Introduction

This Annual Report outlines the activities of the Department of Health & Family Welfare and of schemes implemented over the year 2012-13. Though this year was the first year of the 12th Five Year Plan period the activities undertaken were effectively an extension of approved 11th Plan schemes.

Under the VII Schedule of the Constitution of India, it is the responsibility of the State Governments to provide for health care; however, the Government of India plays a vital role in supporting State Governments in their efforts towards achieving the targets of National Health Policy 2002.

The obligation of the Government to ensure the highest possible health status of India's population and to ensure that all people have access to quality health care has been recognized by a number of key policy documents. The policy directions of the "Health for All" declaration became stated policy of Government of India with the adoption of the National Health Policy Statement of 1983. Driven by this declaration there was some expansion of primary health care in the eighties. Further, the National Health Policy of 2002 and the Report of the Macro-Economic Commission on Health and Development (2005) were to emphasize the need to increase the total public health expenditure from 2 to 3% of the GDP and the need to strengthen the role of public sector in social protection against the rising costs of health care and the need to provide a comprehensive package of services without reducing the prioritization given to women and children's health.

India's health challenges are diverse. Communicable disease, notably Tuberculosis and Malaria, continue to constitute a major part of the country's disease burden. At the same time the threat of Noncommunicable (NCD) disease, including diabetes, hyper tension, cancer and mental illness, is clearly perceived. It is also crucially relevant that maternal and infant mortality continue to remain unacceptably high in several parts of the country.

National Rural Health Mission

The National Rural Health Mission (NRHM) was launched in 2005 as a direct, focussed response to strengthen primary health care, with a specific focus on reproductive and child health. The goal of NRHM is "Attainment of universal access to equitable, affordable and quality health care, which is accountable and responsive to the needs of the people". Substantial achievements have been made under NRHM, the details of which can be found elsewhere in this report. The 6th Common Review Mission (CRM) of NRHM that was conducted in November, 2012, while recording considerable progress across the States reviewed, especially in child survival, population stabilization and increased utilization of health services, also found that this progress was uneven. The Infant Mortality Rate (IMR), the deaths of children before age 1 per 1000 life-births, has fallen steadily by 5% per year with an all India average of 44. While this is short of the 11th Plan target of 28, some States have made great progress with figures with Manipur at 11, Kerala at 12, Nagaland at 21 and Tamil Nadu at 22. The Maternal Mortality Ratio (MMR), which measures the number of women of reproductive age (15 to 49) dying due to maternal causes per 100,000 life-births, has come down to 212 though this is far short of the 11th Plan target of 100. Some States have brought about extremely significant reductions in MMRs, with Kerala at 81, Tamil Nadu at 97, and Maharashtra at 104.

There has been significant improvement in the creation of new facilities and infrastructure though the adequate staffing of these facilities by qualified health personnel remains a problem. Availability of drugs has increased at all levels but robust logistic arrangements are yet to be put in place. The recently introduced Janani Swasthya

Suraksha Karyakram (JSSK) has impacted significantly in reducing out of pocket expenditure. At the same time facilities across the country appear to have difficulty in reaching and maintaining quality standards. One of the most positive findings of 6th CRM is that the AHSA programme remains the abiding core of NRHM.

To address the primary health care needs of the urban poor, particularly those living in slums and vulnerable populations, the Government of India propose to launch the National Urban Health Mission (NUHM) in the 12th Plan under an overarching umbrella of the National Health Mission (NHM). In the words of the 12th Plan document, "*The gains of the flagship programme of NRHM will be strengthened under the umbrella of NHM which will have universal coverage*". Significantly it is expected that the NHM will widen its focus to also address NCD in addition to the established NRHM focus on reproductive and child health.

Family Planning

In 1952, India launched the world's first national programme emphasizing family planning to the extent necessary for reducing birth rates "to stabilize the population at a level consistent with the requirement of national economy". Since then the family planning programme has evolved and the programme is currently being repositioned to not only achieve population stabilization but also to promote reproductive health and reduce maternal, infant & child mortality and morbidity.

