

EXECUTIVE SUMMARY

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 with focus on poor and the underprivileged. NHM is the main plank of rural health care interventions through improvements made across the rural health delivery system in the country. Emphasis was accorded to reducing disparities in health care across regions and communities by ensuring access to affordable health care. National Health Mission (NHM) has promoted decentralised planning and implementation providing flexibility to states and local body institutions resulting in improved programme management, innovative practices in health care delivery, improved and better drug availability, etc. The Twelfth Five Year Plan envisages building on the achievements of the Eleventh Plan for extending outreach of public health services and for moving towards the long term objective of establishing a system of Universal Health coverage through National Health Mission. The National Health Mission envisages effective inter-sectoral convergent action to address the wider social determinants of health. Under the National Health Mission, incentives are provided to those States and UTs which undertake health sector reforms that lead to greater efficiency and equity in health care delivery.

Achievements

Over the period, health indicators, especially life expectancy at birth, maternal and child mortality rate have shown remarkable improvement, despite variations in health outcomes across States. According to the SRS, Registrar General of India, Maternal Mortality Ratio (MMR) in India declined from 178 per one lakh live births during the period 2010-12 to 167 per one lakh live births for the period 2011-13. As per the latest Sample Registration System (SRS) figures, Infant Mortality Rate (IMR) at national level is 40 per 1000 live births in 2013 with 44 in rural and 27 in the urban areas. Goa has the lowest IMR 9 per 1000 live births followed by Manipur with 10. Madhya Pradesh and Assam has the highest IMR at 54 per 1000 live births. Total Fertility Rate (TFR) declined from 2.9 in 2005 to 2.3 in 2013.

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 1.65 lakh health human resources have been added to the health system across the country (up to Sept'2014) which include 11,193

allopathic doctors/specialists, 21,108 AYUSH doctors, 71,552 Auxiliary Nurse Midwives (ANMs), 38,414 staff nurses, and 23,223 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 Sept'2014, 9.01 lakh ASHAs have been selected in the entire country out of which 8.56 lakh have been positioned after training and provided with drug kit. Further, as part of infrastructure strengthening under NRHM, so far 14,651 Sub-Centres, 1,158 PHCs, 327 CHCs have been newly constructed. Also, renovation/ upgradation of 12,608 Sub-Centres, 7,781 PHCs 2,192 CHCs has been completed. 8,800 PHCs are made functional round the clock (24x7) and 2,632 facilities were operationalized as First referral units (FRUs). Further, nearly 1301 vehicles are operational as Mobile Medical Units (MMU) in 366 districts, 7096 (Dial 108) Emergency Response Service and 6,372 (Dial 102) Patient Transport Service vehicles are operational in the country under the NRHM.

Under Reproductive and Child Health Programme (RCH), 548 Special New Born Care Units (SNCUs), 1810 New Born Stabilisation Unit (NBSUs) and 14135 New Born Care Corners (NBCCs) have been established throughout the country till Sept'2014. The number of beneficiaries under Janani Suraksha Yojana (JSY) has increased from 7.39 lakhs in 2005-06 to more than 106.48 lakhs in 2013-14. The total number of JSY beneficiaries during 2014-15 (upto Sept'2014) was 45.40 lakhs. The number of institutional deliveries during 2014-15 (upto September, 2014) was 82.30 Lakhs. The Janani Shishu Suraksha Karyakram (JSSK) entitles all pregnant women delivering in public health institutions to absolutely free and no expense delivery including Caesarean section. The initiative stipulates free drugs, diagnostics, blood and diet, besides free transport from home to institution, between facilities in case of a referral and drop back home. Similar entitlements have been put in place for all sick new-borns 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. With effective immunisation strategy initiatives, it has been possible to eradicate polio from the country and WHO has declared India free from Polio. Four new vaccines against preventable diseases have been introduced. Rotavirus Diarrhoea, Measles Rubella and inactivated Polio Vaccine (single dose) are being rolled out in a phased manner. Addition of new vaccine will prevent estimated one lakh deaths and ten lakh hospitalisations each year. Japanese Encephalitis Vaccine has been extended to adults in high priority areas. India new born action plan (INAP) was launched to end preventable new born deaths and still births by 2030.

