

V-11011/1/2016-NRHM-II
Government of India
Ministry of Health and Family Welfare
National Health Mission

Nirman Bhavan, New Delhi-110108
Dated the 17th May 2016

OFFICE MEMORANDUM

Subject: Minutes of 3rd meeting of Mission Steering Group (MSG) of National Health Mission (NHM) held on 29th March 2016– reg.

Kindly find enclosed herewith the minutes of 3rd meeting of Mission Steering Group (MSG) of National Health Mission (NHM) held under the chairmanship of Sh. J.P. Nadda, Hon'ble Union Minister of Health & Family Welfare on 29th March 2016 for information and record.


(Capt. Kapil Chaudhary)
Director (NHM)

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- 1 PS to Hon'ble Union Minister of Drinking Water & Sanitation
Krishi Bhawan, New Delhi – 110001
- 2 PS to Hon'ble Union Minister of Women & Child Development
Shastri Bhawan, New Delhi – 110001
- 3 PS to Hon'ble Union Minister of Social Justice & Empowerment
Shastri Bhawan, New Delhi – 110001
- 4 PS to Hon'ble Union Minister of Urban Development
Nirman Bhawan, New Delhi – 110108
- 5 PS to Hon'ble Union Minister of Housing and Urban Poverty Alleviation
Nirman Bhawan, New Delhi – 110108
- 6 PS to Hon'ble Union Minister of Rural Development
Krishi Bhawan, New Delhi – 110001
- 7 PS to Hon'ble Union Minister of Panchayati Raj
Krishi Bhawan, New Delhi – 110001
- 8 PS to Hon'ble Union Minister of Human Resource Development
Shastri Bhawan, New Delhi – 110001
- 9 PS to Hon'ble Minister of State for Health and Family Welfare
Nirman Bhawan, New Delhi-110108
- 10 PS to Hon'ble Vice Chairman, NITI Aayog
Yojana Bhawan, New Delhi – 110001
- 11 CEO (NITI Aayog)
- 12 Secretary (School Education & Literacy)
- 13 Secretary (Higher Education)
- 14 Secretary (Women and Child Development)
- 15 Secretary (Panchayati Raj)

- 16 Secretary (Rural Development)
- 17 Secretary (Drinking Water)
- 18 Secretary (Development of NE Region)
- 19 Secretary (Expenditure)
- 20 Secretary (Social Justice and Empowerment)
- 21 Secretary (Tribal Affairs)
- 22 Secretary (Housing and Urban Poverty Alleviation)
- 23 Secretary (Urban Development)
- 24 Secretary (AYUSH)
- 25 DGHS
- 26 Additional Secretary & Financial Advisor, MoHFW
- 27 Principal Secretary (HFW), Uttar Pradesh
- 28 Principal Secretary (HFW), Assam
- 29 Principal Secretary (HFW), Chhattisgarh
- 30 Principal Secretary (HFW), Uttarakhand
- 31 Dr Yogesh Jain, Jan Swasthya Sahyog, Chhattisgarh
- 32 Dr. Prasanta Kishore Tripathy, EKJUT, Jharkhand
- 33 Dr Armida R. Fernandez, Professor, LTMG Hospital, Mumbai, Maharashtra
- 34 Dr. N. Sarojini, SAMA, Resource Group for Women and Child, New Delhi-110017
- 35 Dr. Amar Jesani, CEHAT, Mumbai, Maharashtra
- 36 Shri Mukul Chandra Goswami, ASHADEEP, Guwahati, Assam
- 37 Professor Surinder Jaswal, Dean, TISS, Mumbai, Maharashtra
- 38 Dr Leela Visaria, Demographer, Gujarat Institute of Development Research, Ahmedabad
- 39 Dr. Mallavarapu Prakasamma, ED, ANSWERS, Hyderabad, Andhra Pradesh
- 40 Dr. S. K. Noordeen, 9, Anna Avenue Adyar, Chennai, Tamil Nadu

Copy for information to:

- 1 PS to Hon'ble Union Minister of Health & Family Welfare
- 2 PPS to Secretary (HFW)
- 3 Sr PPS to AS&MD(NHM)
- 4 PPS to AS (Health)
- 5 PPS to JS (MJ)
- 6 PPS to JS (AP)
- 7 PPS to JS (KRR)
- 8 PPS to JS(DP)
- 9 PPS to JS (VG)
- 10 PPS to JS(SS)


(Capt. Kapil Chaudhary)
Director (NHM)

**Minutes of the 3rd Meeting of the
Mission Steering Group of National Health Mission (NHM)
held under Chairmanship of Hon'ble Union Minister of Health & Family Welfare on
29th March 2016, 11:00 am at Hall No. 1
Vigyan Bhavan, New Delhi**

The **Third meeting of Mission Steering Group (MSG)** of the National Health Mission (NHM) was held on 29th March 2016 under the Chairmanship of Shri Jagat Prakash Nadda, Union Minister for Health and Family Welfare. The list of participants is at Annexure.

