

No. V-11011/4/2022-NHM-II(Pt-V)  
Government of India  
Ministry of Health and Family Welfare  
(National Health Mission)

Nirman Bhawan, New Delhi  
Dated the 30<sup>th</sup> August, 2022

Office Memorandum

**Subject: Minutes of 9<sup>th</sup> meeting of Empowered Programme Committee of National Health Mission held on 18.08.2022 at 3:00 PM –reg.**

The undersigned is directed to forward herewith the minutes of 9<sup>th</sup> meeting of Empowered Programme Committee (EPC) of National Health Mission (NHM) held on 18.08.2022 at 3:00 PM, at Nirman Bhawan, New Delhi, under the Chairmanship of Secretary (HFW), for information and record.



(Dr Neha Garg)  
Director(NHM-II)  
Tel.: 011-23061360

Encl: As above.

1. CEO, NITI Aayog
2. Secretary (Expenditure)
3. Secretary (Panchayati Raj)
4. Secretary (Women and Child Development)
5. Secretary (Rural Development)
6. Secretary (Drinking Water and Sanitation)
7. Secretary (Housing and Urban Affairs)
8. Secretary (AYUSH)
9. Secretary (School Education and Literacy)
10. Secretary (Higher Education)
11. Secretary (Social Justice & Empowerment)
12. Secretary (Tribal Affairs)
13. Secretary (Development of NE Region)
14. DG(HS), MoHFW
15. AS & FA, MoHFW
16. Prof. Shalini Bharat, VC / Director, TISS, Mumbai.
17. Prof. Sanjay Rai, Community Medicine, AIIMS, Delhi.

Copy to:

1. PSO to Secretary (HFW)
2. Sr. PPS to AS & MD (NHM)
3. PPS to AS (LA)
4. PPS to JS(P)
5. PPS to JS (RCH)
6. PPS to JS (RM)
7. PPS to JS (GM)
8. PPS to Economic Advisor (IK)
9. ED, NHSRC
10. Director (NHM-I/NHM-III/NHM-IV), MoHFW

## **Minutes of Ninth Empowered Programme Committee (EPC) Meeting**

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**The Ninth meeting of the Empowered Programme Committee (EPC) of National Health Mission (NHM) was held under the chairpersonship of Secretary (HFW) from 03.00 PM to 05:00 PM on 18<sup>th</sup> August, 2022 at Room No.155-A, Nirman Bhawan, New Delhi.**

**List of participants is attached at Annexure-1**

The meeting began with Ms. Roli Singh, AS&MD(NHM) welcoming all the members of EPC. She gave a brief overview of the institutional framework under National Health Mission (NHM) and informed that the last meeting of EPC was held on 19<sup>th</sup> December 2019 and due to COVID-19 situation, the EPC meeting had not been held for the past two years.

Shri Rajesh Bhushan, Secretary(HFW) in his remarks informed the committee members that the EPC and MSG would look at changing only the cost norms and not the overall outlay approved under NHM. He also advised that the members should not look at the yearly cost but rather consider the financial implication till FY 2025-26 as being co-terminus with fifteenth Finance Commission (15<sup>th</sup>FC) period. Further, Secretary(HFW) added that for the very first time 15<sup>th</sup>FC has given grants specially earmarked as health grants to the tune of around Rs. 70,000/- Crore which includes Rs. 18000/- Crore for diagnostic support which is in addition to the support being provided to the States/UTs under NHM.

AS&MD(NHM) then requested the concerned Joint Secretaries of MoHFW to present their concerned proposals to the EPC members for further discussions and recommendations.

