

INTRODUCTION

This Annual Report outlines the activities of the Department of Health & Family Welfare and of schemes implemented over the year 2013-14.

Under the VIIth 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 the 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) emphasized the need to increase the total public health expenditure from 2 to 3% of the GDP. They also stressed 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 diseases, notably Tuberculosis and Malaria, continue to constitute a major part of the country's disease burden. At the same time the threat of Non-communicable Disease (NCD) including diabetes, hypertension, 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.

The Ministry of Health & Family Welfare is implementing various schemes, programmes and national initiatives to provide universal access to quality healthcare. The approach is to increase access to the decentralized public health system by establishing new

infrastructure in deficient areas and by upgrading the infrastructure in the existing institutions. As part of the plan process, many different programmes have been brought together under the overarching umbrella of the National Health Mission (NHM) with National Rural Health Mission (NRHM) and National Urban Health Mission (NUHM) as its two Sub-Missions. The major programmes being implemented are Routine Immunization (RI), National Vector Borne Disease Control Programme (NVBDCP), Revised National TB Control Programme (RNTCP), Integrated Diseases Surveillance Programme (IDSP), National Programme for Control of Blindness (NPCB), National Mental Health Programme (NMHP), National Programme for Health Care of the Elderly (NPHCE) and National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Strokes (NPCDCS). Besides, central assistance is also being provided to strengthen the medical, disaster management, redevelopment of hospitals and dispensaries etc.

By the end of the 12th Plan (i.e. 2017) the National Health Mission endeavors to reduce Maternal Mortality Ratio (MMR) from 1.78 to 1 per 1000 live births, Infant Mortality Rate (IMR) from 42 to 25 per 1000 live births, Total Fertility Rate (TFR) from 2.4 to 2.1, prevent and reduce incidence of anaemia in women aged 15-49 years, prevent and reduce mortality & morbidity from communicable, non-communicable, injuries and emerging diseases and reduce household out-of pocket expenditure on total health care. India's public spending on core health as a proportion of GDP is approximately 1.04% and the 12th Plan goal is to increase it to 1.87% by the end of the Twelfth Plan.

NATIONAL HEALTH MISSION

The National Health Mission (NHM) with its two Sub-Missions, the National Rural Health Mission (NRHM) and the National Urban Health Mission (NUHM) was approved by the Cabinet in May, 2013. The NHM envisages universal access to equitable, affordable & quality healthcare 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- Newborn-Child and Adolescent Health (RMNCH+A) and control of Communicable and Non-Communicable Diseases. The framework for Implementation of National Health Mission was approved in December, 2013. Under NHM, substantial achievements have been made, the details of which are available in the report. The 7th Common Review Mission (CRM) under NHM was conducted from November 2013 in 14 States / UTs namely Bihar, Jharkhand, Odisha, Uttar Pradesh, Jammu & Kashmir, Himachal Pradesh, Arunachal Pradesh, Meghalaya, Nagaland, Andhra Pradesh, Haryana, Karnataka, Maharashtra, and Gujarat. The CRM observed increased child survival, population stabilization and utilization of health services, though the progress across States was not analogous. The Infant Mortality Rate (IMR), the deaths of children before age 1 per 1000 live-births, has fallen steadily every year, with an all India average of 42. While this is short of the 12th Plan target of 25, some States have made remarkable progress with Goa having an IMR of 10, Kerala 12, Nagaland 18, Manipur 10 and Tamil Nadu 21. The Maternal Mortality Ratio (MMR), which measures the number of women of reproductive age (15 to 49) dying due to maternal causes per 1,00,000 live-births, has come down to 178, though this is far short of the 12th Plan target of 100. Some States have registered significant reduction in MMR with Kerala at 66, Maharashtra at 87 and Tamil Nadu at 90.