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 2012, 1.07 million cases and 519 deaths were reported whereas during 2013, 0.78 million cases and 310 deaths were reported. During 2013, 75808 Dengue cases and 193 Dengue deaths have been reported as compared to 50222 Dengue cases and 242 Dengue deaths during 2012. Chikungunya cases have shown a declining trend after its re-emergence in 2006. The clinically suspected cases reported during 2013 were 18840 compared to 15977 cases in 2012 and 1.39 million during 2006. For prevention of Japanese encephalitis, the vaccination programme for children 1 to 15 years is being carried out since 2006 in high priority districts. Till 2014, 152 Japanese Encephalitis (JE) districts across endemic

states have been covered out of 179 endemic districts. During 2014 (till 28th Nov'2014), 9314 cases and 1463 deaths due to AES including JE have been detected as compared to 6141 cases and 1082 deaths due to AES including JE detected during 2013. Kala-azar at present is endemic in 54 districts of four endemic states viz., Bihar (33), Jharkhand (4), West Bengal (11) and Uttar Pradesh (6). The Kala-azar Control Programme was launched way back in 1990-91. The annual incidence of disease has come down from 77,102 cases in 1992 to 33187 cases in 2011 and deaths from 1,419 to 80 respectively. During the year 2014-15, till Oct'2014, 13869 cases & 20 deaths and during 2014, 7856 cases and 9 deaths have been reported. Govt. of India provides 100% cash assistance under domestic support to Kala-azar states for meeting out operational cost of spray and spray workers' wages. All precautionary steps are being undertaken for preventive of Ebola outbreak in the country in consultation with WHO and other stakeholder Ministries. To address the rising incidence of non-communicable diseases, mass screening activity for Cancer, Diabetes and Hypertension was initiated. State level and Tertiary Care Cancer Centres are being set up. Government has launched the first ever National Mental Health Policy, Geriatric health care is also a focus area.

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. PMSSY aims at (i) construction of 6 AIIMS 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) up gradation of 13 medical colleges in the first phase, 6 in the second phase and 39 in the third phase. All the six new AIIMS at Jodhpur, Bhopal, Patna, Rishikesh, Bhubaneswar and Raipur in the first phase of PMSSY have become functional. Three batches of students totalling 250 at each of these six new AIIMS are receiving education. All the six new AIIMS now have functional for outpatient departments. IPD Services for teaching purpose have also commenced except in Bhopal. Out of 13 existing Government Medical College institutions taken up for up gradation in the first phase of PMSSY, civil work at 8 medical colleges has 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 & Kalawati Saran Children's hospital, New Delhi and other Central Government hospitals are being strengthened to meet their requirements. High standards of patient care and advanced diagnostic and therapeutic measures continue to be taken by AIIMS, New Delhi, PGIMER, Chandigarh, JIPMER, Puducherry and NIMHANS, Bengaluru.

To strengthen human resources in the health sector, Government has taken several initiatives focusing on medical education, nursing education, paramedical education, etc. Some of the initiatives undertaken by the Department of Health and Family Welfare to improve and upgrade the medical, dental and nursing education in the country includes Establishment of new Medical Colleges attached with District Hospital, Strengthening of State Government Medical Colleges for increasing MBBS seats, establishing new All India Institute of Medical Sciences (AIIMS) and upgrading State Government Medical Colleges under PMSSY. In order to increase the undergraduate/postgraduate medical seats, Central Government, in consultation with MCI, has relaxed the norms in terms of

teacher student's ratio, enhancement of maximum intake capacity at MBBS level, requirement of land, faculty, staff bed strength and other infrastructure for setting up of medical colleges. Central Government is also providing financial assistance for up-gradation of State Government Medical Colleges to increase PG seats in various disciplines and under the Centrally Sponsored Scheme of strengthening/up-gradation of Nursing Services the Government has approved 132 Auxiliary Nurse Midwife (ANM) Schools and 137 General Nursing and Midwifery (GNM) Schools in various States in order to build capacity, improve the infrastructure in nursing institutions and improve quality of nursing education.

