

## **Proceedings of the International Advisory Panel on NRHM held on 9.2.08** **under the chairmanship of Hon'ble HFM.**

At the outset **Mrs. Panabaaka Lakshmi**, Hon'ble MOS, welcomed the delegates of IAP and apprised the members about the considerable achievements made under NRHM since its launch on April 5<sup>th</sup>, 2005.

**Dr. Anbumani Ramadoss**, Hon'ble Minister for Health & Family Welfare, in his opening remarks reaffirmed the usefulness and incorporation of the suggestions of the IAP members in the strategies of NRHM. He also informed the members of the overwhelming response from the grass root to NRHM. He stated that political consensus and the enthusiasm of State Chief Ministers to NRHM was also a very encouraging sign.

Thereafter **Shri G.C. Chaturvedi**, Additional Secretary and Mission Director, NRHM, outlined the broad contours and progress made under NRHM in the interim of the last IAP meeting, outlining the achievements and the challenges.

**Prof. Jeffery Sachs** while complimenting the Ministry on the tremendous progress made under the Mission reiterated that NRHM was the most ambitious public health programme in the world and its success was crucial for replication in other parts of the world esp. in the year of the 30th anniversary of the Alma Ata "Health for All" declaration. He mentioned six key areas for emphasis namely:

- (1) Clear role definition of the different actors under NRHM esp. ASHA and the AWW and continuous training of ASHAs beyond the prescribed 5 modules and avenue for career progression.
- (2) Putting in place an institutionalized mechanism for monitoring of outputs like case level infections, causes of death, etc and putting it back as a system feedback through IT.
- (3) Focussing on malnutrition through disaggregating levels of undernourishment and integrated efforts of ASHA & AWW to address the issue of nutrition of children in the age group of 2-6 years. He also stated that over nutrition was a growing concern which also needed attention.
- (4) Prioritising the growing threat of non communicable diseases as a national health priority in India.
- (5) Using independent large scale evaluation like the "Mexico Progreso Programme" in Mexico to build political acceptance.
- (6) Sufficient provisioning in federal and state budgets to ensure that it is not a limiting factor to the momentum in the health sector .

**Dr. Mathuram Santosham**, stated that the issue of new born care, technical interventions, intensive training were the essential components which needed to be addressed. He emphasised the need for more and continued training to ASHAs, extendable to 2 - 3 months. He informed of the usefulness of Zinc supplementation in diarrhoea, a major contributor to IMR. He was of the view that attention to three areas namely, diarrhoea, ARI and, fever among the children could impact in reduction of new born mortalities. Hib vaccines were found to be very useful in fighting respiratory infections. He also emphasised on the need for addressing road traffic accidents through trauma centres proposed to be established every 700 k.m. He also stressed the need for capacity building in health research through training of personnel in collaboration with the Public Health Foundation of India.

**Dr. Usha Kiran**, emphasised the need for tracking every mother and child for behaviour change and not only services and the need for saturating every medium with breast feeding messages.

**Dr. Prabhat Jha** stressed the need for rigorous measurement of health outcomes to counter skepticism of the public to the launch of a new government programme. He suggested the use of social autopsy.

**Dr. D.Kaucher** suggested the expansion of initiatives/incentives under the JSY scheme like incentives for healthy children, cashless transaction through a voucher scheme, Health Insurance Scheme, ASHA incentivisation.

**Stephen R. Leeder** reiterated the importance of task allocation as a very critical element in the scheme of things. He stated that evidence was suggestive that quitting smoking and keeping B.P. under check reduced the risk of CVDs by 50% emphasizing the need for cost effective strategies to reduce the burden of cardio vascular diseases . He also reiterated the importance of visual warnings on cigarette packets as an effective deterrent.

**Dr. Nirupam Bajpai** informed the members of the field visits made in the states of M.P., U.P., Rajasthan, A.P., Karnataka and Tamil Nadu. The positive finding was the satisfactory availability of ASHAs, mostly daughter in laws, in the villages visited. However he stressed the need for more vigorous training to ASHA both in terms of time and content and integration with the AWWs. He also advocated for some compensation to ASHA, since the performance based incentive was too paltry. He also advocated the need for Block MDGs for improved health outcomes.

**Dr Charles Gardner** advocated the need for non monetary incentives, inter- ministerial coordination, need for policy research, mechanisms for data collection and sharing lessons. He also

emphasised the need for use of Information Technology in data collection and engaging the IITs in designing distance learning programmes.