The meeting began with Shri Bhanu Pratap Sharma, Secretary (Health & Family Welfare) welcoming the members and participants to the meeting. He then gave a brief overview of the progress of NHM and an update on the status of the draft National Health Policy. He informed members that the Ministry received a large number of suggestions/comments from stakeholders which had been carefully considered by the MoHFW after which the draft policy was placed before the Central Council of Health & Family Welfare (CCHFW). The draft policy was well received. A few suggestions were made, and these were being incorporated before submission to the Cabinet for approval.

He also apprised members that the Ministry is taking steps to expand the focus of health services beyond Reproductive and Child Health, so as to address the double burden of Communicable and Non – communicable diseases. While emphasising the need for an increase in health spending as per the draft National Health Policy, he informed the members that in the current fiscal year, the Ministry had, rather than cuts at the Revised Estimates stage, received additional funding of about Rs 1400 Cr. The change in sharing pattern between the centre and state has also resulted in additional funds to the tune of Rs. 5000 Cr for NHM. Further the rate of utilization above 95% was one of the highest expenditures. .

This was followed by the address of Shri Jagat Prakash Nadda, Union Minister of Health and Family Welfare and Chairperson of MSG. He welcomed the

 1

distinguished members to the meeting of the highest policy making body under the NHM. He began his address by highlighting that the National Health Mission has synergized learning from the National Rural Health Mission for better implementation of the National Urban Health Mission. Besides rural areas, the urban slums are now receiving attention. The Chairperson then apprised the members of the progress under NHM and several new initiatives that have been taken up in past one year. On the Millennium Development Goals (MDGs) 4 and 5, the country had made substantial progress. In the case of MDG 6, the country was able to meet the target and reverse the prevalence of Tuberculosis, Malaria and HIV. NHM has also performed well by adopting a continuum of care or life cycle approach as demonstrated by improvements in key health indicators. The MMR and IMR have declined at a faster pace than global average rate of decline. As regards TFR, 24 States have already achieved replacement level fertility levels. The MOHFW chose the strategy of identifying 184 High Priority districts with poor health indicators for more focussed attention. He drew attention to Mission Indradhanush, which has demonstrated good progress in improving immunisation coverage by over 5 % in the just one year, and said that it would be continued in the coming year as well.

The HFM drew the attention of members to the Kayakalp initiative launched this year under the NHM to inculcate the practice of hygiene, sanitation, effective waste management and infection control in public health facilities. The competition for awards introduced under Kayakalp was well received by all the States. He pointed out that NHM support has enabled several States to augment infrastructure, but some States needed to take better advantage of such flexible support. On the issue of institutional deliveries, while appreciating the substantial increase on account of enthusiastic implementation of the programme by the States, he noted that there was room for improvement. He mentioned that the Ministry has increased the basket of vaccines under the Universal Immunisation Programme. Vaccines such as Rotavirus and Injectable Polio Vaccine were introduced in the country's immunization programme. He called upon all to see to it that we have healthy children to lead to healthy India. The Ministry had also added to the basket of contraceptives available under the national Family Planning Programme. For Drug Resistant TB cases, 500 Cartridge Based Nucleic Acid Amplification Test

(CBNAAT) machines were added to the existing 121, to ensure coverage in practically every district. The Ministry has also introduced the daily regimen for Tuberculosis in 104 districts.

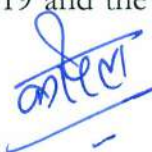
He also informed members that the Ministry had recently signed an MOU for a Longitudinal Ageing Study in India (LASI), a long term study that would provide information on a range of variables on aging and the elderly in India. Drawing attention to the budget announcement, he spoke of the intent to support States to provide facilities for Dialysis at district hospitals as dialysis was not accessible in tier 2 and tier 3 towns and very expensive for the common man to afford. This would be rolled out through Public Private Partnerships (PPP) and the Ministry would soon be sharing model documents for PPP.

He also dwelt upon the change in centre - state formula that resulted in an additional Rs. 5000 Cr being available at the national level. He informed that both the funding support and its utilisation -was maximum in the current year. He expressed his optimism that the MOHFW would receive more funding if it was well utilised by the States.

The HFM said that the Honourable Prime Minister and his Government believed in the concept of co-operative federalism. The HFM informed the group that he personally interacted with States, to ensure that they are all on board with our policies and programmes.

He thanked all members for participating in the meeting.

This was followed by the address of **Shri Venkaiah Naidu, Hon'ble Union Minister for Urban Development**. He underscored the PM's commitment to transformation in public life of government and its functions. He urged the MOHFW to take advantage of the support of the PM and the additional funding on account of devolution. He highlighted the Government's commitment to making 4041 towns Open Defecation Free (ODF) by 2019 and the priority to improve Drinking Water, Sanitation



and Solid Waste management. The Cabinet has approved a proposal for processing of Solid Waste Management and conversion of Waste to Compost and Waste to Energy. Efforts are also underway to involve the Private/Corporate sector.

