forms of tobacco have been notified.
- Toll free helpline [1800110456](tel:1800110456) has been established to report specific violations of the provisions under the anti-tobacco law, i.e. "Cigarettes and other Tobacco Products (Prohibition of Advertisement and Regulation of Trade and Commerce, Production, Supply and Distribution) Act, (COTPA) 2003.
- Operational guidelines for implementation of National Tobacco Control Programme (2012) and Law Enforcers Manual (2013) have been developed and disseminated to all the states and Districts under the Programme.
- Steps have been initiated to institutionalize COTPA enforcement by including it in the 'monthly crime review meetings' at district level and also making it a part of the "Social Policing' agenda.

National Mental Health Programme

Achievements

- Grants amounting to Rs. 303.77 crores have been released under the various Schemes and Programmes National Mental Health Programme (NMHP) during the last 5 years.
- 123 districts have been covered under the District Mental Health Programme.
- The 12th Plan allocation for NMHP is Rs.2800 crores out of which Rs.1574.54 crores has been earmarked for implementing district level activities. During the 12th Plan period, the Programme will be extended to about 550 districts
- The Manpower Development Scheme was initiated in 2009-10 with a view to bridge the gap between the availability and demand for trained manpower in the field of mental health specialities. Creation of Centres of Excellence in the field of mental health (Scheme A) and upgradation/ setting up of PG Departments in mental health specialties at State-run Institutions (Scheme B) are being funded under this Scheme.
- Under the CoE Scheme, 11 Centres have been provided grants upto Rs.30 crores per Centre for modernizing their existing facilities, purchase of furniture, library, induction of faculty etc. Rs.236.96 crores has been released to these Centres under this Scheme.
- Central assistance of Rs.101.40 crores has been provided for upgradation of infrastructure and equipments of 88 state run Medical colleges and 29 MH Institutes.
- A State Mental Health Authority has been constituted in every State/UT. A grant of Rs.9.00 lakhs has been provided to meet expenditure for their establishment etc. to each SMHA in 32 States/UTs.
- The Mental Health Care Bill, 2013 has been introduced in the Rajya Sabha during the Monsoon Session of 2013.
- An Expert Group has been constituted for formulation of “Mental Health Policy” for the country.
- NIMHANS Banguru has been declared as institute of National Importance



Control of Blindness and Trauma Care

Achievements

National Programme for Control of Blindness

Achievements during last five years: 2008-09 to 2012-13

- 3,03,05843 cataract operations have been performed, 95% of which were with IOL.
- 29,94,088 spectacles have been provided free to school going children with refractive error.
- 2,36,248 donated eyes were collected.
- 1900 Eye Surgeons trained.
- Setting up 2591 Vision Centers in PHCs of 33 States/UTs with funding of Rs. 50,000 per Centre.
- Strengthening of 99 Medical Colleges across 26 States with support of Rs. 40 Lakhs each for procuring ophthalmic instruments in connection with developments of pediatric low vision/retina units for IOL surgeries and for other sub-specialties.
- Setting up 86 Eye Banks in 26 States with funding of Rs. 15 lakhs per Eye Bank.
- Setting up 181 Eye Donation Centers in 27 States with funding of Rs. 1 lakhs per centre.
- Setting up of 47 Eye wards/OTs in 16 States with funding of Rs. 75 lakhs per ward/OT.
- Support of 29 Mobile units with the assistance of Rs. 60 lakhs each Unit with Tele Network/Fixed Tele Models in 12 States of North East and Odisha, Kerala and Jammu & Kashmir.
- Supported 55 NGOs in 22 States for setting up/expanding eye care facilities at the rate of Rs. 30 lakhs per NGO.

Trauma Care

- During 11th Plan a Trauma scheme with an outlay of Rs.732.75 crores was approved for developing a network of 140 trauma care facilities in the Govt. Hospitals along the Golden Quadrilateral highway corridor covering 5,846 Kms connecting Delhi-Kolkata-Chennai-Mumbai-Delhi as well as North-South & East-West Corridors covering 7,716 Kms connecting Kashmir to Kanyakumari and Silchar to Porbandhar respectively.

Proposal for 12th Plan

A proposal has been approved for developing another 85 new Trauma care centres on the same pattern during the 12th five year plan. Rs 900 crores is the proposed outlay for the 12th plan.

National Programme for Health Care of the Elderly (NPHCE)

The basic aim of the The National Programme for Health Care of the Elderly (NPHCE) programme, launched in 2010, is to provide separate and specialized comprehensive health care to the senior citizens at various level of State health care delivery system including outreach services.

Two National Institutes of Aging (NIA) at AIIMS, New Delhi and Madras Medical College, Chennai will also be developed during the 12th Five Year Plan.

Regionanl Geriatric Centres (RGCs)

- Geriatric OPDs are functioning in all the existing 8 Regional Geriatric Centres
- 30 bedded Indoor services have been established in 6 Regional Geriatric Centres
- Bi-weekly Geriatric Clinic at 29 CHCs started
- Weekly Geriatric Clinics at PHCs have been started at Gandhi Nagar, Rajkot and Jam Nagar (Gujarat); Mewat (Haryana), Leh, Kupwara, Kargil, Doda, Udhampur (J&K); Bokaro, Dhanbad, Ranchi (Jharkhand), Shimoga & Kolar (Karnataka) and East Sikkim & South Sikkim (Sikkim).

The National Programme for Health Care of the Elderly (NPHCE)

Objectives in 12th Five Year Plan

- 225 more Districts will be covered by the end of 12th Five Year Plan under the Programme.
- 12 Additional Regional Geriatric Centres will be established by the end of the 12th FYP.
- 2 National Institute of Ageing will be established at AIIMS, New Delhi and Madras Medical College, Chennai.
- An amount of Rs.1147.56 Crore have been earmarked for District Level activities
- An amount of Rs.562.57 Crore have been earmarked for Tertiary level activities (RGCs, NIAs)



Union Minister of Health & FW, Shri Ghulam Nabi Azad, opening the new Geriatrics OPD at AIIMS in New Delhi

National Iodine Deficiency Disorders Control Programme

Achievements

- Over the years visible Goiter in the entire country is reduced significantly.
- Cretins due to nutritional iodine deficiency are rarely born now in the country.
- The target of production/supply of iodized salt i.e. 58 lakh MT per annum is achieved.
- Consumption of adequately iodized salt at household level has been increased to 71%.
- Extensive IEC activities have been carried out to create awareness about the regular consumption of iodized salt in prevention and control of IDD.
- GOI had supplied 30 lakh Salt Testing Kits at district level in 23 States UTs for the use of ASHA/Health worker for creating awareness and monitoring iodized salt at consumption level

New Initiatives:

- Supply/procurement of Salt Testing Kits for qualitative iodized salt testing at the community level for creating awareness and to promote consumption of adequately iodized salt.
- Performance based payment to ASHA for monitoring quality of iodized salt in the community.

National Vector Borne Disease Control Programme

Achievements

- National Vector Borne Disease Control Programme(NVBDCP) deals with the six vector borne diseases Malaria, Dengue, Chikungunya, Japanese Encephalitis, Kala-azar and Lymphatic Filariasis.
- A World Bank assisted project for an initial amount of US \$ 250 million was sanctioned. Out of which US \$ 170 million was cancelled. The project completed in December, 2013.
- A Global Fund assisted Intensified Malaria Control Project-II (IMCP-II) for an amount of US \$ 90.97 million (Rs.465.35 crores approx.,i.e by different conversion rate) i.e including USD 3.98 of balance carry forwarded from Round 4, for malaria control in 86 districts of 7 NE states has been approved.
- Kala-azar and Lymphatic Filariasis are targeted for elimination by 2015.
- Implementation of prevention and control activities for vector borne diseases is done by the State Governments.

Malaria

- Number of persons screened for Malaria annually have been around 10 crore.
- 35.3% reduction in Annual Parasite Incidence of Malaria: Form 1.36 per 1000 population in 2008 to 0.88 per 1000 population in 2012.
- 58.8% reduction in annual reported malaria deaths: From 1055 in 2008 to 519 in 2012.
- Around 14 million rapid diagnostic tests annually are used by peripheral health workers and ASHAs in the remote and inaccessible areas for detection of cases and providing treatment at the community level.



Launching of new malaria drugs on the occasion of World Malaria Day 2012 in Delhi

- About 11 million Long Lasting Insecticidal Nets (LLIN) were provided in high malaria endemic areas protecting 28 million population.
- In 210 high malaria endemic districts of 17 states, following human resource has been enhanced:-
 - State level consultants: 72
 - VBD consultants at District Level: 209
 - Malaria technical supervisors: 806
 - Kala-azar technical supervisors: 210
 - Lab technicians at sub-district level: 286
 - Multi-Purpose Workers: 6105

Kala-azar

- Kala-azar is targeted for elimination by 2015 by reducing number of Kala-azar cases to less than 1 per 10,000 population.
- Rapid Diagnostic Kits and Miltefosine oral drugs introduced and scaled up for prompt diagnosis and treatment of Kala-azar.
- New combination treatment of shorter duration introduced in 2014 in identified endemic KA districts for better treatment compliance shall be expanded in other districts in phased manner.
- Free diet support to patient and one attendant.
- Incentives to patient for loss of wages @ Rs. 50/- per day during the period of treatment.
- Incentive of Rs.200/- to Kala-azar activist/volunteers including ASHAs for referring a case and ensuring complete treatment.

Dengue/Chikungunya

- 67% reduction in Dengue case fatality rate: from 0.6% in 2008 to 0.2% in 2013.
- Number of sentinel surveillance hospitals increased from 137 to 394 for Dengue and Chikungunya.
- 14 Apex Referral Laboratories have been set up for referral and quality control services and linked with sentinel hospitals.
- National Institute of virology, Pune has been entrusted for supply of IgM kits for detection of cases after 5th day onwards to all the identified laboratories for Dengue and Chikungunya.
- A Mid Term Plan for prevention and control of Dengue & Chikungunya has been developed and circulated to States for implementation.

Acute Encephalitis Syndrome (AES)/Japanese Encephalitis (JE)

- Surveillances of JE strengthened by setting up of 78 sentinel laboratories in endemic States.
- Govt. of India initiated JE vaccination programme under Mass Vaccination Campaign for children in age group 1-15 years with single dose live attenuated JE vaccine (SA-14-14-2) in endemic districts.
- Till 2013, 132 districts already been covered under Vaccination Campaign.



Launching of JE Vaccine (JENVAC) by Hon'ble Health Minister Shri Ghulam Nabi Azad on 4th October, 2013

- Mass Vaccination Campaign for Japanese Encephalitis is followed by Routine Immunization in endemic districts with 2 doses of vaccine, 1st dose at 9 months and 2nd dose of 18 months of age.
- JE sub-office of Regional office for Health & Family Welfare (ROH&FW) manned by Public Health Specialist has been established in Gorakhpur.
- GOI has initiated programme for prevention and control of JE/AES recommended by GOM which was approved by the cabinet on 18.10.2012 in 60 districts of five high endemic States viz. Assam, Bihar, Tamil Nadu, Uttar Pradesh and West Bengal.
- The total funds of Rs. 4038 crores has been approved. Out of which Rs. 1131 crores is for Ministry of Health & Family Welfare.

