Jeffery Sachs	Director, Earth Institute, Columbia University
Rajat Gupta	MicKinsey
Walter Willet	Prof. of Epidemiology & Nutrition, Harvard School of Public Health
Awash Teklehaimanot	Prof. of Clinical Epidemiology, Mallman School of Public Health & Director of Quick Impact Initiative on Malaria
Daniel Kraushaar	Deputy Director, Glbal Health Strategies, Gates Foundation
David Fleming	Director Global health Strategies, Gates Foundation
David Molyneux	Director, Lymphatic Fllariasis Support Center, University of Liverpool, UK
Gray Conille	Health Policy Advisor, UN Millennium Project
Geeta Rao Gupta	President, International Reserch On Women
Jonna Rubinstein	Executive director, Health & Science Initiative, UN Millennium Project
Kiyoshi Kurokava	President, Science Council of Japan
Mushtaque Chowdhury	Deputy Executive Director, Research & Evaluation, BRAC, Bangladesh
Nirupam Bajpai	Senior Development Advisor & Director South Asia Program, Earth Institute, Columbia University
Richard Klausner	Alan and Carol Siberstein Proffessor & Senior Research Scientist , International Research for Climate Prediction
Upmanu Lall	Earth & Environmental Engineering , Earth Institute, Columbia University
Vijay Modi	Prof. of Mechnical Engineering, Earth Institute, Columbia University

Brief for the meeting held under the Chairmanship of Hon'ble Union Minister of Health & Family Welfare on 3rd Aug., 2006 to discuss the recommendations of the International Advisory Panel set up by Mr. Jaffery Sachs and colleagues from the Centre on Globalisation and Sustainable Development of the Earth Institute of Columbia University, New York.

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A List of participants is at Annexure-I.

Mr. Jeffery Sachs, Director, Earth Institute, Columbia University

- Government of India is looking at Reform system – not incremental gains.
- Operating without data base/ information system ,not adequate to the task. Constitutional resp. with federal push.
- Money flow from national to village is a huge managerial challenge
- Up scaling is a huge challenge.
- NRHM Goal is public health.
- Definition of public health
- Health that is universal reaches to the poorest who lack resources (coverage view) for people without funds.

  Centered to some extent on medical care but goes beyond greater medical sphere including:

  a) education
  b) Awareness
  c) Behaviour change.
  d) Access to safe drinking water
  e) Dietary behaviour___
  f) Protection from diseases, obesity and undernourishment.

- Framing in a p.h. context ,creating a vision that reflects all in NRHM is extremely important.
- therefore, nutritionists/epidemiologist. Translate into 18 States, therefore, there is a management challenge and reflecting it into States (where view is narrow and segmented).
- Finding a way institutionalize a ,10 year perspective, insulated from politics at State and Union level sufficient to ensure vision reaches the end point.
- Defining it by 2015 is good to conclude with MDG.
- Get all political parties on board.
- Drawing professionals and technical levels together (epidemic water water)
- Woemn are already part of these.

- Requires an institutional setting and Continuity of professional/leadership to be able to bring best practices in a complicated political settings.
- Data management system which is a policy instrument is needed.
- Flow of data is not used as a tool (6 month lag in district data).
- Key instrument to carry this there is a 6 month data.
- Service delivery and clinics need from village/block and district level needed.
- Official data on Malaria under reported by a factor of 10.
- Sample reports of local govt. co-ordinations with States.
- Lack of even measurement to on going epidemics.
- Underfinanced but also underutilized.
- But next end March, how to use extra% of GNP (8 billion dollars to be used effectively by next year).
- States lack absorptive capacity but need is without question – especially human resource need is important.
- Also is the biggest employment growth sector. It is the fastest growing sector – not enough manpower – cannot rely on underpaid worker and a career path is needed for the professionals– that would absorb the resources.
- In terms of scale 4% of GNP but 1% from household into national health insurance scheme. 2/3rd from State and 1/3rd Union Govt. – Household 1/3rd and General 2/3rd.
- Cost of Public Health system $ 35 per person is more correct 4% of GNP
- should evolve into a National Health Insurance System with household contribution phased over is the right model.