He drew attention to the fact that efforts under Swachh Bharat Abhiyan have gained momentum, and Sector specific Cleanliness drives were taken up. The week of February 16th to 29th, 2016 was dedicated to health sector and drives were conducted in clinics, hospitals and nursing homes.

The Minister raised the concern about absenteeism of doctors in government facilities, and said that many were busy with their private practice rather than attending to their duties in hospitals. He urged that both the centre and the States need to come up with solutions.

He also emphasised the fact that we need to create public opinion in favour of public sector health facilities. Despite the government system having good infrastructure in many places, there is a preference for the private sector facilities. This is an indication that we need to improve the functioning and quality in government facilities.

Appreciating the Cleanliness Award ceremony under Kayakalp, he said that the Ministry of Urban Development has entered into a partnership with Nirankari Mandal for Swachh Bharat Abhiyan for a massive cleanliness drive in 110 hospitals in 104 cities in India that has enabled an army of volunteers for those locations. He added that a similar cleanliness drive is proposed to be held in partnership with the Ministry of Health & Family Welfare where hospitals and clinics will be advised to add waste bins for waste segregation. He emphasised that under the Swachh Bharat Abhiyan, field functionaries such as ASHAs, AWWs, ANMs, teachers, Self-Help Groups (SHGs) and NGOs should be used as motivators to deliver message for behavioural change in the community.

He added that under National Urban Livelihoods Mission (NULM), interventions are directed towards reducing urban poverty among women by supporting SHGs. About 90,000 SHGS have been formed under the Deen Dayal Antyodaya Mission. Such SHGs

 4

could improve synergy between NULM and NUHM. Mr. Naidu suggested that community workers such as ASHAs should be effectively involved for sensitising SHG members on health issues in urban areas. He pointed out that ASHA could use self-help groups formed under NULM as a platform for promotion of awareness about health benefits, disseminating information especially to pregnant women, and adolescents.

The Minister for Urban Development also stated that the City Livelihood Centres could be used as a platform to advocate the benefits of NHM to improve the reach of the Mission and used as a medium to interact with poor beneficiaries regarding organising health camps, health melas, etc.

He said that the Smart City Mission includes a strong focus on health, integrating various direct and indirect interventions in order to improve health status in urban cities. All cities have been asked to focus on water quality, waste water management, sanitation and sustainable urban mobility in order to reduce health risks and create healthy and liveable cities. Mission also aims to provide clean & healthy living conditions, and help create physically active urban communities. He added that smart cities are an opportunity to develop smart health services, smart apps and telemedicine. His Ministry will be closely working with NHM. He reiterated that creating awareness by disseminating information and providing incentives for improved performance were important.

He also informed members that the Ministry of Finance will soon be launching an Insurance Scheme with a provision of up to Rs 1 lakh per person and up to Rs 1,30,000 for senior citizens. Initiatives such as Jan Dhan Yojana, Aadhar and Mobile based transfers are efforts at expanding reach to the people, but we must ensure that the benefits really reach the needy people. He concluded by saying that his Ministry would be happy to support the efforts of the NHM.

HFM responded by saying that the MOHFW would sincerely work on all the suggestions made by the MOUD and would actively collaborate with the UD Ministry.



This was followed by the remarks of Shri Arvind Panagariya, Vice Chairman (NITI AAYOG). He spoke about the role of government in the provision of sanitation and health services. He raised the issue of improving clogged drainage systems, which was clearly the domain of government and more particularly, State and local governments that needed to be addressed under Swacch Bharat Abhiyaan. He raised concern regarding the exit of patients from the public sector health facilities. The findings of NSSO 71st round reflected the preference for not just the private hospitals but also for unqualified private providers.

He pointed out that in his view, a strong private sector was not bad, but we needed to question why governance issues such as doctor absenteeism in public health facilities were not getting addressed. Another area that needed attention was the inadequacy of health human resource. He highlighted that the Niti Aayog is reviewing the issue of low and uneven expansion of medical education in Northern and Central India. He also advocated for creating a cadre of mid-level workers equivalent to nurse practitioners, to improve health care in rural areas. He echoed Urban Development Minister's emphasis on the great potential of Direct Benefit Transfer (DBT) and stated that the JAM trinity with the SECC would make it easier to target populations. He concluded his address by affirming that the Health Insurance scheme announced in this Budget was indeed a tremendous step forward to reduce catastrophic health care expenditure.

Thereafter, the agenda items were taken up for discussion.

Agenda 1: Confirmation of Minutes of 2nd Mission Steering Group (MSG) held on 19th February 2015

Shri C.K. Mishra, AS & MD, (NHM) while placing the agenda for confirmation, informed members that the minutes of the 2nd MSG held on 19th February 2015 were circulated to all members and may be confirmed.