The following agenda points were discussed and recommended for MSG as below:

**Agenda 1: Proposal for adding AV fistula making charges for Hemodialysis in the existing PM - National Dialysis Programme (PMNDP)**

**Proposal:**

- Shri Vishal Chauhan, Joint Secretary (Policy) briefed about the proposal for adding AV fistula making charges for Hemodialysis in the existing Prime Minister National Dialysis Programme (PMNDP).  
National Health Mission (NHM) supports establishment of dialysis centres for haemodialysis service delivery. Long-term haemodialysis requires repeated access to high-flow circulation, which is commonly achieved by creation of an arteriovenous fistula on the arm of the patient by a vascular surgeon. The Arterio-Venous (AV) fistula making charges are borne by the patients, where the facility is not available in the nearest Government health facility (usually done free of cost in the Government Medical Colleges).
- Joint Secretary(Policy) proposed one-time AV fistula making charges for new dialysis BPL patients at the rate of Rs. 6000/- for every new BPL patient registered in PMNDP if it is not available in government facility. This rate is the same as in AB-PMJAY, though private providers charge approximately Rs. 10,000-12,000/- for the same procedure. Inclusion of financial support for 'AV fistula' to the BPL category dialysis patients, who are unable to avail, free of cost services at the nearest government tertiary health facilities shall help in reducing Out-of-Pocket Expenditure (OOPE) as well.
- The additional budget implication would be around Rs. 30 Crore every year.

**Discussion:**

- Dr. Sanjay K Rai, AIIMS stated that there are 10%-20% chances of failure in the AV-Fistula surgery and since the proposal includes only one-time cost, in case the patient has to undergo a repeat surgery he/she will have to pay from his/her pocket which would defeat the purpose of reducing the OOPE of the patient.

Secretary(HFW) agreed to the suggestion given by Dr. Sanjay K Rai that only if the surgery is 100% successful, the proposed amount of Rs. 6000/- will be given to the provider.

- Secretary(HFW) mentioned that most of the states run the PMNDP scheme under PPP model and they fix the cost of the surgery which is below the ceiling cost provided by the Government as they all compete for volumes.

#### **Decision of EPC:**

- After the detailed discussion, the proposal was recommended to be placed for the approval of the MSG provided that the AV-fistula making charges are given only if the AV fistula surgery is successful.

#### **Agenda 2: Proposal for Provision of Incentive to ASHAs or Community Volunteers for ensuring seeding of bank account details of TB patients in Nikshay portal for enabling DBT Payments under the National Tuberculosis Elimination Programme (NTEP)**

#### **Proposal:**

- Dr. P. Ashok Babu, Joint Secretary (RCH) presented the proposal. He informed that the financial incentives to TB patients under NTEP (Ni-kshay Poshan Yojana and Transport Support) are transferred directly into the beneficiary's bank account via Direct Benefits Transfer (DBT). But, due to the unavailability of ~20% of the beneficiary's bank account, the program is unable to provide the benefits to all the eligible beneficiaries. The average Turn Around Time (TAT) from benefit creation to credit was 43 days in 2020 and 67 days in 2021 by this time almost 2 months treatment is already over. While average TAT for account seeding was 26 days in 2021 and 28 days in 2022. Therefore, incentive at the rate of Rs. 50/- to ASHAs or community volunteers for facilitating seeding of bank account information of notified TB patients in Ni-kshay portal within 30 days of treatment initiation for enabling DBT

payments under the NTEP has been proposed with a total financial implication of Rs. 12.5 crores per year.

**Discussion:**

- On query about the SOP of the proposal by Secretary (HFW), Joint Secretary(RCH) clarified that ASHAs would be helpful in seeding the bank account by bringing the requisite information of bank details of the patients as well as their identity card like Aadhaar at the block level and providing these to the Senior Treatment Supervisor (STS). STS will also provide line listing to ASHAs as well as monitor her work.
- Dr. Sanjay K Rai, AIIMS proposed that time be revised from 30 days to 15 days if significant improvement in seeding is to be seen. Secretary (HFW) agreed to this suggestion.
- Ms. Shalini Prasad, Special Secretary, NITI Aayog suggested creation of single id rather than separate ids for different programs. Joint Secretary(Policy) informed that ABHA ids are being generated which are based on the suggested concept of integrating patient information across various portals.

