

Other National Health Programmes

7.1 NATIONAL PROGRAMME FOR PREVENTION AND CONTROL OF CANCER, DIABETES, CARDIO VASCULAR DISEASE AND STROKE (NPCDCS)

BACKGROUND

India is experiencing a rapid health transition with a rising burden of Non-Communicable Diseases (NCD) surpassing the burden of communicable diseases like water-borne or vector-borne diseases, TB, HIV, etc. The NCDs like Cardiovascular diseases, Cancer, Chronic Respiratory Diseases, Diabetes and other NCDs are estimated to account for around 60% of all deaths, thus making them the leading causes of death. NCDs cause considerable loss in potentially productive years of life. Losses due to premature deaths related to heart diseases, Stroke and Diabetes are also projected to increase over the years.

In order to prevent and control major NCDs, Government of India is implementing the NPCDCS in all States across the country with the focus on strengthening infrastructure, human resource development, health promotion, early diagnosis, management and referral. For activities up to district level and below under NPCDCS, States are given financial support under the umbrella of NHM. The funds are being provided to States under NCD Flexi-Pool through State PIPs of respective States/UTs, with the Centre to State share in ratio of 60:40 (except for NE and Hilly States, where the share is 90:10).

7.1.1 Strategy

The strategies of the NPCDCS are as follows:

- a) Health promotion through behaviour change with involvement of community, civil society, community based organizations, media etc.
- b) Outreach Camps are envisaged for opportunistic screening at all levels in the health care delivery system from sub-centre and above for early detection of diabetes, hypertension and common cancers.
- c) Management of chronic NCDs, especially Cancer, Diabetes, CVDs and Stroke through early diagnosis, treatment and follow up through setting up of NCD clinics.
- d) Build capacity at various levels of health care for prevention, early diagnosis, treatment, IEC/BCC, operational research and rehabilitation.
- e) Provide support for diagnosis and cost effective treatment at primary, secondary and tertiary levels of health care.
- f) Provide support for development of database of NCDs through a robust Surveillance System and to monitor NCD morbidity, mortality and risk factors.

7.1.2 Up to District level interventions

In order to prevent and control major NCDs, the National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS) is being implemented with focus on strengthening infrastructure, human resource development, health promotion, early diagnosis, management and referral. Under the

programme, NCD Clinics are being set up at District and CHC levels, to provide services for common NCDs. In identified districts, Cardiac Care Units (CCU) and Day Care Centres are also being set up for providing facilities for emergency Cardiac Care and Cancer Chemotherapy respectively. Intervention on COPD and CKD

are also included in the programme. In regard to Cancer, focus is on Oral, Breast and Cervical.

- During the year 2018-19 (up to 31/03/19): 91 District NCD Cells, 90 District NCD Clinics, 12 district Cardiac Care Units, 48 District Day Care Centre, 565 CHC NCD Clinics were established.

Comparative Position of infrastructure in past 5 Years is as under:

S. No.	Type of facility	Cumulative no. of facilities established		Progress during 01.04.2014 to 31.03.19
		As on 01.04.2014	As on 31.03.19	
1	State NCD Cell	21	36	Programme rolled out in all States/UTs. During 2014-15 to 2018, 71.43 % more facilities created.
2	District NCD Cells	96	543	During 2014-15 to 2018, 465.63 % more facilities created.
3	District NCD Clinics	95	585	During 2014-15 to 2018, 515.79 % more facilities created.
4	Cardiac Care Units (CCU)	61	168	During 2014-15 to 2018, 175.41 % more facilities created.
5	District Day Care Centres	38	168	During 2014-15 to 2018, 342.10 % more facilities created.
6	CHC NCD Clinics	204	3084	During 2014-15 to 2018, 1411.76 % more facilities created.

- During the year 2018-19 (up to 31/03/19), 6,53,13,543 people got screened through opportunistic screening, which is 40.23% higher than last year for the same period.

Comparative position of persons attended the NCD Clinics and screened under NPCDCS for last 5 years

Year	Total Number Screened	Number of persons diagnosed with			
		Diabetes	Hypertension	CVDs	Common Cancer
2014-15	59,24,567	5,59,718 (9.45%)	7,15,382 (12.02%)	61,302 (1.03%)	11,385 (0.19%)
2015-16	1,29,00,368	10,67,774 (8.28%)	14,92,996 (11.57%)	89,922 (0.70%)	13,262 (0.10%)
2016-17	2,24,27,125	21,75,145 (9.70%)	27,12,204 (12.10%)	1,04,633 (0.47%)	39,081 (0.17%)
2017-18	4,65,75,176	37,28,436 (8.00%)	27,12,204 (5.28%)	104,633 (0.22%)	39,081 (0.08)
2018-19	6,53,13,543	39,93,989 (6.1 %)	48,48,943 (7.4%)	1,73,404 (0.3%)	1,43,017 (0.2%)

During 2018-19, 1002.41 % more persons attended NCD clinics in comparison to 2014-15.

- During the year 2018-19 (up to 31/03/19), 4,50,37,692 people got screened through Outreach Camp which is 44.08% higher than last year for the same period.

Comparative position of outreach Activities (Including Population Based Screening) data: At Camps/ PHCs/Sub-centres for last 5 years:

Year	Total Number Screened	Number of persons suspected with		
		Diabetes	Hypertension	Common Cancer
2014-15	47,77,998	4,42,458 (9.26%)	4,36,095 (9.12%)	-
2015-16	96,36,084	7,27,673 (7.55%)	8,46,354 (8.78%)	-
2016-17	1,77,69,369	14,92,332 (8.40%)	15,59,189 (8.77%)	41,058 (0.23%)
2017-18	3,12,58,756	28,64,126 (9.16%)	33,50,647 (10.72%)	4,10,714 (1.31%)
2018-19 (Provisional)	4,50,37,692	36,70,049 (8.1%)	44,11,936 (9.8%)	4,14,795 (0.9%)

During 2018-19, 932.6 % more persons attended camps during outreach activity in comparison to 2014-15.

7.1.3 Other Achievements under NPCDCS:

- a) Screening and awareness generation activity was undertaken for Diabetes, Hypertension & Common Cancer during India International Trade Fair at New Delhi from 14-27 November wherein suspected cases were referred to hospitals for further management. More than 47,000 people were



Sample for blood glucose



Being tested for Hypertension at arm-in BP operator

screened during the 14 days event. Awareness was generated among lakhs of visitors using social and electronic media.

- b) Radio campaign was organized through FM Gold and Private FM Channels of Delhi/NCR to attract more visitors for screening and awareness about NCDs during International

Trade Fair at Pragati Maidan during 14th–27th November, 2018.

- c) Pilot project on ‘Integration of AYUSH with NPCDCS is being implemented in eight (8) districts of the country. AYUSH facilities and methodologies are being integrated with NPCDCS services for prevention and management of common NCDs, wherein the practice of Yoga is an integral part of the intervention. Up to 31st January, 2019 -13,64,781 people have been screened and 7,768 awareness camps organized.
- d) “National Framework for Joint Tuberculosis-Diabetes Collaborative Activities” has been developed to articulate a national strategy for ‘bi-directional screening’, early detection and better management of Tuberculosis and Diabetes co-morbidities.
- e) Two studies were completed with the Indian Council of Medical Research on surveillance and monitoring of burden of NCDs, and Survey on prevalence of risk factors of NCDs.
- f) To leverage mobile technology, an App called “m-Diabetes” is being implemented to generate awareness, to promote adherence to treatment and to inculcate healthy habits among the masses with special focus on target groups. This application is being integrated with national software for NCD service delivery under Comprehensive Primary Health Care (CPHC).
- g) A framework for ‘Integration with National Urban Health Mission’ is undertaken for utilization of the NUHM platform for NCD service delivery in urban and semi-urban areas, especially in the urban slums.
- h) To strengthen the cardiovascular disease component of NPCDCS and population based screening initiative, India Hypertension Management Initiative (IHMI), a collaborative project of ICMR,

MoHFW, State Governments and WHO is rolled out in 25 districts in 5 States namely Punjab, Madhya Pradesh, Kerala, Telangana & Maharashtra. 805 Health Facilities are being implemented under IHMI Initiative and 1,52,759 patients for hypertension got registered in these States. Simplified model protocols have been developed for management of the hypertension at PHC/ CHC and DH level. All other States have been advised to consider adopting similar simplified protocols.

- i) **Implementation of STEMI Protocol:** India is facing with an epidemiological transition, with increasing burden of NCDs which are estimated to account for more than 60% of the total mortality, out of which mortality caused by Cardio Vascular Diseases (CVDs) stands the highest. It is estimated that about 26 lakh people die due to CVDs in a year. Further, Ischemic Heart Diseases and Strokes account for 80% of all CVDs. Contribution of CVDs to Disability Adjusted Life Years (DALYs) is also highest at 14.1%, including 8.7% DALYs caused by Ischemic Heart Diseases.