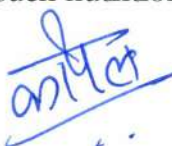
Ms M. Prakasamma, ED, ANSWERS, Hyderabad, Andhra Pradesh flagged the issue that in the last meeting she had made a suggestion regarding an assistant nurse and commented on India's lack of a nurse -midwife cadre, but these were not reflected. AS & MD, NHM while clarifying that the minutes usually reflect gist of the discussions, informed that this had not been pointed out when the minutes were circulated, else they would have been incorporated.

The minutes were confirmed by the MSG.

Agenda 2: Action Taken Report (ATR) on decisions taken during 2nd meeting of Mission Steering Group (MSG) of NHM

AS & MD, (NHM) briefly presented an update on issues raised by members in the 2nd meeting of MSG. He informed the group that in response to suggestions from MSG members that the MOHFW should increase measles vaccine coverage before introducing MMR, the Ministry had taken a decision to increase measles coverage over 80% through Mission Indradhanush and routine immunization and then introduce MMR in a campaign mode. He informed members that Rotavirus was launched in the States of Odisha, Haryana, Andhra Pradesh and Himachal Pradesh. Given the limited availability of the vaccine and the need to study scaling up within existing health systems, the MOHFW would launch this in other States in a phased manner, learning from implementation in the first phase States. On Kala-Azar, he said that the experience of moving from DDT to synthetic pyrethroids in Bihar and Jharkhand was positive and this would be scaled up in other areas.

On an interjection from Mr. Venkaiah Naidu that the issue of amendment of MCI Act needed a serious review, Mr Mishra assured that the MOHFW is reviewing the role and functions of the Medical Council of India and the Parliamentary Standing Committee's report also would support this effort. On the issue of nutritional support to TB patients, he said that a pilot was being implemented in Maharashtra. The Ministry would await the results and work with the Ministry of Food and Civil Supplies and WCD to work out a mechanism for such nutritional support.

 7

Regarding the issue of including disability in the NHFS 4, he informed members that it would be part of the next round. A mental health survey was being undertaken by NIMHANS and would include some related issues. On the issue of cost effectiveness of the pentavalent vaccine, the NTAGI is undertaking a study on this and the report would be shared when ready.

On the issue of treating leprosy through Homeopathy medicine, a pilot had been initiated in Chhattisgarh, but was subsequently abandoned by the State. The MOHFW has undertaken the use of IT in initiatives such as Mobile Kunji, Mobile Academy and Teleradiology. Regarding nurse practitioner, States have been offered support but some States are not keen on adding another cadre to their workforce.

On addressing the issue of gender based violence in sensitizing providers in public health facilities, States that had requested funding in their PIPs were being supported. Amongst several strategies to mainstream AYSUH, besides collocating AYUSH providers in public health facilities, they have been engaged in the Rashtriya Bal Swasthya Karyakram and this has proved to be quite effective.

He said that in an effort to engage with non-official members of the MSG more frequently and to benefit from their experience and wisdom, a meeting was organized with them before the MSG meeting and this would be continued in future too.

Ms. Sarojini, voiced her concern that the rise in budget was insignificant and in fact, she perceived a 6% decline in real terms. She was also concerned at the low level of funding committed for health research and a relatively large chunk to JanAushadi stores and wondered why dialysis occupied such a significant place. In response, the AS&MD while admitting that issues raised by her were important, clarified that the change in the centre -state sharing formula meant that the NHM had more funding at its disposal and that really important interventions would receive attention. The Secretary (H&FW) also assured members that no important programme would suffer. Regarding dialysis, the AS&MD said that currently the NPCDCS programme does not include funding support for treatment of chronic kidney disease including dialysis. Under the NHM, the dialysis

services will only be made available at district hospitals through PPP mode to provide relief to common man.

Dr. Leela Visaria, said that in her understanding, a Mission had a specific life span with time bound goals and activities, and in her view it appeared that NHM had subsumed the Ministry. She was assured that the MOHFW had many other functions and responsibilities other than NHM, but those had not been presented at this forum. The AS&MD stated that presently the Mission had cabinet approval until 2017, and is coterminous with the 12th Plan.

The HFM clarified that the rationale for NHM, was devolution, decentralization, responsiveness and flexible funding, which were critical to improving health outcomes. The Mission has significant financial powers and functional autonomy since it does not need to go to the Cabinet for decisions. This made it an instrument for faster delivery. He assured the group that policies are made by the government, MOHFW provides the direction, and NHM is an implementation vehicle for health systems strengthening, since it has the requisite institutional framework that enables this.

Agenda 3: Update on the Progress of National Health Mission (NHM)

AS&MD placed an update on progress of NHM before the MSG for information and guidance. Sh Manoj Jhalani, Joint Secretary (Policy) thereafter made a presentation to the MSG on the progress of NHM.

Agenda 4:- Minutes of the Third Meeting of the Empowered Programme Committee (EPC) of NHM.

AS & MD presented the minutes of meeting of 3rd EPC of NHM held on 19th January 2016 at Nirman Bhavan, New Delhi for information of the MSG.

The minutes of 3rd EPC of NHM were noted by the members of MSG.