**Decision of EPC:**

After the detailed discussion, the proposal was recommended to be placed for the approval of the MSG with the suggestion to revise the proposed seeding time from 30 days to 15 days.

**Agenda 3: Proposal for incentive to ASHA / Community Health Volunteer for supporting treatment adherence and completion of TB Preventive Treatment (TPT) among individuals eligible for TB Preventive Treatment.**

**Proposal:**

- The proposal was presented by the Joint Secretary(RCH). He stated that currently, there is no support system available for individual provided with TB Preventive

Treatment (TPT) unlike treatment support and ASHA incentives for ensuring successful completion of treatment in drug-sensitive and drug-resistant TB.

- To address the challenge of treatment adherence for TPT, which has not succeeded beyond 50%, NTEP proposes to involve and incentivize the ASHA/Community Health Volunteers (CHVs) as TPT adherence supporters, in line with the existing treatment supporter mechanism for TB disease (drug sensitive TB and drug resistant TB).
- The said proposal is to extend additional financial incentive to ASHA/community volunteer of Rs. 250/- per individual for successful completion of TB Preventive Treatment with a financial implication of Rs 54.69 Crore for FY 2023-24 and Rs. 104.30 Crore for FY 2024-25

#### **Discussion:**

- Dr. Raghuram Rao ADG, NTEP informed that brief guideline for ASHA to help her in supporting treatment adherence and completion of TB Preventive Treatment (TPT) among individuals eligible for TB Preventive Treatment is available and trainings are being conducted in some states for ASHAs and CHOs.
- Shri Sanjay Prasad, Additional Secretary, DoE, Ministry of Finance opined that the Anganwadi workers (Sevika and Sahayika) can be utilized for this purpose as they are also available and work with the same community as ASHAs. AS&MD(NHM) agreed that there have been instances where ASHAs and these Sevikas and Sahayikas work together and leads to better outcomes. Secretary, HFW, suggested that NHSRC should explore the idea of involvement of Anganwadi Sevikas and Sahayikas. Secretary(HFW) also emphasized that AAA integration should be proactively communicated to States as well as Ministry of WCD.

#### **Decision of EPC:**

After the detailed discussion, the proposal was recommended to be placed for the approval of the MSG.

**Agenda 4: Proposal for providing financial incentive to private sector chemists for dispensing Fixed Dose Combinations of Anti-TB Drugs under the National Programme for free drugs to People with TB seeking care from the private sector**

**Proposal:**

- Joint Secretary(RCH) presented the proposal on providing financial incentives to private sector chemists for dispensing Anti-TB Drugs supplied through the National Programme for free to the People with TB seeking care from the private sector.
- He explained that the uptake of anti-TB drugs under the programme provided free of cost, by the private sector varies across the country.
- The Patient-Provider Support Agencies (PPSAs) have demonstrated the potential of engaging private providers and chemists for providing government-supplied FDCs to private sector patients, thereby reducing the Out-Of-Pocket-Expenditure incurred by the patients.
- Hence, it is proposed to provide the private chemists with a financial incentive of Rs 125 per month per patient for dispensing government-supplied anti-TB drugs to PwTB seeking care from the private sector with a financial implication of Rs 14.18 crores for FY 2023-24 and Rs 21.71 crores for FY 2024-25.

**Discussion:**

- Secretary(HFW) expressed his concern about the proposed incentive being used perversely by the chemists i.e. they might take the incentive and yet not provide free drugs to the patients from private clinics and rather continue to sell the drugs. Dr. Sanjay Rai, AIIMS also agreed to this concern. Shri S. Gopalakrishnan, AS(Health) also expressed reservations on the monitoring process for such an incentive. Ms. Shalini Prasad, Special Secretary, NITI Aayog suggested that this responsibility could be given to ASHAs. AS&MD(NHM) responded that there would be logistical and storage issues for ASHAs. Secretary(HFW) suggested that a better mechanism and monitoring needs to be worked out for this proposal.

### **Decision of EPC:**

- After the detailed discussion, it was felt that proposal needs to be reconsidered and was not approved for the consideration of the MSG.

