

SALIENT REFORM MEASURES AND POLICY INITIATIVES

The National Health Mission (NHM) encompasses its two Sub-Missions, the National Rural Health Mission (NRHM) and the National Urban Health Mission (NUHM). The NHM envisages achievement of universal access to equitable, affordable & quality health care services that are accountable and responsive to people's needs. The main programmatic components include Health System Strengthening in rural and urban areas, Reproductive-Maternal-Neonatal-Child and Adolescent Health (RMNCH+A) interventions and control of Communicable and Non-Communicable Diseases. The main Goals of the NHM are "Attainment of Universal Access to Equitable, Affordable and Quality health care services, accountable and responsive to people's needs, with effective inter-sectoral convergent action to address the wider social determinants of health".

The National Urban Health Mission seeks to strengthen the primary health care system in about 1000 cities & towns, with focus on the urban poor. NUHM would improve upon the efficiency of the existing public health system in the cities, by strengthening, revamping and rationalizing the existing Urban Health Posts, Urban Family Welfare Centers and dispensaries managed by Government & Local Bodies. It would also establish synergies with other programmes with similar objectives like Jawaharlal Nehru National Urban Renewal Mission (JNNURM), Swarna Jayanti Shahari Rozgar Yojana (SJSRY) and Integrated Child Development Services (ICDS) to optimize the outcomes. NUHM would provide the flexibility to the states to choose the model which suits the need and capacities of the states in addressing the health care needs of the urban poor. The services delivered under the NUHM through the urban PHCs and Urban CHCs would be universal in nature and outreach services would however, be targeted towards the slum dwellers and other vulnerable groups.

Efforts would be directed towards financial & managerial health systems redesigning to ensure better outcomes under NHM. To encourage the States to show progress in the key institutional reforms in the health sector, an incentive pool has been created under the NHM. States have also been provided greater flexibility in the planning and use of resources based on their healthcare priorities. Accordingly, flexible pool for (i) NRHM-RCH, (ii) NUHM (iii) Communicable Diseases Control Programme and (iv) Non-Communicable Disease Control Programmes, have been provided. All interventions under these flexible pools would be for intervention from village level to District Hospital level. The NRHM-RCH flexible pool would include interventions under Reproductive Child Health

& Mission flexible pools, Routine Immunization, Pulse Polio Immunization and Iodine Deficiency Disorder Control Programme and all health systems strengthening components such as human resources, infrastructure, drugs and equipment, ASHAs, Ambulances, and Mobile Medical Units etc. The flexible pools for Communicable Diseases would inter-alia encompass interventions under Nation Vector Borne Control Programme, Revised National T.B. Control Programme, National Leprosy Eradication Programme and Integrated Disease Surveillance Programme. Interventions under flexible pool for NCDs include National Programme for control of Blindness, National Mental Health Programme, National Programme for Health care for Elderly, National Tobacco Control Programme, National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke etc. Under the Infrastructure Maintenance component NHM, support is provided for maintenance and up gradation of Rural Family Welfare Sub Centres, maintenance and up gradation of Urban Family Welfare Centres, Training of ANMs/ LHV and maintenance of Health and Family Welfare Training Centres, etc.

The National Health Mission inter-alia supports augmentation of Human Resources by encouraging States to engage health personnel including doctors, nurses and paramedics, strengthening health infrastructure by providing support to the States for new construction/ upgradation/ renovation of healthcare facilities, strengthening First Referral Units (FRUs) and Operationalization of more 24x7 Facilities, decentralized planning through Village Health Sanitation and Nutrition Committees and Rogi Kalyan Samitis, preparation of District Health Action Plan with convergence from all health related sectors, provisioning for health service delivery especially in un-served and underserved areas through Medical Mobile Units; providing financial assistance to States for selection and training of Accredited Social Health Activists (ASHAs) who act as a link between community and healthcare facilities; establishing Emergency Transport and Patient Transport System, implementation of Janani Shishu Suraksha Karyakram (JSSK) which entitles all pregnant women delivering in public health institutions to absolutely free and no expense delivery, including caesarian section.

The 12th Five Year Plan envisages for extending outreach of public health services and moving towards the long term objective of establishing a system of Universal Health coverage through National Health Mission. This would help meeting the health needs of the people without people having to face financial hardship. The initiatives taken by the Government for prevention and control of communicable and non-communicable disease would be strengthened. The Pradhan Mantri Swasthya Suraksha Yojana (PMSSY) aims at correcting regional imbalances in the availability of affordable/ reliable tertiary health-care services and augmenting facilities for quality medical education in the country. 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) 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 totaling 250 at each of these six new AIIMS are receiving education. All the six new AIIMS now have functional outpatient departments and four of them, viz., AIIMS Bhubaneswar, AIIMS Patna, AIIMS Raipur and AIIMS Rishikesh have started admitting indoor patients in their hospitals. These activities would be taken forward during the remaining years of the 12th Five Year Plan.