Myocardial Infarctions are generally clinically classified into ST elevation MI (STEMI) and non-ST elevation MI (NSTEMI), based on changes in ECG. STEMI accounts for about 40% of myocardial infarctions. Risk factors of MI include high blood pressure, smoking, diabetes, lack of exercise, obesity, high blood cholesterol, poor diet and excessive alcohol intake, among others. It is estimated that STEMI occurs about twice more often in men than in women.

For STEMI condition, timely intervention is critical in order to save lives by restoring blood flow to the heart. Therefore, interventions such as PCI are required to be done in the shortest possible time. In Hub and Spoke model, health facilities at lower levels

act as spoke and have facilities for taking ECG, thrombolysis, and have defibrillator inter alia. Thrombolysing the patient in time gives a wider window to manage patient at higher level facility including Hub having cath lab, wherein PCI interventions can be performed on the patient. To overcome the problems of non-availability of specialists at health facility, strategy of task shifting and training of medical officers/ cardiologists / staff nurses and cath lab technicians in STEMI management protocol is adopted. Protocol based care for STEMI and NSTEMI patients improves treatment outcomes.

- The Govt. of Tamil Nadu has successfully implemented the STEMI protocol, under which 24 Hubs with cath lab facilities have been set up. Spoke facilities have been strengthened to provide thrombolysis and to do patient stabilization. 108 Ambulance service provides emergency care and transportation of the patients. Staff has been trained to do interventions in accordance with STEMI protocol.
- Under the programme being implemented in Goa, the ECG machines are modified to transmit ECG to a cloud based service. Artificial Intelligence (AI) is used to identify presence of STEMI condition from the transmitted ECG.
- Some more State Governments have come forward to implement the STEMI protocol and based on proposal received from them financial assistance under National Health Mission has been approved for Assam, Chhattisgarh, Goa, Gujarat, Jharkhand, Karnataka, Madhya Pradesh, Maharashtra, Nagaland, Punjab, Telangana and Uttar Pradesh.
- Pradhan Mantri Jan Aryogya Yojna and

other States specific health insurance services are providing support to the patient for management of STEMI condition.

- j) Organized print media campaign & radio Jingles on AIR FMs and Pvt. FMs on the eve of National Cancer Awareness Day i.e. 7th November, 2018 across the country about the common risk factors of cancer and their prevention & promotion of healthy lifestyle.
- k) India's first Online Oncology Tutorial Series was launched by Secretary-HFW on 4.1.2018 at New Delhi.



National Launch of the India's first online Oncology Tutorial Series on 4.1.2018

- l) On the eve of World Cancer Day i.e. 4th February, 2019, cinema slide campaign was organized for 25 days from 4th – 28th February, 2019 across the country through the network of movie theatres on awareness of common risk factors of cancer & other NCDs and promotion of healthy lifestyle.
- m) Radio and TV campaign was organized through the network of AIR FM Gold, Private FM Channels, DD Network and Private News and Entertainment Channels for 60 days from December, 2018 to February, 2019 on the awareness of common risk factors of NCDs and their prevention, control & promotion of healthy lifestyle across the country.

7.1.4 Population-based Prevention, Control, Screening and Management of Diabetes, Hypertension and Common Cancers (Oral, Breast and Cervical) Initiative (PBS):

- Population based prevention and control, screening and management initiative for common NCDs (PBS) (Diabetes, Hypertension and cancer viz. Oral, Breast and Cervical Cancer) is being implemented in 219 districts as a part of comprehensive primary health care under National Health Mission (NHM). Under this initiative, persons more than 30 years of age are targeted. Prevention, control & screening services are being provided through trained frontline workers (ASHA & ANM), and the referral support and continuity of care is ensured through PHC, CHC, District Hospitals and other tertiary care institutions. PBS can help in better management of diseases by the way of early stage of detection, follow up, treatment adherence. It will also generate awareness on the risk factors of NCDs. The initiative has linkages with NPCDCS and tertiary care institutions like SCIs and TCCCs.
- Training Modules have been developed for training of various categories of health staff viz. Nurses, ANMs, ASHAs and MOs. Currently, Universal Screening for common NCDs is being rolled out in 24,016 SCs across 219 districts. (as per data shared by states). So far, 1,55,084 ASHAs, 37,584 ANM/MPWs, 10,135 Staff nurses and 11,024 Medical officers have been trained on Universal screening of common NCDs (as reported on HWC portal). NCD Module for the Comprehensive Primary Health Care IT application is in use across 8288 Health care facilities (3256- SHC, 4254 – PHC, 778 UPHC). (as reported on HWC portal). Screening has been initiated and till 31 st December, 2018, more than 1.08 crore people have been screened under the programme in the States.
- **Development of NCD Software:** A Software has been developed in collaboration with CSR initiative of M/s. Dell India & Tata Trusts for implementation of PBS of common NCDs. It has tablet based application for ANM and web based software for PHC and above facilities. National level training of trainers for software was conducted in





Release of User manual for NCD App

April, 2018, followed by State level training. 11035 Personnel (Medical Officers/Staff Nurse/ANM/Community Health Worker) have been trained on tablets till 31st March 2019. 4.7 crore enrolments have been received on the portal till date.

7.1.5 Strengthening of Tertiary Care Cancer facilities scheme under NPCDCS.

- Under the Strengthening of Tertiary Cancer Centre (TCC) facilities Scheme of NPCDCS, financial assistance is provided for setting up of State Cancer Institutes (SCIs) and Tertiary Care Cancer Centres (TCCCs) in different parts of the country.
- The proposal for continuation of the scheme till March, 2020 has been approved by the CCEA in February, 2019. The proposals of 15 SCIs and 20 TCCCs were approved and support will be continued for these. Proposal for setting up of 4 new more SCIs will also be approved. Budget allocation for the year 2018-19 is at BE Rs.295.00 cr & RE was

Rs. 100.49 cr and expenditure of Rs.98.66 cr.

7.1.6 National Multisectoral Action Plan (NMAP)

NMAP has been developed in consultation with 39 departments of Union Government and other stakeholders for prevention and control of NCDs. The plan offers a road map and menu of policy options to guide multisectoral efforts towards attaining the NCD targets mentioned in the National Health Policy, 2017 and National NCD Monitoring Framework. An Inter-Ministerial Committee (IMC), to coordinate the multisectoral actions has been setup. Nodal Officer have been appointed in like ministries for NMAP. Series of meetings including of IMC have been conducted. The advocacy and process of development has itself led to a number of multisectoral initiatives such as-

- **Ministry of Petroleum and Natural Gas** through expansion of targeted LPG subsidy schemes (PAHAL, UJJWALA) and increase in the coverage of 'City Gas Distribution

(CGD)’ network to improve the reach and use of natural gas is supporting MoHFW to achieve the target for reducing the household air pollution by 2025.

- **Department of School Education and Literacy** Ministry of Human Resource Development has issued circular to prohibit sale of unhealthy food in educational institutions and to promote healthy food options in canteen/school kitchen. (Circular No. Acad-02/2016 dated 6th January, 2016)
- Reducing risk behaviors like alcoholism, smoking, substance abuse (drugs/ tobacco/ gutka etc.) among all age groups of population and promoting physical activity is an important component in the evaluation guidelines of the Saansad Adarsh Gram Yojana (SAANJHI)’ of Ministry of Rural Development. Department of Rural Development has offered support for providing for alternative employment for bidi workers in ‘Deen Dayal Antyodaya National Rural Livelihood Mission’ and ‘Mahatma Gandhi National Rural Employment Guarantee Act’
- **Department of Revenue, Ministry of Finance** has kept tobacco products and Sugar Sweetened Beverages (SSBs) in the highest slab (of 28% at present) based on repeated communication of MoHFW to the department. MoHFW is advocating including other products High in Fats, Salt and Sugar (HFSS) in highest tax bracket.
- **Ministry of Labour and Employment** (MoLE) is supporting in implementation of WHO- Framework Convention on Tobacco Control. MoHFW, MoLE and Ministry of Skill Development and Entrepreneurship have joined hands to train the bidi rollers and their dependents to a more sustainable and clean vocation.
- **Ministry of Housing and Urban Affairs:** Health promoting activities such as setting up parks, providing equipment in parks, walk able streets and improved connectivity of public transport are integral part of ‘Smart Cities Mission’ Guideline and ‘Atal Mission for Rejuvenation and Urban Transformation’ (AMRUT).
- **‘National Transport Policy, 2014’** mention strategies to promote Non-Motorized Transport (such as safe, seamless, user friendly walk ways and cycle track, integrated public transport system, levying high parking fee, public bicycle sharing programme etc). It will help in reducing ambient air pollution and promote physical activity.
- **Ministry of Youth Affairs and Sports** is supporting MoHFW in promoting physical activity in all age groups. The revamped ‘Khelo India-National Programme for Development of Sports’ of Ministry of Youth Affairs and Sports targets to include 200 million children under a massive national physical fitness drive. This ministry is also developing National Physical Fitness Exposure Draft which mentions about the guidelines for physical activity.
- **‘National Biofuel Policy, 2015’** Which also provides for strategies for replacing fossil biofuels with alternative low emission safe fuels to reduce household air pollution.
- **Department of Agriculture, Cooperation and Farmers Welfare, Ministry of Agriculture and Farmers Welfare** has agreed for expansion of districts under National Horticulture Mission, sub scheme of ‘Mission for Integrated Development of Horticulture’. Scaling up this to include more districts may help in increasing the output of fruits and vegetables and making them affordable.
- **Ministry of Food Processing Industries** is supporting MoHFW through ‘Pradhan

Mantri Kisan Sampada Yojana’ to improve infrastructure to preserve fruits and vegetables.

