

EXECUTIVE SUMMARY

The National Health Policy framed from time to time provides the framework for the implementation of policies and programmes for health care. The Government of India in association with the States has been implementing various programmes to provide affordable, equitable, accessible and quality health care to the people. The Eleventh Five Year Plan had focused on the poor and the underprivileged. Accessible, equitable and affordable health care was a priority concern and therefore emphasis was accorded to reducing disparities in health across regions and communities by ensuring access to affordable health. The Twelfth Plan envisages building on the achievements of the Eleventh Plan for extending outreach of public health services and for moving towards the long term objective of establishing a system of Universal Health coverage through National Health Mission.

ACHIEVEMENTS

Over the period, health indicators, especially life expectancy at birth, maternal and child mortality rate have shown remarkable improvement, though there are variations in health outcomes across States. According to the SRS, Registrar General of India, Maternal Mortality Ratio (MMR) in India declined from 254 per one lakh live births during the period 2004-06 to 212 per one lakh live births for the period 2007-09. As per the latest Sample Registration System (SRS) figures, Infant Mortality Rate (IMR) at national level is 44 per 1000 live births in 2011 with 48 in rural and 29 in the urban areas. Goa and Manipur has the lowest IMR (11 /1000 live births) followed by Kerala with 12. Madhya Pradesh has the highest IMR at 59 per 1000 live births. Total Fertility Rate (TFR) declined from 2.9 in 2005 to 2.5 in 2010.

National Rural Health Mission (NRHM), launched in 2005, has been able to make a substantial improvement in public healthcare delivery system. Better infrastructure, availability of man power, drugs and equipments and other factors have led to improvement in health care delivery and increase in OPD and IPD services. The Accredited Social Health Activist (ASHA) has been active in all states as an essential link between the community and the public health system. Under the NRHM, over 1.4 lakh health human resources have been added to the health system across the country (up to September 2012) which include 9513 allopathic doctors/specialists, 11,478 AYUSH doctors, 66,407 auxiliary nurse midwives (ANMs), 32,275 staff nurses, and 11,030 paramedics including AYUSH paramedics. Accredited social health activists (ASHAs) are engaged in each village / large habitation in the ratio of one per 1000 population. Till September 2012, 8.84 lakh ASHAs have been selected in the entire country out of which 8.09 lakh have been given orientation training. Further 7.96 lakh ASHAs have been provided with drug kits. Further, as part of infrastructure strengthening under NRHM, so far 10,473 Sub-Centres, 714 PHCs, 245 CHCs have been newly constructed. Also, renovation/ upgradation of 10,326 Sub-Centres, 2963 PHCs 1,221 CHCs has been completed. A total of 8,199 Primary Health Centres (PHCs), accounting for nearly 34 per cent of total PHCs, have been made functional for 24X7 services across the country.

EXECUTIVE SUMMARY

Further, nearly 2,024 vehicles are operational as Mobile Medical Units (MMU) in 459 districts in the country under the NRHM. Under Reproductive and Child Health Programme (RCH), 401 Sick New born care units, 1542 New Born Stabilisation Unit (NBSU) and 11508 New Born Care Corners(NBCC) have been established throughout the country (Decemberr, 2012). The scheme of delivery of contraceptives at home by ASHAs started on a pilot basis in 233 districts of 17 states during 2011 has now been extended to all the districts of all the states of the country. The number of beneficiaries under Janani Suraksha Yojana (JSY) has increased from 7.38 lakhs in 2005-06 to more than 1.09 Crores in 2011-12. The total number of JSY beneficiaries during 2012-13 (upto September, 2012) was 50.43 lakhs. The number of institutional deliveries has increased from 1.08 crores during 2005-06 to 1.75 crores during 2011-12. The number of institutional deliveries during 2012-13 (upto September, 2012) was 80.39 lakhs. A new initiative, Janani Shishu Suraksha Karyakram (JSSK) was launched in 2011, which entitles all pregnant women delivering in public health institutions to absolutely free and no expense delivery including Caesarean section. The initiative stipulates free drugs, diagnostics, blood and diet, besides free transport from home to institution, between facilities in case of a referral and drop back home. Similar entitlements have been put in place for all sick new-borns accessing public health institutions for treatment till 30 days after birth. The implementation under JSSK is being strengthened in States. Immunisation in India is an important component of Reproductive and Child Health Programme. Various activities such as National Immunization Days and Sub National Immunization Days (SNID) continued to be observed in States.