It is recognized that lowering Total Fertility Rate would help to stabilize India's population growth, which in turn spurs the economic and social progress. Greater investments in family planning can help mitigate the impact of high population growth by helping women achieve desired family size and avoid unintended and mistimed pregnancies. Further, contraceptive use can prevent recourse to induced abortion and eliminate most of these deaths. It has been estimated that meeting unmet needs for family planning can avert around 50 lakhs child deaths over 8 years in India. Especially in areas with poor health infrastructure, family planning is a cost- effective and feasible way to reduce maternal deaths, as it does not rely on complex technology.

Government of India has redesigned its family planning programme to have more focus on spacing methods, especially, IUCD (both post-partum and interval). To strengthen the spacing services, it is envisaged that states would ensure the fixed day service delivery up to the SHC level for IUCD insertions so as to enable clients to avail the services in close vicinity of their community. Services of ASHAs would also be utilized for counselling clients to promote delay in first child birth and healthy spacing between 1st and 2nd child birth.

Communicable Disease

The National Vector Borne Disease Control Programme (NVBDCP) facilitates activities for the prevention and control of Malaria, Dengue, Chikungunya, Japanese Encephalitis, Lymphatic Filariasis and Kala-azar. Malaria is still a major problem in the country though the reported figures from the states have shown a decline. From recorded malaria cases of 6.40 million in 1976, 1.31 million cases were reported in 2011 and 0.74 million cases till September, 2012. Various initiatives have been taken for prevention and control of malaria such as upscaling 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. To intensify the malaria control activities in high malaria endemic districts, additional inputs are also provided under projects supplied by World Bank and Global Fund.

Cases of viral diseases such as Japanese Encephalitis, Dengue and Chikungunya are managed symptomatically. However, surveillance and diagnosis have been strengthened to detect more cases and provide early case management. In Japanese Encephalitis the vaccination campaign for children between 1 and 15 years of age was started in 2006 under Universal Immunization Programme (UIP) and till 2011, 109 districts have been covered. Kala-azar has been targeted for elimination by 2015 as per tripartite agreement between India, Nepal and Bangladesh. The total number of Kala-azar endemic blocks identified during 2012-13 is 584. Out of this 322 endemic blocks have achieved the target of less than 1 case per 10000 population in 2011. Lymphatic Filariasis has been targeted for elimination by 2015, and more than 186 out of 250 districts have achieved the microfilaria prevalence less than 1%.

Tuberculosis continues to be a major challenge with an estimated 3 million persons in India suffering from the disease. 2 million cases are estimated to be added every year of which 7% are children. The lack of an effective disease management and follow up system has led to multi-drug resistance to TB (MDR-TB). The decision of the Government for notification of all TB cases, imposing ban on commercial serolodiagnostic tests for TB and developing state-of-art TB surveillance system with Case Based Web Based electronic recording and reporting system will enhance the effectiveness of TB control in the country.

The National Leprosy Control Programme was launched by the Govt. of India in 1955. Multi Drug Therapy came into wide use from 1982 and the National Leprosy Eradication Programme was introduced in 1983. India achieved the goal of elimination of leprosy as a public health problem, defined as less than 1 case per 10,000 populations, at the National level in the month of December 2005. This still means however that a significant number of new cases are occurring every year and out of 219,075 global leprosy cases reported in 2011, 127,295 cases were reported by India. Thus India contributed about 58% of new cases detected globally in 2011 and this trend is likely to continue for some more years.

Noncommunicable Diseases (NCDs)

It is well known that the primary risk factors leading to the occurrence of one or more the conditions constituting NCDs are the use of tobacco, the abusive use of alcohol, inappropriate diet and the lack of exercise. Tobacco control continues to be the biggest public challenge globally as well as in India. As per the Global Adult Tobacco Survey – India (2010) 34.6 % of the adults in the age group of 15 years and above consume tobacco in some form or other. Each year nearly 8-9 lakhs deaths in India can be directly attributed to tobacco use. Nearly 50% cancer in males and 20 % cancer in females can be attributed to tobacco use. The majority of the cardio vascular diseases and lung disorders are directly attributable to tobacco consumption. The "Cigarettes and other Tobacco Products (Prohibition of Advertisement and Regulation of Trade and Commerce, Production, Supply and Distribution) Act, (COTPA)" was enacted in 2003 to protect the present and future generation from tobacco. Further, National Tobacco Control Programme has been launched in 42 districts of 21 States to implement the tobacco control laws and create awareness about the harmful effects of tobacco use including second hand smoke. Steps have been initiated to strengthen the implementation of COTPA through mainstreaming it in the monthly crime review meetings at District level. States have been advised to implement the Food Safety and Standards Regulations (2.3.4) thereby banning manufacture, storage and sale of any food products containing nicotine and tobacco as its ingredients, like gutkha, packaged chewing tobacco products etc. States have also been requested to use price and tax measures to reduce the demand of tobacco.

