

# BACKGROUND PAPER

## Introduction

The National Health Policy 2002 aims at achieving an acceptable standard of health for general population of the country. Keeping in line with this broad objective, the Eleventh Five Year Plan, had set upon itself a goal of achieving good health for the people, especially the poor and the underprivileged. To achieve the objective, a comprehensive approach was advocated, which included improvements in individual health care, public health, sanitation, clean drinking water, access to food and knowledge of hygiene and feeding practices. Importance was accorded to reducing disparities in health across regions and communities by ensuring access to affordable health. Special attention was given to the health of marginal groups like adolescent girls, women, children, the older persons, disabled and tribal groups, with due recognition to gender issues, as the cross-cutting theme across all schemes.

An assessment of the performance of the country's health related indicators depicts that significant gains have been made in them e.g. life expectancy at birth, child and maternal mortality, among others. This can be seen from Table 1.

**Table – 1: India — Selected Health Indicators**

S. No.	Parameter	1981	1991	Current level
1.	Crude Birth Rate (CBR) (Per 1000 Population)	33.9	29.5	22.8 (2008)
2.	Crude Death Rate (CDR)(Per 1000 Population)	12.5	9.8	7.4 (2008)
3.	Total Fertility Rate (TFR)(Per women)	4.5	3.6	2.7 (2007)
4.	Maternal Mortality Rate (MMR) (Per 100,000 live births)	NA	NA	254 (2004-06)
5.	Infant Mortality Rate (IMR)(Per 1000 live births):	110	80	53 (2008)
	Male			52
	Female			55
6.	Child (0-4 years) Mortality Rate per 1000 children	41.2	26.5	16.0 (2007)
7.	Life Expectancy at Birth:	<b>(1981-85)</b>	<b>(1989-93)</b>	<b>(2002-06)</b>
	Total	55.4	59.4	63.5
	Male	55.4	59.0	62.6
	Female	55.7	59.7	64.2

The country has a well structured 3-tier public health infrastructure, comprising Community Health Centres, Primary Health Centres and Sub-Centres spread across rural and semi-urban areas and tertiary medical care providing multi-Speciality hospitals and medical colleges located almost exclusively in the urban areas. Improvements in health indicators can be attributed, in part to this network of health infrastructure. However, the progress has been quite uneven across the regions (large scale inter-State variations), gender (male-female differences) as well as across space (with significant rural-urban differences).

In line with the objectives enunciated, there has been a steady increase in the allocations made for the Health Sector over the Plans. The allocation for Ministry of Health & Family Welfare registered substantial step up during the 11<sup>th</sup> Plan with an outlay of Rs.140135 crore as against the actual expenditure of Rs. 36079 crore, registering a nearly 4 fold increase.

## **National Rural Health Mission (NRHM)**

National Rural Health Mission, one of the flagship programmes of the UPA Government has been able to make substantial progress in making available affordable and quality health care to the people even in the remote areas. An innovative partnership with the States and Union Territories, Health being a State subject, it has been able to achieve substantial improvement in the health infrastructure, resulted in increased availability of human resources and helped in improving the quality of health care. The recent Common Review Mission has noted the increased accessibility of facilities to people and overall improvement in health care.

### **Progress of National Rural Health Mission (NRHM)**

#### **Human Resources**

- Over 7.3 lakh Accredited Social Health Activists (ASHAs) have been selected in the country, out of which over 6.9 lakh has received training up to 1<sup>st</sup> Module and over 5.5 lakh have completed the fourth module. Over 4.9 lakh ASHAs have been positioned after training and provided with drug kits.
- 39,515 Sub Centres are functional with second ANM.
- 6588 PHCs has been strengthened with three Staff Nurses.
- 11,256 Doctors and Specialist, 46,263 ANMs, 26,253 Staff Nurses, 12,485 Paramedics have been appointed on contract by States to fill in critical gaps.
- Training capacity of Nurses, ANMs and other paramedics is being expanded in states.
- Multiskilling trainings are being undertaken to provide the appropriate skill mix at various levels.

#### **Infrastructure**

- All 1.46 lakh Sub centers in the country have been strengthened with untied funds of Rs. 10,000 each.

- New Constructions / Upgradation taken up in 28,686 sub-centres, 5407 Primary Health Centres (PHCs), 4937 Community Health Centres (CHCs)/ Sub-Divisional Hospitals (SDH) and 444 District Hospitals (DH)
- 8326 PHCs and 1224 SDH / Taluka Hospitals are functioning 24X7.
- 517 out of 578 district hospitals functioning as First Referral Units.
- Mobile Medical Units are operational in 343 districts in the country.
- Co-location of AYUSH facilities done at 51% of DHs, 44% of CHCs and 21% PHCs. Strengthening of cross referral system is meant to expand the basket of choices.
- Eight District Hospital have received ISO certification. One DH (Gujarat) has received NABH accreditation.
- Process for seeking ISO certification started in District Hospitals/PHCs in Bihar, Chhattisgarh, Orissa, TN and Kerala.

### **Institutional Strengthening**

- State and District Health Missions constituted in all States.
- Over 4.4 lakh Village Health & Sanitation Committees (VHSCs) have been operationalised. Over 58 lakh Village Health and Nutrition Days were organized during 2008-09. During the current year 29 lakh VHNDs have been held so far.
- 4,28,581 Sub Centres & VHSC have operational joint accounts of ANMs and Pradhans for utilization of annual untied funds.
- Rogi Kalyan Samitis (RKSs) have been formed in 573 DH, 4217 CHCs & 16568 PHCs.
- All Societies for disease control programmes merged into the State & District Health Societies.
- Inter-sectoral convergence addressed during planning & assessment process. Close involvement of PRIs emphasised for convergence.
- Community Monitoring and Planning Committees set up in nine states under Phase I of community monitoring.

- Annual review Missions with multifaceted teams institutionalized. The third Common Review Mission visited 17 States/UTs in November 2009. Regular hand holding workshops convened for experience sharing between states.
- Strengthening of State Institute of Health & Family Welfare and State Health System Resource Centres taken up to facilitate training and institutional capacity building

### **System Strengthening**

- In 617 out of 643 districts, District Health Action Plans have been prepared.
- 10 States have introduced Emergency Medical System
- Programme management Units have been set up in all the states. These include professionals with management, IT, and accounting skills. In many states HR managers and Infrastructure managers have also been positioned.
- 3691 Blocks have operationalised Block level PMUs.
- Web Based HMIS has been operationalised. Collation of facility level data is being taken up now.
- All states have started facility mapping to rationalize the infrastructure upgradation initiatives .
- NGOs providing assistance in building capacity of VHSCs and other local bodies and in carrying out the community monitoring exercises. Also involved in outreach services, running of PHCs and MMU in some states.

### **Reproductive Child Health Programme**

A number of programmes are being implemented in the core areas of maternal health, child health, family planning and adolescent reproductive and sexual health, to achieve the desired reductions in the key RCH II/NRHM goals of MMR, IMR and TFR, etc.

### **Child Health**

- IMNCI is being implemented in 258 districts. 2.15 lakh personnel have been trained. F-IMNCI launched to multi skill doctors and staff nurses with special skills, required to manage new born and child hood illnesses at facilities.

- 174 sick new born care units (SNCUs), 1592 stabilization units and 4793 New born care corners established.
- A new programme called Navajat Shishu Suraksha Karyakram (NSSK) launched to address issues of care at birth and to reduce neonatal mortality. 368 district level trainers in 5 States already trained.
- 652 Nutritional Rehabilitation Centres (NRCs) have been set up across States for treatment of severe acute malnutrition.
- School health programme (SHP) has been launched nationwide and is currently being implemented in 33 States/UTs. Health check-up, treatment of minor ailments, health education, micronutrient supplementation and immunisation services are being offered in close conjunction with the Ministry of HRD. State plans for SHP increased from Rs. 56.58 crore in 2007-08 to Rs. 65.04 crore in 2008-09 and Rs 112.10 crore in 2009-10.

#### **Maternal Health**

- upgradation of infrastructure at the district level and conversion of approximately 2500 CHCs into First Referral Units.
- 847 doctors provided Life Saving Anaesthetic Services training & 423 doctors have been trained in EmOC skills.
- 26015 Staff Nurses / Lady Health Volunteers / ANMs have been provided Skilled Birth Attendants training so far.