- Department of Pharmaceutical, **Ministry of Chemical Fertilizers** is expanding ‘Jan Aushadhi Scheme’ and other relevant schemes to scale-up low cost generic medicines for NCDs.
- MoHFW is closely working with Department of Industry Policy and Promotion, **Ministry of Commerce and Industry** to restrict use of trademark of demerit goods (tobacco, alcohol) for other products to prevent surrogate advertisement under Section 9 (absolute grounds for refusal of registration) of Trademark Act, 1999.
- Department of Consumer Affairs, **Ministry of Consumer Affairs**, Food and Public Distribution has shown interest in schemes such as ‘Jago Grahak Jago’ ‘National Consumer Helpline -2011’ to raise awareness about NCDs and their risk factors.
- **Department of Financial Services, Ministry of Finance** has agreed to take necessary steps to discourage investment by insurance companies in industries manufacturing demerit goods such as tobacco, alcohol, HFSS food under Section 14 of Insurance Regulatory and Development Authority Act, 1999.

7.1.7 Expert Group for Control of High Fat, Sugar and Salt (HFSS) foods

In view of the growing consumption of High Fat, Sugar and Salt (HFSS) foods, a multi-stakeholder expert group has been set-up to develop strategic recommendations for informed policy decisions to reduce consumption of HFSS foods. It emerged out of discussions to recommend making comprehensive nutrient labelling mandatory, including total sugar, total fat and Sodium etc. and developing interpretative front-of-pack labelling for packaged foods as policy actions to enable

consumers to make informed healthy food choices and also promote reformulation of products by food industry.

As a consequence of the technical support and advocacy from this expert group, several regulations have been drafted by the Food Safety and Standards Authority of India (FSSAI). These include:-

- Draft Food Safety and Standards (Labelling and Display) Regulations, in April, 2018. This regulation describes the nutrition labelling requirement of pre-packaged processed foods including interpretative front of pack labelling to create awareness regarding unhealthy foods among population at large.
- Draft Food Safety and Standards (Safe and Wholesome Food for School Children) Regulations, 2018. The regulations promote selection of cafeteria menu based on the nutrient profile model encouraging consumption of healthy foods, it prohibits offer or expose for sale of HFSS foods to school children in school canteens/ mess premises/hostel kitchens and also within 50 meters of school premises. It restricts food business operators manufacturing HFSS food products from advertising such foods to children in school premises.
- Also, the existing regulation on restricting trans-fat in fats oils and allied products is being amended to reduce the limit from 5% to 2% by weight.

Food Safety and Standards (Advertisements and Claims) Regulations, 2018 has been notified in March, 2018 according to which advertisements shall not undermine the importance of healthy lifestyles.

MoHFW is also providing technical support to Ministry of Finance to implement evidence based fiscal measures such as imposing higher taxes on

sugar sweetened beverages (SSBs) to reduce their consumption for preventing the rising burden of obesity in India. As a result, taxes on SSBs were increased by 3% during 2016 making it 21% from the earlier 18%. MoHFW continues to advocate for higher taxes under GST while simultaneously working on generating newer evidence for policy change.

7.2 PRADHAN MANTRI NATIONAL DIALYSIS PROGRAM (PM-NDP)

National Dialysis Programme was launched during year 2016-17 to support in all district hospitals in a PPP mode under NHM. Guidelines of National Dialysis Programme including the Model Request for Proposal (RFP) for PPP were developed and released on 7th April, 2016. All States/UTs were requested to incorporate proposals for roll out of National Dialysis Programme in Programme Implementation Plans and approval was provided to all States in 2016-17 and 2017-18 for provision of free dialysis services to poor. Based on the proposals received from the states, over Rs. 153 Crore was approved in 2016-17; over Rs. 178 Crore in FY 2017-18 and Rs.194 Crore for FY 2018-19. A total of 519 District Hospitals are proposed to provide dialysis services under NHM.

Public Private Partnership for Haemodialysis services:

- Service provider should provide medical human resource, dialysis machine along with RO water plant infrastructure, dialyzer and consumables.
- Payer Government should provide space in District Hospitals, drugs, power and water supply and pay for the cost of dialysis for the poor patients.

PMNDP has been implemented in total 32 States / UT in 437 Districts in 757 Centres deploying 4420 machines. Total 4.17 lakh patient availed dialysis services and 40.57 Lakh Hemo-dialysis Sessions held- as on 31st March, 2019.

18 States/UTs- are operating in PPP Mode

- **NHM Funded (16 States):** Andhra Pradesh, Arunachal Pradesh, Delhi, Goa, Gujarat, Jharkhand, Karnataka, Madhya Pradesh, Rajasthan, Telangana, Tripura, Uttar Pradesh, West Bengal, Odisha, Himachal Pradesh, Uttarakhand.
- **State Funded (2 States):** Haryana and Bihar. (In Bihar, currently no patient is getting free dialysis services).

14 States/UTs- are operating In-house Mode

- **NHM Funded (10 States):** Jammu & Kashmir, Kerala, Maharashtra, Mizoram, Puducherry, A&N Islands, Punjab, Daman & Diu, Tamil Nadu, Sikkim.
- **State Funded (4 States):** Chandigarh, D&N Haveli, Manipur, Lakshadweep.

In 04 States - Meghalaya, Assam, Chhattisgarh and Bihar (Bihar- which is currently under State budget fund) tender is under progress for PPP Mode.

7.3 NATIONAL TOBACCO CONTROL PROGRAMME (NTCP)

India is the second largest consumer of tobacco in the world. An estimated 13 lakh people die annually from tobacco-related diseases in India. Globally, tobacco consumption kills nearly 6 million people in a year.

In order to protect the youth and masses from the adverse effects of tobacco usage and second hand smoke (SHS), the Government of India enacted the “Cigarettes and other Tobacco Products (Prohibition of Advertisement and Regulation of Trade and Commerce, Production, Supply and Distribution) Act, 2003 (COTPA-2003)”.

National Tobacco Control Programme (NTCP) was launched in the year 2007-08 to facilitate effective implementation of the Tobacco Control Laws - COTPA 2003 - in the country and to bring about

greater awareness about the harmful effects of tobacco use and about the Tobacco Control Laws. NTCP is being implemented through a three-tiered structure i.e., the National Tobacco Control Cell, the State Tobacco Control Cells, and the District Tobacco Control Cells. The National Tobacco Control Programme (NTCP) is being implemented in 632 districts across 36 States/UTs.

7.3.1 Major Achievements during 01.01.2018 to 31.03.2019

- Organized the meeting of Expert Group on Tobacco Advertising, Promotion and Sponsorship (TAPS): Depiction of tobacco in entertainment media on 26-27 March, 2018 in New Delhi, India which was attended by the experts from America, Africa, Europe, Western Pacific, South East Asia and Eastern Mediterranean regions and the experts from WHO Framework Convention on Tobacco Control.
- Organized an auto rally of 100 autos to commemorate the World No Tobacco Day on 31st May, 2018. These 100 auto drivers were



Expert Group Meeting on TAPS at New Delhi on 26-27 March, 2018





mobilized to drive the campaign for at least a minimum period of one month in different locations covering all parts of Delhi.

- The MoHFW in collaboration with the WHO organized a “National Consultation on Accelerating Implementation of Tobacco Control Measures for achievement of goals under National Health Policy, 2017” on 6th-7th June, 2018 in New Delhi.

- New set of specified health warnings, covering 85% on both side of the principal display area of tobacco product packs, has been notified which has come into effect on 1st September, 2018. One of the most important key features of the new set of specified health warnings is the inclusion of telephone Quitline number (1800-11-2356). This will help in creating awareness among tobacco users, and give them access to counseling services to effect behavior change. It is also likely to lead to an increase



Pictorial warnings on Cigarette packs



in demand for tobacco cessation.

