

Minutes of the 10th Meeting of the International Advisory Panel (IAP) on NRHM held on 2nd February 2012, at Nirman Bhavan, New Delhi

The 10th Meeting of the International Advisory Panel on NRHM was convened on 2nd February 2012 from 10:00am to 12:00 pm. The meeting was chaired by Hon. Union Minister of Health and Family Welfare, Shri Ghulam Nabi Azad and was attended by esteemed members of the IAP and Officers of the Ministry of Health and Family Welfare. The List of the participants is annexed.

Shri Ghulam Nabi Azad, Hon'ble Union Minister for Health and Family Welfare welcomed the IAP headed by Prof. Jeffery Sachs and informed about the progress made in the health sector through NRHM since the last meeting. The Minister mentioned of the success achieved towards polio eradication and the fact that no case of polio had been reported since the past one year period. This remarkable achievement could be possible due to strong political will at the highest level, the unstinted support of the Government of India and the introduction of bivalent vaccine. The second dose of measles vaccine has also been introduced in the country. The pentavalent vaccine had been launched in the States of Kerala and Tamil Nadu and there is a proposal to cover 6 more states by the middle of 2012. Highlighting the need to strengthen the Universal Immunization Programme he informed the panel that the year 2012 would be dedicated towards Intensification of Routine Immunization.

The Hon'ble Minister noted that an improvement was recorded in the Maternal and Child Mortality indicators and the improvement was certainly much better in the rural areas than the urban areas. For urban areas, Ministry is in the process of introducing National Urban Health Mission. The Prime Minister of India has declared that during the 12th Five Year Plan, Government will focus on health sector and allocate more funds for this sector. In the last year IMR had fallen 3 points to 47 per 1000 live births while the MMR had decreased substantially from 254 to 212 in the last 2 years. Further, the Minister elaborated on some of the new initiatives taken by the Ministry. The most important one was the introduction of the Janani Suraksha Yojana in 2005-06 which involves giving pregnant women cash incentives for delivery at public health institutions. In the first year of its introduction, the scheme had 700,000

beneficiaries which increased significantly over the years with over 11 million pregnant women accessing public health institutions in 2010-11. Encouraged by the success of JSY, in 2011 the Government of India introduced the Janani Shishu Suraksha Karyakram to ensure free delivery including all consumables, drugs, diet and diagnostics, free transport to institutions, free referral transport and drop back home facility. In addition, free blood transfusion and cesarean section would also be provided if required. The GoI had already given funds for the first year of the scheme to all States and Union Territories. He informed the panel about the MCTS system in which name and address based telephonic tracking of pregnant mothers and children was being done and about 25 million mothers and children had been entered into the database since the launch of the scheme.

While highlighting that the 12th Plan period was dedicated to health, he outlined the focus areas in which efforts were to be concentrated upon in the 12th Plan. He informed the panel that the Government was committed to provide free generic drugs at all its facilities as a major step towards reducing financial burden on the patients. He stated that the NRHM had been successful in the expansion and creation of health infrastructure from the village to the district level. Further, strengthening of the tertiary level facilities at the district level, increasing the availability of specialists, rationalizing infrastructure at sub-district level were the other focus areas for the 12th five year plan. He also informed about the ongoing pilot project for screening of NCDs in 100 districts in the first year following which it will be rolled out in the country. In addition, the GOI had launched a pilot scheme for provision of sanitary napkins in 152 districts across the country. The napkins are centrally purchased and distributed house-to-house by the ASHAs for which she gets One rupee as an incentive for every pack of sanitary napkins sold. In order to promote family planning the ASHA would distribute male and female contraceptives in 233 districts thereby bringing contraception to the doorstep of the people.

Hon'ble Minister also appraised the delegation that Ministry is in the process of making changes in the Medical Council of India rules to make it mandatory for MBBS students to serve in rural areas for specific periods.

Dr. T. Sundararaman, ED NHSRC presented the progress under NRHM and highlighted gaps and outlined the initiatives taken to address them. He also highlighted progress of the Disease Control Programmes, Disease Surveillance, mainstreaming of AYUSH, IT and

Financial Management and priorities of the 12th FYP. A copy of the presentation is annexed at Annexure 2.

Following the presentation, the members of the IAP gave their inputs and observations on NRHM.