#### **Janani Suraksha Yojana**

- the number of beneficiaries have gone up from 7.04 lacs in 2005-06 to 85.30 lacs in 2008-09. Nearly 50 lakh beneficiaries have availed benefits up to now during 2009-10
- Institutional delivery increased from 40.7% (District Level Household Survey II) to 47% (DLHSIII). States have reported over 1.45 crore institutional deliveries during 2008-09 (nearly 54 %)
- ASHA is working as an effective link between the pregnant women and the public health institutions.

- Promotion of institutional delivery is changing the health seeking behavior of the community.

### **Family Planning**

- Fixed day static services round the year introduced for delivery of family planning services by increasing this service centres (PHCs and above) and pool of trained providers.
- Emphasis given on increased male participation through intensive promotion of No Scalpel Vasectomy (NSV). More than 4000 service providers trained
- Continuation of Family Planning Insurance Scheme covering both clients and service providers
- Focus on spacing methods. 13000 service providers trained on IUCD. 50% IUCD insertions now taking place at PHCs and sub-centres.
- Guidelines for clinical skill building training in male and female sterilization services developed and circulated to States.

### **Progress in the NRHM Goals**

The overall progress achieved on NRHM goals is as follows:

- Maternal Mortality Ratio (MMR) has decreased from 301 (SRS 2001-03) to 254 (SRS 2004-06). The NRHM goal is to achieve MMR of <100 by the year 2012. Kerala has achieved the goal.
- Infant Mortality Rate (IMR) has declined from 60 (SRS 2003) to 53 (SRS 2008). The goal is to reach IMR of <30 by the year 2012. Six states / UTs (Goa, Kerala, Manipur, Nagaland, Chandigarh, and Puducherry) have already achieved the goal.
- Total Fertility Rate (TFR) has declined from 3.0 (SRS 2003) to 2.7 (SRS 2007) as against the goal to reach the TFR of 2.1 by the year 2012. Eight states (Andhra Pradesh, Delhi, Himachal Pradesh, Kerala, Maharashtra, Punjab, Tamil Nadu, and West Bengal) have already achieved the goal.

Provisional results from DLHS-3 (2007-08) show the following progress on key RCH outcomes since DLHS-2 (2002-04):

- Mothers who received 3 or more antenatal care checkups increased from 50.4% to 51.0%.
- Institutional deliveries increased from 40.9% to 47.0%; these figures do not reflect the full impact of JSY.
- Exclusive breastfeeding for at least 6 months in children 6-35 months age increased from 22.7% to 24.9%.
- Full immunisation in children 12-23 months age increased from 45.9% to 54.1%, with increases seen in the coverage of all antigens (BCG, DPT, Polio, and Measles).
- ORS use in diarrhoea in children increased from 30.3% to 33.7%.
- Use of modern contraceptive methods increased from 45.2% to 47.3%.

#### **Revised National Tuberculosis Control Programme (RNTCP)**

- Case detection among the infectious TB cases has been rising during the past few years and case detection rate is presently at the level of 72% against planned case detection rate of 70% . Similarly, cure rate achieved is 87% against target of 85%. However, there are some States/districts where the case detection is somewhat lower. In order to ensure universal access to quality assured DOTS to all TB patients, special efforts are being made to increase case detection to reach at least 80% and the cure rate of 90%.
- In ten States, services for Drug Resistant TB have commenced, including the facilities for culture and drug sensitivity testing. It is planned to roll out services for Drug Resistant Tuberculosis in all the States/UTs by March 2011.

#### **National Vector-borne Disease Control Programme (NVBDCP)**

Vector-borne diseases, particularly malaria, continue to pose major public health challenges in the country, both in terms of mortality and morbidity. Seven North Eastern States as well as the States of Orissa, Jharkhand, Chhattisgarh & West Bengal are particularly affected by malaria.

- In order to have a significant impact on malaria transmission, Indoor Residual Spray (IRS) with anti-malaria chemicals like DDT, and the use of Long Lasting Insecticide Treated

Bednets (LLINs) are being advocated aggressively in the high endemic parts of the country.

- Rapid Diagnostic Kits (RDK) and Artemisinin-based Combined Therapy (ACT) have been introduced as the new tools for early diagnosis and prompt treatment of *P. falciparum* malaria cases even in the remote areas.
- ASHAs and other community level health workers are being trained in the use of RDK and ACT, thereby taking the diagnosis and treatment to the door-step of the people in highly endemic regions. The State Health Secretaries and Directors of Health Services of these States have been requested to closely monitor the malaria situation and to effectively implement micro-planning for IRS as well as diagnosis and treatment of malaria.
- There were 1.7 million malaria cases and 1707 deaths in 2006 which came down to 1.5 million reported cases and 1055 deaths in 2008. During 2009, the reported malaria cases are 1.24 million and 847 deaths up to October 2009.

#### **Areas Given Special Emphasis**

- During assessment of the progress in implementation of NRHM and reviews it was felt that it is necessary to focus on remote and difficult areas, specially in hilly States, North Eastern States and tribal pockets of other States to improve services in such areas that are inaccessible because of geographical conditions. The problem in such areas are acute due to shortage of human resources, specially doctors and paramedics. It was therefore decided to provide additional incentives, both financial and HR, besides improving the logistic infrastructure support so as to motivate the doctors and para medical staff to work in such areas to provide health care to the population living in these areas. The task of identifying the health facilities in difficult, most difficult and inaccessible areas has been taken up by the States. Most States have already prepared the list of such difficult areas. It is expected that this initiative will go a long way in ensuring availability of quality health care services on equitable and affordable basis in the remote parts of the country.

- The health indicators differ widely between States and even within the districts in the States. The Ministry therefore have identified 238 districts which include districts with poor health indicators as well as districts having predominantly SC/ST population for more focused attention. The State Governments have been asked to indicate in their Project Implementation Plan of next year, the detail strategy and interventions for these identified backward districts to improve their health indicators.
- Reproductive and child health is a key area requiring focused attention. It is essential to ensure provision of ante-natal care, post-natal care and institutional delivery arrangements of pregnant mothers, bring down maternal mortality ratio. Similarly, neonatal and child health and immunisation are crucial aspects in bringing down infant mortality. To meet the concern on maternal and child health effectively, a system of tracking of pregnant mothers and children has been introduced which will help in ascertaining the status of ante-natal care, post-natal care and immunisation of pregnant mothers and children. It is expected to put in place this system in all the States by March 31, 2010.
- As part of the system to assess the progress under various health programmes, it was decided to take up the Annual Health Survey to obtain district-level data on various health indicators in 284 districts of 9 high-focus States. The survey instruments to collect data on various health indicators for the Annual Health Survey have been finalised. The field work by Registrar General of India is likely to commence soon.

## HUMAN RESOURCES IN HEALTH

The President in her address to the Joint Session of Parliament in June 2009, announced the setting up of a National Council for Human Resources in Health as an over-arching regulatory body.

As a long-term measure, to reform the current regulatory framework and enhance the supply of skilled personnel in the health sector viz. specialists, doctors, dentists, nurses and paramedics etc., the Government of India is contemplating setting up a National Council for Human Resources in Health (NCHRH) as an overarching regulatory body. A Task Force was set up in June 2009 to deliberate upon the issues relating to setting up of the Council, which submitted its report along with a draft Bill in August, 2009. In order to introduce a Bill in Parliament, consultations with the State Governments, Professional bodies and other stakeholders have already started. Comments from several States/Union Territories have been received. Besides, response has also been received from general public particularly from medical professionals.

Meanwhile, changes in the MCI Regulations have been notified while some others are in the process of notification. These changes were initiated as a follow up to the detailed review of the implementation of the National Rural Health Mission (NRHM) undertaken by the Ministry in early June. In this review, it was noticed that shortage of Human Resources in Health, i.e. specialists, doctors, nurses and paramedics, at various levels, was the biggest impediment to the transformation in the public health service delivery. With the changes taking place in both the demand and supply side of health service delivery, the requirement of human resources has to be commensurate with the scaled up infrastructure. Conscious of the present and future requirement of human resources, the Ministry held detailed consultations with the Medical Council of India. Many innovative ideas were suggested with a view to provide immediate and long term solutions to increase the human resources in health. Implementation of the following measures is likely to increase the supply of requisite manpower.