Agenda 5:- Proposal for continuation of Global Fund assisted Grant for the period 1st October 2015 to 31st December 2017 under New Funding Model (NFM) of the Global Fund.

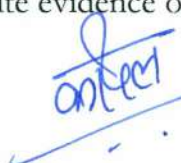
The proposal was presented for information of the MSG.

Dr. Yogesh Jain opined that, while treating cases of Multi Drug Resistant Tuberculosis (MDR TB), the RNTCP should also focus on its preventive aspect. He was concerned at the delay in scaling up the daily regimen for TB countrywide. He stated that there is a strong correlation between intermittent therapy and MDR TB. He pointed out that the alternate day regimen is not effective in Diabetes & TB, HIV & TB, extensive TB and INH resistance, and together these cases contributed to 25 % of the total TB burden in India. He also flagged the issue that despite WHO recommendation in 2007, India is among the last countries to switch from intermittent to daily regime. He questioned why daily regimen was being introduced as a pilot and not being scaled up in the whole country. Dr. Yogesh Jain further pointed out that a non-response rate of 44% is observed with intermittent regimen for HIV-TB. Currently only 30 centres across India are providing daily regimen while others are still continuing with intermittent treatment.

Sh Anshu Prakash, JS (Public Health) clarified that the expert group constituted under DG (ICMR) & Secretary (DHR) had recommended piloting of daily regimen in 104 districts, before scaling up to the entire country. JS (AP) further stated that GoI has already started process of procuring drugs of daily regimen for the pilot and for all patients with HIV who were on TB treatment. He suggested that Dr. Jain may send a note to the MOHFW, which would be circulated to the experts for their opinion.

Secretary (H&FW), while appreciating suggestions from the Members, informed the Group that an in-principle decision has been taken to introduce daily regimen and the issue of piloting it initially in 104 districts can be re-examined.

Dr Jain also raised concern about not providing nutrition supplements to TB patient under RNTCP, despite evidence of its benefits.

 10

AS & MD informed that a pilot to provide nutrition supplements to TB patients has been approved in Maharashtra. If its evaluation showed strong benefits, the matter would be taken up with concerned ministries for provision of nutrition supplements to TB patients since as per the GoI Business Rules, MoHFW does not provide “nutrition support”, other than to in-patients in the public healthcare facilities.

HFM then stated that the suggestions were well taken and desired that the matter be taken up for early decision.

After detailed deliberations the agenda was noted by the members of MSG.

Agenda 6:- Proposal for continuation of Global Fund (GF) assisted Grant for the period 1st Oct. 2015 to 31st Dec. 2017 under New Funding Model (NFM) of the Global Fund.

The AS & MD presented the agenda to MSG. He briefly summarised the proposal of continuation of Global Fund Assistance for Malaria for 7 NE States and Orissa, since they account for 48% of the total malaria cases, 64% of all PF cases and 55% of deaths due to malaria. The agenda was presented for information of MSG.

The proposal was noted by the members of MSG.

Agenda No. 7:- Proposal for utilization of services of Anganwadi Workers, Community Volunteers and any other person in NLEP

The proposal was presented by the AS&MD.

CEO NITI Aayog enquired if this was confined to a few States, to which Secretary (H&FW) responded that higher leprosy prevalence was limited to about 100 districts in a contiguous area covering Odisha, Chhattisgarh, Bihar, Jharkhand, and West Bengal. It was also informed that the Ministry is working towards elimination of Leprosy by 2018, which is an achievable target, with the current pace of detection.



The representative of the Ministry of Women and Child Development (WCD) cautioned that while assigning responsibilities for Leprosy case detection, it may be considered that Anganwadi Workers are only middle pass workers and that they would need training on symptoms for detection of Leprosy. In response, AS& MD informed that this fact has been considered while designing the training module.

Dr Tripathi suggested using a snowball approach, so that patients with leprosy may be encouraged to identify and bring other leprosy patients to health facilities. AS& MD stated that the proposal for incentivization for case detection was open for all, including leprosy patients.

Representative from Ministry of AYUSH enquired about the utilisation of homeopathy treatment for leprosy.

In response, Dr. Ayyaz Tamboli, Mission Director, NHM, Chhattisgarh stated that the State had tried Homeopathic intervention for treatment of leprosy patients wherein certain homeopathic medications containing mercury along with calcium were used. However, the results were not very encouraging. He further informed that to identify new cases of leprosy, a major State-wide campaign for detection and treatment of skin disorders was launched in Chhattisgarh as a result of which, numerous new cases of leprosy were detected. Such an approach ensured that the stigma associated with leprosy did not become a barrier for people to come to the camps.

After detailed discussions, the proposal was approved by MSG as recommended by EPC.

Agenda No. 8: Proposal to approve ASHAs in urban areas on the basis of total urban population in place of slum population under National Urban Health Mission (NUHM)

AS&MD presented the agenda.



Dr Sarojini enquired about the roles and responsibilities, training and skills imparted to ASHAs and linkages with existing health system such as health posts. She also raised a concern on adequacy of increase in various incentives for ASHAs, commensurate with the significant increase in their roles and responsibilities.