The Department launched a programme for Prevention of Burn Injuries on a pilot basis since October 2010 to 31st March 2012, covering the states of Assam, Himachal Pradesh & Haryana. Under this programme burns unit are established with Central Govt. assistance in one Medical College and two District Hospital in each of the States. It is now proposed to expand the Pilot Programme into a National Programme across 60 Medical Colleges & 15 District Hospitals during the 12th Five Year Plan (2012-2017) to benefit burn injuries patients in the country.

Government of India has launched the "National Programme for the Health Care of Elderly" (NPHCE) to address health related problems of elderly people, in 100 identified districts of 21 States during the 11th Plan period. Eight Regional Medical Institutions (Regional Geriatric Institutions) have also been selected under the programme.

The National Mental Health Programme (NMHP) provides assistance to Centres of Excellence across the country to enable them start Post Graduate teaching in Psychiatry as also teaching in clinical psychology. The intention behind this programme was to enable increased numbers of qualified mental health professionals to become available to work within the District Mental Health Programme (DMHP) which is currently implemented in 123 districts. The severe shortage of qualified professionals has hampered the work of the DMHP. However, this must remain one of the Department's most important programmes, especially

given the prevalence of mental illness in India. It is estimated that 3% of the population suffer from Severe Mental Disorders (SMD) and 10% of the population from Common Mental Disorders (CMD). In line with global trends India looks towards moving away from a mental hospital based treatment protocol with a greater focus on community and home based care.

The National Programme for Control of Blindness (NPCB) is an ongoing centrally sponsored scheme since 1976 with the goal of reducing the prevalence of blindness to 0.3% by 2020. The Plan of Action to implement NPCB 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 blinding disorders including Cataract, Refractive Errors, Glaucoma, Diabetic Retinopathy, Childhood Blindness and Corneal Blindness etc.

Nutritional iodine deficiency can result abortions, stillbirth, mental retardation, dwarfism, deaf, mutism, squint, goiter, neuromotor defects, loss of IQ, compromised school performance etc. A 100% centrally assisted programme namely National Iodine Deficiency Disorders Control Programme (NIDDCP) formerly known as the National Goitre Control Programme (NGCP) is being implemented in the entire country with focus on provision of iodated salt, district IDD survey/resurvey, laboratory monitoring of iodated salt and urinary iodine excretion, community awareness and monitoring of household salt by ASHA, health education and publicity.

Medical Education (ME)

The lack of an adequate number of appropriately trained health professionals working in the public sector in both rural and urban areas continues to remain the single largest barrier to the spread of healthcare across the country and the establishment of a regime of Universal Health Coverage.

Under the first phase of the Pradhan Mantri Swasthya Suraksha Yojana (PMSSY) six AIIMS-like institutions have been established and 13 medical college upgraded. In the second phase two more AIIMS like institutions are expected to be established and 6 more medical colleges upgraded. Interventions under PMSSY aim at correcting regional imbalances in the availability of affordable/ reliable tertiary healthcare services and to also augment facilities for quality medical education in the country. Directors for all six AIIMS have assumed charge. Under Graduate teaching has commenced in September, 2012, at all six of the new AIIMS institutions with an admission of 50 students at each campus. The hospitals are expected to be operationalized by 2013-14. The All India Institute of Medical Sciences Act, 1956 has been amended by the Parliament in September, 2012 to provide autonomous status to the six AIIMS institutions.

Government of Uttar Pradesh has identified site for the AIIMS-like institution proposed to be set up at Rae Bareli in Uttar Pradesh, in the second phase of PMSSY. For the proposed AIIMS-like institution in West Bengal land required for the institution is to be acquired by the State Government and handed over to this Ministry.