Prof. Jeffery D. Sachs, Director, Earth Institute, Columbia University, congratulated the Government of India on the progress made by NRHM and thanked the Ministry for the continued honor to be a part of the International Advisory Panel on NRHM. He lauded the progress made under NRHM and noted that the rate of progress has been accelerating. He stated that the success of NRHM was a proof that devoting resources to health could significantly improve health outcomes. Prof. Sachs noted that along with outcome indicators the management systems under NRHM were also improving. He appreciated the availability of real time data which was critically important for management of health systems. He stressed that with the grants from the IKEA foundation one model district each was to be created in Uttar Pradesh, Assam, Rajasthan, Bihar and Andhra Pradesh. The model district in Assam was Moregaon and the project was started in 2010. It was intended that these districts would not only focus on providing a range of services but also the problems would be identified and these districts would work as laboratories for policy making. Efforts like these could help in generating meaningful recommendations much ahead of time for wider implementation. He requested Hon'ble Union Minister of Health to support the idea for creation of such one model district in each State.

He appreciated that new areas like tertiary care and non-communicable diseases were being explored. He acknowledged the government's efforts at closing the gaps in a hitherto highly underfinanced health system. He stated that it had been an experience across the nations that tertiary care and disease control programmes together require huge investments and cautioned that the focus on providing primary care to rural India should not be lost in the process. He stated that India is still lagging behind as far as the progress in infant and maternal mortality and malnutrition are concerned. At this the Hon'ble HFM noted that engagement with other Ministries like Women and Child Development was of utmost importance to address the challenge of malnutrition. Prof. Sachs concluded by stating that it was heartening that this was the 10th meeting of the IAP and suggested that for the next meeting representatives from

concerned ministries could perhaps get together to address the challenge of malnutrition and also stated that the model districts could be included in the agenda for discussion in the next meeting.

Professor Mathuram Santosham, Director, Center for American Indian Health, John Hopkins University, congratulated the NRHM team for tremendous progress under NRHM. However, he noted that majority of the deaths continue to occur due to diarrhea and pneumonia. He appreciated the introduction of the pentavalent vaccine in the country and availability of quality data which was used as evidence in the presentation on NRHM progress and outcomes made by ED NHSRC. He recommended strengthening of the disease and adverse event surveillance systems. He mentioned that many overseas Indians have expressed interest in working with the Ministry and stated that students studying in institutions in the United States could be helped in placements in the health sector in India by the Ministry. He recognized the need of training ASHAs and recommended that some ASHAs could be empowered with quality training for treating neonates.

Dr. Sonia Sachs, Director for Health, Millennium Villages Project, Earth Institute, while congratulating India for the progress made, stated that both availability of real time data and the mindset to use the data for management were critically important. It was highlighted that monthly data was very important for management and forming a closed feedback loop of data and its use at the district and sub-district level.

Dr. Joanna Rubinstein, Earth Institute, Columbia University, also congratulated the NRHM team for the impressive progress made under NRHM. She reiterated the significance of data and appreciated the HMIS. She suggested that HMIS data can be used for management. Dr. Rubenstein also noted that issues that were previously jointly identified as bottlenecks in the IAP meetings like HR constraints; management structures had shown tremendous improvement especially in the last six months. She also said that the Ministry could use its innovative schemes to better understand the challenges of IMR, MMR and under nutrition and scale up to reach the Millennium Development Goals.

Professor Stephen Leeder, Director, Menzies Centre for Health Policy, University of Sydney, congratulated India on the progress of NRHM. While stressing on the importance of planning of cities for controlling Non-Communicable Diseases (NCDs) and the various socio-

economic factors underlying NCDs, he suggested that interventions to control high blood pressure was a good entry point for controlling NCDs particularly, diabetes. He also highlighted the importance of tobacco control for the prevention and control of many NCDs.

Dr. Tore Godal, Special Advisor of the Prime Minister of Norway, suggested introduction of pneumococcal vaccine in India. He appreciated India's capacity to indigenously produce vaccine and suggested India to undertake production of pneumococcal vaccine. He also stated that India could look at introducing Hepatitis B vaccine and HPV vaccine for the prevention of liver and cervical cancer respectively. He appreciated the introduction of JSSK and suggested that the Ministry could think of introducing some supply side incentives to encourage health workers to improve the quality of services being provided under JSSK.

Professor Andrew Haines, Prof. of Public Health and Primary Care, London School of Hygiene and Tropical Medicine, congratulated India on its progress in the health sector and stated that the rest of the world was looking on expectantly and that any success of India would have a knock-on effect in improving health outcomes worldwide. He urged that a more professional cadre was required at the Primary level keeping in mind the central importance of human resources in providing quality health care. He stressed the importance of providing career opportunities to ASHAs. He also stressed on the importance of primary care for prevention and control of NCDs which would be much more cost effective than focusing on tertiary care alone. He also suggested a family medicine approach as in Brazil, with a team comprising of a doctor, a nurse and 4-6 community workers to address the whole range of health problems of a defined population. In addition, training institutions would need to be re-oriented to cater to the current training needs.