Various initiatives are underway for prevention and control of Vector borne diseases like Malaria, Filariasis, Kala-azar, Japanese Encephalitis (JE), Dengue and Chikungunya. Malaria has shown a declining trend; during 2011, 1.31 million cases and 753 deaths were reported out of the 108.97 million persons screened whereas during 2012 (upto November), 0.95 million cases and 446 deaths were reported out of the 94.85 million persons screened. Dengue in recent past has been reported from almost all the states and UTs except Lakshadweep. During 2011, 18860 cases and 169 deaths were reported, whereas during 2012, 47029 cases (provisional) and 242 deaths (provisional) have been reported. Chikungunya cases have shown a declining trend after its re-emergence in 2006. The clinically suspected cases reported during 2011 were 20402, whereas 15783 cases (provisional) were reported during 2012 against the total of 1.39 million during 2006. For prevention of Japanese encephalitis, the vaccination programme for children 1-15 years is being carried out since 2006 in high priority district. Till 2012, 109 Japanese encephalitis districts across 15 endemic states have been covered under Japanese encephalitis vaccination. There are 250 lymphatic filariasis endemic districts in 20 states / UTs in the country. The National Health Policy (2002) aims at elimination of lymphatic filariasis in country by 2015. Kala-azar is endemic in four states, namely Bihar, West Bengal, Jharkhand, and Uttar Pradesh. During 2011, 31,187 cases and 80 deaths have been reported and during 2012, (upto November) 19068 cases 23 deaths have been reported. The disease has been targeted for

elimination by 2015 as per a tripartite agreement between India, Nepal, and Bangladesh. Under the elimination programme, the Central Government provides 100 percent operational cost to the states, besides anti kala-azar medicines, drugs, and insecticides.

In order to reduce the gap in the availability of tertiary health care in the States, the Pradhan Mantri Swasthya Suraksha Yojana (PMSSY) has been implemented. The PMSSY aims at (i) construction of 6 AIIMS like institutions in the first phase at Bhopal, Bhubaneswar, Jodhpur, Patna, Raipur and Rishikesh and in the second phase in West Bengal and Uttar Pradesh, (ii) upgradation of 13 medical college institutions in the first phase and 6 in the second phase. The upgradation programmes broadly envisages improving health infrastructure through construction of super specialty blocks/trauma centres, etc. and procurement of medical equipment for existing as well as new facilities. The academic session for 50 MBBS seats has commenced at six new AIIMS in September 2012 and hospitals are likely to be operational by September 2013. Out of 13 existing Government Medical College institutions taken up for upgradation in the first phase of PMSSY, civil work at 5 medical colleges have been completed. Work at remaining institutions is in progress.

Central Government managed hospitals and autonomous institutions of Medical Education under the Ministry, have been catering to increased number of patients, both outpatient and inpatient. The infrastructural facilities in Dr. RML Hospital, New Delhi, Safdarjung Hospital, Lady Hardinge Medical College & K.S. Children hospital, New Delhi and other central government hospitals are being strengthened to meet their requirements. High standards of patient care and advanced diagnostic and therapeutic measures continued to be taken by AIIMS, New Delhi, PGIMER, Chandigarh, JIPMER, Puducherry and NIMHANS, Bengaluru and they improved their performance in terms of patient care services and standards in managing medical colleges.

To strengthen human resources in the health sector, Government has taken several initiatives focusing on medical education, nursing education, paramedical education, etc. Several reforms have been brought out in the MCI norms, which include revision in the requirement of land for setting up medical colleges, bed strength, enhancement of age of faculty, increase in maximum ceiling in age of intake for undergraduate students and revision of teacher student- ratio for the post graduate students. Government has also approved setting up of 269 ANM/ GNM schools in different States. Decision has also been taken for setting up a National Institute of Paramedical Sciences and 8 Regional Institutes of Paramedical Sciences.