### **Agenda 5: Proposal on incentives for ASHAs and ASHA facilitators after successful certification**

#### **Proposal:**

- Joint Secretary(Policy) presented the proposal to revise the proposal recommended by 8<sup>th</sup> EPC for incentive of Rs. 5000 for all ASHAs and ASHA Facilitators who successfully pass the examination and receive certification by NIOS.
- As per the revised ASHA certification strategy, the ASHA Certification Course will have two independent certificates:
  1. RMNCHA+N
  2. Expanded package of new services from Non-Communicable Diseases to Palliative Care.

As per the revised proposal, it was suggested that ASHAs may be incentivized with Rs. 5000 through NHM when they complete each certification, with a total financial implication of Rs. 957.62 crores over a period of five years.

#### **Discussion:**

- Joint Secretary (Policy) stated that the pace of the program has been a cause of concern but now since training has to be provided by the states and certification by NIOS, it is expected to improve.
- Secretary (HFW) suggested having the examination for certification online at the block level. Joint Secretary (Policy) stated that NIOS to have designated centres for online examinations of ASHAs. He also suggested having timeline for achieving certification of all ASHAs



- It was suggested by Ms. Indrani Kaushal, EA, MoHFW that an indicator on the certified ASHAs can be included in the OOMF framework for monitoring which was agreed by the members.

#### **Decision of EPC:**

After the detailed discussion, the proposal was recommended to be placed for the approval of the MSG and to include this indicator in the OOMF Framework.

#### **Agenda 6: Proposal to revise the costing norms for ambulances under National Ambulance Services (NAS)**

##### **Proposal:**

- The proposal was briefed by Joint Secretary(Policy). He explained that the last cost calculation for National Ambulance Service (NAS) under NHM was done in 2013 and revised in 2017. Also, that the AIS 125 standards for ambulances mandated by the Ministry of Road Transport and Communication had implications for enhanced cost in running ambulances. Therefore, the following was proposed:
  - Rs.1,37,388 for BLS per ambulance per month and Rs.1,58,340 for ALS per ambulance per month as OPEX Support for presently running vehicles (which were procured with NHM Support or procured by the States or donated to the States/UTs and operating in the States as on date) (Rates revised as per NPCC 2019) with 10% extra for NE states
  - Rs.1,92,462 for BLS per ambulance per month and Rs.2,45,092 for ALS per ambulance per month as OPEX support for the vehicles (including monthly EMI cost for the capital expenditure towards procurement of vehicles, equipment, fabrication, GPS, software and other incidental expenses) with 10% extra for NE states
  - For Patient Transfer Vehicle (PTV), Rs. 89,378/- (including monthly OPEX + EMI cost) and an escalation of 10% on the revised cost is proposed for consideration for NE / Hilly States - Rs 98,315 per PTV/month

- A total budget of Rs. 1,376 Crores was proposed considering the existing number of BLS, ALS and PTVs.

#### **Discussion:**

- Shri Sanjay Prasad, Addl. Secretary (DoE) stated that given the cost revision and taking 10% extra for NE regions cost will increase to about 3 lakh for ALS as demanded by NE states. Joint Secretary (Policy) mentioned that there are very few ALS in the NE regions and reliance on PTVs is more.
- Secretary(HFW)asked for further details on cost calculations for the suggested revisions as well the type of vehicle considered in case of PTVs. Joint Secretary(Policy) elaborated in detail on the cost calculations which was majorly, the EMI for the vehicle and the cost for drivers. Further, he added that mainly the SUV vehicles are considered for the calculations in the proposal. Dr. Atul Kotwal, ED-NHSRC added that for PTVs mainly, Maruti Omni Van/ SUV/ 4x4 Mahindra vehicles are used in the regions as well as considered for cost calculations in the proposal.

#### **Decision of EPC:**

- After the detailed discussion, the proposal was recommended to be placed for the approval of the MSG with a suggestion to include the details of the type of vehicle and cost calculations.