- The final report of the second round of Global Adult Tobacco Survey (GATS 2) has been released. The prevalence of tobacco use has reduced by six percentage points from 34.6% to 28.6% during the period from 2009-10 to 2016-17. The number of tobacco users has reduced by about 81 lakh (8.1 million). The findings of GATS2 were released State-wise in the respective States/ UT to make them aware the progress made by them during 2009-10 so that they may be able to plan their strategies accordingly.
- A Task Force on Nasha Mukti Abhiyan has been constituted under the Chairpersonship of Secretary (Health & Family Welfare) to formulate a detailed preventive and promotive care strategy for addressing tobacco, alcohol and substance abuse, as envisaged under National Health Policy 2017.
- Acceded to the Protocol to Eliminate Illicit Trade in Tobacco Products [both smoking and chewing or smokeless tobacco (SLT) forms] negotiated and adopted under Article 15 of the World Health Organization Framework Convention on Tobacco Control (WHO-FCTC), to which India is a Party. It is a comprehensive tool to counter and eventually eliminate illicit trade in tobacco products and to strengthen legal dimensions for international health cooperation.
- In larger public health interest and in order to prevent the initiation of ENDS by non-smokers and youth with special attention to vulnerable groups, the Ministry has issued advisory to States / UTs to ensure that any Electronic Nicotine Delivery Systems (ENDS) including e-Cigarettes, Heat-Not-Burn devices, Vape, e-Sheesha, e-Nicotine Flavoured Hookah, and the like devices that enable nicotine delivery are not sold (including online sale), manufactured, distributed, traded, imported and advertised in their jurisdictions, except for the purpose & in the manner and to the extent, as may be approved under the Drugs and Cosmetics Act, 1940 and Rules made thereunder.
- Provided support to WHO-SEARO in organization of Pre-COP Meeting for South East Asian Region (SEAR) for the eighth session of Conference of Parties (COP8) from 20-21 August, 2018.



Pre-COP Meeting for South East Asian Region (SEAR) for the eighth session of Conference of Parties (COP8) on 20-21 August, 2018

The representatives from SEA Region representing India, Indonesia, Myanmar, Bhutan, Sri Lanka, Timor Leste, Democratic Republic of Korea (DPRK), Thailand, Maldives, Nepal, Bangladesh and representative/s from WHO HQ, Geneva participated in the said meeting.

- The Eighth Session of Conference of Parties was held from 1st - 6th October, 2018 at WHO Headquarters, Geneva, Switzerland. Secretary (HFW) as the President of the COP8 led the delegation.



Smt. Preeti Sudan, Secretary-MoHFW addressed the COP8 session at Geneva as President of COP



Shri Vikas Sheel, Joint Secretary (Tobacco Control), MoHFW during COP8 sessions

For the first time, this session of COP was addressed by women representatives viz- the President [Secretary (HFW)]; the Head of FCTC Secretariat; the Regional Advisers of all six WHO Regions EMR, EUR, AFR, AMR, SEAR and WPR were all women

representatives and the Chair of Committee A and Committee B were also the women representatives. In addition, for the first time the High-Level Segment (HLS) meeting was held which was represented by the Deputy Health Minister for Health, Ghana; State Secretary for Health Welfare and Sports, Ministry of Health, Welfare and Sports, the Netherlands; Deputy Director General, WHO and Manager, Adaptation Programme of the Secretariat of UN Framework Convention on Climate Change.

- Tobacco Quitline services (1800-112-356) have been expanded through the establishment of Quitline services at Dr. Bhubaneshwar Borooah Cancer Institute (BBCI), Guwahati; National Institute of Mental Health & Neuro Sciences (NIMHANS), Bangalore; and Tata Memorial Centre (TMC), Mumbai as well as enhancement of capacity of Quitline services at Vallabhbhai Patel Chest Institute (VPCI), Delhi.



- National Tobacco Testing Laboratory at National Institute of Cancer Prevention and Research (NICPR), Noida has been inaugurated and minor tests of tobacco products have been started in the Lab. Minor tests of tobacco products have also been started in other two National Tobacco Testing Laboratories, each one at Central Drugs Testing Laboratory, Mumbai and Regional Drug Testing Laboratory, Guwahati.



Hon'ble MOS Smt. Anupriya Patel and Officers during inauguration of NTTL at NICPR

- Awareness campaigns on harmful effect of tobacco products has been undertaken for about 4 months pan India on television and radio.
- The National Tobacco Control Programme (NTCP) has been implemented in 632 districts in the country.
- MoHFW supported in organization of the 4th National Conference on Tobacco or Health: Tobacco Free Generation held during February 8th – 10th 2019 at Tata Memorial Hospital, Mumbai. The Conference brought the participants to speed with the best practices of tobacco control, advances in advocacy, latest researches and ongoing efforts with regards to tobacco control in India. Topics such as awareness, public policy, addiction, cessation, secondhand smoke, taxation, smokeless tobacco etc. were covered in the conference. New topic that have gained importance in recent years like environmental effects of tobacco, divestment from tobacco industry, productivity losses, new emerging tobacco products etc. were also covered. There was extensive sharing of experiences and achievements by the participants.
- The 4th round of the Global Youth Tobacco Survey (GYTS-4) is underway. The focuses on youth aged 13-15 and collects information in schools using a standardized methodology for constructing sample frame, selecting schools and classes, and processing data. This school-based survey has been designed to enhance the capacity of countries to monitor tobacco use among youth and to guide the implementation and evaluation of tobacco prevention and control programmes.
- The First Meeting of Parties (MOP1) of the Protocol to Eliminate Illicit Trade in Tobacco Products was convened from 8th -10th October, 2018 at WHO Headquarters, Geneva, Switzerland. India participated in the meeting and is the Regional Coordinator for South East Asian Region to MOP.

7.4 NATIONAL MENTAL HEALTH PROGRAMME (NMHP)

The Mental Healthcare Act, 2017

The United Nations Convention on the Rights of Persons with Disabilities was ratified by the

Government of India thus making it obligatory on the Government to align the policies and laws of the country with the Convention. There was an increasing realization that persons with mental illness constitute a vulnerable section of society and are subject to discrimination in our society. Accordingly, the Government enacted the Mental Healthcare Act, 2017. In pursuance of the provisions of the Mental Healthcare Act, 2017, the following Rules were framed by the Government:

- o Central Mental Health Authority and Mental Health Review Boards Rules
- o State Mental Health Authority Rules
- o Rights of Persons with Mental Illness Rules
- In order to augment the existing mental healthcare manpower in the country, the Government through the National Institute of Mental Health and Neurosciences (NIMHANS), Bangalore, Central Institute of Psychiatry (CIP), Ranchi and Lokopriya Gopinath Bordoloi Regional Institute of Mental Health (LGBRIMH), Tezpur, Assam has established a Digital Academy, as a virtual university. The Digital Academy was inaugurated by Hon'ble HFM on 26/06/2018. Through this method of Blended Digital Learning, NIMHANS, LGBRIMH & CIP are conducting large scale training for service providers across the country to deliver mental healthcare services in the country. By way of virtual learning, medical officers, psychologists, psychiatric social workers and psychiatric nurses are being trained to deliver mental health services.
- To address the burden of mental disorders, the Government of India is supporting implementation of the District Mental Health Programme (DMHP) under the National Mental Health Programme (NMHP) in 608 districts of the country for detection, management and treatment of mental disorders/illness with the major components

of counselling in schools and colleges, work place stress management, life skills training, suicide prevention services and IEC activities for generation of awareness and removal of stigma associated with Mental Illness.

- Additionally, with an aim to increase the number of qualified mental health professionals in the country, under the NMHP, financial support is being provided to the Government Mental Health Institutes in States/UTs for improving their infrastructure and post graduate training capacity by establishing 25 Centres of Excellence and strengthening/ establishment of 47 Post Graduate Departments in mental health specialties.

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

Introduction

NPCB&VI was launched in the year 1976 as a 100% centrally sponsored scheme (now 60:40 in all States and 90:10 in NE States) with the goal of reducing the prevalence of blindness to 0.3% by 2020. Rapid Survey on Avoidable Blindness conducted under NPCB during 2006-07 showed reduction in the prevalence of blindness from 1.1% (2001-02) to 1% (2006-07).

Prevalence rate of blindness and targets

- Prevalence of Blindness - 1.1%. (Survey 2001-02)
- Prevalence of Blindness - 1 %. (Survey 2006-07)
- Blindness Survey (2015-18) in progress
- Prevalence of Blindness - target - 0.3% (by the year 2020).

Main Causes of blindness

Cataract (62.6%) Refractive Error (19.70%)

Corneal Blindness (0.90%), Glaucoma (5.80%), Surgical Complication (1.20%) Posterior Capsular Opacification (0.90%) Posterior Segment Disorder (4.70%), Others (4.19%) Estimated National Prevalence of Childhood Blindness /Low Vision is 0.80 per thousand.

Main objectives

- To reduce the backlog of avoidable blindness through identification and treatment of curable blind at primary, secondary and tertiary levels.
- Develop and strengthen the strategy of NPCB&VI for “Eye Health for All” and prevention of visual impairment; through provision of comprehensive universal eye-care services and quality service delivery.
- Strengthening and up-gradation of Regional Institutes of Ophthalmology (RIOs) to become Centre of Excellence in various sub-specialities of ophthalmology and also other partners like medical college, district hospitals, Sub-district hospitals, vision centres, NGO eye hospitals.
- Strengthening the existing infrastructure facilities and developing additional human

resources for providing high quality comprehensive eye care in all districts of the country.

- To enhance community awareness on eye care with focus on preventive measures.
- Increase and expand research for prevention of blindness and visual impairment.
- To secure participation of Voluntary Organizations/Private Practitioners in delivering eye Care.