**(a) To facilitate setting up of more medical colleges:**

- ❖ Land Requirement norm is being relaxed from the current requirement of 25 acres to 20 acres throughout the country.
- ❖ However, in respect of Hill States, North Eastern States, Union Territories (UTs) of Andaman & Nicobar Islands, Lakshadweep, Dadra & Nagar Haveli and Daman & Diu, two parcels of land separated by a distance of not more than 10KMs will be allowed.
- ❖ Due to the non-availability of land in the Metropolitan and A grade cities (Ahmedabad, Hyderabad, Pune, Bangalore and Kanpur), medical colleges could have multi-storied building with the required floor areas as per MCI norms. In such cases the requirement of land would be 10 acres instead of 20 acres.
- ❖ Government of India is considering Public Private Partnership for upgrading District Hospitals to Medical Colleges in North Eastern States, Hill States and in those States where the number of medical colleges is less than the one prescribed by the Mudaliar Committee of the Planning Commission. (One Medical College for 50 lakh population) and in UTs of Andaman & Nicobar Islands, Lakshadweep, Dadra & Nagar Haveli and Daman & Diu.
- ❖ The requirement of the number of beds and bed occupancy for setting up new medical colleges in the North Eastern States and the Hill States has been relaxed.
- ❖ The requirement of staff and infrastructure for setting up new medical colleges with capacity of 50/100/150 seats has been rationalized. For postgraduate studies in various pre and para clinical department of Anatomy, Physiology, Biochemistry, Pharmacology, Microbiology, Forensic Medicine and community medicine, the requirement of additional staff has been removed.
- ❖ Hitherto only universities, State Government / UTs, autonomous bodies promoted by Central and State Governments, registered societies; religious and charitable trusts were permitted to open medical colleges. Now companies registered under the Companies Act will also be allowed to establish medical colleges.

The above measures will remove regional imbalances in the country in respect of medical colleges and would address the shortage of human resources in health. These

reforms would enable the disadvantaged, un-served and difficult areas, particularly in the North Eastern States, Hill States and Union Territories to close the gap with other regions, which has widened in recent times.

**(b) To facilitate increasing the number of Medical Specialists:**

❖ As against the average global norm of 1:3 or 4, the Teacher-Student ratio in India has traditionally been 1:1. To increase the enrolment of Post Graduate students and, consequently, the availability of specialists, this ratio has been enhanced in broad specialities for professor and in super specialities for professors and associate professor, from the currently existing 1:1 to 1:2. Increase in the number of Post Graduate doctors will naturally increase the number of teachers due to the multiplier effect. With this decision, it is expected that, without substantive additional resource and infrastructure requirement, the number of Post Graduate specialists would dramatically increase by almost 5000 from the existing 13,000 to 18,000 within a short period of time.

❖ Another targeted initiative will see permission being given to start Post Graduate Courses in 3 Pre-Clinical disciplines of Anatomy, Physiology, and Bio-chemistry and 4 Para-Clinical disciplines of Micro-biology, Forensic Medicine, Pharmacology and Community Medicine in the Fourth year of MBBS instead of the existing practice of granting permission after the college is recognized, which usually takes six years. As a result of this measure, the availability of teaching staff in the above subjects will increase, which in turn will facilitate the starting of new colleges. The un-met demand of teachers in Pre and Para Clinical subjects was proving to be a problem in the initial years for starting of new medical colleges.

❖ In the XIth Five Year Plan, a scheme for strengthening and upgradation of State Government Medical Colleges for increasing the number of Post Graduate medical seats, particularly in the required fields of Obstetrics & Gynaecology, Paediatrics, Anaesthesia, etc. and also for starting new Post Graduate disciplines such as Geriatrics, Blood Transfusion, Trauma Care, Family Medicine, etc. is being implemented. Under this

scheme about 148 State Government Medical Colleges will be able to receive financial assistance from the Central Government to upgrade the infrastructure, purchase equipment and also incur expenditure on salary of faculty and support staff. With this arrangement, an additional 5,000 Post Graduate seats are expected to be created in various medical colleges. This scheme is in an advanced stage of approval.

❖ To increase the availability of faculty

- (I) Degrees and teaching experience gained by Doctors of Indian origin from five English speaking countries, UK, USA, Canada, Australia and New Zealand has been recognized.
- (II) For Professor/Associate Professorship requirement of teaching experience has been reduced by one year in respective feeder cadres.

**(c) To encourage rural posting among doctors:**

- (i) Additional weightage will be given in the Post Graduate Entrance Examination at the rate of 10% for each year of rural service subject to a maximum of 30% which a student will be able to get with three years of service. This service will have to be rendered in rural areas after completion of the Internship period. Not only will the National Rural Health Mission gain the services of MBBS doctors but with this incentive students will be encouraged to utilize their skills, immediately after passing out, in the service of people in backward and far-flung areas.
- (ii) 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 and difficult areas. It will be a major incentive.

**(d) To encourage research in Medical colleges:**

Research publications in indexed/National Journals has been made compulsory for promotion to the post of Professor/Associate Professor. This will promote research in medical institutes as well as improve the standards of medical education and increase research activity in medical institutes.

**(e) Graduate Medical Education:**

- i. Emergency Medicine has been incorporated in the medical curriculum so that the medical students is trained to tackle medical emergencies.
- ii. Basic management skills in the area of human resources, materials and resource management related to health care delivery, General and hospital management, principal inventory skills and counseling included in the curriculum.
- iii. A village attachment of atleast one week to understand issues of community health alongwith exposure to village health centres, ASHA, Sub Centres also included in the curriculum.

**(f) Benefits for physically challenged candidates:**

- ❖ Eligibility criteria for physically challenged candidates of un-reserved category has been reduced to minimum of 45% instead of 50% in the subjects of Physics, Chemistry and Biology together.

**(d) Scheme for Nursing services:**

There is an estimated gap of about 1 lakh Auxiliary Nurse Midwives (ANMs) and 4 lakh General Nurse Midwives (GNMs) in the country today. In view of this, a major initiative has been taken to increase the availability of nursing and paramedical personnel in the last three months.

In the Eleventh plan for nursing services, a scheme for augmenting nursing personnel is to be implemented. The scheme envisages opening of new ANM and GNM Schools in backward, un-served districts of the country that do not have a school. Mandatory approvals for the scheme are being taken. This will add a capacity for training of 22,000 nurses annually. Since the schools are proposed in backward areas, this will also help to bridge the regional imbalance in the availability of nurses. A scheme for faculty development for nursing schools and colleges has also been finalized to ensure smooth functioning of nursing Schools and Colleges.

**(e) Scheme for Paramedical services:**

Similarly, there is a severe shortage of paramedical staff in various disciplines in the country today. To bridge this gap, a new scheme for strengthening of paramedical services is being commenced. The programme will include the following:

1. Establishment of a National Institute of Paramedical Sciences at Delhi, which will commence new paramedical courses with a focus of PG courses as well as capacity building of paramedics working in Government through in-service training, etc.
2. Establishment of Regional Institutes of Paramedical Sciences which will commence new paramedical courses and act as centres for continuing medical education for various categories of technical and non-technical personnel.
3. Provision of a one time grant for commencement of New Courses / enhancing capacity in Para Medical Sciences in Government Medical Colleges.

This will add an annual capacity for training of 15,000 paramedical staff annually. The proposal are at an advanced stage of approval.

## **Revival of Vaccine Institutes**

Central Research Institute, Kasauli, B.C.G. Vaccine Laboratory, Guindy and Pasteur Institute of India, Coonoor were the Institutes, which were manufacturing vaccines for Universal Immunisation Programme (UIP). The licenses of these units were suspended by Drug Controller General of India in January 2008, since these units were not found in compliance with the Good Manufacturing Practices (GMP) as provided under schedule M of the Drug and Cosmetics Act / Rules 1945.

Ministry is making all efforts to revive these units to fulfil the assurance given to the Parliament through Presidential address and also to fulfil the assurances given to the Department related Parliament Standing Committee.

### **Revival of Central Research Institute, Kasauli**

For developing DPT group of vaccine manufacturing facility at Kasauli, a concept lay out plan of the project has been approved by WHO and Drug Controller General of India and further follow up activities are being undertaken. The project is likely to be completed by May 2010.

### **Revival of BCG Vaccine Laboratory, Guindy**

Report of the Committee headed by Shri Javed Chawdhary to look into the reasons for suspension of licenses is awaited. Decision for revival of the unit will be taken after receiving the report of the Committee.

### **Revival of Pasteur Institute of India (PII), Coonoor**

Concept Lay out plan /drawings of the project has been approved by WHO and approval of Drug Controller General of India is awaited. Director, PII has been asked to revive the Institute within the limit of available resources and a detailed revival plan is to be submitted by PII, Coonoor.