Lymphatic Filariasis

- Lymphatic Filariasis has been targeted for elimination by the year 2015.
- The elimination of Lymphatic Filariasis targets interruption by reducing microfilaria rate less than 1% in community and validating by absence of any new infection.
- Government of India launched this strategy in 2004 for covering all endemic districts.
- All the 250 endemic districts in 15 states and 5 UTs are being covered. The coverage has improved from 72% in 2004 to 85.50% in 2012.
- The overall microfilaria rate has been reduced from 1.24% in 2004 to 0.45 in 2012. More than 186 out of 250 districts have reported less than 1% mf rate.
- Validation test by Transmission Assessment Survey (TAS) for MDA stoppage has been successfully conducted in Goa, Daman & Diu, Puducherry and one district of Tamil Nadu.
- Process of validation is being done in 46 districts where MDA has been stopped.

Tuberculosis

Achievements

- The Incidence of Tuberculosis has come down from 209/lakh population in 2005 to 176/lakh population in 2012
- Prevalence has come down from 365/ lakh population in 2005 to 230/lakh population in 2012
- Mortality rate from Tuberculosis has reduced from 36 in 2005 to 22 in 2012
- RNTCP has treated 7.1 million cases during the last five years and 3.2 lakh deaths have been reported by the Programme.
- During the last five years 1.3 million additional deaths have been averted.
- In May 2012 a web based TB case management system (NIKSHAY) had been rolled out across the country where in the diagnosis and treatment details of each registered Tuberculosis Patient is available for better case and programmatic management.
- The NIKSHAY has been awarded “Gold Specific Sectoral National Award” (Focus Sector for 2013-14_ Health Care) for e-Governance 2013-14.
- The notification of all cases of Tuberculosis has been made mandatory with effect from June 2012.
- Ban on Commercial serology tests for TB diagnosis has been notified by the Gazette of India : G.S.R. 432 (E), which prohibits the import of the Sero-diagnostic test kits for tuberculosis & G.S.R. 433 (E) which prohibits the manufacture, sale, distribution and use of the sero-diagnostic test kits for tuberculosis.
- More than 13,000 Designated Microscopy Centres (DMCs) are functional throughout the country for quality assured diagnosis of pulmonary Tuberculosis.
- Nationwide coverage of programmatic management of drug resistant TB services under RNTCP has been achieved.
- Interventions have focused on improving services for HIV-infected patients, with intensified TB case finding at HIV care settings and linking with TB treatment; and for TB patients with provider initiated HIV testing and counselling, provision of ART and decentralised CPT.
- To improve access to tribal and other marginalized groups the programme has developed a Tribal action plan which is being implemented with the provision of additional TB Units and DMCs in tribal/difficult areas, additional staff, compensation for transportation of patient & attendant and higher rate of salary to contractual staff.
- The ACSM activities are inbuilt into the programme and are implemented intensively from the National level to the most peripheral level till the community. RNTCP has a well-conceived ACSM strategy in place.
- Efforts are being made to involve all care providers through collaborative partnerships with NGOs, CBOS, professional associations, faith based organisations, medical colleges and private healthcare establishments across the country

Leprosy

NATIONAL LEPROSY ERADICATION PROGRAMME

Achievements

- The Prevalence Rate has been recorded as 0.73 in March, 2013.
- Annual New Case Detection Rate was 10.78 in the year 2012-13.
- Number of centres providing Reconstructive Surgery for correction of the disability among Leprosy Affected Persons has been increased to 110.
- Special Activity Plan in the 209 high endemic districts in 16 States/UTs was carried out with emphasis on house to house survey to detect hidden cases and to put them under treatment.
- The scheme of involvement of ASHA under NRHM for leprosy work was streamlined which helped in detection of more female cases and in improving treatment completion rate.
- A National Sample Survey for estimation of incidence of new leprosy cases and disability load was carried out by National Jalma Institute of Leprosy and other Mycobacterial Diseases (an ICMR institute) in the country in 2010-11.
- The 12th Five Year Plan has been approved with component of Additional Human Resource in high endemic districts and in high endemic blocks/urban areas to support the implementation of the programme activities in the States/UTs.
- Since the introduction of Multi-Drug Therapy (MDT), there has been remarkable progress in the elimination of leprosy as a public health problem, defined as less than 1 case per 10,000 population, at the National level in December 2005. The Anti-leprosy drugs (MDT) are being supplied free of cost through WHO.

Epidemiological Situation:

- 33 States/UTs have achieved leprosy elimination i.e. Prevalence Rate (PR) less than 1 case per 10,000 population out of 35 States/UTs by 2012-13. Only Chhattisgarh and Dadra & Nagar Haveli are yet to achieve elimination. However, three states namely Bihar, Maharashtra and West Bengal achieved elimination earlier have shown slight increase in PR (1-1.2) in the year 2012-13 due to the effect of special activities. A total of 528 Districts out of 649 Districts have achieved the elimination level.
- At the end of March 2013, there are 91743 leprosy cases on record (under treatment).
- In 2012-13, total 134752 new leprosy cases were detected and put under treatment giving Annual New Case Detection Rate (ANCDR) of 10.78/100,000 population.

Public Health

National Centre for Disease Control (NCDC)

Functions:-

- Nation – wide surveillance for major communicable diseases
- Disease outbreak investigation and management
- Responding to Public Health Emergencies of International Concern
- Coordination of public health institutes



The Union Minister of Health and Family Welfare, Shri Ghulam Nabi Azad unveiling the plaque to lay the foundation stone of the New Complex of National Centre for Disease Control in Delhi on April 28, 2013

Effectively responded to SARS, avian flu, outbreak of Pandemic Influenza-A (H1N1) and Crimean-Congo Haemorrhagic Fever (CCHF). Up-gradation work of the National Centre for Disease Control (NCDC), at an estimated cost of ₹ 382 crore, started in January 2013.



New Complex of National Centre for Disease Control, Delhi 3

Under a Memorandum of Understanding (MOU) signed with Centres for Disease Control and Prevention (CDC), Atlanta (USA), a Global Disease Detection–India Centre (GDD-IC) has been established at NCDC. NCDC supports the testing for various infectious diseases every year and provides referral diagnostic support for communicable diseases to states and UTs. NCDC supports the National Polio Surveillance Programme from 2010 onwards to test samples of Acute Flaccid Paralysis (AFP). NCDC supports

a network of 12 laboratories for Avian Influenza Surveillance and also surveillance of other influenza, including H1N1.

Manpower development:-

- Master of Public Health (Field Epidemiology): In last four years, 40 students have passed out. Presently 11 students are undergoing training course.
- Three months Regional Field Epidemiology Training Programme (FETP) for the health professionals of South East Asia region countries. In last four years, 62 officers from South East Asia region including India were trained in FETP.

Central Research Institute, Kasauli

Central Research Institute is engaged in large scale production of Vaccines & Anti-sera and Research and Development in the field of immunology and vaccinology. Manufacturing license of the institute was suspended by DCG (I) in January, 2008.

- **Revocation of suspension:** Ministry of Health and Family Welfare revoked the suspension of the license in February 2010 and permitted the institute to resume manufacturing.
- **Up-gradation of Vaccine manufacturing of facility** - New cGMP compliant facility for manufacturing of DPT vaccine has been completed to achieve cGMP standards with a cost of ₹ 49.83 Crores through M/s HLL.

BCG Vaccine Laboratory, Chennai

BCGVL Guindy was established in 1948 and currently is a sub-ordinate office of the Directorate General of Health Services. The major functions of the institute are production of BCG Vaccine for control of childhood Tuberculosis to Universal Immunization Programme.

- **Revocation of suspension:** Manufacturing license of the institute was suspended by DCG (I) in January, 2008 and revoked by Ministry of Health and Family welfare revoked the suspension of the license in February, 2010.
- After obtaining the clearance from the ICMR on validity of seed strain, the production of BCG vaccine was re-started on small scale in August, 2010. Clearance of Central Drug laboratory for lot release and production of vaccine on large scale has been obtained in February, 2013. Currently large scale commercial batches are being manufactured.

Pasteur Institute of India, Coonoor

The Pasteur Institute of Southern India, was established on 6th April 1907 and renamed as Pasteur Institute of India when it was made to function as an autonomous body under the Ministry of Health and Family Welfare, Government of India from 10th February 1977.

- *Revocation of the suspension of drug license*

After revocation of the suspension of production license, by the Ministry of Health and Family Welfare Government of India vaccine license production was initiated, with the first batch of DPT vaccines consisting of 15 lakh doses supplied to UIP on 26.06.2012.

- *Upgradation of vaccine manufacturing facility*
 - Government of India has approved the proposal to create Green Field GMP facility of manufacturing DPT group of vaccines at a cost of ₹ 137.02 crores. All statutory

approvals including relaxation of height restriction has been obtained from the Government of Tamil Nadu.

- The civil construction has started and is proposed to be completed by October 2014, after which the Equipment Validation and Process validation will commence.

Integrated Vaccine Complex, Chengalpattu

The Integrated Vaccines Complex, a state-of-the-art vaccine manufacturing facility for manufacturing the vaccines for Universal Immunization Program will be established by HLL Biotech Limited, a 100% subsidiary of HLL Lifecare Limited at Chengalpattu, Tamil Nadu. The project activities are progressing for setting up the facility.

The project cost for establishment of IVC is ₹ 594.00 crores. Government of India will be providing equity of ₹ 285.00 crores and the balance fund will be obtained from financial institutions. The new vaccine facility will make available cost-effective and quality vaccine for immunization program and 75% of the vaccine manufactured in the facility will be sourced by Government of India.

The vaccines proposed to be manufactured at IVC are :

- Pentavalent vaccine : 100 million doses
- Measles : 100 million doses
- Hepatitis B : 140 million doses
- BCG vaccine : 100 million doses
- Hib bulk vaccine : 100 million doses
- JE vaccine : 25 million doses
- Rabies (Human) vaccine : 20 million doses

Integrated Disease Surveillance Programme- (IDSP)

- Continuation of IDSP has been approved by EPC on 04.10.2012 and MSG/HFM on 04.01.2013 with an outlay of Rs 640 Crore for all States/UTs in 12th Plan Period under NRHM.
- The key objective IDSP is to detect and respond to outbreaks of epidemic prone diseases at the earliest. A total of 553 outbreaks were reported and responded to by the States/UTs in 2008, 799 outbreaks in 2009, 990 outbreaks in 2010, 1675 outbreaks in 2011, 1584 outbreaks in 2012 and 1964 outbreaks have been reported in 2013. Majority of the reported outbreaks were of Acute Diarrhoeal diseases, Food Poisoning, Measles etc.
- Surveillance units have been established at all State and District Headquarters (SSUs, DSUs).