7.5.1 Targets and achievements during last 4 Years and Current Year

Cataract operations

Year	Target	No. of Cataract operations performed
2014-15	66,00,000	64,19,933
2015-16	66,00,000	63,04,177
2016-17	66,00,000	64,81,435
2017-18	66,00,000	64,41,487
2018-19*	66,00,000	54,08,684

School Eye Screening Programme

Year	No. of Children Screened for Refractive Error	No. of Children found with Refractive Errors	No. of free spectacles provided to school children suffering from refractive errors	
			Target	Achievement
2014-15	2,99,85,309	11,53,639	9,00,000	7,36,572
2015-16	3,44,50,657	13,45,390	9,00,000	8,30,620
2016-17	3,27,79,542	11,48,033	9,00,000	7,57,906
2017-18	1,18,02,231	13,87,593	9,00,000	7,98,411
2018-19*	3,09,82,164	10,87,793	9,00,000	6,63,074

Treatment/management of other eye diseases (Diabetic retinopathy, Glaucoma, Childhood blindness, Keratoplasty etc.)

Year	Target	Achievement
2014-15	72,000	2,42,830
2015-16	72,000	3,12,925
2016-17	72,000	4,04,677
2017-18	72,000	5,48,448
2018-19*	72,000	10,87,910

Collection of donated Eyes for corneal transplantation

Year	No. of donated eyes collected	
	Target	Achievement
2014-15	50,000	58,757
2015-16	50,000	59,810
2016-17	50,000	65,135
2017-18	50,000	71,711
2018-19*	55,000	57,315

Note*:- The figures of physical performance for the year 2018-19 are provisional.

Best practices adopted under the programme:

- To reach every nook and corner of the country to provide eye-care services, provision for setting up Multipurpose District Mobile Ophthalmic Units in the District Hospitals of States/UTs is a new initiative under the programme.
- Provision for distribution of free spectacles to old persons suffering from presbyopia to enable them undertaking work is a new initiative under the programme. The activity needs to be expedited in the all the States.
- Emphasis on the comprehensive eye-care coverage by covering diseases other than cataract like diabetic retinopathy, glaucoma, corneal transplantation, vitreo-retinal surgery, treatment of childhood blindness including retinopathy of pre-maturity (ROP) etc. These emerging diseases need immediate attention to eliminate avoidable blindness from the Country.
- Strengthening of Tertiary Eye-Care Centres by providing funds for purchase of sophisticated modern ophthalmic equipment.
- Ensure setting up of super specialty clinics for all major eye diseases including diabetic retinopathy, glaucoma, retinopathy of prematurity etc. in state level hospitals and medical colleges all over the country.
- Linkage of tele-ophthalmology centres at PHC/Vision centres with super specialty eye hospitals to ensure delivery of best possible diagnosis and treatment for eye diseases, especially in hilly terrains and difficult areas.
- Development of a network of eye banks and eye donation centres linked with medical colleges and RIOs to promote collection and timely utilization of donated eyes in a transparent manner.

Future Plan

- Setting up of more PHC/Vision Centres to broaden access of people to eye care facilities.
- Financial support to NGOs for treatment of other eye diseases viz Diabetic Retinopathy, Glaucoma Management, Laser Techniques, Corneal Transplantation, Vitreoretinal Surgery, Treatment of Childhood Blindness, to provide free of cost services to poor people.
- Integration of existing ophthalmic surgical/non-surgical facilities in each district, State by linking few units to next higher unit.

- Inclusion of modern ophthalmic equipment in eye care facilities to make it more versatile to meet modern day requirement.
- Upgradation of software for Management Information System for better implementation and monitoring
- Provision for setting up Multipurpose District Mobile Ophthalmic Units in District Hospitals for better coverage.

7.6 NATIONAL PROGRAMME FOR PREVENTION AND CONTROL OF DEAFNESS

MoHFW, Government of India launched NPPCD on pilot phase basis in January, 2007 covering 25 districts. Current burden of disease as per NSSO survey is that 291 persons per one lac population are suffering from Deafness and as per WHO estimates 6.3 crore people in India are already disabled.

The Programme has been launched with the following objectives:

- i. To prevent the avoidable hearing loss on account of disease or injury.
- ii. Early identification, diagnosis and treatment of ear problems responsible for hearing loss and deafness.
- iii. To medically rehabilitate persons of all age groups, suffering with deafness.
- iv. To strengthen the existing inter-sectoral linkages for continuity of the rehabilitation programme, for persons with deafness.
- v. To develop institutional capacity for ear care services by providing support for equipment and material and training personnel.

Strategies:

- i. To strengthen the service delivery for ear care.
- ii. To develop human resource for ear care services.

- iii. To promote public awareness through appropriate and effective IEC strategies with special emphasis on prevention of deafness.
- iv. To develop institutional capacity of the district hospitals, CHCs and PHCs selected under the Programme.

The components of the Programme are:-

- i. **Manpower Training & Development** - for prevention, early identification and management of hearing impaired and deafness cases, training would be provided from medical college level specialists (ENT and Audiology) to grass root level workers.
- ii. **Capacity building** - for the district hospital, CHCs and PHC for ENT/Audiology infrastructure.
- iii. **Service provision** – Early detection and management of hearing and speech impaired cases and rehabilitation at different levels of health care delivery system.
- iv. **Awareness generation through IEC/BCC activities** – for early identification of hearing impaired, especially children so that timely management of such cases is possible and to remove the stigma attached to deafness.

Till 2013-14 the funds were released to the State Health Societies. From 2014-15 onwards release of funds is through the treasury route. In 2015-16, the programme has been included in health system strengthening component of NHM.

Since the inception of the programme the sanctions have been given to implement the programme in 558 districts and sanctions have also been given to implement the programme in 141 new districts in 36 States and UTs since 1st January 2018 to 31st March, 2019.

7.7 NATIONAL PROGRAMME FOR PREVENTION AND CONTROL OF FLUOROSIS (NPPCF)

Fluorosis is a public health problem caused by

excess intake of Fluoride through drinking water/ food products/industrial pollutants over a long period. It results in major health disorders like dental fluorosis, skeletal fluorosis and non-skeletal fluorosis.

NPPCF was initiated in the 11th five Year Plan (2008-09) with the aim to prevent and control Fluorosis in the affected States.

The Objectives of the programme are:

- Assess and use the baseline survey data of Fluorosis conducted by Ministry of Drinking Water & Sanitation.
- Comprehensive management of Fluorosis in the selected areas.
- Capacity building for prevention, diagnosis and management of Fluorosis cases.

The Strategy followed under the Programme are:

- Surveillance of Fluorosis in the community;
- Capacity building (Human Resource) in the form of training and manpower support;
- Establishment of diagnostic facilities in the district;
- Health education for prevention and control of Fluorosis cases and
- Management of Fluorosis cases including supplementation, surgery and rehabilitation etc.

Prevalence: Fluoride prevalence was earlier reported in 230 districts of 19 States. As per Integrated Management Information System from Ministry of Drinking Water and Sanitation, with respect to excess fluoride, there are 10,067 habitations which are yet to be provided with safe drinking water. About 74.33 lakh population is at risk (as on 1.04.2018).

Presently 156 districts of 19 States have been covered under the Programme in a phased manner across the Country.

Achievements during 2018-19

- At present, 156 Districts of 19 States have been covered under NPPCF.
- Three training programmes for Training of Trainers (TOTs) and two Training for Lab Technicians (Fluorosis) were organized under NPPCF at NIN, Hyderabad during the year 2018-19.
- Regional Review Meeting cum Capacity Building Workshop for 9 States under National Programme for Prevention and Control of Fluorosis (NPPCF) was organized on 21-22 February, 2019 at Chandigarh.

7.8 NATIONAL PROGRAMME FOR HEALTH CARE OF THE ELDERLY (NPHCE)

Government of India had launched the “National Programme for Health Care of the Elderly” (NPHCE) to address health related problems of elderly people, in 100 identified districts of 21 States during the 11th Plan period. 8 Regional Geriatrics Centres as referral units have also been developed in different regions of the country under the programme.

The basic aim of the NPHCE Programme is to provide separate, specialized and comprehensive health care to the senior citizens at various level of state health care delivery system including outreach services. Preventive and promotive care, management of illness, health manpower development for geriatric services, medical rehabilitation and therapeutic intervention and IEC are some of the strategies envisaged in the NPHCE.

It is expected to cover all the districts in the country by 31.03.2020. 19 Regional Geriatric Centres in selected medical colleges of the country are being developed under the programme. In addition, two National Centres of Ageing (NCA) are also being established at AIIMS, New Delhi and Madras Medical College, Chennai, the core functions of which are training of health professionals, research activity and health care delivery in the field of geriatrics.

Component of the Programme: The program has two components for provision of geriatric health care services i.e.: Primary & Secondary level component which comes under NCD flexible pool of National Health Mission (NHM) and Tertiary level component.

NHM Component

- **Primary & Secondary care:** The service delivery under NHM through District Hospitals (DH), Community Health Centers (CHC), Primary Health Centers (PHC), Sub-Centre/Health & Wellness Centers, where different types of Geriatric care services are to be provided comes under Primary & Secondary level component. NPHCE services to be provided are out-patient care, In-patient care, Rehabilitation, screening & home based care to cure the problems related to geriatric population. Preventive & promotive care also to be provided by awareness generation. 79 districts were sanctioned during 2018-19 for implementation of programme activities at the district hospitals. Thus, a total no. of 599 districts of 35 States/UTs were sanctioned for activities upto F.Y. 2018-19 under the programme.

