

Minutes of the 9th Meeting of the International Advisory Panel (IAP) on NRHM held on 5th August 2011 in the Hon. Health Minister's Committee Room, Nirman Bhavan, New Delhi.

The 9th Meeting of the International Advisory Panel on NRHM was convened in the Hon'ble Health Minister's Committee Room on 5th August 2011 from 5.00 p.m. to 6.30 p.m. 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 attached in the annexure 1.

In his introductory remarks, **Shri Ghulam Nabi Azad, Union Minister for Health and Family Welfare** welcomed the International Advisory Panel headed by Prof. Jeffery D. Sachs, Earth Institute, Columbia University. He informed the panel about the progress made in the health sector through NRHM particularly the reduction in MMR from 254/ 100000 live births to 212/100000 live births and the increased coverage of JSY from 0.7 million at the start of NRHM to 11.3 million last year. He outlined important policy interventions such as the launch of Janani Shishu Suraksha Karyakram by Mrs. Sonia Gandhi which would ensure free availability of diet, medicines, diagnostics and transport facilities for all pregnant women and sick neonates across the country. He informed the panel about the renewed focus on Population Stabilization and the new initiative of social marketing of contraceptives by ASHAs to make contraceptives available at the household level. He informed the panel about the launching of name based Mother and Child Tracking System which has picked up well with a current database of 6 million mothers and 2.2 million children.

Shri Amit Mohan Prasad, Joint Secretary (Policy) made a presentation on the progress made by NRHM. A copy of the presentation is annexed at annexure 2.

Following the presentation, **Dr. Jeffrey Sachs, Director, Earth Institute, Columbia University** congratulated the GOI for the progress made by NRHM. He attributed the progress to increased investment in health by the government. He also congratulated the team for reaching a point where almost real time data is available for health. He specifically stated that India should invest further in the health sector in the 12th Plan since investing in health leads to economic,

political, cognitive and physical development and is crucial to every aspect of well being. He said that India is still under investing and that spending on health should go upto 3% of GDP whereas it is still between 1-2 %. Referring to the presentation he pointed out that since the absorptive capacity of States had definitely increased, it was time to upgrade investments to get better results. He stated that he wanted to write op-eds/ editorials in international journals highlighting the progress made by India in view of the greater investments and point out that India can be an inspiration to other countries. He stressed out that the tools and technologies available in the country have greatly expanded and then went on to describe his observations in Assam.

Prof. Sachs informed the team that his visit to Assam clearly showed that there has been a substantial progress. All facilities from District Hospitals to small outposts showed uptake of services and increase in IPD and OPD cases. There has also been a palpable increase in institutional deliveries. He underlined the fact that the government has really '**saved the public health system**' and that this was extremely essential for equity.

Prof. Sachs shared that the Model District Project had been launched in Assam and that the IAP team aims that the districts achieve their MDGs by 2013. He informed that some of the panelists were working out an action plan with the State Government and while the Hon'ble Chief Minister of Assam had agreed to provide resources, GOI would need to provide some further resources to make the district a Model District. This would also indicate GOI commitment towards the project. The funds would be needed for creation of extra posts, facility upgradations, provision of speed boats etc. He informed that IKEA had agreed to fund education programme in the district along with health. He observed that the major challenges in the district today are unavailability of anesthetists, provision of one more 24 X 7 facilities and ensuring emergency referral transport.

Further, he identified that there was a crucial gap of services for children between 40 days to 6 months even as ICDS services were reaching children between 3-6 years of age. He focused the fact that there was need for integration of food production with nutrition. Farm areas were in need of agricultural boost and there was need to increase food production in the area and address nutritional deficiencies. He stressed upon the need for an agriculture, health and nutrition linkage.

Dr. Nirupam Bajpai, Senior Development Advisor, Earth Institute, Columbia University outlined the progress with the Model District Project. He stated that while the project had been launched in Assam in 2010, there was no headway in Uttar Pradesh. In the other three States namely Rajasthan, Bihar and Andhra Pradesh, projects would be launched within the next three months. He requested Hon'ble Minister to introduce them to the Chief Ministers and Health Ministers of the States. He observed that recent elections had shown that health was a high priority issue in Assam. The Health Minister of Assam had asked them for ideas to improve health and that the panel had advised the Minister to focus on an integrated approach including Health, Sanitation, Nutrition and Education. He stated that the performance of the model district could be judged by the level of achievement of MDGs in the district.

He suggested that GOI should focus on a career progression strategy for ASHAs. ASHAs should also be given incentive for newborn care. Even though VHNDs are being conducted, there is a need for greater integration between ICDS and NRHM. ICDS could also introduce another outreach worker (along the lines of ASHA) for nutrition and identification of malnourished children. Sharing with GOI the views of Shri Tarun Gogoi, Chief Minister of Assam, he suggested that all non-clinical services namely housekeeping, security etc should be outsourced, leaving greater time and resources for provision of clinical services at facilities.

Dr. Awash Teklehaimanot, Millennium Villages Project, Earth Institute, quoting his observations on malaria in the Assam, stated that ASHAs screen patients using Rapid Diagnostic Kits quite actively. He suggested that instead of the current treatment regime for falciparum malaria, a co-formulated combination of mefloquine-artesunate may be considered. He stated that, in the absence of this, resistance to artesunate was developing in some countries like Thailand.