Central Government Health Scheme (CGHS)

Achievements

A number of initiatives have been taken in the recent past to improve the functioning of CGHS Wellness Centres (WC). A brief on such initiatives is as under:

- **Continuous Empanelment of Hospitals/Diagnostic Centres**
 - Continuous Empanelment Scheme revived on 14th February, 2013 to empanel more hospitals and diagnostic centres at all CGHS locations.
 - Powers delegated to a Committee headed by Additional / Joint Director, CGHS of the city concerned to empanel hospitals / diagnostic centres in the respective cities.
 - New hospitals /diagnostic centres joined CGHS under Continuous Empanelment Scheme
- **Permissions – no more required for Diagnostic Tests**
 - The requirement for referral /permission for diagnostic tests /investigations has been done away with.
 - This facility is available to all CGHS beneficiaries in CGHS empanelled diagnostic laboratories / imaging centres on the basis of prescription of CGHS doctors / Govt. Specialists

Taking over of Postal Dispensaries in 12 cities:

- CGHS has taken over 19 dispensaries of Department of Post in the 12 cities where CGHS is in operation. These cities are Ahmadabad, Bhopal, Bhubaneswar, Dehradun, Guwahati, Jammu, Jabalpur, Jaipur, Lucknow, Pune, Ranchi and Shillong.



CGHS Wellness Center, New Delhi



Dialysis unit at Sadiq Nagar Dispensary, New Delhi

- o It has been implemented with effective from 1st August, 2013.
- **Cashless facility at select government hospitals in Delhi**
 - o It has been decided to introduce cashless facilities at AIIMS, SJ Hospital, RML Hospital and LHMC & Smt. SK Hospital, so that pensioners and other eligible beneficiaries can avail cashless facilities for treatment at these hospitals.
- **Introduction of 'SMS-Alert' system to check misuse of CGHS Cards**
 - o To exercise an effective check on pilferage of medicines from the CGHS Wellness Centres, an 'SMS-Alert' system has been introduced by CGHS
- **Delivery of life saving medicines – Decentralised in NCR towns**
 - o Distribution of Life Saving Medicines from the CGHS Wellness Centres in the NCR locations of NOIDA, GURGAON, and FARIDABAD has been started to alleviate the problems of CGHS beneficiaries.
 - o These medicines were earlier required to be collected from CGHS Medical Stores Depot, Gole Market, New Delhi.
- **Opening of new dispensaries in Delhi & NCR**
- New dispensaries started functioning in Delhi & NCR during 2012 and 2013 :
 - Sarita Vihar - 23rd Nov. 2012
 - Vasant Kunj - 30th Nov. 2012
 - Greater Noida - 12th Dec. 2012
 - Gurgaon-II - 14th Dec. 2012
 - Rohini Sect. 16 - 14th Dec. 2012
 - Noida Sector 82 - 26th Mar.2013
 - Sahibabad - 8th Apr.2013

- **Computerisation** : To keep pace with modern times, computerisation of CGHS has been completed in all dispensaries in collaboration with the National Informatics Centre. Computerisation of CGHS has brought about a lot of improvements.
- **Definition of Family expanded** : Minor Children of widowed / separated / divorced daughters of a CGHS beneficiary has been included in the definition of 'Family' for the purpose of availing CGHS facilities.
 - Permanently disabled brother of a CGHS beneficiary has also been included in the definition of 'Family' for the purpose of availing CGHS facilities. as dependent family member without any age limit.
- **Change in timing of CGHS Wellness Centres** : The working hours of CGHS Wellness Centres have been revised to 8.00 AM - 3.00 PM with lunch break from 1.00 to 1.30 PM.
- **New Guidelines and ceiling limits for treatment procedures**
 - Guidelines have been framed with ceiling limits for Liver Transplantation Surgery and Bariatric Surgery procedures under CGHS and CS (MA) Rules, 1944.
- **Stand-alone dialysis unit setup at Sadiq Nagar Dispensary in Delhi**
 - A Standalone dialysis centre has been set up at the Sadiq Nagar CGHS Wellness Centre in New Delhi in collaboration with Appollo Healthcare Ltd. to provide dialysis facilities to the CGHS beneficiaries.
- **Outsourcing of Dental Care Services:**
 - Dental Care Services in 13 Dispensaries in Delhi have been outsourced to a private services provider.
- **Issue of CGHS Plastic Cards:**
 - CGHS Plastic Cards are being issued in all 25 CGHS covered cities.
 - CGHS cards are sent to the residence of beneficiaries by Speed post.
- **Engagement of Bill Clearing Agency (BCA)**
 - In order to ensure prompt payment to empanelled private hospitals, CGHS has appointed UTI-ITSL as the Bill Clearing Agency. Payment is now made by UTI-ITSL within 10 days of receipt of bills.
- **FAQ, Help desk and Helpline:**
 - FAQs on CGHS have been updated and improved with additional FAQs.
 - A CGHS Helpdesk has been set up in April, 2013 in Delhi from 8.00 AM to 8.00 PM. It has been receiving queries from beneficiaries on various subjects mainly regarding facilities under CGHS.
 - A 'Flying Squad' has recently been set up for surprise visits.
 - CGHS Helpline has been re-activated with new Helpline no. 155224. Brief on Trauma Scheme

Drugs Regulations

In the 12th Five Year Plan, an outlay of ₹ 1800 crores has been made by the Central Government for strengthening of CDSCO.

- **Development of Infrastructure:**

- New Buildings of zonal offices of CDSCO at Mumbai, Hyderabad, and Chandigarh.
- Sub-zonal offices of Hyderabad and Ahmadabad upgraded to zonal offices.
- Established Pharmazone at Hyderabad Airport.
- Created new sub-zonal offices at Jammu, Chandigarh, Bangalore, Goa, and also proposed two more sub-zonal offices at Indore and Gouwhati.
- New Drug Testing Laboratories being established at Chandigarh and Hyderabad.

- **Enforcement:**

- Drugs and Cosmetics Act, 1940 amended in 2008 for enhancing penal provisions for manufacture and sale of Spurious and adulterated Drugs, provision for establishment special Courts by the States/UTs. Certain offences being made cognizable and non-bailable.
- The Drugs and Cosmetics (Amendment) Bill, 2013 was introduced in the Rajya Sabha on 29th August, 2013 for up-gradation and restructuring the Drugs Regulatory framework for ensuring the manufacture and sale of safe and efficacious drugs in the country. It has been proposed to create a Central Drug Authority.
- A new Schedule H1 containing certain antibiotics, anti-TB drugs and habit forming drugs has been incorporated under the Drugs and Cosmetics Rules, 1945 for having stricter regulatory control over these drugs.
- More than 100 import licenses have been cancelled for violations of conditions of license.
- Introduced “whistle blower policy” to motivate the public and provide information to the regulators on movement of spurious drugs.
- Registration process for Import of Cosmetics initiated
- The drugs considered harmful for human consumption were prohibited under the Drugs and Cosmetics Act, 1940.
- Initiated inspection of Clinical Trial Centres.
- Introduced a system of registration of Clinical Trials (Clinical Trial Registry)

- **National Regulatory Authority Assessment by WHO**

WHO conducted an extensive four day audit from 10-14 December, 2012 in respect of the vaccine clearance procedures adopted by the National Regulatory Authority (NRA) i.e. office of the Drugs Controller General (India), and was satisfied that the procedures adopted by the NRA are stringent enough and the international community can be assured that the vaccines permitted for manufacture by the said authority are of high quality, safe and efficacious.

- **Transparency in approval process:**

- Introduced Information Technology Enabling System (File Tracking System, Posting of approval/quarry details on CDSCO website).
- WHO declared CDSCO is a functional National Regulatory Authority (NRA) (2012).

- **National List of Essential Medicines**

The National List of Essential Medicines (NLEM) was revised in 2011. It has 348 medicines for primary, secondary and tertiary level of treatment. The list was forwarded to the Department of Pharmaceutical for regulating the prices of these drugs.

- **Pharmacovigilance program:**

A pharmacovigilance Programme of India (PVPI) was launched on 14.07.2010 to capture adverse drug reactions data in Indian population in the systematic way. The programme is being coordinated by the Indian Pharmacopoeia Commission, Ghaziabad. The program has been initiated at 90 Centres in different parts of the country and another 10 Centres will be included in this financial year.

- **Country wide survey on Spurious drugs**

A survey to assess the extent of spurious drugs in the country was conducted in the year 2009, on the basis of statistical principles provided by Indian Statistical Institute (ISI), Hyderabad. Under this survey 24,136 samples of 62 brands of drugs belonging to 9 therapeutic categories of 30 manufacturers from over 100 different Pharmacy outlets in different regions of the country and located in each stratum viz. metros, big cities, district, towns and villages were collected. The survey had revealed that the extent of drugs found spurious was 0.046% only.

- **Overseas Inspections**

The office of CDSCO has initiated inspection of Pharmaceutical firms for import registration of drugs. Inspected 5 Chinese companies in 2011 and 4 in 2012.

- **International Collaborations:**



The Secretary, Department of Health and Family Welfare and the Commissioner, U.S. Food and Drug Administration exchanging the signed MoU in the field of Health & Medicine, in presence of the Union Health Minister, Shri Ghulam Nabi Azad on 10th February 2014.

The CDSCO has made international collaborations with ICH, WHO, USFDA, Health Canada.

- **Clinical Trials and Medical Devices:**

- Twelve New Drug Advisory Committees (NDACs) and Six Medical Devices Advisory Committees (MDAC) related to different therapeutic areas having medical experts have been constituted for evaluation of clinical trial proposals of new drug substances excluding Investigation New Drugs (INDs).
- Registration of clinical trial in ICMR registry is mandatory.
- Guidelines for conducting clinical trial inspections.
- Drugs and Cosmetics Rules, 1945 amended to make following provisions:
 - Compensation Provision for Clinical Trial subjects including procedures to analyze serious adverse events during the clinical trials.
 - Registration of Ethics Committees
 - Inspection of Clinical Trial Sites.

India Pharmacopoeia Commission

- The Indian Pharmacopoeia Commission which came into existence in 2009 updates and publishes the Indian Pharmacopoeia (IP), book of Standards at regular intervals, publishes National Formulary of India (NFI) and makes available Indian Pharmacopoeia Reference Substances (IPRS). The Indian Pharmacopoeia 2014, 7th edition was released on 04.11.2013, by Hon'ble Union Health and Family Welfare Minister, Shri Ghulam Nabi Azad.



The Union Minister for Health and Family Welfare, Shri Ghulam Nabi Azad releasing the 7th Edition of Indian Pharmacopoeia 2014, in New Delhi on November 04, 2013.

- The Indian Pharmacopoeia Commission has so far published 2548 monographs of all types of drugs and vaccines. 577 New Monographs included in this edition. 19 New Radiopharmaceutical Monographs and 1 General chapter is first time being included in this edition.
- The Indian Pharmacopoeia Commission also released the 4th edition of National Formulary of India on 04.03.2011 after a gap of 32 years.

Pharmacovigilance

- The Pharmaco-vigilance Programme of India (PvPI) was launched on 14.07.2010. The programme was recast in the year 2011 and entrusted for running to the Indian Pharmacopoeia Commission. 300 medical colleges across the country will be involved in the programme. The basic purpose of the programme is to ensure:
 - Monitoring of Adverse Drug Reactions (ADRs) in the country for safeguarding public health.
 - Enabling the maintenance of a data-base on the efficacy and safety of new drugs after their introduction into the market.
 - Database to be a useful input for review of market approvals for such drugs.