To control the spread of HIV/AIDS, the National AIDS Control Programme has succeeded in reducing the estimated number of annual new HIV infections in adults by 57% during the last decade through scaled up prevention activities. Wider access to antiretroviral therapy (ART) has resulted in a decline of the estimated number of people dying due to AIDS related causes. The overall HIV prevalence among ANC clinic attendees has been measured at 0.35% in 2013.

The major initiatives include up-scaling of strategies such as services to improve coverage as well as quality, communication strategy to focus more on behavioral change than on awareness, sub-population with largest risk of exposure to HIV receive high priority, to reduce the transmission of HIV from an infected mother to the infant, PPTCT(Prevention of Parent to Child Transmission) Programme launched from 1st January 2014 for all pregnant and breast feeding women living with HIV, regardless of CD4 count or WHO clinical stage, all persons who require treatment shall have access to prophylaxis and management of opportunistic infections. Mainstreaming of HIV to generate multi -sectoral response to HIV as well as garner support from key Ministries/Departments, revised migrant strategy with focuses on interventions at the source, transit locations and at destinations, and specific interventions target the risk and vulnerability among Transgender/Hijras.

Thrust areas during 12th Five Year Plan and 2014-15

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) has been launched on May 1st 2013 as a sub-mission of an overarching National Health Mission, with NRHM being the other sub-mission. Apart from continuing activities, recent initiatives such as Janani Shishu Suraksha Karyakram (JSSK), Name based Mother and Child Tracking System (MCTS), delivery of contraceptives to doorsteps, Menstrual Hygiene Scheme, would be carried forward in the Twelfth Five Year Plan. The coverage under the JSSK is being expanded to include no expense care for antenatal and post natal complications of mothers and all infants. Further, a strategic approach to RMNCH+A (Reproductive, Maternal, New born, Child Health + Adolescent) has been launched, in which new focus on adolescents health has been included in recognition of the fact that without adolescent health, maternal and child health outcomes may not be achieved efficiently. In consonance with the RMNCH+A approach, the Rashtriya Kishor Swasthya Karyakram (RKSK) was launched during January, 2014 in order to comprehensively address the health needs of the country's

adolescent population. Rashtriya Kishor Swasthya Karyakram focuses on six areas of health: sexual and reproductive health, life skills, nutrition, injuries and violence (including gender based violence), non-communicable diseases, mental health and substance misuse. The key strength of the program is its health promotion approach. It is a paradigm shift from the existing clinic-based services to promotion and prevention and reaching adolescents in their own environment, such as in schools and communities.

The national disease control programmes is being 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 has been brought under a flexi-pool under the NHM. An Incentive Fund within NHM has been created to encourage the states to undertake sector wide health reforms.

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.

The Twelfth Plan seeks to strengthen initiatives taken to expand the reach of health care and work towards the long term objective of establishing a system of Universal Health Coverage (UHC) in the country. This would ensure that individual would have assured access to a defined essential range of medicines and treatment at an affordable price, which should be entirely free for large percentage of the population.

The National AIDS Control Programme Phase-IV aims to consolidate the gains made during NACP-III, and accelerate the process of reversal and further strengthen the epidemic response in India through a cautious and well defined integration process during NACP-IV period. The key strategies under NACP-IV is to intensifying and consolidating prevention services with a focus on HRG and vulnerable population, increasing access and promoting comprehensive care, support and treatment, expanding IEC services for general population and high risk groups with a focus on behavior change and demand generation, building capacities at national, state and district levels and strengthening the Strategic Information Management System.