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Introduction

Within the framework set by the National Health Policy of 2002 and the priorities set in the successive Five Year Plans, implementation of various policies and programmes are taken up by the Ministry. The responsibility for the delivery of health care largely rests with the States. Government of India plays a guiding and supporting role to strengthen the efforts of the State Governments.

The National Rural Health Mission (NRHM) was launched in 2005 to provide accessible, affordable and accountable quality health services even to the poorest households in the remotest areas with focus on strengthening public health systems, reducing overall morbidity and mortality and on establishing a fully functional community owned, decentralized health delivery system with flexibility for need based planning and enhanced absorption of funds.

Conscious and vigorous efforts have been made under NRHM towards achieving qualitative improvements in standards of public health and health care in the rural areas through strengthening of institutions, community participation, decentralization and creating a workforce of health facilitators known as Accredited Social Health Activists (ASHA). However, the progress has been uneven across the regions with large scale inter-state variations. Despite consistent efforts in scaling up infrastructure and manpower, the rural and remote areas continue to be deficit in health facilities and manpower.

The initiatives under NRHM have contributed to reducing Maternal Mortality Rate (MMR), Infant Mortality Rate (IMR) and Total Fertility Rate (TFR). The IMR has declined by 3 points to 47 per 1000 live births in 2010. The MMR declined from 254 in 2004-06 to 212 in 2009. The decline has been sharper in the High Focus States. The TFR declined from 2.9 in 2005 to 2.6 in 2009.

The agenda of family planning has been repositioned for better maternal and child health apart from population

stabilization. Emphasis has been given by Government on the population stabilization by promotion of fixed day family planning services at health facilities, promotion of IUDs on short and long term spacing methods, and distribution of contraceptives at the doorstep through ASHAs in 233 districts on a pilot basis.

Janani Suraksha Yojana (JSY) has resulted in a steep rise in demand for services in public health institutions with the number of JSY beneficiaries rising from 7.3 lakhs in 2005-06 to 1.13 crores in 2010-11. To further improve the quality of care, a new initiative, the Janani Shishu Suraksha Karyakram (JSSK) was launched on 1st June 2011 which entitles all pregnant women delivering in public health institutions to absolutely free and no-expense delivery, including caesarean section. The entitlement includes free drugs and consumables, free diet, free diagnostics, and free blood wherever required, free transport from home to institutions, between facilities in case of referral and drop back home. Similar entitlements have been put in place for neo-nates also.

Facility up-gradation on a large scale has been undertaken to strengthen health care services for mothers and neonates. Establishment of newborns care corners, new born stabilization units and special care units for new born has received a special thrust. Multi skilling of doctors in Emergency Medical Obstetric Care (EMOC) and Life Saving Anesthetic Skills (LSAS) has led to operationalization of more First Referral Units providing C-Section services.

Under Adolescent Reproductive and Sexual Health (ARSH) strategy, steps are being taken to ensure improved service delivery for adolescents that include preventive, promotive, curative and counseling services. Further, a new scheme has been rolled out in 2011 for the promotion of menstrual hygiene among adolescent girls in the age group of 10-19 years in rural areas of 152 districts.

A sustained efforts in polio eradication campaign covering micro-planning, creation of awareness, improving quality of immunization rounds etc. has resulted in the country remaining free of polio cases for over a year since January 2011. The World Health Organization (WHO) has taken India off its polio endemic list which is a major milestone. To provide greater thrust to routine immunization, 2012 has been declared as year of intensification of routine immunization. In order to accelerate the reduction of measles related morbidity and mortality, second opportunity for measles vaccination has been introduced. Further, the Pentavalent vaccine has been introduced in Tamil Nadu & Kerala.

A name-based tracking of mothers and children has been put in place whereby pregnant women and children can be tracked for Ante-Natal Care and immunisation to ensure that all pregnant women receive their Ante-Natal Care Check-ups and Post-Natal Care Check-ups; and the children receive their full immunisation cover.