Dr. France Donnay, Interim Deputy Director, Maternal Neonatal & Child Health and Senior Program Officer, Maternal Health, Bill & Melinda Gates Foundation said that it was heartening to note that India had been polio free for one year. She opined that the role of informal private providers who are often the first point of contact of the people with the health system could not be ignored and policies to improve the quality of services provided by these providers could be formulated. It should also be deliberated how these informal providers could be connected to the network of formal qualified health care providers.

Professor Arachu Castro, Associate Professor of Social Medicine, Harvard Medical School said that it was important to understand the challenges and processes that work in providing health services in addition to data collection.

Dr. Martin Bloem, Chief, Nutrition and HIV/AIDS policy Unit, UN World Food Programme stressed on the importance of integrating nutrition with health. He stated that in order to tackle the problem of stunting, the pre-conception period till the second year of a child's life was most important from a nutritional standpoint and the nutrient composition of diet of children in the first year of life was especially important for its impact on cognitive development, obesity and cardiovascular diseases. He asserted that tackling malnutrition was a medical problem more than a socio-cultural problem.

Dr. Nirupam Bajpai, Director, Columbia Global Centres South Asia and Senior Development Advisor, Earth Institute, elaborated on the Model District Project. He said the concept of model districts was first discussed in August 2010 when it was suggested by The Hon'ble Union Minister of Health & Family Welfare to establish 4 model districts in various parts of the country and one districts in Assam was also included. The project was launched in Assam in Moregaon district in September 2010 with the full support of the Health Minister and Chief Minister of the State. The Health Minister of Assam had wanted an action plan to achieve the MDGs in Moregaon by 2013 which had been submitted to the State and the Centre. The model district had also been launched in Andhra Pradesh and in Rajasthan it was proposed to be started on 3rd February 2012. In Uttar Pradesh the project is proposed to be launched in Jhansi districts and only Bihar was the State left to finalize the proposed model district. He also suggested that ASHA incentives need to be revised and ASHAs should be included in promoting birth spacing. He concluded by requesting the support of the GoI for the success of the model district project.

Dr. Robert Yates, Senior Health Advisor, WHO, said that it was encouraging that the 12th Five Year Plan would be focused on health and the health budget would be increased substantially. He also appreciated the focus on guaranteeing access to free generic medicines and said that increased availability of drugs and commodities would increase the demand for services. He said that since 72% of the out-of-pocket (OOP) expenditure on health in India is on medicines this initiative would go a long way in reducing the OOP expenditure on health. He

also said that it must be ensured that Indian producers could meet the increased demand for drugs.

Dr. Claudia Travassos, Senior Researcher Oswaldo Cruz Foundation (FIOCRUZ), said that there were many similarities and also differences between Brazil and India. She suggested that the family health programme could be utilized as a strategy to organize the health system looking at universal coverage and equity goals, and intersectoral action. She also opined that Brazil could learn from India's experience in utilizing information technology and systems in health, vaccine and drug production.

Shri P.K. Pradhan, Secretary Health & Family Welfare, thanked the IAP members for their valuable inputs. He said that introduction of vaccines in the Universal Immunization Programme depends on disease burden, vaccine cost and the health systems capacity to deliver and that these would be the criteria used to determine the introduction of any new vaccine. He also stated that in the Non Communicable Disease Programme the focus is on screening and early diagnosis and treatment. The district hospitals would be strengthened to provide advanced level secondary and tertiary care to help reduce the private out-of-pocket expenditure on health. However, the focus on primary care would continue and not be diluted. In the ASHA programme, the focus is on building capacity for neonatal care and home based newborn care for which training on module 6 and 7 had already been rolled out across the country; and on performance monitoring of the ASHAs. For career progression, the qualified ASHAs are being given preferential admission in ANM schools in some States. This would be encouraged. The Secretary also stated that in promoting generic drugs, the focus would be on procurement and supply chain management in addition to promoting rational drug use and issuing standard treatment guidelines. He also said that health disparities between States and between districts within a State were an area of concern in reducing MMR and IMR. He concluded with a vote of thanks to the members of the IAP and the Hon'ble Minister of Health & Family Welfare for sparing their valuable time and giving their inputs for strengthening NRHM.