There has been a significant improvement in creation of new facilities and infrastructure, though adequate staffing of these facilities by qualified health personnel remains a problem. Availability of drugs has improved at all levels and the robust logistic arrangements for procurement and storage of these drugs are being put in place. An important achievement of NHM has been a considerable reduction in out of pocket expenses from 72% to 60%.

Recently, new initiatives have been launched under NHM. Rashtriya Bal Swasthya Karyakram (RBSK) was launched to provide comprehensive healthcare and improve the quality of life of children through early detection of birth defects, diseases, deficiencies, and development delays including disability. Another initiative, viz. Rashtriya Kishor Swasthya Karyakram

(RKSK) was launched to comprehensively address the health needs of the 253 million adolescents, who account for over 21% of the country's population, by bringing in several new dimensions like mental health, nutrition, substance misuse, injuries and violence and non-communicable diseases. The programme has introduced community based interventions through peer educators and is underpinned by collaborations with other Ministries and State Governments and knowledge partners, coupled with operational research. In addition to these initiatives, the Weekly Iron Folic Acid Supplementation Programme (WIFS) was launched to address adolescent anaemia whereunder supervised Iron-Folic Acid (IFA) tablets are given to adolescent population between 10-19 years of age in both rural and urban areas throughout the country. NUHM, a sub-mission under the NHM, caters to the healthcare needs of the urban population with the focus on urban poor and is aimed at reducing out of pocket expenses for treatment. NHM is a step towards realizing the objective of Universal Health Coverage in the country.

Maternal Health is an important aspect for the development of any country in terms of increasing equity and reducing poverty. The survival and well being of mothers are not only important in their own right but also central to solving broader, economic, social and developmental challenges. Janani Suraksha Yojna (JSY) has resulted in a steep rise in demand for services in public health institutions with the institutional deliveries registering a substantial increase since its inception in 2005. The number of JSY beneficiaries has risen from 7.3 lakhs in 2005-06 to about 105.48 lakhs in 2013-14. Capitalizing on the surge in institutional deliveries brought about by JSY to provide service guarantees at health facilities, Government of India has launched Janani Shishu Suraksha Karyakaram (JSSK) on 1st June, 2011 to eliminate out of pocket expenditure for pregnant women and sick new-borns on drugs, diet, diagnostics, user charges, referral transport, etc. This has now been expanded to cover the complications during ANC, PNC and also sick infants.

In a remarkable turn of events, India reported only one case of the crippling disease of polio in January 2011 and after that not a single case of polio was reported

over the years. The World Health Organization (WHO) has taken India off its polio endemic list and declared the whole South-East Asia Region including India free of polio on 27 March, 2014, a major milestone. Hib containing pentavalent vaccine has been introduced in 8 States in 2012-13 and country wide expansion is planned in 11 States from October 2014 and remaining 16 States/UTs from April 2015. Elimination of Maternal and Neonatal Tetanus is validated in 18 States (2005-2013) and there is a plan to validate 9 States by 2014 and the entire country by 2015.

FAMILY PLANNING

The Family Planning programme has been repositioned as a critical intervention to reduce maternal and child mortality and not just as a strategy for population stabilization. At present the emphasis is being placed on spacing between births along with terminal methods. Strengthening community based service delivery is another key focus area; where ASHAs are delivering contraceptives at the doorstep of beneficiaries and are counseling them for maintaining spacing.

HEALTH POLICY

The Five Year Plans outline the strategy for implementing the policy, bearing in mind the dynamics of a developing economy. Accordingly, the Twelfth Five Year Plan for the health sector envisages transformation of the National Rural Health Mission into a National Health Mission covering both rural and urban areas. It envisages providing public sector primary care facilities in selected low income urban areas, expansion of teaching and training programmes for health care professionals particularly in the public sector institutions giving greater attention to public health, strengthening the drug and food regulatory mechanism, regulation of medical practice, human resource development, promoting information technology in health and building an appropriate architecture for Universal Health Care. The Twelfth Plan strategy is to strengthen initiatives taken in the Eleventh Plan to expand the reach of health care with focus on vulnerable and marginalized sections of population and therefore, envisages substantial expansion and strengthening of the public health systems and provision of robust primary health care.