#### **Agenda 7: Proposal to revise the costing norms of single vehicle MMU**

#### **Proposal:**

- JS(Policy) briefed about the proposal to revise the costing norms of single vehicle MMU. Mobile Medical Units (MMUs) under NHM is a key strategy to facilitate access to public health care, particularly for people living in remote, difficult, under-served and unreached areas. The costing of MMUs was done in the year 2015, however, the cost of PoL, equipment, and comprehensive annual maintenance cost

(CMAC) has increased over time. Also, some States, particularly North-Eastern states and Hilly regions are facing challenges in operationalization of these MMUs.

- Based on the expert group recommendations, the revised budget being proposed for consideration was submitted as under:

	<b><i>Present financial norms</i></b>	<b>As recommended by experts (for Type 1 vehicle)</b>
<b>Monthly OPEX</b>	<i>Type 1 – 1,55,000 Type 2- 2,15,000 Type 3- 2,22,000</i>	<b>Rs 1,98,700</b>
<b>Monthly OPEX + CAPEX (vehicle cost)</b>	<i>Type 1 – 2,05,000 Type 2- 2,65,000 Type 3- 2,72,000</i>	<b>Rs 2,45,562*</b>
<b>Total cost including 15% management cost</b>		<b>Rs 2,82,396</b>

\* For northeast and hilly areas- Additional 10% of the proposed cost = Rs 3,10,635.

- Total additional financial implication would be Rs. 161.2 Crores per year

#### **Discussion:**

- Dr. A. Raghu, DDG(AYUSH) suggested that we may request the State Governments to utilize the AYUSH facilities wherever the services are not available. Secretary(HFW) pointed out that the 10% extra cost calculation should be done on Rs 2,45,562 revised Monthly OPEX + CAPEX vehicle cost instead of total cost i.e. Rs 2,82,396.

#### **Decision of EPC:**

- After the detailed discussion, the proposal was recommended to be placed for the approval of the MSG

## **Agenda 8: Proposal for increase in budget ceiling of NHSRC**

### **Proposal:**

- JS(Policy) briefed about the proposal for increase in budget ceiling of NHSRC from Rs. 64 Crore (Rs. 35 crore + Rs. 29 crore) to Rs. 100 crores per annum. For the current financial year, an amount of Rs. 90 crores per annum is proposed for approval. The budget ceiling of NHSRC was upwardly revised to Rs.35 Crore in the 4<sup>th</sup>Meeting of MSG, held on 17<sup>th</sup>February 2017. Additionally, NHSRC also handles the funds for other budget lines like expenditure for NLM, RBSK, NPMU, AGCA, NHM, RRC Dibrugarh and COVID 19 TSU which currently amounts to approx. Rs 25 Crore per annum.

### **Discussion:**

- Secretary (HFW) suggested that the actual year wise utilization for the last 4 years in respect of this budget to be included for the upcoming MSG meeting.

### **Decision of EPC:**

- After the detailed discussion, the proposal was recommended to be placed for the approval of the MSG.

## **Agenda 9: Proposal to revise the costing norms for screening and diagnosis of sickle cell disease**

### **Proposal:**

- JS(Policy) briefed about the proposal to revise the costing norms for screening and diagnosis of sickle cell disease

- He explained the pathophysiology and demographics of the Sickle cell disease and the importance of screening for sickle cell trait and diagnoses of the sickle cell disorder for proper management once it is diagnosed.
- JS(Policy) explained the two step approach for the target groups for early identification of sickle cell trait and disorders. Initial screening is conducted using a tube-based solubility test, which confirms that a person may either have sickle cell trait or disease followed by the confirmatory testing using HPLC machine available at the nearby district hospital for diagnosing the disease among the screened positive cases (approx 15%).
- Based on the discussions during NPCC on the support required from NHM on screening and management of sickle cell disease, following proposal was put up before the EPC.