Dr Surinder pointed out that the diverse nature of urban areas, was in stark contrast to the relative homogeneity of rural areas, and that this distinction should be considered so that suitable training modules could be developed for Urban ASHAs. Dr. Panagariya, NITI Aayog suggested that engaging ASHAs in urban areas need to be based on specific exclusion criteria.

In response, JS (Urban Health) informed that additional ASHAs will be sanctioned only in very exceptional cases, with States providing adequate justification based on mapping of the areas and identifying locations for deployment of additional ASHAs. It was also informed that the Induction module for ASHAs in urban areas, has been suitably modified to include content such as mapping, communicable diseases and non-communicable diseases in the urban context, keeping in view the distinction in their roles vis-à-vis rural ASHAs.

On the issue of adequacy of incentives to ASHAs, AS&MD further informed that since the launch of the NRHM, various incentives for ASHAs have been added over time. He also informed that based on State proposals, other kind of non-performance based and non-monetary incentives such as reservation/ prioritisation for ASHAs in ANM schools, school education support, Social Security support to ASHAs etc. are also being supported under NHM.

After detailed deliberations, the proposal as recommended by the EPC, was approved by the MSG.



Agenda 9: Proposal for introduction of Pneumococcal Conjugate Vaccine (PCV) in Universal Immunization Programme.

AS&MD presented the Agenda.

Vice Chairman, NITI Aayog enquired whether the vaccine is protected under any patent. In response, Secretary (H&FW) informed that the patent period for the vaccine had expired and that presently there are two manufacturers for this vaccine in India.

Dr. Yogesh Jain expressed his concerns over the apparent primacy of vaccines for disease prevention in the country and stated that a vaccine should be introduced only after adequate analysis of data on disease, efficacy study and cost-effectiveness analysis. He also wanted to know the mechanisms by which NTAGI takes decisions or functions and whether there is a forum to review NTAGI decisions. Dr. Amar Jesani supplemented this point and pointed out that the NTAGI minutes, where introduction of the vaccine was discussed had itself noted that population data was not available for this particular vaccine. He also said that if cost benefit analysis is the basis, then the cost-benefit analysis of the vaccine should be made available on the website. He emphasised that India needs to strengthen its surveillance mechanism for recording and reporting Adverse Effects Following Immunisation (AEFI), and introducing new vaccines without strengthening the surveillance mechanisms for AEFI may turn out to be counter-productive. He also observed that although the Code of Practice for NTAGI (including Ethics) was ready, no draft had been shared or made public for debate. AS&MD responded by stating that a fair amount of work has been done on surveillance and data on cost effectiveness would be shared. He also assured that Ministry would be happy to share the Code of Practice for NTAGI for inputs of the members.

Dr. Prasanta stated that advances in technology should be used for prospective surveillance and strengthening sentinel surveillance sites.

Prof. Armida stated that as per the recent Lancet series, Exclusive Breast Feeding is the most effective method for protection of children against diseases and that

childhood survival does not depend on vaccination alone. She expressed her view that under NHM, cost effective methods like exclusive breast feeding, baby friendly hospitals etc. should be emphasized. She also stated that interventions for Severely Acute Malnourished (SAM) Children would need to be included in the health system.

Secretary (H&FW) informed that health department focuses on both strategies for prevention and the IEC budget has been doubled to promote such cost-effective methods that focus on behaviour change. He gave the example of MoHFW's partnership with Door Darshan Kendra where Exclusive Breast Feeding is being promoted prominently. Prof. Armida responded that in addition to IEC, counsellors are required to teach women about Exclusive Breast Feeding.

AS&MD clarified that substantial funds are being spent on promotion of IYCF practices including early initiation and exclusive breast feeding. Breastfeeding counsellors are supported in high caseload facilities, Nutrition Rehabilitation Centres have been established to attend to SAM children. Support for immunisation does not mean that other important interventions like proper breast feeding, NRCs and SNCUs are not being supported, and these are complementary activities. Representative from Women and Child Department informed that under the Integrated Child Development Scheme, nutrition support is provided to children below 6 years and pregnant and lactating women.

Regarding the surveillance measures, Dr. Pradeep Haldar, Deputy Commissioner (Immunisation) informed that surveillance measures for vaccine preventable diseases are being undertaken in respect of immunization through CBHI, IDSP etc. and that there are more than 40,000 surveillance sites. For Pentavalent vaccine – which was introduced in States like Haryana and Kerala, surveillance sites have already been strengthened.

Chairperson and HFM, Shri Nadda agreed that surveillance systems should be properly strengthened and should sync with the introduction of any new vaccine. He directed that the details on strengthening of surveillance systems be shared with MSG members.



Vice Chairperson, NITI Aayog suggested proper evaluation of pilots. In this regard, AS&MD informed that PCV is planned to be introduced in phased manner. Since it was already available in the private sector, it should not be denied to those who could not afford to pay.