Dr. Mathuram Santosham, Johns Hopkins University, congratulating the GOI, stated that he had never seen such progress anywhere. He quoted the low rates of ORS coverage and treatment for acute respiratory infections like pneumonia and urged that a greater focus must be paid to ORS coverage and treatment of ARI. He cautioned that role of ANMs should not be forgotten in the wake of ASHAs which were primarily supposed to function as community mobilizers. He mentioned that early newborn care is a specialized area and even doctors take considerable time to learn this. He cautioned that a little training to ASHAs for early newborn

care may not prove to be effective. He advocated for allowing ANMs to administer antibiotics. He said that new born care being a complicated matter training of ASHAs in the same should be extensive and run into several weeks. He reiterated the importance of Hib and rotavirus vaccines. However before the introduction of rotavirus vaccine, surveillance for adverse events following immunization such as intussusceptions should be strengthened.

Dr. Sonia Sachs, Millennium Villages Project, Earth Institute, said that the 24 hours around parturition were the most critical as two lives were at stake and thus required greater focus. She suggested task shifting/ multi-skilling so that there were more doctors available for provision of emergency care and anesthesia. She identified a need to increase the HR resource base for new born resuscitation. She also advocated for increasing the post partum contraception by using IUCDs.

Dr. Joanna Rubinstein, Chief of Staff to Jeffrey Sachs, & Director, CGHED, Earth Institute, suggested increasing the use of mobile phones in HMIS for collection, surveillance and training, management of system and payment of ASHAs. She stated that more managers are needed in the system in Assam.

Dr. Jeffery Sachs said that verbal autopsies could play an important role in identifying the root causes of maternal and infant deaths and thus require greater focus. He also pointed out that while data is being collected on a real time basis, the use of data is not propagated and the system is operating on a closed loop wherein feedback into the system is not upto the mark. He advocated for a base salary for ASHAs along with incentives to improve performance. He strongly advocated for increasing the human resources in the health sector and stated that there was no need to economize. Anemia was identified as a big problem that needed to be addressed and refocused on the need for convergence with nutrition and agriculture. He suggested that in the next World Health Assembly, a special feature on scaling up and progress of NRHM in India could be proposed. He invited Hon'ble HFM to be the key note speaker at a global symposium on population in October this year to share the initiatives taken by India on population stabilization. He mentioned that a formal invite would follow.

Ms. Anuradha Gupta JS (RCH) responded to the various comments made by the panel. She stated that convergence with ICDS was a high priority. She informed the spearheading role

of the Prime Minister's Council on Nutrition and about the initiatives taken by State Governments in career progression of health staff and involvement of ASHAs in HBNC for both institutional and home deliveries which is incentivized. She said that ANMs were being allowed to give oral antibiotics. She informed the panel about the impressive decline in mortality rates particularly in EAG states. She acknowledged that decline in Neonatal Mortality Rate had been modest. She also responded to a host of other points raised by the panel related to Maternal Death Reviews, Quality, NSSK, surveillance, PP family planning, multi-skilling, convergence with ministries of education and women and child development to address anemia etc.

Shri P.K. Pradhan (SS & MD) NRHM shared that GOI planned to strengthen the District Hospitals in the 12th Plan so that advanced secondary care could be provided at the district level and referrals to the State referral hospitals could be minimized. He also informed the panel that through the MCTS, reminders would be generated and sent to ASHAs, ANMs and the beneficiaries using mobile technologies regarding ANC, immunization etc. Line listing of TB cases would also be done. He suggested that panel could focus on certain weak areas in the model districts and come up with relevant models that could then be scaled up across the country. Some of the areas suggested by him were supportive supervision; developing capacities of ANMs; monitoring performance of ASHAs; better convergence at ground level between nutrition, water and sanitation and health; developing capacities of districts to analyze data and developing models for improving services and fixing gaps. He also informed that letters to Bihar, Rajasthan and Andhra Pradesh regarding model district project have already been sent by GoI.

Sh. K. Chandramouli (Secretary H & FW), summarized the discussion and informed the panel that GOI is considering to support one MPW (Male) at sub centre level throughout the country. India would also increase the budget for health. Collaboration with medical education department and medical colleges will be ensured to increase the availability of skilled human resources at District level. He also informed the panel that setting up a specialized central drug procurement agency was in the pipeline.

Sh. Amit Mohan Prasad thanked the panel for their expert contributions and insights.

Members who attended the 9th IAP Meeting

Members from the IAP and Participants

1. Dr. Jeffrey Sachs, Director
2. Dr. Nirupam Bajpai
3. Dr. Sonia Sachs
4. Dr. Awash Teklehaimanot
5. Dr. Joanna Rubinstein
6. Dr. Mathuram Santosham
7. Ms. Chandrika Bahadur
8. Mr. Sahil Manekia
9. Ms. Eliana Hinton

Members from Government of India and Participants

1. Sh. K. Chandramouli- Secretary (H & FW)
2. Sh. Anil Kumar - Secretary (AYUSH)
3. Sh. P. K. Pradhan- SS & MD (NRHM)
4. Ms. Anuradha Gupta- JS (RCH)
5. Dr. R. S. Shukla - JS (PH)
6. Ms. Shalini Prasad- JS
7. Sh. Debashish Panda - JS (HR)
8. Sh. Amit Mohan Prasad- JS (P)
9. Ms. Madhubala -ADG (Stats)
10. Sh. Ratan Chand – Chief Director (Stats)
11. Dr. Sajjan Singh Yadav - Director (NRHM- I & II)
12. Dr. Manoj Pant – Director (PH)
13. Dr. Rachana Parikh – Consultant (NRHM)
14. Dr. Sonali Rawal – Consultant (NRHM)
15. Ms. Hena Chakraborty - Consultant (NRHM)
16. Dr. Salima Bhatia - Consultant (NRHM)