Food Safety and Standards Authority of India (FSSAI)

Achievements

- With the objective to consolidate the laws relating to food and for laying down science based standards for articles of food and to regulate their manufacture, storage, distribution, sale and import, to ensure availability of safe and wholesome food for human consumption and for matters connected therewith or incidental thereto, the Food Safety and Standards Act was enacted and the Food Safety and Standards Authority of India (FSSAI) was established in 2008.
- The Food Safety and Standards Rules and the following FSS Regulations, have been notified in 2011 :-
 - Food Safety and Standards (Licensing and Registration of Food businesses) Regulations, 2011
 - Food Safety and standards (Packaging and Labelling) Regulations, 2011
 - Food safety and standards (Food product Standards and Food Additives) Regulations, 2011
 - Food safety and standards (Prohibition and Restriction on Sales) Regulations, 2011
 - Food safety and standards (Contaminates, Toxins and Residues) Regulations, 2011
 - Food Safety and Standards (Laboratory and Sampling Analysis) Regulations, 2011
 - Food Safety and Standards Authority of India (Transaction of Business at its Meetings) Regulations, 2010
- Simultaneously, the enactments and orders mentioned in the Second Schedule of the Act (including the Prevention of Food Adulteration Act) and the Milk and Milk Products Regulations, 1992 have been repealed w.e.f. 5.8.2011.
- FSS Act has been made operational from 5.8.2011. The food regulatory framework has now moved from limited prevention of food adulteration regime to safe and wholesome food regime.
- **Operationalizing the Enforcement structure at the Centre as well as the State level:** All the States have operationalized the FSS (Licensing and Registration of Food businesses) Regulations, 2011. Till date around 4,35,898 licenses and 14,45,836 registrations have been issued by the State Governments. At the Central level, 12,348 licenses have been issued till 30.11.2013.
- Initiatives taken by FSSAI for fixing of standards of food articles are as follows :
 - Draft standards for caffeinated beverages have been notified.
 - Limit of Trans Fatty Acid in partially hydrogenated vegetable oil has been notified.
 - Draft notification for fixing standards for Antibiotics in Honey has been notified to the WTO.
 - Standards for Olive Oil have been notified.
 - Draft standards for certain Food Additives have been notified and stake-holder comments are under review.

- Regulations of Alcoholic Drinks - Alcoholic Drink has been defined as Food under Food Safety and Standards Act 2006 and, therefore, the process of framing standards and regulation thereof has begun and the procedure of standards setting would be followed.
- Draft regulations of Imported Food safety have been framed and the stake-holder comments are under review.
- **Surveillance of Food and Food Borne Diseases:** Surveillance action was initiated on milk and iodized salt. The report of milk survey conducted by FSSAI has been released. FSSAI also conducted Surveillance of fruits and vegetables being sold in local markets of Delhi.
- **Framework on Food Safety Management System (FSMS):** Framework of FSMS has been finalized.
- **Harmonisation of Standards with Codex and other international standards:** FSSAI has begun the exercise of harmonizing the standards for the various food items with Codex and other international best practices; the standards for safety aspects of food products have been drafted and are in the process of scientific assessment.
- **Constitution of the Scientific Committee and nine Scientific Panels:** FSSAI has constituted nine Scientific Panels and an apex Scientific Committee to provide scientific opinion to the Authority on wide range of subjects that are within the mandate of the Authority. The nine Scientific Panels on Functional Foods, Food Additives, Method of Sampling and Analysis, Biological Hazards, Contaminants in Food, Pesticides and antibiotic residues, genetically modified organisms and food and Labelling, claims/ advertisements have been constituted.
- **Food Import Clearance System (FICS) :** Implementation of IT enabled Imported Food monitoring system at major entry points in the country i.e. Food Import Clearance System (FICS) has become operational at select ports of Chennai, Delhi, Kolkata, Mumbai and Kochi including airports and importers are getting the food items tested, cleared using the IT enabled system.
- **As National Codex Contact Point, FSSAI has been coordinating and facilitating the participation in various Codex Committee and Submission of new work proposals.** At the initiative of FSSAI, a new international Codex Committee on Spices, and Culinary Herbs has been set-up by Codex Alimentarius Commission (a UN body) and India has been designated as the host country.

Information, Education & Communication Activities

Achievements

Media campaigns through mass media, mid-media and through group and inter-personal communication have been launched.

- Swasth Bharat, the health magazine programme launched on the occasion of World Health Day 7th April 2012, is being telecast and broadcast through 30 Regional Kendras of Doordarshan and 29 Stations of All India Radio covering 27 States. The half an hour programme is telecast for five days a week in Regional languages at primetime. The objective of the programme is to empower citizens with information on health related issues. The Ministry of Health and Family Welfare is the first Ministry in Government of India to start such an outreach programme to be able to reach out to wider spectrum of population through Mass media. During April 2012 – December 2013, about 13379 programmes were telecast by Regional Kendras of Doordarshan in which about 10884 specialists, super specialists and health experts participated in the discussions. During this period, about 12325 programmes were broadcast through Regional Stations of All India Radio in which about 12553 health experts participated (Nov,'13).
- To supplement Swasth Bharat Programme on Doordarshan a series of 20 folders in various national health programmes/schemes have been published in Urdu, Hindi and English. Folders on Janani Shishu Swasthya Karyakram, Child Health Immunization, Programme for the Elderly, Blindness Control programme, Programme on Mental Health, Financial Assistance to Poor Patients, National Programme on Malaria Control, Kala Azar and Japanese Encephalitis have already been published.
- An agreement was reached to advertise/publicise our national programmes during one hour a week programme produced and telecast through Lok Sabha TV, 'Healthy India'.
- Special issues of NRHM Newsletter in multiple languages have been brought out on issues relating to preventive measures of Dengue, Malaria and H1N1.
- Hamara Ghar, an established house journal in Hindi has been published by the Department highlighting various health issues/programmes for promotion of healthy living and distributed to health functionaries working at the PHCs, CHCs, Districts Hospitals, grass root level workers, NGOs etc. across the country.
- DAVP has been assigned to telecast / broadcast spots on NRHM through private FM channels, digital cinema theatres and satellite channels at grassroots level. The spots highlighted the schemes, policies, and programme for the masses.



Chairperson NAC, Smt. Sonia Gandhi inaugurating the Rai Bareli Health Mela, on 5th February, 2011

- Awareness campaign on behalf of Ministry of Health and Family Welfare was launched through 15 minute magazine based radio programme broadcast from 188 primary channels in 19 languages including the stations of Vivid Bharati. The programme on adolescent health highlighted the critical health issues on adolescence through all FM stations of AIR.
- The programme on folk music in local dialect also highlighted the issues related with NRHM, in EAG states as well as North East.
- Ministry of Health and Family Welfare is the first ministry of Government of India who has engaged community radio empanelled with DAVP at DAVP rates for broadcast of the programme of half an hour at grass root level for common masses.



Renewal of MOU between Prasar Bharti and Ministry of Health & Family Welfare on 20th May, 2013 at New Delhi



Health Pavilion at IITF, Pragati Maidan, New Delhi, 2013

- The Department's thematic display of Health Pavilion during IITF 2010 at Pragati Maidan, New Delhi was awarded the Gold Medal. Further the Health Pavilion on the theme of "Health with Equity" at IITF 2013 was again awarded Silver Medal for its attractive display on various Health Issues.
- The IEC Division also participated in campaign through Red Ribbon Express II & III. The year long awareness programme, initiated by MOHFW, highlighted the various initiatives launched by the Ministry to take health services to the doorsteps of the people living in the backward regions of the country.

- The IEC Division has utilised the field units of Directorate of Field Publicity and Song and Drama Division to spread Health Messages through group communication initiatives such as Folk Songs, Drama, Nukkad Natak, other performing art forms etc.
- An initiative to promote Health messages at major pilgrim centres of the country through hoardings, access cards and other media options was undertaken. The programme has already started at Tirupati Devasthanam as Health messages have been printed on the access cards which are used by millions of pilgrims visiting Tirumala.



World Population Day programme at India Gate New Delhi.

Monitoring & Evaluation

Achievements

1. Surveys and Evaluation Activities

A number of large scale surveys are being conducted by the Ministry from time to time to assess the performance of various Health and Family Welfare Programmes.

1.1. Annual Health Survey (AHS)

Under the Annual Health Survey (AHS), 284 districts in the nine States, i.e., Assam, Bihar, Jharkhand, Madhya Pradesh, Chhattisgarh, Rajasthan, Odisha, Uttar Pradesh and Uttarakhand are being covered. The first and second rounds of AHS were conducted during 2010-11 and 2011-12 respectively and results have been disseminated. Fieldwork of the third round has also been completed and the results are expected soon. Further, under the AHS, a separate component on Clinical, Anthropometric and Bio-chemical (CAB) tests has been introduced to collect data on height & weight measurement, blood test for anaemia and sugar, blood pressure measurement and testing of iodine in the salt used by households. Fieldwork of CAB component is under progress.

1.2. District level Household Surveys

The fourth round of survey (DLHS-4) has been taken up in the 26 States /UTs where AHS is not being conducted.

1.3. National Family Health Survey (NFHS)

National Family Health Survey (NFHS) surveys were carried out in 1992-93 (NFHS-1), 1998-99 (NFHS-2) and 2005-06 (NFHS-3) under the stewardship of the Ministry of Health and Family Welfare, Government of India, with the International Institute for Population Sciences (IIPS), Mumbai, serving as the nodal agency for conducting the survey. The sampling design and questionnaire of this survey have been finalised and field work for the survey is likely to begin in 2014.

2. Health Management Information System (HMIS)

Health Management Information System (HMIS) is a web-based Monitoring system that has been put in place by MoHFW to monitor its health programmes and provide key inputs for policy formulation and interventions.

3. Mother and Child Tracking System (MCTS)

Mother and Child Tracking System (MCTS) is a person based tracking system, launched by the Government of India as an innovative application of information technology directed towards improving the health care service delivery system and strengthening the monitoring mechanism. MCTS is designed to capture and track all pregnant women and children (0-5 years) so that they receive 'full' maternal and child health services and thereby contributes to the reduction in maternal, infant and child morbidity and mortality which is one of the goals of National Rural Health Mission.

2.11.2 Mother and Child Tracking Facilitation Centre

A multi-lingual facilitation centre has been established at National Institute of Health and Family Welfare (NIHFW) by outsourcing the creation of necessary infrastructure and provision of helpdesk services. The Helpdesk Agents (HAs) will validate MCTS data by making out-bound calls to the beneficiaries and health workers. In addition, the helpdesk is expected to create awareness about health programmes and provide guidance to the health workers



Union Health Minister, Shri Ghulam Nabi Azad at the inauguration of Mother and Child Facilitation Centre

and beneficiaries. The Helpdesk Service Provider (HSP) agency has been selected and the helpdesk is expected to be operational soon.