## **SPURIOUS DRUGS**

India has a global presence in drugs and pharmaceuticals and it ranks 4<sup>th</sup> in volumes and 14<sup>th</sup> in value in the world. India produces drugs pharmaceuticals to the tune of Rs.85000 crore, of which it exports, are worth Rs.35000 crore. Government is committed to safeguard the credibility of Indian pharmaceutical products. To keep under check unscrupulous manufacturers / traders, the Drugs and Cosmetics Act has been amended. The notification enforcing the amended provisions was issued by the Ministry of Health & Family Welfare on 10<sup>th</sup> August, 2009. Guidelines for taking action on samples of drugs declared spurious or not of standard quality by way of enhanced penalties under the amended Act have also been adopted and issued for proper and uniform implementation of these amended provisions.

### **Other Initiatives**

- ❖ Proactive participation of the States in implementation of the amended Act has been solicited through an Advisory to the Chief Secretaries
  
- ❖ Detailed guidelines, prepared after consultation with all the stakeholders, have been issued by the Drug Controller General of India for proper, impartial and uniform implementation of the amended provisions of the Act.

### **Some more Initiatives**

- ❖ A Whistle Blower Policy has been started by Government of India to encourage vigilant public participation in the detection of movement of spurious drugs in the country. Under this policy the informers would be suitably rewarded for providing concrete information in respect of movement of spurious drugs to the regulatory authorities The salient features of the scheme are:
  - A reward of upto Rs.25 lakhs
  - Identity of the Informer to be kept secret

- A committee with DGHS as Chairman and other government officers, NGOs and lawyers as members will monitor the scheme
  - Designated nodal officers in the Drug Controller General (India)'s office to receive the complaints / information
- ❖ The drugs control organization is being comprehensively strengthened. All vacant posts in CDSCO are being filled up on fast track basis. 216 new posts in various grades including 137 posts of Drugs Inspectors have been created and are being filled up. Besides, 250 personnel at various levels are being appointed on contractual basis.

## **Amendments to Transplantation of Human Organs Act,1994**

The Transplantation of Human Organs Act ,1994 was enacted by the Parliament during 1994. The main purpose of the Act is to regulate removal, storage and transplantation of human organs for therapeutic purposes and to prevent commercial dealings in human organs.

There has been an increasing perception in civil society that while the Act has not been effective in curbing commercial transactions in organ transplant,it has thwarted genuine cases due to the complicated and long drawn process involving organ donation.

The Government of India has held a national consultation on the need to have effective regulation of organ transplantation in the country. State Governments and various sections of society have been consulted.

A Bill to comprehensively amend the transplantation of Human Organs Act, 1994 has been introduced in the Lok Sabha in the last session of Parliament.

## COMBATING THE PANDEMIC INFLUENZA H1N1

### Global Scenario

- WHO reported 'at least' 12799 deaths as on 3<sup>rd</sup> January 2010 from 208 Countries.
- Global references put together, there are over 14, 34,031 cases and 15,058 deaths (ECDC, CDC and other sites) (as on 8<sup>th</sup> January, 2010)
- Influenza Activity is declining in most countries except for countries in East Europe (Poland, Serbia, Ukraine, Georgia), North Africa (Egypt), and some parts of Asia.

### National Scenario

- In India, so far 28,047 persons have been tested positive of which 1,106 persons have died (as on 14<sup>th</sup> January, 2010).
- Influenza activity is showing declining trend in Rajasthan, Delhi and Haryana but renewed activity is seen in Gujarat and Maharashtra (Pune). There is an overall decline in morbidity and mortality.

### Action Taken by MOHFW

#### Surveillance at Airports, Seaports and Ground Crossings

- MOHFW initiated Entry Screening at 22 International Airports, 9 Seaports and 6 Ground Crossings. 1,03,89,148 passengers were screened. About 600 laboratory confirmed cases were detected through screening. This limited spread of the disease and gave three months time to put preparedness in place. Now that there is community spread entry screening has been stopped.

#### Community Surveillance

- Community Surveillance for influenza like illness is continuing through Integrated Diseases Surveillance Project.
- Public queries are attended by outbreak monitoring cell of NCDC. Toll free number 1075 is used to report influenza like illness in the community.

#### Diagnostic Capacity

- With cases reported from communities, the diagnostic capacity was upscaled. 44 laboratories are testing Samples (26 in Government Sector and 18 in Private sector). So far 1,18,633 persons have been tested. Adequate quantities of reagents were ensured. The test is done free of cost in government laboratories.

- NIV, Pune and NCDC, Delhi are conducting virological surveillance to detect mutation in the Virus and to study resistance pattern emerging if any.

### **Ensuring Accessibility to Treatment: Hospital Surge Capacity**

- To mitigate the impact of pandemic, States have been requested to open up large number of screening centres for Influenza like illness which provides accessibility to treatment.
- States have identified hospitals and strengthened isolation facilities including critical care facilities at district level.

### **Anti Viral Drugs & Personal Protective Equipments**

- GOI supported efforts for Indian manufacturers to produce this drug at one fourth of international cost and to become self reliant.
- MOHFW stockpiled 40 million Oseltamivir capsules and four lakh bottles of pediatric syrup of which about 20 million Oseltamivir Capsules and 2 lakh bottles were given to the States to manage the Pandemic.
- Retail sale of Oseltamivir has been allowed under Schedule X of Drugs & Cosmetic Act. Number of such outlets have been increased to improve access to anti-virals.
- Adequate stock of PPEs, three layered surgical masks and N-95 masks are being maintained in central stockpile and they are given to the States as per need.

### **Vaccine**

- Government of India encouraged indigenous vaccine manufacturers to manufacture pandemic vaccine. Rupees 10 crores each are being released to three Indian vaccine manufactures as a part of advance purchase agreement.
- Four Indian Companies [Serum Institute, Panacea Bio-tech and Bharat Biotech, Zydus Cadilla] are in the process of manufacturing the pandemic vaccine. Clinical trials are expected to start in January, 2010 and if these trials are successful, vaccine could be available for commercial use in April-May, 2010.
- As an interim arrangement Government is procuring 1.5 million doses of pandemic H1N1 inactivated non-adjuvanted vaccine from external source to vaccinate high risk group (health care workers) which is expected in 3<sup>rd</sup> week of January 2010. The imported vaccine would be used to vaccinate Health Care Workers in hospital settings.

### **Information, Education & Communication**

- With the community spread, the focus of communication campaign has been flu care; reporting early to health care facilities and the need to provide emphasis on pregnant women and those with co morbid conditions.
- The Task Force in I&B is monitoring the media campaign which is funded by MOHFW. The materials prepared by MOHFW are appearing in print and visual media.

### **Training**

- The State Rapid Response teams have been trained. Teams of Physicians from all States/ UTs have been trained on clinical management. MOHFW has provided funds for refresher training for all District level Rapid Response Teams. Training of private practitioners is being supported by MOHFW through IMA.

### **Monitoring**

- The situation is being monitored on day to day basis.

### **Dedicated website**

- Dedicated website has been created in public domain ([www.mohfw-h1n1.nic.in](http://www.mohfw-h1n1.nic.in)) providing information on daily updates, epidemiological trends, guidelines and other necessary information.

### **Kumbh Mela – A mass gathering setting for H1N1 Spread**

- Comprehensive arrangements have been made to check Influenza like activity in Maha Kumbh 2010 at Haridwar.
- Large number of screening centres and dedicated hospitals with critical care management facility have been established.
- 8 ventilators, drugs and personal protective equipments, requested by the Government of Uttarakhand have been provided.
- Doctors have been mobilized from CGHS and Central Government Hospital to assist the State Government.
- IEC campaign for pilgrims suffering from Influenza like illness to postpone visit is being undertaken.

## **Pradhan Mantri Swasthya Suraksha Yojana (PMSSY)**

The Pradhan Mantri Swasthya Suraksha Yojana (PMSSY) was started with the objective of correcting regional imbalances in the availability of affordable/reliable tertiary healthcare services and to also augment facilities for quality medical education in the country. PMSSY has two components in its first phase - (i) setting up of six AIIMS-like institutions and (ii) upgradation of 13 existing Government medical college institutions. In the second phase, it has been decided to set up two more AIIMS-like institutions and upgrade 6 more Government medical college institutions.