Critical gaps in human resources availability in the public health delivery system would be addressed. Accordingly expansion of medical schools /nursing colleges / paramedical institution receive priority. To address the concerns of shortfall in human resources, Government has taken several initiatives to augment human resources in the health sector focusing on medical education, nursing education, paramedical education, etc. To strengthen Government medical colleges, the land requirement norms and infrastructural requirements for opening new medical colleges have been revised. In order to increase availability of doctors and PG seats District Hospitals are being upgraded to Medical Colleges, apart from strengthening and upgrading existing medical colleges with a perspective to increase MBBS seats. In order to meet the shortage of nurses, a scheme is under implementation for opening of 132 Auxiliary Nurse Midwife (ANM) schools and 137 General Nursing and Midwifery (GNM) Schools in the districts of high focus states and also in districts where there are no such schools. This would create 13,500 intake capacity of candidates per year. 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. Further, the Central Government seeks to strengthen district hospitals to provide advanced secondary care. The Central Government also seeks to strengthen district hospitals to provide advanced secondary care. 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. In order to ensure minimum standards of facilities and services in clinical establishments, the Clinical Establishments (Registration and Regulation) Act, 2010 has been enacted for registration and regulation of the Clinical Establishments. This Act would regulate the rates of procedures and services charged by Clinical Establishments in the States. The Act has taken effect in the four states namely; Arunachal Pradesh, Himachal Pradesh, Mizoram, Sikkim, and all Union Territories and the states of Uttar Pradesh, Rajasthan Bihar and Jharkhand have adopted this Central Act under clause (1) of Article 252 of the Constitution. It is expected that in order to have in place standard treatment guidelines and minimum standards of service, other states too would adopt this Act, facilitating better health care delivery. A web portal for this Act has been developed and provisional registration of Clinical Establishments has been made possible through this web portal.

Some Other Major Initiatives:

- **India Newborn Action Plan (INAP):** India Newborn Action Plan (INAP) is our country's commitment in response to the Global Every Newborn Action Plan (ENAP) launched at the 67th World Health Assembly in June 2014 which takes forward the Global Strategy for Women's and Children's Health. INAP plans to end preventable newborn deaths, identifies ways to accelerate progress and scale up interventions that are high-impact and cost-effective driven by epidemiological causes. It is aligned with Global Every New Born Action Plan, but also takes into account specific contextual needs of India. Goals are set till 2035; however coverage targets and interventions are defined till 2020. Detailed review will be done in 2020 to recommend mid-course corrections / changes. India strives to achieve single digit NMR by 2030.

- **Integrated Diarrhoea Control Fortnight (IDCF):** To address 11% of under-five mortality due to childhood diarrhoea, an Integrated Diarrhoea Control Fortnight was launched across all 36 States and UTs from 28th July to 14th August, 2014. The first week concentrated on ORS and Zinc, whereas the second week was observed as IYCF week to highlight breastfeeding and appropriate nutrition. It involved house visits by frontline workers, counseling, and demonstration sites alongwith major component of IEC. At national and states level it saw participation from various departments and PRIs.
- **Tobacco Control:** The Ministry of Health and Family Welfare (MoHFW) has taken various multi-pronged initiatives towards reducing consumption of Tobacco and Tobacco products in the country including advocating for higher taxes on all tobacco products and spreading awareness about ill-effects of tobacco consumption. All States have been resulted to issue necessary notifications in order to effectively ban processed/flavoured/scented chewing tobacco such as Gutkha, Zarda etc. and to raise VAT on all tobacco products. As a result of sustained initiatives of part of the MoHFW, the Finance Ministry, in the Budget-2014, has increased the Excise duty by 72% for cigarettes of length not exceeding 65 mm, and by 11% to 21% for cigarettes of other lengths. Similar increases have been proposed on cigars, cheroots and cigarillos. Basic excise duty has been increased from 12% to 16% on pan masala, from 50% to 55% on unmanufactured tobacco and from 60% to 70% on Zarda scented tobacco, gutkha and chewing tobacco. Further, the duty free allowance for cigarettes has been reduced from 200 sticks to 100 sticks, for cigars from 50 sticks to 25 sticks and for tobacco from 250 gms to 125 gms.
- **New Health Policy:** In recognition of the need for a new health policy which is responsive to contextual changes that have taken place since 2002, the Government has taken the initiative to revise the extant NHP 2002. In this regard, draft of the New Health Policy 2015 has been formulated and placed in public domain for stakeholder consultations.
- **New vaccines against preventable diseases:** New vaccines against Rotavirus Diarrhoea and Rubella are being introduced, which will significantly reduce child deaths and rescue lakhs of children from crippling disabilities. Introduction of injectable polio vaccine (single dose) along with the existing oral polio drops will expedite global progress towards polio eradication. Benefits of the vaccine against Japanese Encephalitis will also be extended to adults in high priority areas.
- **National AIDS Control Programme:** 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.