Tertiary Component

- Tertiary care services are supported by this ministry under the tertiary component of the programme namely 'Rashtriya Varishth Jan Swasthya Yojana (RVJSY). These services are being provided through Regional Geriatric Centres (RGCs) located at 19 Medical colleges in 18 States of India and Two National Centres of Aging (NCAs) one in AIIMS, Ansari Nagar, New Delhi and another in Madras Medical College, Chennai.
- **Research:** Longitudinal Ageing Study in India (LASI) project: - The project has been initiated under tertiary level activities of the programme to assess the health status of the

elderly (age45-60). It is a comprehensive ageing survey with a sample size of 61,000, being conducted through IIPS, Mumbai. Currently, LASI data collection has been completed in 16 States/UTs in phase-1 and the survey is in progress for phase 2 for the remaining 20 States/UTs of India.

Following 19 Regional Geriatric Centres have been sanctioned under the programme:

- (1) All India Institute of Medical Sciences, New Delhi;
- (2) Madras Medical College, Chennai;
- (3) Grants Medical college & JJ Hospital, Mumbai;
- (4) Sher-I-Kashmir institute of Sciences (SKIMS), J&K;
- (5) Govt. Medical College, Thiruvananthapuram;
- (6) Guwahati Medical College, Assam;
- (7) Dr. S.N. Medical College, Jodhpur, Rajasthan;
- (8) Banaras Hindu University, U.P.;
- (9) Gandhi Medical College, Bhopal;
- (10) Kolkata Medical College, Kolkata, W.B.;
- (11) Nizam's Institute of Medical Sciences, Hyderabad, Telangana;
- (12) S.C.B. Medical College, Cuttack, Odisha;
- (13) King George's Medical University, Lucknow, U.P.;
- (14) Rajendra Institute of Medical Sciences, Ranchi, Jharkhand;
- (15) Bangalore Medical College & Research Institute, Bengaluru, Karnataka;
- (16) Agartala Medical College, Agartala, Tripura;
- (17) Dr. Rajendra Prasad Govt. Medical College, Himachal Pradesh;
- (18) Patna Medical College, Patna, Bihar;
- (19) B.J. Medical College, Ahmadabad, Gujarat.

Physical Progress:

Sl. No.	Institutions operationalised	OPD	Indoor wards	Physiotherapy services	Laboratory services
1.	RGCs	18	15	12	10
2.	District hospitals	376	323	283	298
3.	CHCs	2964	-	1374	2280
4.	PHCs	5988			
5.	SCs providing home based care & supportive appliances	4194			

Total cases of Geriatric care service provided in 2018-19

Sl. No.	Services	RGCs	Distt. Hospitals	CHCs	PHCs	SCs	Total
1.	OPD care services	217560	4340677	4796518	3720292	549756	1,36,24,803
2.	In-door admissions	16969	337423	109912	-	-	4,64,304
3.	Physiotherapy care	50424	512270	604496	-	-	11,67,190
4.	Lab Tests	270518	2423908	1579206	797550	-	50,71,182
5.	No of Elderly Screened & given Health card	-	306329	256898	260914	380978	12,05,119
6.	No of Elderly Provided Home care services	-	60888	42778	48680	136646	2,88,992
7.	No of Elderly Provided supportive devices	-	9654	14414	11180	36558	71,806
8.	Cases referred	-	16703	50730	46820	40604	1,54,857
9.	Cases died in hospitals	-	9641	1516	128	-	11,285

NPHCE Website:- An interactive and dynamic website cum MIS of the NPHCE program has been initiated through Center for Health Informatics (CHI) to provide comprehensive information along with data regarding Geriatric facilities and

services available through-out the country. Hands on Training of State Program officer & State MIS personnel for entering data on MIS portal has been successfully completed during Regional Review cum Capacity Building Workshops.

7.9 NATIONAL ORAL HEALTH PROGRAMME (NOHP)

National Oral Health Programme (NOHP) is an initiative of the 12th Plan period launched in the year 2014-15 to strengthen the public health facilities of the country for an accessible, affordable & quality oral health care delivery. The objectives of NOHP are as under:

- i. Improvement in the determinants of oral health e.g. healthy diet, oral hygiene improvement etc. and to reduce disparity in oral health accessibility in rural & urban population.
- ii. Reduce morbidity from oral diseases by strengthening oral health services at Sub district/district hospital to start with.
- iii. Integrate oral health promotion and preventive services with general health care system and other sectors that influence oral

health; namely various National Health Programs.

- iv. Promotion of Public Private Partnerships (PPP) for achieving public health goals.

Achievements

- i. Celebrated World Oral Health Day on 20th March, 2018 at Nirman Bhawan. Oral health training manuals for school teachers and healthcare workers were released by Hon. MoS, Sh. Ashwini Kumar Choubey, Secretary (HFW), Ms. Preeti Sudan and DGHS, Dr. B.D. Athani.
- ii. Initiated a pilot interventional project on Oral Health of Pregnant Women in collaboration with VMMC & Safdarjung Hospital.
- iii. Released “Operational Guidelines for Establishment of Tobacco Cessation Centers in Dental Colleges” on World No Tobacco



Day, 2018, developed in collaboration with the Dental Council of India.

- iv. 222 dental care units approved for support across 35 States and UTs under the National Oral Health Programme.
- v. Carried out an IEC campaign in cinema theatres in Hindi speaking states on oral health from 15th February to 1st March, 2019.
- vi. Conducted oral health training of AYUSH professionals at Center of Dental Education and Research, AIIMS, New Delhi on 28th February, 2019.

7.10 NATIONAL PROGRAMME FOR PREVENTION AND MANAGEMENT OF TRAUMA AND BURN INJURIES (NPPMTBI)

A. TRAUMA CARE COMPONENT:

The number of road traffic deaths on the world's roads remain unacceptably high. As per the report of World Health Organization (WHO), road traffic injuries is one of the leading causes of death for children and young adults aged 5-29 years. Globally the number of road traffic deaths continues to climb, reaching 1.35 million in 2016. More than half of road traffic deaths are amongst pedestrians, cyclists and motorcyclists who are often neglected in road traffic system design in many countries. As per WHO, road traffic injuries have become the eighth leading cause of death. WHO has also projected that by the year 2020, road traffic accidents would be the third major cause of disability adjusted life years (DALY) lost.

In India, road traffic crashes are one of the major causes of disability, morbidity and mortality. As per Ministry of Road Transport and Highways (MoRTH), road injuries are one of the top four leading causes of death and health loss among persons of age group 15-49 years. As per report of MoRTH, during 2017, the total number of road accidents are reported to be 4,64,910 causing injuries to 4,70,975 persons and claiming 1,47,913

lives in the country. This would translate, on an average, into 53 accidents and 16 deaths every hour.

The programme for trauma care was implemented during 9th and 10th Five Year Plans as "Pilot Project for Strengthening Emergency Facilities along the Highways". During the 11th Plan, the programme was approved as "Assistance for Capacity Building for Developing Trauma Care Facilities in Government Hospitals on National Highways" for developing a network of Trauma Care Facilities (TCFs) in the Government Hospitals along the Golden Quadrilateral highway corridor as well as North-South & East-West Corridors. Under this programme, 116 TCFs were approved in 17 States on 100% Central assistance.

The scheme was extended to the 12th plan period as "Capacity Building for Developing Trauma Care Facilities in Govt. Hospitals on National Highways" for development of 85 new trauma care facilities. During 12th FYP period, setting up of TCFs has been supported in 80 hospitals/medical colleges and first instalment towards construction and equipment procurement has been released to the respective State Governments after signing the MoU. The scheme has been extended upto 2020 for continuing support to already approved TCFs as per the norms of the scheme.

Following are the objectives of the programme:

- To establish a network of trauma care facilities in order to reduce the incidence of preventable death due to road traffic accidents by observing golden hour principle.
- To develop proper referral and communication network between ambulances and trauma care facilities and within the trauma care facilities for optimal utilization of the services available.
- To develop National Trauma Injury Surveillance and Capacity Building Centre (NISC) for collection, compilation, analysis of information from the trauma care facilities

for the use of policy formation, preventive interventions etc.

7.10.1 The achievements under the programme:

- During the 11th FYP, setting up of 116 trauma care facilities (TCFs) was supported in 17 States. Out of these, 105 TCFs are functional as reported by the respective State Governments.
- During 12th FYP, setting up of TCFs has been approved in 80 medical colleges/district hospitals in 24 States. These are at various stages of progress.
- Technical Resource Group (TRG) has been re-constituted which has finalized Minimum Standards for TCFs, developed Standard Treatment Guidelines for trauma injuries & maxillo-facial trauma injuries; and developed key performance indicators for pre-hospital, hospital and rehabilitation care for trauma victims.
- National Trauma Injury Surveillance and Capacity Building Centre (NISC) has been established at Dr. RML Hospital. The website developed for this center has been launched by the name of www.nisc.gov.in. The Minimum Data set, injury surveillance format, Standard Operating Procedures (SOPs) for data entry and other documents in respect of NISC have been developed. So far, NISC is connected with 46 Hospitals/TCFs in 14 States for collection of data.