A module has been added in the MCTS portal so that States / UTs may utilise it to make calls for validation of MCTS data, getting feedback and raising awareness about national mother and child health related programmes. Many States / UTs have already operationalized this feature for their respective jurisdictions. MoHFW is encouraging the remaining States / UTs to operationalize this feature.

2.11.3 National Health Portal (NHP)

In pursuance of the recommendation of National Knowledge Commission, the Ministry has decided to set up and operationalize National Health Portal (NHP) which will provide easy access to health related information for various stake holders like common man, health professionals, academia Government Departments, etc. in Hindi, English and other major regional languages.

International Health and Cooperation

Achievements

- India hosted the 31st WHO – South East Asia Region (SEAR) Health Ministers Meeting on 10th September, 2013 at New Delhi. Important agenda items on Health issues concerning SEAR countries were discussed during the meeting. New Delhi declaration on high Blood Pressure was also adopted.
- Dr. Poonam Khetrapal Singh of India was nominated to the post of Regional Director, WHO-SEARO in the election held on 12th September, 2013 during the 66th Session of the Regional Committee Meeting of WHO – South East Asia Region (WHO – SEAR) hosted by SEARO Headquarter at New Delhi. India had not held this position since 1967. This is indeed a major achievement for India.
- Shri Ghulam Nabi Azad, Hon'ble Minister of Health & Family Welfare, led a High Level Delegation to participate in the PPD Finance & Program Committee Meeting; Partner Country Coordination (PCC) Meeting; Inter-Ministerial Conference on South-South Cooperation in the post ICPD & MDGs; 23rd Executive Committee (EXCO) Meeting of PPD; 18th Annual Board Meeting of PPD and bilateral meeting with the Health Ministry of China during 20th – 25th October, 2013 at Beijing, China.
- 4th meeting of the South Asian Association for Regional Cooperation (SAARC Technical Committee on Health and Population Activities) was hosted by India for two days in New Delhi on 09th and 10th October, 2013.
- Shri Ghulam Nabi Azad, Hon'ble Minister of Health & Family Welfare, led a High Level Delegation to participate in the 3rd BRICS Health Ministers Meeting (HMM) hosted by the South Africa at Cape Town on 06th and 07th November, 2013. During the meeting the Health Ministers discussed the progress on action plans on the 5 thematic areas agreed during the 2nd BRICS HMM held during



The Union Minister for Health & Family Welfare, Shri Ghulam Nabi Azad meeting the Minister of Health, Indonesia, Dr. (Mrs.) Nafsiah Mboi in New Delhi on September 11, 2013.



Union Minister of Health & Family Welfare meeting with UN Secretary General Ban Ki-Moon in Delhi May 2012

January 10&11 2013 in New Delhi and adopted the Cape Town communiqué,

- India has signed bilateral Memorandum of Understanding (MoU) on cooperation in the field of healthcare and medicine with the Governments of Bangladesh, United Kingdom, Yemen, Indonesia and Maldives on 12th February, 2013, 19th May, 2013, 09th June, 2013, October 11, 2013 and 1st January, 2014 respectively.
- The Ministry of Health & Family Welfare released an additional US \$ 50,000 on March 2013 towards the pooled fund of WHO Reforms as a special one-times measure.
- Hon'ble Health & Family Welfare Minister Shri Gulam Nabi Azad launched the WHO India's New Country Co-operation strategy (CCS) with India, 2012-17 on 29th June, 2012. The CCS, 2012-17 has been developed jointly by the Ministry of Health & Family Welfare and the WHO Country Office.



Union Health Minister Shri Azad & Secretary of State for Health, Mr. Jeremy Richard Hunt exchanging the MoU on cooperation in Health sector on 19 May 2013.



Release of WHO Country Cooperation Strategy India

- India moved a Resolution on “Global Burden of Mental Disorders and the need for a comprehensive, coordinated response from health and social sectors at the country level” was adopted by the Executive Board of WHO. The 65th WHA in its meeting held during 21-26 May, 2012 adopted the resolution.

- The 2nd BRICS Health Ministers Meeting (HMM) was hosted by the Ministry of Health & Family Welfare on January, 2013 at New Delhi. The BRICS Health Ministers have adopted the common positions on CEWG recommendation, WHO Reforms, Child Survival Strategy & HIV-AIDS. The BRICS Health Ministers have adopted the Delhi Communiqué calling for increased collaboration amongst BRICS countries in the sphere of health and for renewed efforts to combat the threats posed by various diseases.
- The South Asian Autism Network (SAAN) Conference was hosted by India at Vigyan Bhawan, New Delhi on 11th February, 2013 – inaugurated by Smt. Sonia Gandhi, Chairperson, National Advisory Council. Various aspects of Autism and associated developmental disorders were discussed in the conference.



The Union Minister for Health and Family Welfare, Shri Ghulam Nabi Azad meeting the Minister of Health and Population, Nepal, Mr. Vidyadhar Malik, in New Delhi on September 11, 2013.



Union Minister of Health & Family Welfare meeting the Parliamentary Delegation from Saudi Arabia in Delhi May 2012

- A two day India – UK Health Policy Forum Workshop was held on 21-22 February, 2013 in New Delhi for continuation of cooperation and enhancement of partnership across the health space between the two countries.

- Ministerial/Official bilateral meetings/ between India and Canada, Saudi Arabia, Yemen, Switzerland, New Zealand, Democratic Republic of Congo, Mozambique, Guinea, Timor Leste,

Bhutan, Nepal, Srilanka and Mauritius were held with a view to enhance the bilateral cooperation in the Health Sector during the year 2012-2013.

- In April 2012, a MOU on Medical Cooperation was signed between India and Kuwait.

- In February 2012, the 5th Indo-Swedish Joint Working Group (JWG) Meeting was held under the MOU signed between India and Sweden on cooperation in the field of Healthcare and Public Health.



Meeting with Bill Gates May 2012

- In January 2012, the 130th Session of the Executive Board of WHO held at Geneva was attended by a high level delegation led by Secretary (H&FW). A resolution was moved by India on 'Global burden of mental health and the need for a comprehensive coordinated response from health and social sectors at the country level' was adopted by the Executive Board of WHO.

- Under the WHO Fellowship for biennium 2010-2011, 196 Fellows have been nominated for training in 12 courses at various premier institutions abroad and 205 Fellows have been nominated for training in 31 courses at various prestigious institutions within the country in order to ensure capacity development of various health professional's works in the Central/ State Government health institutions.



Union Minister of Health & Family Welfare meeting with US Health Secretary in Washington, June 2012

- In December 2011, a MOU between Central Drug Standard Control Organisation (India) and Federal Services on Surveillance in Healthcare and Social Development (Russia) was signed in Moscow, Russia.

- In September 2011, an Indian delegation led by Hon'ble Minister of Health and Family Welfare attended High level Meeting of the UN General Assembly on the Prevention and Control



Chairperson National Advisory Council, Union Health Minister, and other delegates at the South-Asian Network Conference on 11th February 2013 at New Delhi

of Non-Communicable Diseases held at New York during 19-20 September 2011. In September 2011, the 29th WHO-SEAR Health Ministers Meeting (HMM) was organised/hosted by this Ministry on 6th September 2011, at Jaipur Rajasthan preceded by the Senior Advisors Meeting on 5th September 2011 and followed by the 64th session of the WHO Regional Committee for South East Asia on 7-9 September 2011, at Jaipur.

- During the 29th Health Ministers Meeting a resolution i.e., 'Jaipur Declaration on Anti Microbial Resistance' was adopted by the South East Asia Region Member countries and WHO wherein anti microbial resistance has been acknowledged as a major public health issue and commitment has been made by the member countries to institute a coherent, comprehensive and integrated national approach to combat anti microbial resistance and to develop national antibiotic policy and formulate multi-sectoral national alliance against anti microbial resistance.



Union Health Minister, Shri Gulam Nabi Azad addressing the World Health Assembly in Geneva



Health Ministers of South East Asia Region Countries with Union Health Minister Shri Ghulam Nabi Azad at New Delhi on 10th September 2013

Department of AIDS Control

Achievements

HIV Estimations 2012 corroborate the fact that HIV epidemic in India continues to decline at the national level. There is an overall reduction in adult HIV prevalence, HIV incidence (new infections) and AIDS-related mortality in the country.

It is estimated that the scale up of free Anti-Retroviral Treatment (ART) since 2004 has saved over 1.5 lakh lives till 2011 by averting deaths due to AIDS-related causes. Wider access to ART has led to 29% reduction in estimated annual AIDS-related deaths from 2.07 lakhs in 2007 to 1.48 lakhs in 2011 highlighting the impact of scale up of free ART services in the country.

- India is estimated to have around 21 lakh persons living with HIV in 2011. Adult HIV prevalence has decreased from 0.41% in 2001 through 0.35% in 2006 to 0.27% in 2011. Similarly, the estimated number of people living with HIV has decreased from 23.2 lakh in 2006 to 21 lakh in 2011.
- India has demonstrated an overall reduction of 57% in estimated annual new HIV infections (among adult population) from 2.74 lakhs in 2000 to 1.16 lakhs in 2011, reflecting the impact of scaled up prevention interventions.
- Declines in adult HIV prevalence and new HIV infections are sustained in most of the states including all the high prevalence states of South India and North East. However, rising trends have been noted in some other low prevalence states.

2. Achievements during 2012-13

In order to control the spread of HIV/AIDS, the Government of India is implementing the National AIDS Control Programme (NACP) as a 100% centrally sponsored scheme.

Consolidating the gains made till now, National AIDS Control Programme Phase-IV aims to accelerate the process of reversal and further strengthen the epidemic response in India through a cautious and well defined integration process over the next five years.

Status of Implementation of Key Interventions:

- **Targeted Intervention (TI):** The key risk groups covered through Targeted Intervention (TI) programme include: Core High Risk Groups (HRGs)-Female Sex Workers (FSW), Men who have Sex with Men (MSM) including Transgenders (TGs), Injecting Drug Users (IDU) and Bridge Populations- Migrants and Truckers. Various components of Targeted Intervention programme includes: Behaviour Change communication, Condom promotion, Treatment for

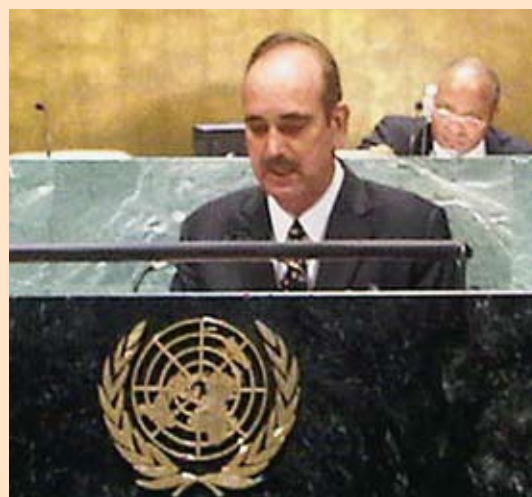


Chairperson National Advisory Council, Smt. Sonia Gandhi inaugurating Red Ribbon Express, 2009

sexually transmitted Infection, Needle Syringe program, abscess management, general medical services and Opioid Substitution Therapy (for IDUs), Linkage with HIV testing and treatment services, Community mobilization and Enabling Environment. During 2013-14 (till October, 2013), 246 TIs were established against the target of 300.