Test	Revised norms (proposed)	Cost
Screening test (tube based): Solubility test	Rs. 40/test(inclusive of transport cost)	Rs.40 X 7 Crore = 280 Crore
Diagnostic test: Using HPLC	Rs. 250/test	Rs.250X1.05Crore = Rs.262.50 Crore
<b>Total cost</b>		<b>Rs.542.5 Crore</b>

#### Discussion:

- It was informed that the normative cost for the testing comes to Rs. 77.50 per person. It was suggested that in case States decide to opt for Point of Care (PoC) testing, support to the State should be provided at the same rate in case of PoC testing also.
- Diagnostic test could be HPLC/Electrophoresis.

#### Decision of EPC:

- After the detailed discussion, the proposal was recommended to be placed for the approval of the MSG with the suggestions of EPC.

## **Agenda 10: Proposal for revision of Cost norms under NPCDCS for Equipment, Drugs & Supplies and Capacity Building including Training**

### **Proposal:**

- JS(Policy) briefed about the proposal for revision of Cost norms under NPCDCS for Equipment, Drugs & Supplies and Capacity Building including Training.
  - Health systems in India are evolving in alignment with shifting health needs and disease burden with expanded emphasis on NCDs Several newer initiatives have been included under the NPCDCS programme such as Chronic Obstructive Pulmonary Diseases (COPD), Chronic Kidney Diseases (CKD), Stroke, Non-Alcoholic Fatty Liver Disease (NAFLD), ST-Elevated Myocardial Infarction (STEMI), etc.

It was proposed to improve Infrastructure, Drugs and Diagnostics resources to counter and prevent NCDs and revise the cost norms under NPCDCS as detailed in the agenda.

### **Discussion:**

- Shri Sanjay Prasad, Addl. Secretary, DoE raised the issue of providing funds for CCU and ICU in District Hospitals that had been converted to Medical Colleges. It was clarified that as per NHM EFC/Cabinet approval NHM support will continue to such DH which are converted to medical colleges till the State sets up new DH or get its own teaching hospital for such Medical Colleges (which in turn releases the District Hospital).
- It was discussed that as the cost of a professional BP apparatus ranges from Rs. 6000- Rs. 8000, the same should be permitted within the overall limit of non-recurring grant for equipment for screening at PHC/SC/HWC.
- Ms. Shalini Prasad, Special Secretary, NITI Aayog suggested that the State/UTs should monitor the utilization of equipment with details about no. of tests being

conducted and share the DH wise utilization report to the Gol. AS&MD(NHM) suggested that the indicators in HMIS may be revised to include the utilization of equipment.

- Secretary(HFW) suggested that the training cost norms should be in harmony with existing training norms for other programs.

#### **Decision of EPC:**

- After the detailed discussion, the proposal was recommended to be placed for the approval of the MSG with the suggestions of EPC.

#### **Agenda 11: Proposal for including activities for Prevention and Control of Snake Bites Envenoming under existing components of NHM**

##### **Proposal:**

- Dr. Sujeet Kumar Singh, Director (NCDC) briefed about the proposal for Prevention and Control of Snake Bites Envenoming under existing components of NHM.
- He proposed funding using the existing structure of NHM for the purpose of training, Meeting Costs/Office expenses/Contingency etc, Information, Education & Communication and Surveillance & Monitoring at district and State level.
- Total financial implication for the same would be Rs. 46.38 crores annually.

##### **Discussion:**

- Secretary (HFW) suggested that the IEC part need to be reworked and there does not need to be separate budget for IEC for these activities and the existing combined budget for IEC under NHM may be used by states for this purpose. The primary focus should be Surveillance & Monitoring and Training. He also suggested that the concerned Programme Division may create Digital Creative and share the same with the States for IEC.

- Director (NCDC) submitted that proposal will be reframed with reduced IEC budget as per the suggestions of Secretary(HFW).

**Decision of EPC:**

- After the detailed discussion, it was recommended that the proposal be put upto MSG after suggested revisions have been done.