The various steps taken for Capacity Building under the programme are as follows:

- The Pre-Hospital Trauma Technician (PTT) Course initiated during 2007 has been revised by an Expert Group through an Agreement for Performance of Work (APW) with WHO. So far, more than 500 PTT students have been trained since 2007 in the three Central Govt. Hospitals of Delhi.
- First Aid course has been developed in consultation with AIIMS and WHO and

released during the Road Safety Week 2019.

- Medical First Aid training was imparted to 250 Airport Rescue & Firefighting (ARFF) personnel and Airport Health Organization staff in 6 batches from July, 2018 to March, 2019 at Delhi International Airport.



First-aid training at IGI Airport

- Training in the first aid was provided to 800 medical officers/ paramedics in preparation of Ardh-Kumbh Mela on 10th December, 2018 & 27-31 December, 2018. Training of Trainer (TOT) was also organized for 40 medical officers.



First-aid training for Ardh-Kumbh Mela

Some of the major activities undertaken during Road Safety Week, 2019 (February 2019) are as follows:

- Awareness generation activities
- Felicitation of Good Samaritans
- Hand Book on 'Prevention of Accidents and Awareness of First Aid' released
- Training in the first aid to 200 staff and students of Safdarjung Hospital, Dr. RML Hospital and Lady Harding Medical College



Release of Handbook on Prevention of Accidents and awareness of First Aid during Road Safety Week, 2019



B. BURN INJURIES COMPONENT

As per WHO (2017), Burns are a global public health problem, accounting for an estimated 1,80,000 deaths every year. The majority of these occur in low and middle income countries and almost two thirds occur in the WHO African and South-East Asia regions. In India, over 1,000,000 people are moderately or severely burnt every year. The high incidence is attributed to illiteracy, poverty and low level safety consciousness in the population. The situation becomes further grim due to the absence of organized burn care at primary and secondary health care level. However, the death and disability due to burn injury are preventable to a great extent, provided timely and appropriate treatment is provided by trained personnel.

Keeping in view the magnitude of the problem, a pilot programme on burn care was initiated in the year 2010 by MoHFW in the name of “Pilot Programme for Prevention of Burn Injuries” (PPPBI). This was initiated in 3 medical colleges and 6 districts hospitals. The goal of PPPBI was to ensure prevention of Burn Injuries, provide timely and adequate treatment in case of burn injuries, so as to reduce mortality, complications and ensuing disabilities and to provide effective rehabilitative interventions if disability has set in.

The pilot project continued as full-fledged programme during the 12th Five Year Plan period. The financial assistance towards District Hospital component was undertaken under National Health Mission (NHM). The programme has now been extended upto March, 2020 for continued support to already approved Burn Units.

7.10.2 The objectives of the scheme :

- To reduce incidence, mortality, morbidity and disability due to burn injuries.
- To improve awareness among the general masses and vulnerable groups especially the women, children, industrial and hazardous occupational workers.

- To establish adequate infrastructural facility and network for behavior change communication, burn management and rehabilitation interventions.
- To carry out research for assessing behavioral, social and other determinants of burn injuries in our country for effective need based program planning for burn injuries, monitoring and subsequent evaluation.

7.9.3 Broad achievements under the programme:

- During the 12th Five Year Plan, setting up of burn units was approved in 60 State Governments Medical Colleges and 17 District Hospitals. First instalment of financial assistance towards construction and equipment procurement has been provided for 47 Medical Colleges in various States after signing the MoU with respective State Government.
- For capacity building, the practical Handbook/ Manual for Burn Injury Management, developed during the 11th FYP, has been revised. A chapter on the Standard Treatment Guidelines for Acid Attack Victims have been incorporated in the handbook.
- Burn Data Registry and software have been developed and will soon be implemented at national level to collect, compile and analyze data related to Burn Injuries in the country.
- Under Information IEC activities, audio-visuals developed on first aid for acid burns and translated into 12 regional languages. The outdoor publicity campaign through telecast, broadcast and digital cinema campaigns undertaken.
- Technical Resource Group (TRG) has been re-constituted which has developed Standard Treatment Guidelines for burn injuries.

- The 6-day practical training of medical officers in burn injury management for doctors was organized from 22-27 October, 2018 and 18-23 February, 2019 at Safdarjung Hospital and Dr. RML Hospital. Around 80 doctors have been trained so far.
- A manual on dressing techniques for paramedics has been developed.

7.11 FOOD FORTIFICATION

Micronutrients are essential vitamins and minerals required on daily basis for normal human growth, development and maintenance of life to ensure good health and to enable the body to fight diseases and infections. These are referred to as micronutrients because individuals need them in small quantities.

Micronutrient deficiencies can be prevented and even eliminated if optimal quantities of micronutrients are consumed on a regular basis. Micronutrient deficiencies such as Iron Deficiency Anaemia (IDA), Vitamin A Deficiency (VAD) and Iodine Deficiency Disorder (IDD) are significant public health problems in India.

Food Fortification is globally accepted as a proven, cost effective strategy for prevention and control of micronutrient deficiencies. With an aim to address the problems of micronutrient deficiencies, the Food Safety and Standards Authority of India has laid down standards for fortification of key staples viz. edible oil and milk (with Vitamin A & D), wheat flour and rice (with iron, folic acid and vitamin B12) and salt with iron (in addition to iodine) and has notified Food Safety and Standards (Fortification of Foods) Regulations, 2018 on 02.08.2018. It has also launched a logo to identify fortified food.

FSSAI set up Food Fortification Resource Centre with support of Tata Trusts to promote food fortification. Voluntary fortification has begun for these staples. Availability of the fortified products in the open market has been steadily increasing. There are 70 top and MSME brands with over 100

fortified products available in the open market across all commodities. There has been tremendous traction in the oil and milk industry, with over 30 fortified oil brands and 34 milk brands, fortified as per FSSAI standards, available in the market. In spite of a fragmented market structure, a number of wheat flour, rice and salt industry brands have begun fortifying their products. So far, 12 wheat flour brands, 2 rice brands and 12 double fortified salt brands are available in the open market.

Fortified staples (wheat flour, oil and DFS) have been introduced in Integrated Child Development Services (ICDS) and the Mid-Day Meal (MDM) Scheme and PDS Schemes.

In order to address rising incidence of Vitamin 'D' Deficiencies (VDD), particularly amongst children, Food Fortification Resource Centre (FFRC) of FSSAI launched a unique initiative, 'Project Dhoop' to highlight importance of Vitamin D through sunlight exposure.

7.12 NATIONAL ORGAN TRANSPLANT PROGRAM (NOTP)

The gap between the demand for organs required for transplant and the organs availability is huge in our country. Government of India is implementing NOTP which aims to bridge the gap between demand and supply of organs and/or tissues for transplantation, improve access to the transplantation for needy citizens by promoting deceased organ/tissue donation, organize an efficient mechanism for organ and tissue procurement/retrieval from deceased donors and its distribution for transplantation, establish new organ and tissue retrieval and transplant facilities and strengthen existing facilities and train required manpower.

As part of the program and in pursuance to the mandate given under Transplantation of Human Organs and Tissues Act 1994, MoHFW has established a national level organization viz. National Organ and Tissue Transplant Organization (NOTTO) under the Directorate General of Health Services. The NOTTO envisages establishing a

National Human Organs and Tissues Removal and Storage network to meet the need of Organs for transplant for patients suffering from end stage organ (s) failure, as a huge number of people are dying every year due to organ failure in India. NOTTO has been setup at 4th & 5th floor, NIOP building, Safdarjung Hospital, Delhi-110029 with the first Director appointed in the year 2014.

Major Mandates of the NOTTO are:

- To create National Networking & Registry.
- To provide a system for procurement & distribution of organs & tissues.
- To promote deceased organ and tissue donation.

Regional Organ and Tissue Transplant Organizations (ROTTOs) and State Organ and Tissue Transplant Organizations (SOTTOs)

For networking, registry, awareness and capacity building, 5 regional centres, ROTTO have been established at the following institutes which also function as SOTTOs for the States in which they are located.

- Government Multi-specialty Hospital, Omandurar Estate Chennai in Tamil Nadu,

- KEM Hospital Mumbai in Maharashtra,
- PGIMER Chandigarh,
- Medical College, Guwahati in Assam, and
- IPGMER, Kolkata.

In addition, SOTTOs have been established in Kerala, Rajasthan and Madhya Pradesh.

Networking: Registration, Allocation & Distribution

- **Registration of Hospitals with NOTTO Website**

Online facility for registration of hospitals for networking and data collection for National registry has been made functional. So far 360 Hospitals doing organ/tissue transplantation/retrieval or tissue banking have been registered with the NOTTO website and allocated a unique ID.