- **Link Worker Scheme:** In partnership with various development partners, the Link worker scheme is operational in 159 districts as of November 2013, and reaches out to rural HRGs and their partners and vulnerable groups.
- **Management of Sexually Transmitted infections (STI)/Reproductive Tract Infection (RTI) :** Presently, Department of AIDS Control is supporting 1,115 designated STI/RTI clinics which are providing STI/RTI services based on the enhanced syndromic case management. During 2013-14 (till October, 2013), 57.8 lakh patient managed as per the national protocol against the target of 68 lakh.
- **Condom Promotion:** NACO has successfully implemented four phases of the Condom Social Marketing Programme in 15 States. Around 35.54 crores pieces of condom have been distributed through social marketing up to October, 2013 by NACO contracted social marketing organizations against the target of 35 crores pieces for 2013-14. During 2013-14 (upto October, 2013), 15.3 crore pieces of condom were distributed against the target of 36 crores under free condom promotion programme.
- **Blood Safety Programme:** Access to safe blood has been ensured through a network of around 1,118 blood banks across the country, which includes 34 Model blood Banks, 175 Blood Separation Units, 167 Major Blood Banks and 742 District Level Blood Banks. During 2013-14, 30,76,403 units blood were collected through NACO supported blood banks till October, 2013, of which 83% was from voluntary blood donation.
- **HIV Counseling and Testing Services** HIV Counseling and testing Services were rapidly scaled up through 4,525 standalone Integrated Counseling and Testing Centres and 9,018 Facility Integrated Counseling and Testing Centres and 1,811 under Public Private Partnership model. During 2013-14, (till October, 2013), 72.03 lakh general clients and 54.64 lakh pregnant women were tested for HIV. Around 88% of HIV positive women and babies were provided Nevirapine prophylaxis for prevention of Parent to Child Transmission of HIV.
- **Care, Support & Treatment Programme:** The Care, support and treatment programme under NACP includes comprehensive management of PLHIV with respect to treatment and prevention of Opportunistic infections, Anti-retroviral therapy (ART), psycho-social support, home based care, positive prevention and impact mitigation.

This has since then been scaled up to cumulative no. of 408 ART centres by November 2013 against the target to set up cumulative no. of 420 such centres by March 2014. 809 linkART centres (LAC) were also set up to facilitate the delivery of ART nearer to residence of PLHIV. As of October 2013, 7.26 lakh People living with HIV/AIDS are receiving free ART in Government health facilities. Around 2.61 lakh Opportunistic infection has been treated at ART centre by October, 2013



Union Health Minister addressing the UN conference on AIDS in June 2011

- **Information Education & Communication:** NACO's communication strategy has moved from creating general awareness to Behaviour Change Communication.

The Department of AIDS Control has entered into a Memorandum of Understanding with the Ministry of Shipping, Department of Higher Education, Ministry of Coal, Department of Youth Affairs and Ministry of Petroleum & Natural Gas.

Red Ribbon Express (RRE) is the world's largest mass mobilization campaign on HIV/AIDS. It is a special exhibition train which travels across the country disseminating the messages on HIV/AIDS and general health in rural and remote areas of the country. Along with the train special outreach programmes are organized in the villages through IEC exhibition vans and folk troupes.

- **Finance:** NACP-IV has commenced w.e.f April, 2012. The total proposed budget for NACP-IV is Rs. 14,605 crore which comprises Government Budgetary Support, Externally Aided Budgetary Support from World Bank & Global Fund and Extra Budgetary Support from other Development Partners.

During 2013-14, against B.E. of Rs. 1,785 crores for the Department of AIDS Control, a total expenditure of Rs.987.27 crores was reported up to 30 September, 2013.

3. New Initiatives:

Under NACP-IV, a number of new Initiatives have been taken. These include scale up of Opioid Substitution Therapy for Injecting Drug Users, Scale up and Strengthening of Migrant Interventions at Source, Transit and Destinations, Scaling-up interventions among Transgender (TGs) population by bringing in community participation and focused strategies to address their vulnerabilities, Roll-out of Multi-Drug Regimen for Prevention of Parent to Child Transmission, earmarking



Union Health Minister, Shri Ghulam Nabi Azad, launching NACP Phase-IV Strategy Document on 12 February 2014.

budgets for HIV among all key government departments through strong mainstreaming initiatives, establishment of four Metro Blood Banks as Centres of Excellence in Transfusion Medicine and a Plasma Fractionation Centre, scale up of Second Line ART, and an overarching Knowledge Management Strategy with focus on data quality, analysis and its use for programmatic action.

The Department of AIDS Control has taken cognisance of the emerging challenges and is focusing on region-specific strategies and evidence-based scale up of the prevention as well as treatment interventions. The programme will ensure that the growing treatment requirements are fully met while providing for the needs of prevention.

Department of AYUSH

Achievements

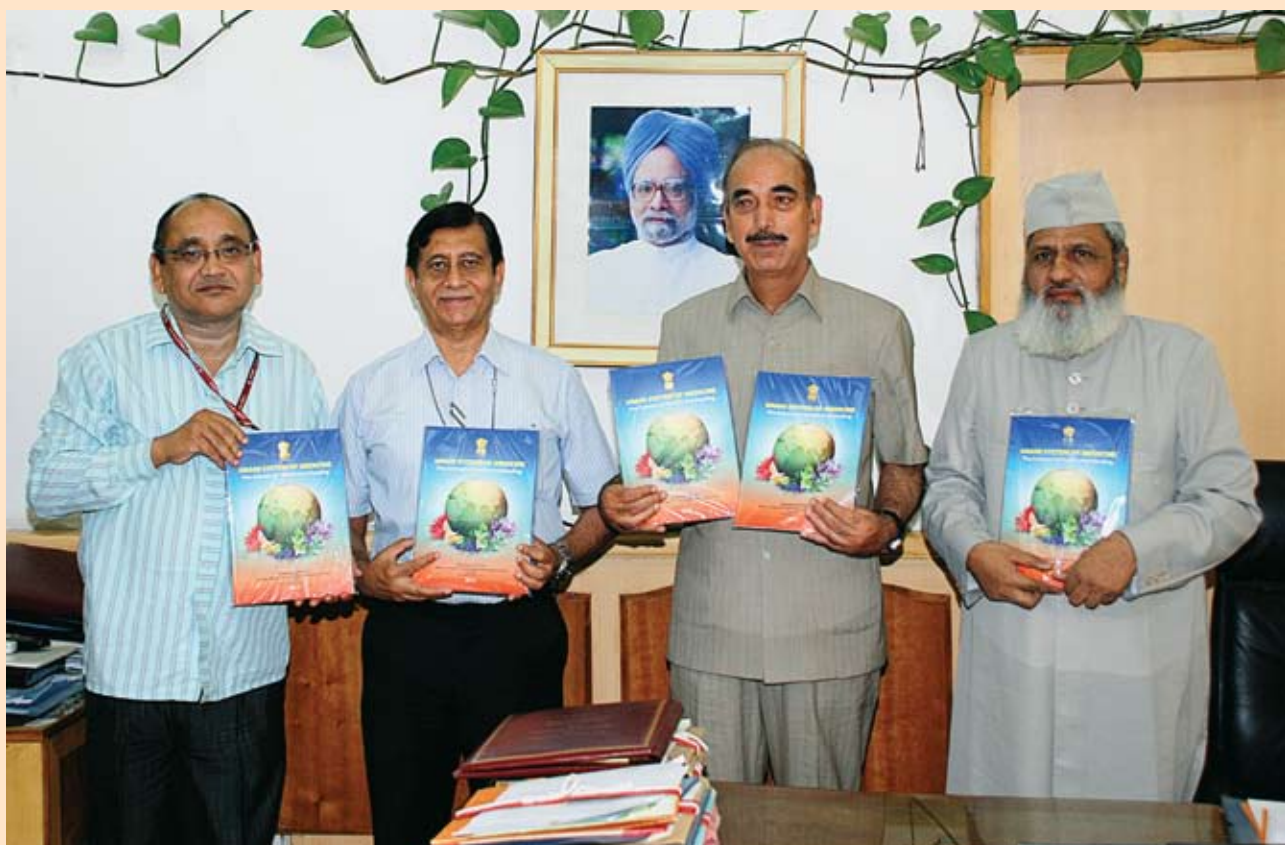
Mainstreaming of AYUSH

Under the Centrally Sponsored Scheme for Development of AYUSH Hospitals & Dispensaries, grant-in-aid amounting to ₹ 623.93 Crore was given to the States/UT Governments for establishment of AYUSH facilities in 803 Additional Primary Health Centers/ Primary Health Centers, 113 Community Health Centers, 24 District Hospitals and for up-gradation of 379 exclusive AYUSH hospitals and 415 Dispensaries for one-time as well as recurring expenditure purpose. Further in the Financial Year 2012-13, 1191 Primary Health Centers, 287 Community Health Centers, 111 District Hospitals were provided with recurring financial assistance. Financial assistance was also provided for supply of Essential drugs to 11068 dispensaries in the Financial Year 2012-13.

During 2011-12, Department of AYUSH also supported for setting up of 6 units of 50 bedded integrated AYUSH Hospitals at Manipur, Mizoram, Tripura, Jammu & Kashmir, Uttarakhand and Himachal Pradesh and 5 units of 10 bedded integrated AYUSH Hospital at Arunchal Pradesh, Assam, Meghalaya, Nagaland and Sikkim.

A Total number of 11925 AYUSH doctors and 4785 AYUSH para-medics have been appointed on contract basis at Primary Health Centers and Community Health Centers with assistance from NRHM mission flexipool.

In 2011-12, a new component of “Setting up of 50/10 bedded integrated AYUSH Hospitals” was introduced under the Centrally Sponsored Scheme for Development of AYUSH Hospitals and Dispensaries in the Northern Eastern states and other hilly states of Jammu & Kashmir, Uttarakhand and Himachal Pradesh.



The Union Minister of Health & Family Welfare releasing the book UNANI System of Medicine

Scheme for Development of AYUSH Institutions

38 Govt-aided Colleges/Institutions were given Grant-in-aid amounting to ₹85.16 crore for upgrading their infrastructure and improving quality of education.

Ayurveda, Siddha, Unani and Homoeopathy Education

Between 2009-10 and 2013-14, the activities undertaken were as follows:

- Permission granted to 9 new Ayurveda Medical Colleges and 1 Unani Medical College.
- Additional 600 seats for Under Graduate (UG) courses and additional 1394 seats for Post-Graduate (PG) courses have been permitted in the existing 125 Ayurveda, Siddha and Unani Medical Colleges.