MEDICAL EDUCATION (ME)

This year the Cabinet Committee on Economic Affairs (CCEA) has approved Centrally Sponsored Schemes for *Establishment of new medical colleges attached with existing district/referral hospitals and Centrally Sponsored Schemes for Strengthening & Up-gradation of State Government/Central Government medical colleges for increasing the number of MBBS seats in the country*. The objective is to utilize the existing infrastructure of district hospitals for increasing undergraduate seats in a cost effective manner by attachment of new medical college with existing district/referral hospitals and to mitigate the shortage of doctors by increasing the number of undergraduate seats in the country for equitable health care across the country and to achieve the desired doctor population ratio respectively.

At present, there are 387 medical colleges in the country out of which 181 are in the public and 206 in the private sector with annual admission capacity of about 51,979 MBBS and 24,196 Postgraduate students per year. 25 new medical colleges have been granted permission for the academic year 2013-14 and a total of 6350 MBBS seats and 1081 PG seats have been increased for the year.

There are two Centrally Sponsored Schemes for the Financial Year 2013-14 regarding Paramedical Education. These are "Establishment of National Institute of Allied Health Sciences (NIAHS) and Eight Regional Institute of Allied Health Sciences (RIAHS) and supporting the State Govt. Medical Colleges for conducting paramedical courses through one time grant" and "Setting up of State institutions of paramedical sciences in States and setting up of college of paramedical education".

Further, two Centrally Sponsored Schemes regarding Pharmacy Education are "*Strengthening/Up-gradation of Pharmacy Institutions*" and "*Setting up of College of Pharmacy in Government Medical Colleges*".

The National Florence Nightingale Award was given on 12.5.2013 by the Hon'ble President of India to 35 nursing personnel as a mark of the highest recognition for meritorious services in the nursing profession in the country.

The National Nursing Portal, designed and developed by National Informatics Centre was launched on 14th February, 2013. It is an online resource centre for nurses, students, nursing institutions, national and State nursing councils and boards and the Ministry of Health & Family Welfare.

PRADHAN MANTRI SWASTHYA SURAKSHA YOJANA (PMSSY)

The Pradhan Mantri Swasthya Suraksha Yojana (PMSSY) envisaged the establishment of six AIIMS-like institutions and upgradation of the existing 13 medical college institutions in the first phase. It provided for the establishment of two AIIMS like institutions in Uttar Pradesh & West Bengal and upgradation of 6 more medical college institutions in the second phase, with the objective of correcting regional imbalances in the availability of affordable/reliable tertiary healthcare services and to also augment facilities for quality medical education in the country. The PMSSY up-gradation programme broadly envisages improving health infrastructure through construction of Super Speciality Blocks/Trauma centres etc. and procurement of medical equipments for existing as well as new facilities.

Out of 13 medical college institutions taken up for up-gradation in the first phase of PMSSY, upgradation work at 8 medical colleges has been completed. Out of 6 medical college institutions being upgraded in second phase, five institutions involve civil work. The civil work at Dr. Rajendra Prasad Government Medical College, Tanda has been completed. The civil work at the other four institutions, namely Aligarh Medical College, PGIMS-Rohtak, Amritsar Medical College and Madurai Medical College is in progress. At one institution where up-gradation programme involves only procurement of equipments, the procurement process has already been initiated. In addition, the Central Government has approved up-gradation of additional 39 medical colleges under the third phase of PMSSY upgradation.