Thrust areas during 12th plan and 2013-14

- During the 12th plan period, public health care services are sought to be further expanded to cover the urban areas. National Urban Health Mission (NUHM) will be launched as a sub-mission of an overarching National Health Mission, with NRHM being the other sub-mission. Apart from continuing activities, recent initiatives such as Janani Shishu Suraksha Karyakram (JSSK), Name based Mother

EXECUTIVE SUMMARY

and Child Tracking System (MCTS), delivery of contraceptives to doorsteps, Menstrual Hygiene Scheme, would be carried forward in the Twelfth plan. The coverage under the JSSK is being expanded to include no expense care for antenatal and post natal complications and all infants. The recently launched Weekly Iron and Folic Acid Supplementation (WIFS) Programme under the National Iron Plus Initiative for school going adolescent girls and boys and for out of school adolescent girls envisages administration of supervised weekly IFA Supplementation and biannual deworming tablets to approximately 13 crore rural and urban adolescents through the platform of Govt. /Govt. aided and municipal schools and Anganwadi Kendras to combat the intergenerational cycle of anaemia. Further, a strategic approach to RMNCH+A will be launched.

- Rashtriya Bal Swasthya Karyakram (RBSK) is a major initiative being launched under the NRHM in the 12th Plan for Universal screening of all children for early identification and early intervention. The initiative seeks to look beyond child survival and bring a sharp focus on child development. The initial three years of a child's life are most critical from the point of view of physical and cognitive development and regular health screening and early intervention can yield rich dividends. Around 15 lakh children are born with defects which contribute to 10% of neonatal mortality in our country. Many more children suffer from developmental delays, diseases and deficiencies specific to childhood which if unattended become severely debilitating and a source of unmitigated suffering for the family as a whole. Under the initiative, regular health screening of children will be undertaken in public health facilities, Anganwadis and Government school and Government aided schools for defects at birth, diseases, deficiencies and developmental disorders. It seeks to eventually cover 27 crore children, and also provides for free follow up management and treatment at the district hospital and at tertiary level wherever needed.
- Strengthening of District Hospitals to provide Multi-speciality health care including dialysis care, intensive cardiac care, cancer treatment, mental illness, emergency medical and trauma care is proposed to be taken up in the 12th Plan. These hospitals are also proposed to be developed as Knowledge cum Training centres, with facility for training of paramedics and Nurses.
- About 50,000 SHCs are proposed to be strengthened in remote areas with a Community Health Officer to provide primary care including for non-communicable diseases e.g. regular care for diabetes, hypertension and screening for common chronic illnesses like cancer, besides performing preventive and promotive public health function. Sub Health Centres will also be established on basis of "time to care"- within 30 minutes by walk from habitations in difficult hilly and desert areas.
- The national disease control programmes will be organised under one pool under the NHM allowing flexible funding for these programmes to help states better address their state specific health problems. Further, NCDs at primary and secondary level will also be brought under a new flexi-pool under the NHM. A new Incentive Fund within NRHM has been created to encourage the states to undertake sector wide health reforms.

EXECUTIVE SUMMARY

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The National Programme for health care for Elderly would be focused upon to provide quality health care to burgeoning elderly population. An important area of focus is National Mental Health Programme, for providing minimum mental health care facilities for the population and to encourage community participation in mental health development. Another notable area of focus is the National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS), which envisages health promotion and health education advocacy, early detection of person with high levels of risk factors through opportunistic screening and strengthening of health systems at all levels to tackle Non Communicable Disease (NCDs), and improvement of quality of care.

To address critical gaps in human resources availability in the public health delivery system expansion of medical schools /nursing colleges / paramedical institution would continue to receive priority. Further strengthening of health and medical regulation is envisaged in the 12th Plan. Food & Drug regulations would also receive focused attention. Further the Central Government seeks to strengthen district hospitals to provide advanced secondary care. Government seeks to provide free generic medicines in all public health facilities during the 12th plan period with a view to address concerns on the high Out of Pocket (OOP) expenditure) being currently incurred. Further in keeping with the changing diseases profile within the country the preventive, promotive and curative public health interventions in the areas of non communicable disease would be addressed.