Quality Assurance of ASU Drugs

Through the Centrally Sponsored Scheme of Quality Control of Ayurveda, Siddha, Unani and Homoeopathy Drugs, the Department of AYUSH provided financial support to 29 State Drug Testing Laboratories, 46 State Pharmacies and 30 Drug Licensing Authorities for strengthening their infrastructural and functional capacity and for improving enforcement mechanism. State Licensing Authorities have also been supported for testing of drug samples. 63 GMP compliant manufacturing units availed subsidy under the scheme for improving in-house quality control facilities. During the last five years from 2008-09 to 2012-13, funds to the tune of ₹16.97 crore were provided through the Centrally Sponsored Scheme for implementing various ASU&H drugs quality control activities in the states.

AYUSH Research

- Focused clinical research on conditions of diseases of national health importance has been the prime mandate of the AYUSH Research Councils. Studies on 88 disease conditions have been conducted which include diseases of national health programs (HIV infection, Iron deficiency anaemia, mental health, etc.), life style disorders (Hypertension, Diabetes mellitus, Obesity, Dyslipidemia, etc.), diseases where conventional medicine has limited role (Cervical Spondylosis, Rheumatoid arthritis, Autism, Chronic bronchitis, Psoriasis, etc.) and gynecological disorders (Menopause, Polycystic Ovarian Syndrome, Dysmenorrhoea, etc.)
- The Research Councils have extended health care services to about 58,85,007 patients (Ayurveda – 2610929, Unani – 1260000, Homoeopathy – 1963857, Yoga and Naturopathy – 50221) in the general OPDs through respective research centers.
- 145 (Ayurveda – 59, Unani – 22, Homoeopathy – 58, Yoga and Naturopathy – 6) publications (books, monographs, etc.) have been brought out incorporating research inputs for the use of AYUSH professionals. More than 800 research papers have also been published in various scientific journals.
- A web based 'AYUSH Research Portal' was launched on 18th April 2012. 17394 abstracts of research papers on AYUSH researches have been uploaded, for use of professionals. The key objectives of the Research Portal are :
 - To showcase the research findings in an organized fashion;
 - To preempt duplication of work;
 - To encourage interdisciplinary research;
 - To generate evidence for wider acceptance of AYUSH systems worldwide; and
 - For enhancing translational potential of core strengths and merits of AYUSH systems.
- 20 patents on Ayurvedic and Unani formulation have been filed.

- A separate set up for Research in Siddha system of Medicine viz; Central council for Research in Siddha medicine has been established at Chennai.
- System dossiers have been published for : Ayurveda-the Science of Life, Homoeopathy- Science of Gentle Healing and Unani- The Science of Health and Healing
- Good clinical practices guidelines for ASU drugs under finalization.
- Clinical trials registration made mandatory from August 2012.

Human Resource Development

- The Syllabi for Bachelor of Ayurvedic Medicine and Surgery (BAMS) course and various Postgraduate courses have been revised making them of contemporary relevance with more scientific study materials.
- The Central Council of Indian Medicine has been directed to develop a bridge course in Modern medicine for ASU doctors, with the emphasis on National Health Programs.
- Through the Centrally Sponsored Scheme meant for development of AYUSH Institutions, as many as 102 of Government and Govt-aided colleges have been supported with grant-in-aid amounting to Rs. 147.54 crore since 2007-08 to fulfill the shortcomings in their infrastructure and teaching-training facilities as per the norms prescribed by the Regulatory Councils. The financial support provided through the scheme has resulted in improvement in infrastructural facilities and educational and health care standards of the colleges and attached hospitals.
- Fresh graduates of Indian Systems of Medicine are provided practical training through the 1 year duration certificate course of Rashtriya Ayurveda Vidyapeeth (CRAV) under Guru ShishyaParampara course of Rashtriya Ayurveda Vidyapeeth (RAV).



The Union Minister for Health and Family Welfare, Shri Ghulam Nabi Azad addressing the first International Conference on Traditional Medicine in February, 2013 in New Delhi

- Three New Institutes namely All India Institute of Ayurveda (AIIA) Sarita Vihar New Delhi, North East Institute of Ayurveda and Homeopathy (NEIAH) Shilong and North East Institute of Folk Medicine (NEIFM) Passighat, Arunachal Pradesh are being set up. All the three institutes are expected to be functional by academic year 2014-15.

Pharmacopoeial Standards

The Pharmacopoeia Commission of Indian Medicines (PCIM) has been set up to develop the Pharmacopoeial Standards of Ayurveda, Siddha Unani Drugs.

Central Sector Scheme for Development of AYUSH Industry Cluster

The aim of the scheme is to develop the AYUSH clusters on Public Private Partnership (PPP) mode. At least 15 enterprises, GMP certificate holding company and having annual turnover of Rs. 20 lakhs shall be eligible for funding under the scheme. One testing laboratory is necessary as part of core interventions.

Scheme for Promotion of AYUSH Intervention in Public Health Initiatives

The scheme of Public Health Initiatives was implemented during 11th Plan initially as a pilot project with a district/block/Taluk as a unit for AYUSH intervention. The scheme is being continued in the 12th Plan. So far 29 projects were approved in the last five years and Rs. 14.68 crore has been spent under this scheme.

Scheme for Grant-In Aid to Non Profit/Non-Governmental AYUSH Organization/Institution for Up Gradation of Centre of Excellence

The main aim of the scheme is to support reputed AYUSH Knowledge institutions in Non –Governmental/Private sector engaged in the activities of Clinical research, Nursing hospital and homes, Fundamental research based on the Fundamentals of AYUSH, Inter-disciplinary research in Pharmacy or product or development, bridging AYUSH and modern science, AYUSH Informatics etc. to upgrade their functions and facilities to the levels of excellence. So far 30 proposals have been approved in the last five years and Rs. 56.31 crore has been spent.

Information, Education and Communication

- The Department has been organizing a comprehensive exhibition on Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homoeopathy namely AROGYA Fair since the year 2001 to promote awareness and showcase developments in the various systems.
- During the last five years, the Department has organized 10 National level and 36 State level AROGYA Fairs as part of initiatives for taking the National Campaign on AYUSH to different parts of the country as well as to promote strengths of the AYUSH Systems.

International Cooperation

- The major achievements under International Cooperation are as follows:
 - “International Conference on Traditional Medicine for South – East Asian Countries” was organized by the Department of AYUSH in collaboration with the WHO Regional office for South – East Asia during 12-14 February, 2013.
- The details of the MoUs signed/in pipeline during the last five years are as follows:
 - Department of AYUSH and signed an MoU with Government of Malaysia to strengthen, promote and develop cooperation in the field of Traditional Systems of Medicine between countries on 27.10.2010.

- A MoU was signed between Government of Trinidad & Tobago and Government of India on Cooperation in the field of Traditional Systems of Medicine during the visit of T & T Prime Minister of India during the year 2011-12.
- A MoU was signed between Government of Hungary and Government of India on cooperation in the field of Traditional Systems of Medicine on 17 October, 2013 at New Delhi.
- Two separate letters of intent have been signed on 15.10.2012 with the Government of Mexico to facilitate signing of an MoU at a future date strengthen, Promote and develop cooperation in the field of Traditional Systems of Medicines.
- A MoU was signed between CCRAS & Durban University of Technology (DUT) for setting up of AYUSH Academic Chair (Ayurveda) at South Africa during the year 2011-12.
- Information Cells for disseminating authentic information of AYUSH were set up at Kuala- Lumpur, Trinidad and Tobago and Mexico; Proposal for setting up of Information Cells in Indonesia, Mauritius and Cuba is in the Pipeline.

National Medicinal Plants Board (NMPB)

During the last five years i.e. from 2009-10 to 2013-14 (up to November'13), financial assistance amounting to a total of Rs. 235.15/- crores was provided to 26 states under Centrally Sponsored Scheme of National Mission on Medicinal Plants, which supports market driven cultivation of medicinal plants:-

- Cultivating medicinal plants on 128181.1931 Lac. Hectares.
- Establishing 822 nurseries unites.
- Construction of Post-Harvest Management unites (Storage godowns& Drying sheds) - 43.
- Supported Processing Unit – 1.
- Supported Testing Laboratory – 1.
- Further, financial assistance amounting to a total of Rs.198.16 crores was provided to various agencies under Central Sector Scheme for Conservation, Development and Sustainable Management of Medicinal Plants. The following are some salient achievements:-
 - Established 43 Medicinal Plants Conservation Areas (MPCAs).
 - Supported 321 Joint Forest Management Committees (JFMCs).
 - Covered an area about 34626.45 hectares under Resource augmentation & Conservation of Medicinal Plants.
 - Supported 61 projects under Research & Development.
 - Supported 22 Facilitation Centres and 2430 herbal gardens.
 - Participation in 56 Workshop/Seminars at national level including ArogyaMelas.

12th Plan allocation strategies

During the 12thPlan, an allocation of Rs. 10044 crore has been made which reflects a substantial increase as compared to the 11thPlan as per table below :-

Eleventh Plan Expenditure	Twelfth Plan Outlay	Actual % increase
2994	10044	235%

The 12th Plan proposals include setting up of the following institutions:

- All India Institute of Homoeopathy, All India Institute of Unani Medicine, All India Institute of Yoga, National Institute of Sowa Rigpa, Indian Institute of AYUSH Pharmaceuticals Sciences, National Institute of Geriatrics, National Institute of Metabolic & Style Diseases, National Institute of Drugs Tobacco De-addiction,

Other Achievements

- After the long persuasion by the Department of AYUSH, first time NSSO has collected information on AYUSH along with 68th annual round of NSS on Socio –Economic Survey conducted during July 2011- June 2012. The information from the NSS round will be useful in better understanding of AYUSH system in India.
- Department has undertaken evaluation of the Centrally Sponsored Schemes (CSS) and Central Sector Scheme (CS) by the third party independent agencies. Twenty seven components of the CSS and CS are being evaluated by the six evaluation agencies and the evaluation is at advance stage.
- A publication “AYUSH In India” has been streamlined and now being published regularly on annual basis since 2010. The publication contains useful information on AYUSH infrastructure such as hospitals and dispensaries, registered practitioners, number of UG/PG colleges, outlay-expenditure on AYUSH etc.
- Good Clinical Practice (GCP) Guidelines in clinical trials in Ayurveda, Siddha and Unani Medicines have been published in March 2013.
- Essential Drug Lists (EDLs) of Ayurveda, Siddha, Unani and Homoeopathy Medicines have been published in March 2013.
- Manual of Procedural guidelines for inspection of Ayurveda, Siddha and Unani Drug Testing Laboratories have been published in March 2013.
- The proposal for creation of 13 posts for establishment of Central Drug Controller for Ayurveda, Siddha, Unani and Homoeopathy drugs has been approved.

In conclusion, the Department has made significant strides during the last five years and has been successful not only in widening its outreach but also in the promotion and propagation of Indian Systems of Medicines, nationally and globally.

Department of Health Research

Achievements

Department of Health Research (DHR) aims at bringing modern health technology to people by encouraging innovations related to diagnostics, treatment methods as well as prevention- vaccines, translating the innovations into products/ processes by facilitating evaluation/testing in synergy with other departments of MOH&FW as well as other science departments and introducing these innovations into public health service through health systems research. It also helps in strengthening Indian Council of Medical Research (ICMR) as fulcrum of this department in generating scientific knowledge for translation and implementation.