### **Achievements**

#### **I. Setting up of AIIMS-like institutions under PMSSY**

- Environmental clearances (Environment Impact Assessment) for remaining two sites, viz. Raipur site and for Bhopal in were obtained in October, 2009 and in December, 2009 respectively. Environmental clearances in the case of other sites had already been obtained.
- Construction of residential complex has been taken up as a separate activity and work has commenced at all the six sites and is likely to be completed by April-May, 2010.
- Notice for inviting Tenders for hospitals and medical college complex was issued on 2<sup>nd</sup> November, 2009. Closing date for receipt of tenders was 23.12.2009. In total, 152 tenders were received and these are under evaluation.

#### **II. Upgradation of medical college institutions**

- Upgradation work at Trivandrum medical college is nearing completion and will be ready in February, 2010.
- HLL Lifecare Ltd., Procurement Consultant has placed orders for supply of high end and common equipment at a cost of Rs.246.37 Cr., out of which supply has been made for Rs.218 Cr.

- An amount of about Rs.100 Cr has been released to State Governments/medical college institutions for purchase of low end and uncommon equipment.

**Action Plan for 2010-11**

- Construction of medical college and hospital complex will be started in early 2010.
- Completion of upgradation work at 12 medical college institutions.
- Recruitment of personnel in a phased manner is proposed for meeting the human resource requirements commensurate with the scale-up of infrastructure.

## **National AIDS Control Programme**

**National AIDS Control Programme (NACP) Phase-III (2007-2012)** has the overall goal of halting and reversing the epidemic in India over the five year period. It places the highest priority on preventive efforts while, at the same time , seeking to integrate prevention with care, support and treatment through a four- pronged strategy:

1. Prevention of New infection in high risk groups and general population through:
  - a. Saturation of coverage of high risk groups with Targeted Interventions (TIs)
  - b. Scaled up interventions in the general population
2. Providing greater care, support and treatment to larger number of People Living with HIV/AIDS (PLHA)
3. Strengthening the infrastructure, system and human resources in prevention, care, support and treatment programmes at the district, state and national level.
4. Strengthening the nationwide Strategic Information Management System.

The specific objective is to reduce new infection as estimated in the programme's first year by 60% in high prevalence states so as to obtain reversal of the epidemic; and by 40% in the vulnerable states so as to stabilize the epidemic. NACP's organizational structure was decentralized to implement programmes at the district level, with priority for Category A and B district.

The following package of services is provided under NACP-III:

- Creating awareness about symptoms, spread, prevention and services available through a strong IEC campaign
- Condom promotion
- Promotion of voluntary blood donation and access to safe blood
- Integrated Counseling and Testing (ICT)
- Prevention of Parent To Child Transmission

- Management of Sexually Transmitted infection and Reproductive Tract infections
- Targeted intervention for High Risk Group and Bridge population
- Care, support and treatment services for People Living with HIV/AIDS
- Post Exposure Prophylaxis (PEP)
- Promotion of safe practices and infection control
- Intersectoral coordination and mainstreaming

### **HIV surveillance**

- Based on data from 1,134 HIV surveillance sites in 2007, it is estimated that 23.1 lakh (18 -29 lakh) people are living with HIV/AIDS (PLHA) in India with an estimated adult HIV prevalence of 0.34% (0.25%-0.43%). Of these PLHA, 39 % are female and 3.5% are children.
- The HIV prevalence is very high among High Risk Groups- injecting Drug Users (IDU) - 7.2%, Men having Sex with Men (MSM)- 7.4%, Female Sex workers (FSW)-5.1% and STD clinic attendees- 3.6%
- Heterosexual mode of transmission continues to be the major mode accounting for 85.6% of cases detected during 2008-09. Parent to Child transmission accounts for 5.9 % Injecting Drug Use for 1.3%, Blood and Blood Products for 1.1% and Homosexual route among men accounts for 1.4% of HIV positive cases.

### **Targeted Intervention for population at High Risk**

- The core element of the control strategy is to ensure that people who are at high risk do not transmit the infection to the rest of the population. These populations are at a greater risk of acquiring and transmitting HIV infection due to more frequent exposure to HIV, higher levels of sexually transmitted infections and insufficient capacity or power to decide to protect themselves.
- 1, 281 Targeted Interventions projects under various State AIDS Control Societies and about 220 more managed by partners provide prevention and care services covering 54% of

Female Sex Workers, 73% of Injecting Drug Users and 78% of Men having Sex with Men and transgender populations.

- State Training and Resource Centres established in 14 states ensure the capacity and technical skills of the Targeted Interventions staff. Oral Substitution Therapy is provided through designated clinics to Injecting Drug Users. The Link Worker Scheme addresses population with high-risk behaviours and young people in highly vulnerable villages.

### **Link Workers' Scheme**

- Link Workers' Scheme is a short term community based intervention to address the HIV prevention and care needs of the rural community with special focus on High Risk Population and other vulnerable groups
- This scheme is implemented by equipping the rural community through selection and training of Link Workers and other district level staff with the ultimate aim of linking the target population with HIV related services.
- The scheme works in 100 selected mapped villages considered to be having large High risk and vulnerable population in the operational districts.
- At present, the scheme is operational in 96 districts in 18 states through 9 identified lead agencies. Out of these 96 districts, 30 districts are covered by GFATM R7, 25 districts through UNDP, 25 districts with support from UNICEF and 16 are covered by USAID support
- Mapping has been completed in all the districts and during the mapping process, 100 most vulnerable villages were identified in each district and estimated number of high risk population and vulnerable population has also been calculated.
- Population of 57,000 has been estimated in the high risk groups including FSW, MSM and IDU in 30 GFATM districts. The HRG groups account for 0.39%, bridge population for 2.2% and migrant population accounts for 7.2 % in the mapped village population respectively. However there are wide district-wise variations.
- In GFATM districts till September 2009, the following activities have been carried out:

- 1419 FSWs, 190 MSMs and 280 IDUs have been reached with HIV related information through link workers.
- 792 people have been referred to STI clinics, 140 to TB-DOTs centres and 45 to ART centres by link workers.
- 240 condom depots have been established and uptakes of condom through these depots are 33,220.
- 708 volunteers have been identified by link workers for further outreach activities.

### **Management of Sexually Transmitted Infection/ Reproductive Tract Infection**

- An estimated 3 crore episodes of STI/RTI occur every year in the country.
- During 2009-10, against the target for treating 1 crore episodes of Sexually Transmitted Infections, 54.6 lakhs STI episodes were treated.
- NACO is supporting 894 designated STI/RTI clinics located at District & Teaching hospitals, 1,281 STI clinics in Targeted Interventions, 8,515 private preferred providers for community based STI service delivery, 26,415 Primary Health Centres/Community Centres under NRHM and 7 regional STI training, reference and research centres till December 2009.
- The STI/RTI service delivery being strengthened through targeted intervention programme for the HRGs. The service to the HRG are presently provided through TI STI clinics and through linkages to the designated STI/RTI clinics.
- Preferred Private Providers are being identified, networked and trained to provide quality STI/RTI services to the high risk population being covered under TI project.
- NACO is coordinating with NRHM and has proposed to procure colour-coded drug kits for the PHCs and CHCs under NRHM.

### **Blood Safety Programme**

- In 1992, 14% of HIV infection was on account of contaminated blood in 2009-10 blood and blood products are reported as the route of transmission by only 1.1% (till December 2009) of those who tested positive for HIV at ICTCs.

- Target is to reduce transfusion- associated HIV transmission to 0.5% by 2012.
- 1,103 Blood Banks are supported by NACO. These include 10 Model Blood Banks, 123 Major Blood Banks with Blood Component Separation Unit, 187 major Blood Banks, and 783 District level Blood Banks.
- In 2009-10, total blood collection was 54.1 lakh units till (December 2009). Of these, 67.2% was from voluntary blood donation.
- It is planned to raise voluntary donation to meet 90% of blood unit requirement by 2012.
- New initiatives includes 4 Metro Blood Banks (one lakh units capacity each) are being established in the four metropolitan cities- New Delhi, Mumbai, Chennai & Kolkata a Centres of Excellence in Tansfusion Medicine, and one large Plasma Fractionation Centre at Chennai with processing capacity of 1.5 lakh litres plasma annually.

#### **Integrated Counseling & Testing Centres (ICTC)**

- ICTCs have been established at medical colleges and district hospitals across the country and in sub district level hospitals and Community Health Centers in category A & B districts.
- Their main functions include early detection of HIV, provision of basic information on modes on transmission and prevention of HIV/AIDS to promote behavioural change & reducing vulnerability, to link people with other HIV prevention, care and treatment services, and collaborate with the RNTCP & RCH programmes.
- Against the 11<sup>th</sup> Plan target of counseling and testing 75,00,600 pregnant women, 104.96 lakh women had already been tested between April 2007 and August 2009.
- In 2009-10, there are 5,089 ICTCs which tested 91.9 lakh persons against the target of 155.3 lakhs till November 2009.
- The goal is to counsel and test 2.2 crore persons covering High Risk Groups and pregnant women by 2012.
- So far, 12 lakh out of an estimated 23 lakh HIV positive persons have been diagnosed. This is an increase from 2004 when 1.15 lakhs were diagnosed.