**Dr. Joanna Rubinstein** expressed the need for leveraging the vast telecom network in the health sector.

**Prof. Jeffrey Sachs** expressed the desirability for a public platform for the next IAP meeting possibly involving political dignitaries, celebrities etc., to bolster public awareness about NRHM and to build political consensus and exploring avenues for collaboration in a few NIPI districts with Gates Foundation .

The **Hon'ble Minister for Health and F.W.**, while welcoming the suggestions, reiterated the problem of scale and the remarkable goals achieved under NRHM despite all odds. In response, he also briefly enumerated the measures already being undertaken by the Ministry/States in areas of content of ASHA training, providing pregnancy kit in ASHA drug kit, Trauma Centres, importance of mothers milk, Rural Emergency Health Transportation Scheme(REHTS with EMRI) in Andhra Pradesh, a best practice sought to be replicated, focus on nutritional issues by the ASHA and AWW, Tamil Nadu's Maternal Audit through verbal autopsy, introduction of new vaccines, efforts towards quality immunisation through cold chains/AD syringes, legislation for setting up of Tobacco Regulatory Authority .

While noting the suggestions of the members he stated that the Ministry would be working towards a clearer role definition, career progression and compensation scheme for ASHA, instituting Florescent Nightingale Awards for Nurses, mandating maternal death audit through District Collectors, improving epidemic surveillance through IDSP, attacking malnutrition and decline in sex ratio and interventions for reducing the burden of CVDs, .

**The following actionable points emerged after deliberation:**

- ❖ The IAP to take up evaluation in 6 of the 18 High Focus States under NRHM.
- ❖ Divisions in the Ministry to take note of suggestions of IAP members and HFM's prioritisation of a clearer role definition, career progression and compensation scheme for ASHA, institution of Florescent Nightingale Awards for Nurses, mandating maternal death audit through District Collectors, improving epidemic surveillance through IDSP, attacking malnutrition and decline in sex ratio and interventions for reducing the burden of CVDs.

**The meeting ended with vote of thanks to the chair.**

**List of participants is at Annexure-I**

List of Participants of the INTERNATIONAL ADVISORY PANEL  
under the Chairpersonship of Hon'ble HFM on February 9, 2008

1. Dr Jeffrey D. Sachs  
(Chairman of the IAP): Director,  
the Earth Institute at Columbia University
2. Dr Nirupam Bajpai  
the Earth Institute at Columbia University
3. Dr Charles A Gardner  
The Earth Institute at Columbia University
4. Dr Prabhat Jha  
Associate Professor of  
Public Health Sciences  
University of Toronto.
5. Dr Usha Kiran  
The Bill and Melinda Gates Foundation
6. Dr Dan Kraushaar  
Deputy Director for Global Health Strategies,  
The Bill and Melinda Gates Foundation
7. Dr Stephen R. Leeder  
Director, the Australian Health Policy Institute and  
Co-Director of the Menzies Centre for Health Policy
8. Dr Kedar Mate  
Partners in Health
9. Dr Joanna Rubinstein  
the Earth Institute at Columbia University
10. Dr Sonia Ehrlich Sachs  
The Earth Institute at Columbia University
11. Dr Mathuram Santosham  
Professor of International Health and Pediatrics  
Johns Hopkins University
12. Ms Surbhi Grover (Observer)  
Student, Harvard Medical School

MINISTRY OF HEALTH & FAMILY WELFARE

1. Dr Anbumani Ramadoss,  
Union Health & F W Minister
2. Smt Panabaka Lakshmi,  
Minister of State of Health & F W
3. Shri Deepak Gupta,  
Spl.Secretary
4. Shri G C Chaturvedi,  
Addl Secretary & MD(NRHM)
5. Dr Rakesh K. Srivastava,  
DGHS
6. Shri Amarjeet Sinha,  
Joint Secretary (AS)
7. Shri B.K.Prasad,  
Joint Secretary (BKP)
8. Dr. Deoki Nandan,  
Director, NIHFW
9. Dr.T.Sundaraman,  
Executive Director, NHSRC
10. Smt. Gangamurthy,  
Economic Advisor
11. Shri D.N.Pathak,  
CCA
12. Dr Asha Thomas,  
Director (RCH)
13. Dr. Tarun Seem  
Director (NRHM)
14. Shri K Ramachandran,  
Director (Media)
15. Ms Archana Varma  
Deputy Secretary(NRHM)
16. Shri K.Dhanavel  
PS to HFM
17. Shri D.S.Moorthy  
OSD to HFM