- **Allocation Policy**

Policies for allocation of vital organs viz. Kidney, Liver, Heart & Lung and tissue like Cornea have been approved and the same are available on the NOTTO website. The transplant data shared by various States/UTs with NOTTO is as under:

Sl. No.	States	Kidney		Liver		Heart	Lung	Pancreas	Total Organs		Donors
		2018		2018					2018		
		Live	Cadaver	Live	Cadaver				Live	Cadaver	
1	Assam	25	0	0	0	0	0	0	25	0	0
2	Bihar	18	0	0	1	1	0	0	18	2	1
3	Chandigarh	154	85		12	0	0	5	154	102	35
4	Delhi / NCR	1688	33	811	19	10	0	0	2499	62	20
5	Gujarat	350	94	58	49	0	0	1	408	144	49
6	Karnataka	19	134	0	79	34	14	0	19	261	90
7	Kerala	920	12	115	7	4	0	1	1035	24	8
8	Madhya Pradesh	47	10	0	5	1	2	0	47	18	6

9	Maharashtra	493	182	84	126	32	4	0	577	344	132
10	Manipur	10	0	0	0	0	0	0	10	0	NA
11	Puducherry	34	9		4	1	0	0	34	14	11
12	Punjab	66	0	1	0	0	0	0	67	0	NA
13	Rajasthan	26	0	0	0	0	0	0	26	0	NA
14	Tamil Nadu	659	265	43	128	108	142	8	702	651	150
15	Telangana	NA	246	NA	153	21	5	0	0	425	167
16	Andhra Pradesh	NA	75	NA	33	18	10	0	0	136	45
17	Uttar Pradesh	172	0	0	0	0	0	0	172	0	NA
18	Meghalaya	0	0	0	0	0	0	0	0	0	0
19	Chhattisgarh	0	0	0	0	0	0	0	0	0	0
20	Dadar Nagar Haveli	0	0	0	0	0	0	0	0	0	0
21	West Bengal	NA	24	0	7	6	0	0	0	37	14
Total		4681	1169	1112	623	236	177	15	5793	2220	728

* The data may not be complete, as information or complete information has not been received from many States/UTs.

• **Coordination for Allocation of Organs**

NOTTO has coordinated 156 donors across India for vital organs and 87 corneas transplanted from April, 2018 to March, 2019.

NOTTO Call Centre 24x7:

A 24x7 call centre has been made operational with provision of a toll free helpline (No. 1800114770).



NOTTO call centre had received 3,494 calls approximately from April, 2018 to March, 2019. These calls help in spreading awareness and clearing myths and misconceptions regarding Organ donation to general public all over India.

Website: A dedicated website URL www.notto.gov.in with the provision of registering hospitals maintaining waiting list, allocation policy,

Standard Operating Procedures, Frequently Asked Questions, Updated news and trends, is available.

7.12.1 Achievements and Activities

- So far, total 1,640 transplant coordinators have been trained in India under the aegis of NOTTO. Out of these 557 were trained from April – March, 2019.
- Total 143 surgeons have been trained in organ retrieval in India in collaboration with MS Ramaiah Medical College Bangalore.
- Total no. of pledges to donate organs and/or tissue have been received from 14,07,147 persons by NOTTO through online & offline.
- Awareness activities were organized on 4th & 5th October 2018 at Sri Ram College of Commerce, University of Delhi on the occasion of Organ Donation Day. Events like face painting, street play, rangoli, music, slogan writing etc. were organized in collaboration with SRCC, Delhi. Approximately 65 colleges participated in this event.

- Poster making competition was organized on 9th -10th October, 2018 in collaboration with NGO “Organ” and Nehru Planetarium. Students of 9th to 12th standard from 46 schools participated in the event.



- 9th Indian Organ Donation Day was organized on 27th November, 2018 at Ashoka Hotel, New Delhi in the august presence of Hon'ble Ministers of State of Health and Family welfare, Shri Ashwini Kumar Choubey and Smt. Anupriya Patel.



Approximately, 1200 guests from different ministries, Non-Government Organizations, BSF, CRPF, CISF, ROTTO, SOTTO, State representatives, transplant experts, other stakeholders and members of general public participated in the event. Highlight of the event was felicitation of the members of the families of deceased donors and distribution of various awards in the area of organ

donation and transplantation.

- A Walkathon led by Hon'ble Minister of State of Health and Family Welfare, Shri Ashwini Kumar Choubey to promote organ donation was organized on 11th November, 2018 and approximately 500 students, volunteers, NGOs, officers, BSF, CRPF, etc. actively participated in the event.



- Approximately 60 awareness activities on organ donation were facilitated across the country.
- Scientific session was organized on universal guidelines for evaluation and optimization of organs in a deceased donor on 28th November, 2018.
- 3rd Collaborative Conclave for organ donation with all NGOs working in the field of Organ donation was held on 29th November, 2018 at India Habitat Centre, New Delhi.
- India's largest Organ donation campaign was done on 9th August, 2018 in collaboration with NOTTO, Rotary Club of Pune and ZTCC Pune and the same was recorded in Guinness book of world record that in a single day 21,600 people took online pledge for Organ Donation.
- NOTTO participated in Organ Donation Awareness Camp at Suraj Kund International Craft Fair, Faridabad from 13th to 17th February, 2019.
- Joint meetings were organized with Trauma Division to develop Organ retrieval facilities at Trauma centres across the country.
- **Activities in relation to MoU with Spain**

First work level meeting in pursuance to Indo-Spain Memorandum of Understanding (MoU), which was signed in May 2017 for cooperation in the field of organ transplantation was held at Madrid and Barcelona in Spain from 9th to 11th January, 2019.

The meeting helped in identifying the training opportunities for Indian experts and Indian coordinators. The key policy and program officers of NOTP including NOTTO of India got oriented and sensitized about the key strategies adopted by Spain which is the number one country in the world having highest organ donation rate.



- **Activities of ROTTO/ SOTTO**

- o With **33 cadaver donations** in 2018-19, ROTTO PGIMER Chandigarh has to its credit 185 cadaver organ donations, giving a second lease of life to 436 end stage organ failure patients till date. In the year i.e. 2018-19, 66 kidneys, 13 livers, 1 heart, 7 pancreas and 806 corneas were harvested from deceased donors.
- o **Continuing Medical Education (CME) activities on Organ Donation in other Medical Colleges in Designated States:** ROTTO PGIMER Chandigarh has started partnering with other medical colleges in the designated states to organize CMEs on organ donation and five such initiatives were undertaken with Govt Medical College, Amritsar, AIIMS Rishikesh, Govt Medical College, Jammu, Dayanand Medical College, Ludhiana for their first ever CMEs on Organ Donation.
- o **Innovative IEC Initiatives:** Sensitizing the students about this serious cause through fun and entertainment, ROTTO PGIMER Chandigarh launched its video clip based on the concept of super heroes which was well received by over 750 students from 50 schools of the tricity in an event organized in collaboration with Deptt. of Immunopathology, PGIMER.
- o Tamil Nadu has got Guinness World Record Certificate for the world's largest organ donation awareness program (3005 Participants) held on 24.10.2018.
- o ROTTO Mumbai Organized a Training program for training of Transplant coordinators.
- o ROTTO Guwahati organized two cyclothons in September, 2018 and February, 2019 to create awareness on deceased organ donation among masses.



Training program for training of Transplant Coordinators organised by ROTTO Mumbai



Cyclothon organized by ROTTO Guwahati to create awareness on deceased organ donation

7.13 NATIONAL VIRAL HEPATITIS CONTROL PROGRAM (NVHCP)

NVHCP was launched in July, 2018 by the Hon'ble HFM with the aim to benefit 5 crore persons infected with viral hepatitis thereby

reducing mortality and morbidity attributed to it. One of the main strategies of the program is also to integrate with other national programs/schemes to provide a promotive, preventive and curative package of services.



Under the program, free drugs and diagnostics for Hepatitis B & C will be provided with a de-centralized approach. The program will be expanded in a phased manner for testing and treatment of Hepatitis B and Hepatitis C. In order to standardize diagnostics and treatment protocols, the hon'ble HFM released the following guidelines on July 28th, 2018 (i.e. World Hepatitis Day):

- National guidelines for diagnosis and management of viral hepatitis,
- National laboratory guidelines for testing of viral hepatitis,
- National Viral Hepatitis Control Program-Operational Guidelines.

Another advocacy event 'India's Response to Viral Hepatitis' was held on 24th Feb., 2019 wherein goodwill ambassador of WHO SEARO was invited as guest of honour. The following were released during the event in Mumbai.

- National Action Plan-Combating Viral

Hepatitis in India,

- Technical Guidelines for Diagnosis and Management of Hepatitis B,
- National Viral Hepatitis Control Program website.

Around 250 experts in the field of microbiology, gastroenterology, hepatology and medicine have been trained as master trainers from all the States/UTs at the national level under the aegis of Ministry of Health and Family Welfare to cascade down the training till lowest level of service delivery.

Two workshops have been held at the national level for the nodal officers of National Viral Hepatitis Control Program to sensitize them about the program and the services provided under the program.

The program is in the process of procuring drugs and kits for implementation of the diagnosis and management of viral hepatitis in the country.