Regarding NTAGI constitution, the CEO, Niti Aayog said the concerns of the members were pertinent and should be addressed. Chairperson and HFM said that the suggestions and sentiments of the members were well taken and that these would be addressed.

After detailed discussion, MSG approved the proposal as recommended by EPC.

Agenda 10: Proposal to apply health systems approach and IPHS to integrate all HR under NHM and universalize services such as NCD screening, elderly care, and oral and mental health care.

The proposal was considered and approved as recommended by EPC.

Agenda 11: Proposal for reimbursement to NGO performing cataract surgeries in Govt. fixed facilities at the rate of Rs 600 for normal areas and upto Rs.1000/- in difficult areas such as tribal, desert, hilly and North Eastern districts.

Dr. Prasanta Tripathy said that a cursory comparison of figures for cataract surgeries this year indicated that number of cataract surgeries is lower than last year, and that the MOHFW must inquire into the reason, since it could be that people were going to the private sector. Ms. Dharitri Panda, JS clarified that this was because all the reports had not yet been received. She also indicated that the updated data would be shared with the members.

The proposal was considered and approved by the MSG as recommended by EPC.



Agenda 12: Proposals under National Programme for Prevention and Control of Cancer, Diabetes, Cardio-Vascular Diseases and Strokes (NPCDCS)

AS&MD presented the agenda.

Dr Prasanta Kishore Tripathy stated that there is an urgent need to educate people on the ill effects of Tobacco. He further stated that reduction in the size of pictorial warnings on tobacco products is counter-productive to efforts under health programmes. He was also concerned at the rise in young smokers. The AS&MD said that a Global Tobacco Survey was underway and this would provide findings for programmatic action.

Dr Yogesh Jain stated that the NCD programme should be a larger basket and should also consider including chronic arthritis, Rheumatic Heart Diseases (RHD), and Haemoglobinopathies. He also suggested that the National Mental Health Programme be reviewed, since fund use was low.

Shri Anshu Prakash responded that a shortage of Psychiatrists, Clinical Psychologists, Psychiatric Social Workers and Psychiatric Nurses is a constraint in scaling up the National Mental Health programme and so the Ministry was investing in capacity building. The Secretary added that number of seats for Psychiatry in medical colleges were being increased. On the issue of RHD, he informed members that it was being examined by the office of the DGHS. AS&MD informed members that under NHM, the States have been advised to seek support for addressing Haemoglobinopathies, for which guidelines had also been issued. He agreed with the suggestion that it was necessary to expand care for other chronic illnesses, but the MOHFW was prioritizing reforms in the existing strategies before adding on new ones.

The issue of integration with AYUSH in NCDs was brought up. JS(AP) informed that integration of AYUSH in NCD was being attempted in one district each in six States.



After detailed discussion, MSG approved the proposal as recommended by the EPC.

Thereafter, Dr Sarojini enquired whether injectable contraceptives would be provided for all women, cautioning that injectable contraceptives are not recommended for females below 18 years of age, and that the risk of osteoporosis and breast cancers should be communicated. She desired that guidelines be shared with the members.

AS&MD informed that injectable contraceptives have not been introduced yet and that an expert group has been constituted to examine various issues involved and to formulate guidelines for its introduction in public health facilities. The strategy is to introduce this initially in District Hospitals and Medical Colleges, and this would be just one of the many methods available for spacing. He further informed that intensive training will be imparted to the service providers prior to its introduction and that the draft guidelines will be shared with the MSG members.

Dr. Leela Visaria inquired about the report of the Common Review Mission, and was informed that the NHSRC had constituted a special cell to compile the State reports.

The Meeting ended with a vote of thanks by the Chairperson and Minister for Health and Family Welfare. The HFM appreciated the free and open discussions by Members. He assured members that their suggestions and perspectives will be looked into. He said that health depended on several social determinants such as hygiene, sanitation, and nutrition and faced many challenges. On the issue of immunization, he said that he valued suggestions of members and that their concerns would be addressed. Regarding meeting with the non-official members of MSG, HFM suggested that the MOHFW would take the initiative to organise more informal meetings, wherein members may also be informed about Ministry's activities and achievements outside NHM.

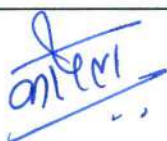
He thanked all the members for their valuable suggestions and insights into details of various health-related issues and sought their continued support in steering the Mission towards achieving the goal of affordable and accessible health for all.