**Agenda 12: Proposal for provision of incentives for ASHAs for facilitating creation / seeding of ABHA ID in various IT Portals**

**Proposal:**

- JS(Policy) briefed about the proposal for provision of an incentives of Rs 10 for ASHAs for each ABHA account created and seeded in various IT portals of MoHFW such as NCD portal, Nikshay Portal, PM-NDP portal, RCH portal etc. This is expected to provide encouragement and impetus for championing this initiative.
- As on 15<sup>th</sup>July 2022, a total of 22,97,64,327 ABHA IDs have been created. Considering the population of 139 crore, there are 116 crore ABHA IDs to be created. In the first phase, 20 crore ABHA IDs are proposed to be created / seeded in various IT Portals with a total implication of Rs. 200 crores.

**Discussion:**

- Secretary (HFW) suggested to include timeline of the first phase and subsequent phases. It was also suggested that initially incentive should be given for creation/seeding of ABHA ids for the population in the age group of 30+ in NCD portal and for married/pregnant females of the age group from 15-29 years in RCH portal. Creation and seeding of ids through other portals should be encouraged. In any case for one person, payment of incentive to ASHA should be done only once.



**Decision of EPC:**

- After the detailed discussion, the proposal was recommended to be placed for the approval of the MSG with the suggested inclusions.

The meeting ended with vote of thanks to the Chair.

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**Annexure-1****List of Participants**

**List of Officers who attended the 9<sup>th</sup> Meeting of Empowered Programme Committee (EPC) of NHM held on 18.08.2022 at 3:00 PM in Committee Room No. 155-A, Nirman Bhawan, New Delhi**

<b>S.No.</b>	<b>Name</b>	<b>Designation</b>	<b>Ministry/Organization</b>
1	Shri Rajesh Bhushan	Secretary (HFW)	MoHFW
2	Ms. Shalini Prasad	Special Secretary	NITI Aayog
3	Shri S. Gopalakrishnan	AS (Health)	MoHFW
4	Ms. Roli Singh	AS & MD(NHM)	MoHFW
5	ShriSanjay Prasad	Additional Secretary	Deptt. of Expenditure, Ministry of Finance
6	ShriVishal Chauhan	Joint Secretary (Policy)	MoHFW
7	Dr. P. Ashok Babu	Joint Secretary (RCH)	MoHFW
8	Ms. Gayatri Mishra	Joint Secretary (IFD)	MoHFW
9	Shri Rajiv Manjhi	Joint Secretary (NUHM)	MoHFW

<b>S.No.</b>	<b>Name</b>	<b>Designation</b>	<b>Ministry/Organization</b>
10	Shri Naveen Shah	Joint Secretary	Ministry of Rural Development
11	Ms. Indrani Kaushal	Economic Advisor	MoHFW
12	Dr. A Raghu	DDG (Ayush)	Ministry of AYUSH
13	Prof. Sanjay K Rai	Community Medicine	AIIMS, New Delhi
14	Dr. Sujeet Singh	Director (NCDC)	MoHFW /NCDC
15	Maj Gen (Prof) Atul Kotwal	Executive Director	NHSRC
16	Dr. Neha Garg	Director (NHM-II)	MoHFW
17	Shri Harsh Mangla	Director (NHM-I)	MoHFW
18	Dr. Sachin Mittal	Director (NHM IV & NUHM)	MoHFW
19	Dr. Raghuram Rao	ADG (TB)	MoHFW
20	Dr. Simmi Tiwari	Joint Director	MoHFW / DGHS,NCDC
21	Ms. Sarita Nair	DS (NCD)	MoHFW
22	Shri Vijay Kumar	Deputy Secretary	Ministry of Panchayati Raj
23	Shri Sachin Arora	Under Secretary	Deptt of School Education & Literacy
24	Dr. Ajit Shewale	Dy. Director	MoHFW / NCDC
25	Shri Vikas Sheemar	Senior Consultant	MoHFW / NHM
26	Shri Anil Kumar Gupta	Senior Consultant	MoHFW / NHM
27	Dr. Pallavi Singh	Consultant	MoHFW / NHM