Regulatory Issues

Over the year 2012-13, the Department Related Parliamentary Standing Committee on Health & Family Welfare came out with a number of critical recommendations requiring a complete overhaul of the Central Drugs Standard Control Organization (CDSCO). Several new regulatory initiatives and legislative measures were taken by the Government in the area especially for the safety and well being of the clinical trial participants. The Ministry also took measures for promotion of affordable generic drugs by inter alia issuing statutory direction to the State Drug Licensing Authorities under the provisions of section 33P of the Drugs & Cosmetics Act, 1940 forbidding them from using brand / trade names on the licenses issued by them. On the international front, the CDSCO achieved a milestone in successfully getting through the WHO National Regulatory Authority assessment enabling the continuance of the country's prestigious production of vaccines in the WHO procurements for the world.

Information, Education & Communication (IEC)

Information, Education & Communication is now rightfully recognized as an integral part of policy making procedure. The communication strategy aims to facilitate awareness, disseminate information regarding availability and access to quality health care within our Government run public

health system. A judicious mix of Interpersonal communication, Community mobilization, Mass media, Folk and traditional media, Outdoor media, advocacy, events and exhibitions as also Print media channels were used for Information, Education & Communication during the year. Main activities included branding of NRHM through TV & Radio, effective use of satellite and private channels, use of innovative IEC strategies at State and District levels, NRHM Newsletter and introduction of intra-communication model for effective communication. Among prominent new initiatives taken this year was the launch of health awareness programme called "Swasth Bharat" on the occasion of World Health Day on 7th April 2012. The "Swasth Bharat" programme is being telecast and broadcast through 30 Regional Kendras of Doordarshan and 29 Stations of All India Radio covering 27 States.

It was a result of extensive coordinated IEC exercise, along with the immunization drive, that India achieved the distinction of registering no polio case since 13th January, 2011 and as a result the WHO taking India off the list of polio endemic countries. A Polio Summit was organized to mark the occasion. Hon'ble Prime Minister of India inaugurated the Polio Summit at Vigyan Bhavan, New Delhi in February, 2012. The year 2012 was also observed as a year of intensification of immunization. The steady fall in IMR, MMR as also TFR is testimony to sustained IEC efforts being pursued under relevant national programmes implemented by the Ministry of Health and Family Welfare. The Department's IEC efforts were also supplemented by the States funded for IEC component under NRHM Programme Implementation Plans. The aim should be to attain synergy between central and state IEC/BCC campaigns and run a coordinated theme based IEC/BCC campaign highlighting major health issues with the objective of bringing about a behavioural change among the target audience".

Assistance to patients

The Department is providing financial assistance to the poor patients for treatment at different hospitals in all over the country under the Rashtriya Arogya Nidhi (RAN) and the Health Minister's Discretionary Grants. RAN is providing financial assistance to patients, living below poverty line, who are suffering from major life threatening diseases to receive medical treatment in Government hospitals.The Health Minister's Cancer Patient Fund (HMCPF) within RAN provides financial assistance up to Rs.1.00 lakh to the cancer patients receiving treatment at the 27 Regional Cancer Centre(s) through the revolving fund placed at their disposal.

Financial Assistance up to a maximum of Rs.1,00,000/- (Rs. One lakh) is available to the poor indigent patients from the Health Minister's Discretionary Grant to defray a part of the expenditure on hospitalization/treatment in Government hospitals in cases where free medical facilities are not available.

The recently approved 12th Plan seeks to strengthen initiatives taken in the 11th Plan to work towards establishing a system of Universal Health Coverage in the country. In the words of the Plan document, *"This means that each individual would have assured access to a defined essential range of medicines and treatment at an affordable price, which should be entirely free for a large percentage of the population*." In working towards this objective it is recognized that the biggest barriers are poor availability of services in terms of health human resources, poor quality of services, especially of unregulated private services and increasing out of pocket expenditure. The rising burden of disease, both communicable and non-communicable, will accentuate these problems. However Government's efforts will be towards addressing these problems through improved systems, increasing the number of trained health professionals and better monitoring and evaluation.

(Keshav Desiraju)
Secretary
Department of Health & Family Welfare