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18

List of Participants

3rd Meeting of Mission Steering Group (MSG) of National Health Mission (NHM)
29.03.2016 at 11:00 AM in Hall No. 1, Vigyan Bhawan, New Delhi

S. No.	Name and Designation
1	Shri Jagat Prakash Nadda, Hon'ble Union Minister of Health and Family Welfare, MoHFW
2	Shri M Venkaiah Naidu, Hon'ble Union Minister of Housing and Urban Poverty Alleviation
3	Sh Anand Panagariya, Vice Chairman, NITI Aayog
4	Shri B P Sharma, Secretary (H&FW), MoHFW
5	Sh C K Mishra, Additional Secretary & Mission Director (NHM), MoHFW
6	Dr. Arun K. Panda, Additional Secretary (Health), MoHFW
7	Sh K B Agarwal, Additional Secretary, MOHFW
8	Sh A K Goyal, Additional Secretary, M/o Panchayati Raj
9	Ms. Vijaya Srivastava, Additional Secretary & Financial Advisor, MoHFW
10	Dr B D Athani, Spl DGHS
11	Sh Samir K Sinha, Comm & Secretary, Guwahati, Assam
12	Sh Manvendra Singh, Special Secretary, Lucknow, UP
13	Sh Ayyaj Tamboli, MD-NHM, Chhattisgarh
14	Sh N S Sharma, DG, M/o Urban Development
15	Dr M Prakasamma, ED, ANSWERS, Hyderabad, Andhra Pradesh
16	Dr Sarojini N, SAMA, Resource Group for Women and Child, New Delhi-110017
17	Sh Mukul Chandra Goswami, ASHADEEP, Guwahati, Assam
18	Prof Surinder Jaswal, Dean, TISS, Mumbai, Maharashtra
19	Dr Armida Fernandez, Professor, LTMG Hospital, Mumbai, Maharashtra
20	Dr. Prasanta Kishore Tripathy, EKJUT, Jharkhand
21	Sh Amar Jesani, Trustee, CEHAT, Mumbai, Maharashtra
22	Ms Leela Visaria, Demographer, Gujarat Institute of Development Research, Ahmedabad
23	Dr Yogesh Jain, Jan Swasthya Sahyog, Chhattisgarh
24	Sh Anshu Prakash, Joint Secretary, MOHFW
25	Sh Manoj Jhalani, Joint Secretary, MOHFW
26	Sh Sunil Sharma, Joint Secretary, MOHFW
27	Ms Dharitri Panda, Joint Secretary, MOHFW
28	Ms Vandana Gurnani, Joint Secretray, MOHFW
29	Sh Manoj Kumar, PINGUA, Joint Secretary, M/o Tribal Affairs
30	Dr Manoj Nesari, Advisor(H), M/o Aayush
31	Dr Vishnu Kant Srivastava, CD(Stats), MOHFW
32	Dr Amandeep Garg, PS to HFM, MOHFW
33	Sh A K Paliwal, Addl PS to HFM, MOHFW



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S. No.	Name and Designation
34	Dr Pradeep Halder, DC(Immunization), MOHFW
35	Dr S K Sikdar, DC(FP), MOHFW
36	Dr Ajay Khera, DC(CH&I), MOHFW
37	Ms Limatula Yaden, Director(NHM), MOHFW
38	Ms Bindu Sharma, Director(RCH), MOHFW
39	Ms Manisha Verma, Director(Media), MOHFW
40	Sh Biswajit Das, Director, MOHFW
41	Captain Kapil Chaudhary, Director(NHM), MOHFW
42	Dr A C Dhariwal, Director(NVBDGP)
43	Sh B N Prasad, Director, M/o DONER
44	Sh K V S Rao, Director, M/o Social Justice and Empowerment
45	Sh P Vinayagam, Director, D/o School Education and Literacy
46	Sh S Narain, Director, NITI Aayog
47	Sh Siljo V K, Deputy Secretary, D/o Higher Education, M/o HRD
48	Dr Sanjiv Kumar, ED-NHSRC
49	Sh Mukesh Kumar, AC, D/o Rural Development
50	Sh Kedar Nath Verma, DD(NRHM-II), MOHFW
51	Ms Vandana Chaudhary, US(NUHM), MOHFW
52	Sh G Jagannath, US(NHM), MOHFW
53	Sh S Nayak, US(NHM), MOHFW
54	Sh Vinod Kumar Verma, US, M/o HRD
55	Sh Sanjay Kumar, DD(MMPC), MOHFW
56	Dr Rajani Ved, Advisor, NHSRC
57	Sh Aditya Trivedi, A-2/801, Krishna Apra Garden, Gaziabad, UP
58	Dr D S Shyni, TL(Sanitation), M/o Drinking Water and Sanitation
59	Sh Gulshan Lal, Sr Consultant, M/o Women and Child Development
60	Ms Mona Gupta, TSA
61	Ms Sumitha Chalil, Consultant(NHM), MOHFW
62	Ms Vinita Srivastava, Consultant, Blood Cell-NHM, MOHFW
63	Sh Vivek Bhargava, Consultant in AS&MD Office, MOHFW
64	Dr Krushna Sirmanwar, Consultant(NHM), MOHFW
65	Ms Neha Kashyap, Consultant(NHM), MOHFW
66	Ms Asmita Jyoti Singh, Sr Consultant(NHM), MOHFW
67	Dr Rimy Khurana, Consultant(NHM), MOHFW
68	Ms Neha Yadav, Consultant(NHM), MOHFW

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