- ICTCs provide HIV-TB Collaborative services and cross referrals with the RNTCP program. TB patients with unknown HIV status are to be referred to the nearest and most-convenient ICTC, the ICTC Counsellor will in turn screen clients for TB symptoms and refer their clients suspected to have TB to the DMC and DOTS centres. In 2009-10, 22,585, HIV-TB co-infected patients were diagnosed.
- The Prevention of Parent to Child Transmission of HIV/AIDS (PPTCT) program was started in 2002, and aims to prevent the perinatal transmission of HIV from an HIV infected pregnant mother to her new born baby.
- During 2009-10, ICTCs provided counseling and testing to 38.8 lakh pregnant women, of whom 13,496 were found HIV positive. HIV positive women and the newborn are given prophylactic dose of nevirapine to prevent transmission of HIV from the mother to child., A total of 8,158 mother-baby pairs were given prophylaxis dose of Nevirapine.

#### **Care, Support & Treatment Programme for People Living with HIV/AIDS (PLHA)**

- The programme provides comprehensive management of PLHA with respect to treatment and prevention of Opportunistic infections, Antiretroviral Therapy(ART), psychosocial support, home based care, positive prevention and impact mitigation. ART is offered free of cost to all PLHA who are eligible clinically.
- The free ART programme launched on 1<sup>st</sup> April, 2004 has been scaled up to 230 centres and 2,87,968 patients are receiving free ART as of November 2009 & further expanded to 250 ART centres by March 2012.
- 7 ART Centres function in collaboration with NGO/Industries. Continuity of drug supply to ART centers is ensured. The capacity of laboratories for CD4 testing has been strengthened. Presently 152 CD4 machines are installed.
- Under the National Paediatric HIV/AIDS Initiative, 62,777 Children living with HIV/AIDS (CLHA) have been registered in HIV care at ART centres and more than 18,020 CLHA are currently receiving free ART.
- 40,000 CLHA are planned to be provided ART by 2012. Seven ART centres are being upgraded as Regional Paediatric Centres of Excellence.

- Ten Regional Centres of Excellence have been established to provide state of art services for PLHAs, be our knowledge hubs, resource centres and centre for training of other doctors on HIV/AIDS.
- Roll out of Second line ART has now been expanded to the 10 centres of excellence from January 2009. Presently, 744 patients are receiving second line drugs.
- 287 Community Care Centres (CCC) are operational as of December 2009 for reinforcing adherence counseling.
- It is planned to have 350 CCC by 2012. 300 Link ART centres have been developed at ICTC or CCC (against the target of 650 by 2012) to facilitate delivery of ART drugs nearer to residence of stabilised PLHAs.
- Smart Cards will be provided to 50,000 PLHA by March 2010 to enable them to access ART at any centre.

#### **Information, Education, Communication & Mainstreaming**

- NACO's communication strategy aims at effecting behaviour change; it focuses on the reduction of stigma and discrimination and promotion of services, and gives special emphasis to youth and women who are more vulnerable to the HIV infection.
- Yearly campaign calendar synchronised with roll out of services such as Voluntary Blood Donation campaign in June, Oct, 09 and Jan 2010 coinciding with Voluntary Blood Donor Day, National Voluntary Blood Donation Day & Youth Day.
- STI campaign slated for 2010 to coincide with upscaling of STI services. Multimedia approach which include use of mass media, mid-media, out door and inter-personal channels of communication were undertaken are as follows:
  - NE campaigns reaching youth through music & sports in Mizoram, Nagaland, Manipur; on-ground mobilisation through youth & FBOs,
  - 3 radio programs launched with mobilisation of communities through radio clubs (targeting rural women, rural youth & migrants) and

- *Zindagi Zindabad* campaign (IEC van, folk theatre & condom demo) conducted by 12 states (2008-09) covering 84 A&B districts; 31 lakh people reached through 11,000 performances.
- Special episodes on HIV in tele-serial *Kyonki Jina Isi ka Naam Hai*; *Kalyani* Health Magazine from 9 regional networks of Doordarshan during 2009-10.
- HIV/AIDS is being mainstreamed into the programme/agendas of the Ministries/Govt. Departments, Corporate Sector and Civil Society Organizations. Several Ministries have trained a large number of their employees on HIV/AIDS issues. 13,00 companies have adopted work place policies on HIV/AIDS.
- National Council on AIDS was constituted in 2005, with Hon'ble Prime Minister as Chairman to provide policy directions to HIV/AIDS programme, mainstream HIV issue into all ministries and forge partnerships. 25 States /UTs constituted State Councils AIDS. A comprehensive National Policy on Children and AIDS launched, Policy on Women and HIV adopted, Tribal Action Plan rolled out in 44 of 65 Integrated Tribal Develop Programme (ITDP) areas in A&B category dists. SHG trainings rolled out in 9 states, 9 more states to be covered shortly.
- State support to PLHA: Innovative Social security measures through pension schemes for PLHA has been started in 6 states. 7 states are providing concession to PLHA for commuting to ART centre by road; nearly 8000 PLHA benefited ;9 states supporting nutritional care for PLHA- over 12,000 benefitted.
- The Adolescence Education Programme (AEP) conducted by trained Nodal Teachers for class IX and XI students covered 92,000 schools under Adolescence Education Programme out of 1,52,000 schools . NACO constituted a National Level Task Force jointly with Ministry of HRD to revise the AEP toolkit. With cumulative target of 6,008 Red Ribbon Clubs (RRC); 5,034 Red Ribbon Clubs were formed
- Condom is the most effective prophylaxis for preventing the transmission of HIV. Against the NACP-III target for condom distribution of 3.5 billion pieces by 2012, the achievement has been 2.2 billion pieces by November, 2009.

- Condom outlets coverage target is 3 million by 2012. As of November, 2009, 1.1 million has been achieved. NACO has scaled up the Female Condom Programme in Andhra Pradesh, Tamil Nadu, Maharashtra and West Bengal to saturate all the female sex worker TIs.
- 208 Drop In Centres (DICs) run by Networks of People living with HIV with support from NACO promote Positive living PLHIV and improve the quality of life of the infected, build their capacity and coping skills, and Link them with the existing services. Of these 127 are in 'A' category districts and 27 in 'B' category districts. NACO is working towards establishing DICs in the remaining 58 A and B category districts.
- **Red Ribbon Express** is the world's largest mass mobilisation campaign against HIV/ AIDS. The second phase of RRE was launched on 1<sup>st</sup> December, 2009 by the Hon'ble Chairperson of UPA & Chairperson of Rajeev Gandhi Foundation in the presence of Union Ministers of Health & FW and Railways. The specially designed exhibition train has three exhibition coaches with exhibits on HIV and AIDS while the fourth exhibition coach is on NRHM with exhibits on H1N1, Tuberculosis, Malaria, and Reproductive and Child Health Services, general health and hygiene. During its year-long run, 152 stations will be covered in 22 states. IEC exhibition vans and folk troupes have been deployed to carry messages into rural areas particularly to reach out to those who are not able to come to railway station. There was massive response in Rajasthan & Gujarat; 2.5 lakh persons were reached in 1<sup>st</sup> month. The project is successfully mobilizing political leadership in states, districts and Panchayati Raj Institutions.

### **Monitoring and Evaluation**

- National AIDS Control Programme collects routine information on program components from all states and Union Territories from Blood Banks, Integrated Counseling and Testing Centres, STD Clinics, ART centres and from NGO's implementing targeted interventions and community care centres.
- Information is collected monthly through a comprehensive software package called CMIS (Computerized Management Information System) which is installed in all State AIDS Control Societies. Out of 195 A & B Categories districts; 149 have been established the Districts AIDS Prevention Control Societies (DAPCU) as on Sept,2009.

- DAPCUs have trained personnel for implementing and monitoring the programme.
- Strategic Information Management System(SIMS) – a web-based application with central server & sophisticated tools available for data analysis & integration from different data sources/platforms is being developed and will replace existing CMIS. SIMS will be fully functional by May 2010.