Some of the recent major achievements of the Department are as follows:

Affordable Indigenous Technologies for public use

- Launched Indigenous vaccine for Japanese Encephalitis (JE) in partnership with Bharat Biotech (4th October, 2013).
- Launched Indigenous Test for molecular diagnosis of thalassaemia, a major hereditary blood disease (17th December, 2013)
- Launched a magnifying device (Magnivisualizer) for cervical cancer screening (23rd December, 2013).
- Launched Indigenous strips and detection system(s) for diabetes mellitus (13th January, 2014)
- Launched three kits for detection of pathogens in food and water, detection of iron deficiency anaemia and collection of Dried Blood Spot for Vit A deficiency (20th February 2014)



The Union Minister for Health and Family Welfare, Shri Ghulam Nabi Azad launching the Thalassaemia Diagnostic Kit, in New Delhi on December 17, 2013. The Minister of State for Health & Family Welfare, Shri A.H. Khan Choudhury and the DG, ICMR and Secretary, Department of Health Research, Dr. V.M. Katoch are also seen.

Flagship Programmes

Launched following important programmes

- **Tribal Health Research Forum:** A Network of 16 ICMR Institutes. Research programme on hypertension, nutrition, malaria and TB developed with a goal of improving health of tribal and other marginalized communities.
- **Vector Borne Disease Science Forum:** was created to promote research on vectors and develop a common platform for all vector biologists, entomologists, programme people to promote goal directed research for control of vector borne diseases like malaria, filariasis, dengue, chikungunya, JE etc. in the country. Multi-centric programmes on malaria, filariasis, JE/AES initiated;
- **Special support to medical colleges:** for project development started, number of medical colleges getting project grants reached to over 75.
- **Translational Research:** Translational research is an important area of DHR. Translational research cells were established at 27 ICMR's Institutes/Centres with a coordinating cell at ICMR Hqrs. A total of 64 patents were filed during 2008 to 2013 based on intramural and extramural and 21 patents were granted. Four technologies were transferred/commercialized.

Infrastructure Development

- **Asia's first BSL IV laboratory** was established at NIV, Pune to deal with most dangerous lethal infections like hemorrhagic fevers, agents of bioterrorism.
- **National Institute for Research on Environmental Health** was established at Bhopal on 11th October, 2010



Inauguration and dedication to the Nation of Asia's first BSL-4 laboratory, Pune by Shri Ghulam Nabi Azad, Minister of Health and Family Welfare in December, 2012

- **National Centre for Diseases Informatics and Research** was established at Bangalore during 2010-11.
- **Bhopal Memorial Hospital and Research Centre, Bhopal** was transferred to ICMR on January 29, 2012.
- **New field stations** of ICMR Institutes were established at Car Nicobar, Nancowry, in Andaman & Nicobar Islands, Gorakhpur, UP, Alappuzha, Kerala, Rayagadha and Kalahandi in Odisha and in Guwahati, Assam to serve the health problems of the local communities
- **School of Public Health:** School of Public Health was established at NIE, Chennai
- 4 Referral, 3 regional and 30 peripheral centres for rota virus established; 6 National centre for anti-microbial surveillance network established; 9 Diabetes registries established & 4 are in process; 2 Cancer registries established.

International Collaboration

- Several rounds of negotiations were held with partner agencies / countries to develop programmes in mutually identified areas, Strengthening Indian researchers' capabilities-88 **ICMR International Fellowships** were awarded during last 5 years, Approx. 330 **exchange visits** were processed and supported under international mobility mode of collaboration of approved research projects. The international collaboration helped the scientists of India and other countries to develop collaborative links-25 **JWGs** and 34 **workshops were conducted.** **Secretariat for South Asian Forum for Health Research (SAFHeR) for enhancing regional cooperation** was transferred to ICMR.



DHR-National Institute for Health and Care Excellence-MoU Co-signed by Secretary, DHR and DG, ICMR in London, UK on 14th June, 2013

New Schemes Rolled out

Multi-Disciplinary Research Units

- Multi-Disciplinary Research Units in Government Medical Colleges to strengthen health infrastructure at the periphery and create an environment of research in medical colleges.
- Eighty such units have been approved to be established in State Govt Medical Colleges.
- Work initiated for setting up such units in 21 Medical Colleges.

Model Rural Health Research Units

- Model Rural Health Research Units in the States to take new technologies from lab to field for benefit of the society.
- Fifteen such Units will be established.
- Work initiated for setting up five such units.

ICMR Completes Hundred Years in the service of the Nation

ICMR completed 100 years in the service of the Nation on 15th November 2011. Many events were organized by the ICMR Hqrs and its Institutes/centres to mark the occasion.

- For Centenary celebration a special centenary logo of ICMR was designed.
- The ICMR conceived and developed a centenary calendar .
- The Department of Post and Telecommunication released Rs.5.00 commemorative postal stamp on ICMR .
- The Ministry of Finance, Govt. of India issued Commemorative Rs.5.00 and Rs.100.00 coins on ICMR.

Following books/documents were also prepared and brought out:

- Compendium of ICMR Research Papers (1919-2010)- a consolidation; ICMR's Most Cited Research Papers: A Chronicle (1950-2010); Citation Classics of ICMR's Research Papers (1950-2010) – Five Most Cited Papers in Priority Areas of the Council; Bibliographic Details of Ten Most Cited Papers (Categorized under priority areas of the Council); Directory of Health Research Institutions of India;
- DVD's on research activities and contributions of ICMR Institutes/Centres.

Network of Laboratories for managing epidemics & natural calamities.

- A Network of viral diagnostic laboratories to build capacity for handling outbreaks, managing epidemics & natural calamities across the length and width of the country.
- Ten Regional, 30 State level and 120 Medical College level labs to be established in the XII plan across the country.



The Union Minister of Health and Family Welfare, Shri Ghulam Nabi Azad launching the Cervical Cancer Diagnostic Kit-AB Magnivisualizer- developed by Institute of Cytology and Preventive Oncology, in New Delhi on December 23, 2013. The Minister of State for Health & Family Welfare, Smt. Santosh Chowdhary and Shri A. H. Khan Choudhury are also seen.



The Union Minister for Health and Family Welfare, Shri Ghulam Nabi Azad launching Indigenous Affordable Technologies for Detection of Diabetes

- Work initiated for two Regional, 3 state level and 5 Medical College Level labs.
- Asia's first BSL IV laboratory was established at NIV, Pune to deal with most dangerous lethal infections like hemorrhagic fevers, agents of bioterrorism

Grant-in-Aid Scheme

- Grant-in-Aid for Inter-sectoral Convergence & Coordination for Promotion & Guidance on Health Research, has been approved at a cost of Rs 1242 crores.

Human Resource Development

- A Scheme on 'Human Resource Development for Health Research, is at the final stage of approval.

Other Important Scientific Achievements

Communicable/Infectious Diseases

- **Established National Hospital Based Rotavirus Surveillance Network**
- **Starting a National Anti-Microbial Resistance Surveillance Network (AMRSN)**
- **Establishment of National Gastro-intestinal tract Pathogens Repository (GTPR) at "National institution of Cholera and Enteric Diseases" (NICED).**
- RMRC, Bhubaneswar for the first time has shown the feasibility, acceptability and costs efficacy of the use of modified killed whole cell oral cholera vaccine (OCV).
- The studies carried-out by DMRC, Jodhpur in 9 districts of Rajasthan revealed that *Aedes aegypti*, has developed resistance against temephos.
- An improved process of production of cyclosporin A (Patented) from Tolypocladium.
- RMRC, Port Blair achieved significant progress in the development of DNA vaccine for leptospirosis.

- Three-dimensional structure of *V. cholerae* hemolysis oligomers was determined by cryo-negative staining method by scientist of NICED, Kolkata.
- Molecular diagnosis of HIV infection among babies (up to 18 months) born to HIV infected mothers employing dry blood spot (DBS) samples.
- NIV is working for the development of an egg based oral formulation for treatment of rotaviral diarrhoea.
- The multicentric laboratory evaluation of stage specific RT-PCR assay for the detection of third (L3) stage larvae of *W. bancrofti* in the vector mosquito.
- A two-year M.Sc. course in Public Health Entomology by VCRC.

RMRCT, Jabalpur has identified for the first time the presence of *P.malariae* in central India and also noted that Hypertension is on rise among the tribal population.

Genetic Disorders

- Haemoglobinopathies in tribal areas of MP were mapped by the RMRCT, Jabalpur. Based on the recommendation of the centre the Government of MP has established clinics in 5 districts for the laboratory diagnosis of haemoglobinopathies in phase-I.

Non-communicable Diseases

- ICPO, Noida is involved in an Indo-German programme for development of chimeric DNA- based vaccine against Human Papillomavirus type 16.
- For the first time a manually curated database termed Cervical Cancer Gene Database (CCDB, <http://crdd.osdd.net/raghava/ccdb>) has been developed.

Nutrition

- Based on ICMR co-ordinated work on pesticide residues in carbonated water, the Ministry of Health and Family Welfare issued the final Gazette notification, No. 357 "Prevention of Food Adulteration which implements the tolerance limits of pesticide residues for carbonated water (1 ppb for individual pesticide residues).
- The Centre for Promotion of Nutrition Research and Training with special focus on North-East, Tribal and Inaccessible Population (ICMR), New Delhi has contributed immensely in the area of Nutrition.
- National Nutrition Monitoring Bureau (NNMB) has been carrying out periodic surveys across the 10 states of the country to study the time trends in the diet and nutritional status. Six additional NNMB units have been sanctioned in 2012, in non-NNMB states.

Intellectual Property/Biomedical Communication

- IP policy of ICMR has been revised by modifying the clause of maintenance of patents. As per the revised policy the renewal of all patents filed in India and abroad will be reviewed at the end of 10 years.

Social & Behavioural Research

- ICMR and ICSSR have signed a MoU for collaboration to develop better understanding of health related issues of the people for more effective solution through social and behavioural research and devise ways to make health for all a reality.



Union Minister of Health and Family Welfare, Shri Ghulam Nabi Azad launching three indigenous, affordable technologies for pathogens in food and water, detection of iron deficiency anaemia and collection of Dried Blood Spot for Vit A deficiency on 20th February 2014. All these technologies have been developed by NIN, Hyderabad, an ICMR Institute.



President Shri Pranab Mukherjee at a function to celebrate “India’s Victory Over Polio”, in New Delhi on February 11th, 2014. The Prime Minister, Dr. Manmohan Singh, the Chairperson, National Advisory Council, Smt. Sonia Gandhi, Union Minister of Health and Family Welfare, Shri Ghulam Nabi Azad, The Leader of Opposition in Lok Sabha, Smt. Sushma Swaraj and other dignitaries are also seen.



President Shri Pranab Mukherjee, Union Minister of Health and Family Welfare, Shri Ghulam Nabi Azad, Minister of State for Health & Family Welfare, Smt. Santosh Chowdhary, Director General, World Health Organisation, Dr. Margaret Chan and Health Ministers of South East Asian Countries who attended 31st meeting of WHO-SEARO Health Ministers meeting in New Delhi on September 10, 2013.

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