SUMMARY

- How to make sure that next budget is efficiently utilized.
- Inc to 1% of GNP - for training and human resource needs and thin for salary – focus on paramedical and ASHA.
- To do this partnership with the States – for district level, manpower training plan.
- ASHA/AWW/ANW – 3 overworked staff and larger contingent needed.
- A co-ordination is needed.
- Human resource agreement an agreement district by district by State level.

Walter Willet, Prof. of Epidemiology & Nutrition, Harvard School of Public Health

- Co-relation between nutrition and health.
- 90% of disease, 70% STROKES
- India is in a transitional phase (diabetes – 20% - to 30%). Prevention is to be a major effort. There are dietary changes even in rural areas.

- CHALLENGES

- Cigarette smoking – diabetes/heart attack and cancer.
- Major public health challenges
- Education and taxation - Cigarette are taxed – bidis are not taxable.
- Physical Activity – diabetes/breast cancer – people cannot be active unless safe places like parks. It is not an urban problem but in rural areas.
- Diet not depending on education.
- Hydrogenated fat like "Dalda" strongly related to Type II Diabetes and heart disease.

David Molyneux, Director, Lymphatic Fllariasis Support Center, University of Liverpool, UK

- Achievements in guinea worm, Leprosy,clean water/health education and reporting important.
- Non-medical intervention – eliminate disease
- Drug by Smithkline improve Hb + status, undertake physical exercise improve infant survival (good value for money)
- Good experience in Sri Lanka.
- Flurosis also releates to nutrition (dewormin to be incorporated). All school children should be dewormin, Alpendizole by Johson & Johsaon is a dewormin agent.
- Cost effective
- Elephantiasis Costs per person per year $ 140 in Ethopia. Benefit to poor people is enormous.

Larry Brilliant-

- Why polio in U.P.?

Benfits

- If polio is eradicated, the human resources could be canalized for the integrated rural health programme.

Geeta Rao Gupta, President, International Research On Women

- Women are centre of NRHM
- ASHA is not enough ASHOK needed
- Participation of men
- Broader community
- Mobilization effort than just burdening women.

SPACING METHODS is most important

- Push for temporary contraception for mother and get time for her to get involved in SHG activities and not in a cycle of pregnancies.
- (Below 23 in cycle of pregnancy should be targeted for spacing. 25 and above – participate in eco empowerment. Once empoweredshe can negotiate her own health and her childrens health.

Rajat Gupta, MicKinsey

- Define standards for skill development not on uniform basis but with variations.
- Define career path otherwise not get required people.
- Not an either a set of a vertical programme or holistic programme. This a matrix world
- Scale is enormously important. Important to reach a critical mass.
- Fixing of accountability becomes difficult in this kind of huge structure.
- What are the managerial structures.
- Private sector has capabilities can be harnessed and is ready to take part in the Mission to engage them.
- The actual research that goes out in public health issue is miniscule.
- Engage in research and translate into actual policy.

David Fleming, Director Global health Strategies, Gates Foundation

- Plan is the best chart
- Leads adaptation and evolution.
- Issues would be scientific /business problem and management problem.
- PHFI could provide support.

Hon'ble Minister for Health & Family Welfare

- Advisory & Research Group – NRHM
- 10% State Budget
- District as a unit not a State.
- Made more management priorities.
- IDSP midway in this project.
- Surveillance Project.
- Infrastructure/manpower/parameters
- Evolve into a monitoring programme.
- IMR/MMR/Pop. Slab./Intersectoral Convergence.
- E-banking to streamline fund flow.
- Procurement system to be made more transparent.
- 8 billion – absorptive capacities of States.

- Flexibility of funding and intra and manpower system.
- 2^{nd} fastest growing eco 127^{th} – HDI
  a) Disease
  b) Nutrition
  c) Diabetes
  d) Management system
  e) System of enforcement.

Secretary (Health & Family Welfare)

- Institutionalise the support.
- 30% incremental budget.
- Managerial ability to access so called fund.

INDIA IS 2^{ND} FASTEST GROWING ECNOMY AND 127^{TH} ON THE HUMAN DEVELOPMENT INDEX