### **Evaluation and Operational Research**

- A "Network of Indian Institutions for HIV/AIDS Research (NIHHAR)" constituted in 2007-08 undertakes operational, epidemiological and Bio-medical research in HIV/AIDS. 32 institutions are members of NIIHAR.
- The NACO Research Fellowship Scheme for MD/ M.Phil/Ph.D students, started in 2007-09, facilitates capacity building of young researchers in the country for undertaking HIV research.
- The 'NACO Ethics Committee' has been constituted.
- A list of priority areas for Evaluation and Operational Research was finalised in consultation with various stakeholders.

### **Mid-Term Review of NACP-III**

- MID-TERM REVIEW (MTR) of NACP-III was conducted from 16 November- 3 December, 2009 by the MTR mission team with representatives from World Bank, DFID and other development Partners. The mission carried out a comprehensive evaluation of strategies, plans, resources and activities undertaken in the first half of NACP-III.
- Several studies were initiated that inform MTR on the effectiveness and impact of strategies, progress against the set targets and areas that need mid-course corrections. These studies highlighted the challenges that are faced during the implementation of programme strategies. They also identified the opportunities that may be tapped to make the strategies more effective. While some studies evaluated the strategies and provided direction, some studies critically looked at the organizational mechanisms including HR and Finance. Overall, the studies undertaken for MTR provide critical inputs to refine the programme interventions and enable them achieve greater impact.

The Aide Memoire from the mission mentioned that

- Development objective of NACP-III are well within reach, that many targets reached and even surpassed. BSS coverage estimates for 6 states validate this.
- Prevalence among Ante Natal Clinics attendees, Sexually Transmitted Infections patients, Female Sex Workers and Men having Sex with Men is declining. Vast majority of new infections and existing burden of disease concentrated in 5-15% of districts.
- Impressive gains have been made in Anti Retroviral Therapy services, upscaling of Integrated Counseling & Testing Centres and identifying People Living with HIV/AIDS
- Significant scale-up of Targeted Interventions
- Condom distribution increased
- More emphasis needed on quality in areas with high HIV prevalence & high vulnerability
- Convergence with NRHM has begun. However, more progress is required in areas like supply chain management and laboratory services.

## **AYURVEDA, YOGA & NATUROPATHY, UNANI, SIDDHA AND HOMOEOPATHY**

The Department of Indian Systems of Medicine & Homoeopathy (ISM & H) is mandated to promote and propagate the Indian Systems of Medicines, making available quality AYUSH services to the people, improving the quality of education, promoting research in the AYUSH sector and to promote conservation and cultivation of medicinal plants. In order to achieve these objectives the department of AYUSH has taken a number of initiatives, that include

### **1. Public Health Delivery**

Mainstreaming of AYUSH under National Rural Health Mission (NRHM) has been taken to provide health care facilities to people. Under the mission the following actions have been taken to integrate AYUSH and provide these facilities at PHC, CHC and District level hospitals.

1. Co – location of AYUSH with PHCs, CHCs, and District Hospitals.
2. Strengthen AYUSH dispensaries in rural areas.
3. Support other sub – district AYUSH hospitals.

During the current financial year, 1834 APHCs/PHCs, 128 CHCs and 29 district hospitals have been provided with AYUSH facilities and 20,859 dispensaries have been supported with essential drugs. Approval has been granted for 1373 PHCs, up-gradation of 209 hospitals and 4514 dispensaries at a cost of Rs.200 crores approximately.

### **2. AYUSH Education**

- Currently there are 488 AYUSH colleges in the country of which 390 colleges are in the Private Sector. In order to improve the quality of education, the Department of AYUSH is implementing the provisions of Indian Medicine Central Council (IMCC) Act, 1970. The Department of AYUSH is also taking other initiatives which are as follows:
- In principal approval for up-gradation of nine AYUSH colleges as All India AYUSH institutions has been approved. The institutions are as follows:-
  1. Kerala- Govt. Ayurvedic College, Thiruvannanthapuram.

2. Maharastra- R.A. Poddar Ayurvedic College, Worli, Mumbai
3. Orissa- Dr. A.C. Homeo. Medical College, Bhubaneshwar.
4. Bihar- Govt. Ayurvedic College, Patna.
5. Himachal Pradesh- Rajiv Gandhi govt. P.G. Ayurveda College, Paprola.
6. Assam- Govt. Ayurvedic College, Guwahati.
7. Andhra Pradesh- Govt. Nizamia Tibbi College, Hyderabad
8. New Delhi- A&U Tibbia College, Karol Bagh
9. Gujarat- I.P.G.T.R.A, Jamnagar

### **3. QUALITY ASSURANCE IN THE AYUSH SECTOR:**

The Department of AYUSH in collaboration with the Quality Council of India (QCI) has developed a scheme for voluntary certification for quality assurance in AYUSH products. Action is being taken for accreditation of laboratories and hospitals to provide quality assurance as well as quality services to the people. QCI has been engaged by the Department to address the quality concerns in the AYUSH sector. Accordingly, Voluntary certification of AYUSH products and Accreditation of AYUSH Hospital is in operation from 01-10-2009. Quality Council of India will also propose schemes assuring and certifying for functioning of state DTLs and accreditation of AYUSH educational institution. These are expected to be operational from 1-12-2010.

A decision has been taken to set up an independent Pharmacopoeia Commission for India Medicine which would work on the lines of other Pharmacopoeia Commissions of the world like the US Pharmacopoeia Commission and the British Pharmacopoeia Commission. EFC approval for setting up of Pharmacopoeial Commission for India Medicine(PCIM) with a financial outlay of Rs.19.45 crore during the 11<sup>th</sup> Plan has been obtained. So far pharmacopoeial standards have been laid down for 690 single drugs and 101 compound formulations. Standards for another 1000 compound formulations are in the pipeline.

#### **4. NATIONAL CAMPAIGNS:**

In order to sensitize the public to the strengthening of the ISM in the Public Health the Department of AYUSH has launched the following National Campaign in 2009-2010 in addition to strengthening the existing campaigns on Kshara-sutra for anorectal disorders, quality assurance, Ayurveda for Geriatric Care and Homoeopathy for mother and child care.

#### **5. MEDICINAL PLANTS:**

The National Medicinal Plants Board (NMPB) was established for supporting conservation of Gene Pools and large scale cultivation of medicinal plants. Under its aegis the government has approved a National Mission on Medicinal Plants at a total outlay of Rs. 640 crores for the 11<sup>th</sup> Plan.

Coverage of 32,636 hectares of land for cultivation of medicinal plants under the National Mission on Medicinal Plants and 4350 hectares for land under the Central Sector Scheme in forest areas has been launched. National Campaign on Amla has also been launched in 8 States so far.

#### **6. PUBLIC PRIVATE PARTICIPATION:**

A number of steps have been initiated by the Department to promote Public Private Participation (PPP) in the AYUSH sector. A separate scheme is being sanctioned to encourage PPP at the hospitals in tertiary level. A sum of Rs.50.00 crore have been provided for this purpose. The aim is to develop Public Private Partnership (PPP) models in the AYUSH Sector and have at least 5 major projects under PPP mode, this year.

#### **7. NORTH EAST**

- North East Resource Centre set up at Guwahati for providing support to North Eastern States for implementing AYUSH sector schemes.
- AROGYA Fairs held at Imphal (Manipur), Guwahati (Assam) Shillong (Meghalaya) and are being organised this year at Sikkim, Arunachal Pradesh, Tripura, Mizoram.

- OPD facilities for Ayurveda and Homoeopathy operationalised at North Eastern Indira Gandhi Institute of Medical Sciences, Shillong.
- OPD for Ayurveda started at Nagaland University
- OPD facilities started at the North Eastern Institute of Folk Medicine, Pasighat (Arunachal Pradesh)

## **8. AYUSH RESEARCH**

Research in AYUSH system is one of the areas of concern for the Department. A number of initiatives have been taken by the Department through its research councils to upgrade the quality of research, to device clinical trials exclusively for AYUSH systems, validation of treatment procedures, identification of bio-molecules and active principles to support general healthcare, finding new protocols for disease like Cancer, HIV/AIDS, Diabetes, Hypertension, etc. This year a sum of Rs.121 crore has been earmarked for this purpose.

## **9. INFORMATION, EDUCATION AND COMMUNICATION (IEC)**

As part of its IEC activities the Department is organizing AROGYA fairs in all the North Eastern States for the first time. So far in the current year such fairs have already been organized in Srinagar, Patna, Shillong, Guwahati and Imphal. Top Aggressive Media campaigns through T.V., advertisement in Delhi Metro and Bus shelters have been started in order to give wide publicity to the strengths of the AYUSH systems and the various initiatives being taken by the department in this respect.