To address the Challenge of Non-Communicable Disease (NCD), the National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS) was launched. It aims at promoting healthy life style through massive health education and mass media efforts at country level, opportunistic screening of persons above the age of 30 years, establishment of NCD Clinics at Community Health Centre (CHC) and District Hospitals, development of trained manpower and strengthening of tertiary level health facilities. The programme has been initiated in 100 identified Districts in 21 States and nearly 50 lakh persons have so far been screened in the identified districts. Detail records are being maintained to facilitate referrals and monitoring of treatment.

The "National Programme for the Health Care of Elderly" (NPHCE) has also been taken up to address the health related problems of elderly people. The programme has been initiated in 100 identified districts. This programme includes preventive & promotive care to senior citizens at various level of the health care delivery system, management of illness, health manpower development for geriatric services, medical rehabilitation & therapeutic intervention and IEC.

The area of mental health will be accorded greater priority and attention by expanding the National Mental Health

Programme. Work has also commenced on framing a Mental Health Policy for the country. To bring down the prevalence of blindness, a Plan of Action to implement has been prepared in the line with global initiative "Vision 2020: the Right to Sight". The programme focuses on development of comprehensive eye care services targeting common disorders including Cataract, Refractive Errors, Glaucoma, Diabetic Retinopathy, Childhood Blindness and Corneal Blindness, etc.

Tobacco is the foremost preventable cause of death and disease in the country, as nearly 8-9 lakhs people die every year in India due to diseases related to tobacco use. Nearly 30% of cancers in India are related to tobacco use. The majority of the cardio vascular diseases and lung disorders are directly attributable to tobacco consumption. To discourage the consumption of tobacco the Government has enacted the "Cigarettes and other Tobacco Products (Prohibition of Advertisement and Regulation of Trade and Commerce, Production, Supply and Distribution) Act, (COTPA) 2003". Further, in order to have effective tobacco control measures and implementation of various provisions of the Act and at the same time creating awareness about ill effects of tobacco, a comprehensive National Tobacco Control Programme has been launched in 42 districts of 12 States.

In regard to Communicable Diseases, the Revised National TB Control Programme having consistently achieved its objectives of New Smear Positive Case Detection Rate of 70% of the estimated cases in the community and Treatment Success Rate of 85% among the New Smear Positive Cases has now adopted the strategy of Universal Access with the objective of case detection of at least 90% of all TB cases in the community and successful treatment of at least 90% of new cases. The focus will be more on provision of quality assured diagnostic and treatment services to all type of TB cases including Multi Drug Resistant (MDR)-TB and TB-HIV co-infected cases to achieve Universal Access. Newer technologies are being explored and field-tested for ensuring early diagnosis and more effective treatment of TB.

Among the vector borne diseases, malaria is still a major problem in the country though the reported figures from the States have shown a decline. Various initiatives have been taken for prevention and control of malaria such as

up scaling of rapid diagnostic tests, use of effective drug i.e. Artemisinin Combination Therapy (ACT), use of Long Lasting Insecticidal Nets (LLINs) and providing additional manpower. In case of Viral diseases such as Acute Encephalitis Syndrome including Japanese Encephalitis (J.E.), Dengue and Chikungunya the surveillance and diagnosis have been strengthened to detect more cases and provide early case management. Kala-azar has been targeted for elimination by 2015. 320 out of 514 Kala-Azar endemic blocks have achieved the target of less than 1 case per 10000 populations. In filaria elimination, more than 150 out of 250 districts have achieved the microfilaria prevalence of less than 1%.

Under Pradhan Mantri Swasthya Suraksha Yojana (PMSSY), establishment of six AIIMS-like institutions and upgrading existing 13 medical college institutions were taken up in the first phase and two AIIMS like institutions and up gradation of 6 more medical college institutions in the second phase to provide affordable tertiary health care services and quality medical education in the country. Construction of Medical Colleges and Hospital Complexes at all the six AIIMS-like institutions in the first phase is in full swing. The medical colleges are expected to be functional from academic session 2012-13 and the hospitals by 2013-14. Up gradation of 5 medical colleges taken up in the first phase has been completed. Up gradation work at 3 medical colleges in the second phase has already started.