COMMUNICABLE DISEASES

The incidence of vector borne diseases viz. Malaria, Filariasis, Kala-azar, Acute Encephalitis Syndrome (AES) including Japanese Encephalitis (JE), Dengue and Chikungunya is linked with economic and social

development of the community. Among all 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 upscaling of rapid diagnostic tests, use of effective drugs i.e. Artemisinin Combination Therapy (ACT), use of Long Lasting Insecticidal Nets (LLINs) and providing additional manpower. In the North-Eastern States early signs of resistance to currently used SP-ACT has been noticed and to tackle that an effective combination of Artemether-Lumefantrine (ACT-AL) has been recommended for the treatment of Pf cases in the North Eastern States. To intensify the malaria control activities in high malarious endemic districts, additional inputs are also provided in projects under the aegis of World Bank and Global Fund.

The cases of viral diseases such as J.E., Dengue and Chikungunya are managed symptomatically. However, the surveillance and diagnosis have been strengthened to detect more cases and provide early case management by the States/UTs. Kala-azar has been targeted for elimination by 2015 as per tripartite agreement between India, Nepal and Bangladesh. Lymphatic Filariasis has been targeted for elimination by 2015 as per NHP - 2002, however, the global elimination target is 2020. Efforts have been initiated to achieve the target for elimination of these diseases. In filaria elimination, 186 out of 250 districts have achieved a microfilaria prevalence less than 1%. The validation process has been initiated in a phased manner and 5 districts have successfully completed the transmission assessment survey indicating that transmission has been interrupted. The process is on in another 50 districts which is likely to be completed in 2013-14.

National Leprosy Eradication Programme was introduced in 1983. Since then, remarkable progress has been achieved in reducing the disease burden. India achieved the goal set by the National Health Policy, 2002 of elimination of leprosy as a public health problem, defined as less than 1 case per 10,000 population, at the National level in December 2005. Still around 1.30 lakh new cases are detected & put on treatment every year. The budgetary outlay has been increased to Rs. 500 crore in the 12th Plan from Rs. 221 Crore in the 11th Plan.

Tuberculosis continues to be a major public health problem, with an estimated 3 million people in India suffering from the disease. 2 million cases are estimated to be added every year of which 7% are children and around 3 lakh people still die from this disease every year, despite availability of an effective treatment strategy. The Revised National Tuberculosis Control Programme (RNTCP) is working on strategies to provide Universal Access to quality TB Diagnosis and treatment for all TB cases, finding unreached TB cases before they can transmit infection, treating all of them more effectively and preventing the emergence of Drug Resistant TB. The Government has approved the Standards of TB Care in India, which will be instrumental in addressing diagnosis and treatment practices in the country along with many non-medical aspects that impact the care of TB patients. The programme is actively involving Information Communication Technology (ICT) which gives unprecedented opportunities to ensure that TB cases are promptly diagnosed and optimally treated. Nikshay, a case-based, web enabled system for recording and reporting of TB cases, developed by NIC in collaboration with the RNTCP, will enable better surveillance and tracking of all TB cases, including those in the private sector.

NON-COMMUNICABLE DISEASES (NCDS)

The Government of India has launched the "*National Programme for Health Care of the Elderly*" (NPHCE) to address health related problems of elderly people with the basic aim to provide separate, specialized and comprehensive health care to senior citizens at various levels of the State health care delivery system including outreach services, in 100 identified districts of 21 States during the 11th Plan period. Eight Regional Geriatric Centres as referral units have also been developed in different regions of the country under the programme. It is expected to cover 225 more districts during the 12th Five Year Plan in a phased manner. 12 more Regional Geriatric Centres in selected Medical Colleges of the country are also expected to be developed under the programme.

In the 12th Five Year Plan, the National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Strokes (NPCDCS) is being

implemented in 35 States/UTs from 2013-14. NPCDCS has now been brought under the umbrella of NHM in PIP mode. Interventions upto District level and below have been integrated under the Mission and funds provided through NCD Flexipool.