## **10. INTERNATIONAL COOPERATION**

(i) In order to meet the stringent requirement of the Traditional Herbal Medicine Products Directive (THMPD) of the European Commission for registration of ASU products in the European Union, product dossiers on Ashwagandha and Triphala are being drawn up in collaboration with the European Ayurveda Association and the Indian Mission in Brussels.

(ii) An Advisory Committee for International Cooperation has been set up under the Chairmanship of Dr. R.A.Mashelkar, former Director General of Council of Scientific and Industrial Research (CSIR).

(iii) Curriculums have been developed by the Department of AYUSH offering seven teaching modules in foreign universities in order to bring about standardization and uniformity in the courses being offered by teaching institutions abroad in Ayurveda.

(iv) A Centre for Research in Indian Systems of Medicine (CRISM) has been set up at the University of Mississippi (USA) to facilitate scientific validation and dissemination of information on Ayurveda, Siddha and Unani Medicine through collaborative research and advocacy.

(v) An Indo-US Symposium was organised on Marketing of AYUSH drugs on 2<sup>nd</sup>-4<sup>th</sup> December, 2009 at New Delhi under the aegis of Centre for Research in Indian Systems of Medicine (CRISM).

## **11. GENERAL**

The Government of India has decided to bifurcate the existing Central Council for Research in Ayurveda and Siddha (CCRAS) and create separate Central Council for Research in Siddha for promotion and development of the Siddha system of medicine in the Country.

India is a land of a medical pluralism and the Government has recognized Ayurveda, Yoga and Naturopathy Unani and Siddha as official Indian systems of Medicine. Recently, the Government has decided to add one more member to the family of Indian systems of Medicine by giving official recognition to “Sowa-Rigpa” System of Medicine, which is practiced in the sub-Himalayan regions of the country.

**The progress made by the Department of AYUSH in the implementation of various schemes is given below :-**

**(i) Public Health Delivery**

- Mainstreaming of AYUSH under NRHM Rs.350 crores sanctioned to the States for strengthening Hospitals and Dispensaries
- Norms for accreditation of AYUSH Hospitals finalised jointly with the Quality Council of India (QCI)
- Decision has been taken for upgradation of nine State Government AYUSH colleges as All India AYUSH institutes.

**(ii) AYUSH Education**

- Minimum Standards for AYUSH Education approved by the Union Government
- Syllabus for Bachelor of Ayurvedic Medicine and Surgery (BAMS) being revised
- Curriculum finalised for international level studies on Ayurveda

**(iii) Quality Control**

- Scheme for Voluntary Certification of AYUSH drugs launched in collaboration with the Quality Council of India (QCI)
- Scheme for accreditation of AYUSH Laboratories being finalised with QCI.
- Pharmacopoeial standards finalised for 690 AYUSH single drugs and formulations.
- EFC approval granted for setting up of an independent Pharmacopoeia Commission for Ayurveda, Siddha and Unani (ASU) Drugs.

**(iv) Public Health Campaigns**

The following National Campaigns have been launched this year

- National Campaign on Maternal Anemia
- National Campaign on Yoga
- National Campaign on Unani
- Campaign on Yoga and Diabetes in 31 cities in partnership with the Vivekananda Yoga University.
- National School Yoga programme.

**(v) Medicinal Plants**

- Coverage of 32,636 hectares of land for cultivation of medicinal plants under the National Mission on Medicinal Plants and 4350 hectares of land under the Central Sector Scheme in forest areas launched.
- Voluntary certification scheme for quality medicinal plants has been taken up with Quality Council of India (QCI).
- National Campaign on Amla launched and taken up in 8 States so far.

**(vi) Traditional Knowledge and Local Health Tradition**

- A Task Group on Traditional Knowledge and Local Health Tradition is being set up
- Transcription of 218000 formulations up to now in patent compatible format done.
- Access Agreement with the European Patent Offices to prevent biopiracy signed.
- Access Agreement with the US Patent Offices to prevent biopiracy signed.

**(vii) Public Private Partnership (PPP)**

- A PPP Cell set up in the Dept. of AYUSH to promote participation of credible non-government organisations
- PPP Project on eye care in Ayurveda set up in Bihar
- Tele Homoeopathy / Ayurveda projects taken up in Tripura and Bihar

**(viii) Training**

- 4400 AYUSH medical practitioners have been given training on re-orientation
- Training being organised at 10 centres on Panchakarma in collaboration with Vaidyaratnam Oushadhasala, Trichur.

**(ix) North East**

- North East Resource Centre set up at Guwahati for providing support to North Eastern States for implementing AYUSH sector schemes.
- AROGYA Fairs held at Imphal (Manipur), Guwahati (Assam) Shillong (Meghalaya) and are being organised this year at Sikkim, Arunachal Pradesh, Tripura, Mizoram.

- OPD facilities for Ayurveda and Homoeopathy operationalised at North Eastern Indira Gandhi Institute of Medical Sciences, Shillong.
- OPD for Ayurveda started at Nagaland University campus at Mokatchung
- OPD facilities started at the North Eastern Institute of Folk Medicine, Pasighat (Arunachal Pradesh)

**(x) Research**

- An Inter-ministerial committee on high quality research set up
- Performance standards set for all AYUSH National Institutes / Research Councils. Decision for independent evaluation of their performance taken to ensure transparency.
- Collaborative Research Project on prevention and treatment of Cancer, Diabetes, Kala Azar, Chickungunia and other illnesses by the Research Councils with top level institutions in the country have been taken up.

**(x) AROGYAS**

- AROGYA Fairs organised at Srinagar, Patna, Bhatinda. They are also being organised this year at Bhubaneshwar, Haridwar and Surajkund

**(xi) International Cooperation**

- Centre for Research in Indian Systems of Medicine (CRISM) at the University of Mississippi was operationalised
- An Indo-US Symposium was organised on Marketing of AYUSH drugs on 2<sup>nd</sup>-4<sup>th</sup> December, 2009 at New Delhi under the aegis of Centre for Research in Indian Systems of Medicine (CRISM)
- World Ayurveda Congress organised at Baden Baden (Germany) in collaboration with European Union Ayurveda Association
- A decision to set up Council for International Cooperation has been taken.
- Support / participation provided in International Conferences on AYUSH systems in USA, Germany, Australia, South Africa, Malaysia, Netherlands and Greece

**xii. General**

- Govt. of India gave recognition to Sowa Rigpa (Amchi) System of Medicine.

## Health Research

### Areas Covered:

ICMR has supported studies addressing various social issues as this impact health of the individuals and the communities in different parts of the country. The areas covered include:

- **Domestic violence in relation to reproductive health outcome in women** which show that domestic violence is prevalent in all strata of the society and has serious adverse impact on both physical and mental health of women and adverse birth outcomes.
- **Social dynamics of unsafe abortion**, which indicate that people seek abortion from unskilled providers for personal and social reasons such as privacy and personal beliefs.
- **Social and economic implication of care and support of hiv/aids infected individuals in the long term on families and communities:** these studies show that the families of hiv/aids infected people have severe financial difficulties and social support constraints.

The council has also addressed other socio-behavioural issues regarding:

1. **Adolescents' reproductive and sexual health:** it has been found that adolescents lack awareness and have many misconceptions and practice risky behaviours. They were also very willing to get information about these issues. Majority of their parents also want them to get health related information on these issues by experts.
2. **Role of Panchayati Raj Institutions (PRIs) in health delivery:** A study of Panchayati Raj Institutions in some states like Haryana, MP, Kerala, West Bengal etc. showed that adequate skills to plan and manage grass root health care system need to be imparted to them. It would be important to study these institutions in other parts of India need to be imparted to them.
3. **Acceptability of HIV/AIDS preventive measures by the women:** A study on acceptance of HIV/AIDS prevention strategies by the women conducted in the states of Andhra Pradesh, Karnataka, UP and Manipur has shown that women are not empowered enough to take their own independent decisions to protect themselves from HIV

infection. They seek approval from their husbands who often are themselves source of infection.

**Proposed studies:**

The council is proposing to undertake studies in the area of:

1. Health Equity (discrimination in health related matters) among different social groups viz-a-viz gender,
2. Personal, social and service factors influencing adherence to antiretroviral treatment for HIV infection.

These studies would provide social and behavioural information for making policy interventions.