During the last few years, the Ministry of Health & Family Welfare has provided a focused attention to augmentation of human resources in the country. Various reforms have been undertaken relating to setting up of medical colleges and starting postgraduate medical courses. As a result of these measures, 21 medical colleges were set up in the year 2011-12 and more than 4500 MBBS seats and 2500 PG seats were created during this period. The Ministry is providing financial assistance to State Governments for strengthening and upgrading government medical colleges for starting new PG disciplines and increasing PG seats.

Recognizing that a strong and well trained nursing force is essential for the delivery of health care services and promotion of public health, Government has supported State Governments for the opening of 132 ANM Schools and 137 GNM Schools in those 276 districts where there

are no such schools. The Ministry has also taken up setting up a National Institute of Paramedical Sciences (NIPS) and 8 Regional Institutes of Paramedical Sciences (RIPS) in the country.

The Ministry has introduced a bill in the Rajya Sabha to create an overarching regulatory body for health sector viz. National Commission for Human Resources for Health (NCHRH). The Ministry in consultation with Medical Council of India (MCI) has also decided in favour of National Eligibility and Entrance Test (NEET) for admissions to UG and PG medical & dental courses in the country from 2013.

Efforts are on to strengthen the food regulatory framework. The Food Safety and Standards Regulations, 2011 have been formulated and notified and have come into force w.e.f. 5th August, 2011. The food regulatory framework has now moved from limited prevention of food adulteration regime to safe and wholesome food regime. In the drug regulation, several steps have been taken to introduce transparency in the system. These include Information Technology Enabling System [File Tracking System, Posting of approval/query details on the website of Central Drugs Standard Control Organisation (CDSCO)]. Guidance documents, Checklists etc. have been developed for applicants to ensure that requisite information/documents are submitted along with the application.

Pharmacovigilance programme of India was initiated on 14.07.2010 and was strengthened with the addition of more medical colleges to track Adverse Drug Reactions (ADRs). Enforcement of regulations was made more stringent resulting in cancellation of more than 100 import licenses due to submission of non-authentic GMP certificates.

Overseas inspection of manufacturing units was started for the first time from May 2011. Several steps were taken to regulate Clinical Trials and approval of new drugs.

In an increasing globalised world, it is important to engage with global stakeholders. Collaboration in the field of health was strengthened with several countries which include Bhutan, Nepal, the USA, Sweden, Nigeria, China, South Africa. Ministry actively participated in the Executive Board and the World Health Assembly (WHA) meetings of the World Health Organisation (WHO). India

was the key player in the negotiations of the Framework on Pandemic Influenza Preparedness and its adoption by the 64th WHA in May 2011. As a member of the South East Asia Regional Organisation of the WHO, India hosted the Regional Committee meeting in Jaipur in September 2011. India along with other like minded countries remained active in matters relating to international trade in medicines and to ensure that Intellectual Property Rights issues do not become a barrier in legitimate international trade in generic medicines. India has also provided leadership in population issue and was re-elected as Chair in Partner in Population Development (PPD) for further period of three years.

It is expected that in the 12th Plan, NRHM will be strengthened further, so as to achieve global standards of quality of health care with focus on reducing inequities in health, expanded deployment of trained human

resources, quality trainings, monitoring & evaluation. Strengthening of district hospitals to provide comprehensive secondary level services and function as a knowledge center will be taken up. There will also be focus on the increasing burden of non-communicable diseases, supply of drugs at public health facilities and effective inter-sectoral convergence. The next phase of the mission is set to capitalize on the momentum already created and accelerate our journey towards our National Health Goals.

P.K.Pradhan

Secretary (H &FW)

Ministry of health & Family Welfare

24th March, 2012

New Delhi