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 line with the Global Initiative: "Vision 2020: the Right to Sight". The programme continues to focus on development of comprehensive eye care services targeting common blinding disorders including Cataract, Refractive Errors, Glaucoma, Diabetic Retinopathy, Childhood Blindness, Corneal Blindness etc. during the 12th Five Year Plan to combat blindness.

Nutritional Iodine Deficiency can result in abortions, stillbirth, mental retardation, dwarfism, deafness, mutism, squint, goiter, neuromotor defects, loss of IQ, compromised school performance etc. A centrally sponsored programme namely National Iodine Deficiency Disorders Control Programme (NIDDCP) formerly known as the National Goiter 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 ASHAs, health education and publicity.

INFORMATION, EDUCATION AND COMMUNICATION (IEC)

Information, Education and Communication (IEC) is now rightfully recognized as an integral part of policy making procedure. Over the years, the thrust of the Department has been to place IEC as an intervention tool to generate demand for the range of services under the National Rural Health Mission and various other schemes implemented by this Department. The communication strategy aims to facilitate awareness and disseminate information regarding availability and access to quality health care within the Government run public health system.

The sustained IEC campaign on Polio and hard work of health functionaries over several years had unprecedented success as no incident of Polio has been reported since 13th January, 2011, thus paving the way for a Polio free India. It was without doubt the result of a focused and well-coordinated IEC campaign for Polio free India. The World Health Organization has given official certification to India for its 'Polio Free' status on 27th March, 2014.

The health magazine programme "Swasth Bharat" has been produced & telecast and broadcast through 30 Regional Kendras of Doordarshan and 29 stations of All India Radio covering 27 States to reach out to a wider spectrum of population with information on health related issues. Among the important print materials published for IEC campaign during the year were 20 folders on various National Health Programmes/schemes, NRHM newsletter and Hamara Ghar (Hindi journal) and leaflets on different health issues. These print materials were distributed across the country for dissemination, information and generation of awareness of people on health issues. The annual exhibition at Health Pavilion was organized at Pragati Maidan during the India International Trade Fair 2013 with the theme 'Health with Equity' and was awarded a silver medal among the pavilions of "Ministry" category.

ASSISTANCE TO PATIENTS

Health Minister's Cancer Patient Fund (HMCPF) within the Rashtriya Arogya Nidhi (RAN) has also been set up in 2009. In order to utilize the HMCPF, the revolving fund as under RAN, has been established in the various Regional Cancer Centres (RCCs). Such steps would ensure and speed up financial assistance to needy cancer patients and would help to fulfill the objective of HMCPF. The financial assistance to the cancer patient up to Rs.1.00 lakh would be processed by the concerned

Institutes/Hospitals at whose disposal, the revolving fund has been placed. Individual cases which require assistance of more than Rs.1.00 lakh but not exceeding Rs.1.50 lakh are to be sent to the concerned State Illness Assistance Fund of the State/UT to which the applicant belongs or to this Ministry in case no such scheme is in existence in the respective State or the amount is more than Rs.1.50 lakh. Initially 27 Regional Cancer Centres (RCCs) were proposed at whose disposal revolving fund of Rs. 10.00 lakh was placed. An amount of Rs. 440 lakh was released to 16 Institutes during the year 2013-14.

FUTURE COMMITMENTS

The National Urban Health Mission (NUHM), launched as a Sub-Mission of National Health Mission (NHM), has been identified as an area of priority attention for scaling up effective roll out during 2014-15. Important legislative measures like amendments to the Mental Health Care Bill and the Indian Medical Council, 1956 (Amendment) Bill have to be pursued vigorously to achieve the desired objectives in Mental Health Care and Medical Education. Further expansion of the project of setting up of AIIMS in remaining States under Pradhan Mantri Swasthya Suraksha Yojana (PMSSY) and taking effective steps for introducing Injectable Polio Vaccine (IPV) as a part of Global Polio Endgame Strategy are other areas of priority for this Ministry to deliver acceptable standards of good health amongst the general population in the country.



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