V-11011/1/2022-NHM-II
Government of India
Ministry of Health & Family Welfare
National Health Mission

Nirman Bhawan, New Delhi
Dated the 7th October, 2022

Subject: Minutes of 7th Meeting of Mission Steering Group (MSG) of National Health Mission (NHM) held on 7th September 2022

Kindly find enclosed herewith the minutes of the 7th Meeting of Mission Steering Group (MSG) of National Health Mission (NHM) was held under the chairpersonship of Sh. Mansukh Mandaviya Hon'ble Union Minister for Health and Family Welfare, from 01.30 PM to 04:00 PM on 7th September, 2022 for information and record.

(Dr Neha Garg)
Director (NHM)
Tel: 23061360

1. PS to Hon'ble Union Minister of Jal Shakti
   Krishi Bhawan, New Delhi – 110001
2. PS to Hon'ble Union Minister of Social Justice and Empowerment
   Shastri Bhawan, New Delhi – 110001
3. PS to Hon'ble Union Minister of Women & Child Development
   Shastri Bhawan, New Delhi – 110001
4. PS to Hon'ble Union Minister of Housing & Urban Affairs
   Nirman Bhawan, New Delhi – 110108
5. PS to Hon'ble Minister of Rural Development
   Krishi Bhawan, New Delhi – 110001
6. PS to Hon'ble Minister of Panchayati Raj
   Krishi Bhawan, New Delhi – 110001
7. PS to Hon'ble Minister of Education
   Shastri Bhawan, New Delhi – 110001
8. PS to Hon'ble Minister of State for Health & Family Welfare
   Nirman Bhawan, New Delhi -110001
9. PS to Hon'ble Vice Chairman, NITI Aayog
10. PS to CEO, NITI Aayog

11. Secretary (School Education & Literacy)
12. Secretary (Higher Education)
13. Secretary (Panchayati Raj)
14. Secretary (Women & Child Development)
15. Secretary (Rural Development)
16. Secretary (Jal Shakti)
17. Secretary (Development of NE Region)
18. Secretary (Expenditure)
19. Secretary (Social Justice and Empowerment)
20. Secretary (Tribal Affairs)
21. Secretary (Urban Affairs)
22. Secretary (AYUSH)
23. DGHS
24. AS & FA, MOHFW
25. Principal Secretary HFW (Rajasthan)
26. Principal Secretary HFW (Uttar Pradesh)
27. Principal Secretary HFW (Himachal Pradesh)
28. Principal Secretary HFW (Meghalaya)

Copy for information to:

1. PS to Hon'ble Union Minister of Health & Family Welfare
2. PS to Dr. V.K Paul, Member, NITI Aayog
3. PPS to Secretary (H&FW)
4. PPS to AS & MD (NHM)
5. PPS to AS (Health)
6. PPS to AS (MA)
7. PPS to AS (LA)
8. PPS to JS (PAB)
9. PPS to JS (RM)
10. PPS to EA (IK)

Minutes of 7th Meeting of Mission Steering Group (MSG) of National Health Mission (NHM) held on 7th September 2022 at 1:30 Noon in Hall No. 1, Vigyan Bhavan, New Delhi.

The 7th Meeting of Mission Steering Group (MSG) of National Health Mission (NHM) was held under the chairpersonship of Sh. Mansukh Mandaviya Hon'ble Union Minister for Health and Family Welfare, from 01.30 PM to 04:00 PM on 7th September, 2022.

At the outset, Ms Roli Singh, Additional Secretary & Mission Director (NHM) extended a warm welcome to all members of MSG. She briefed the participants on the background of MSG stating that MSG is the apex body approved under National Health Mission (NHM) and provides broad policy direction to the Mission and exercises the main governance under the health sector. MSG also advises the Empowered Program Committee (EPC) in policy formulation and operation. The MSG is fully empowered to approve financial norms for various schemes/initiatives under NHM. AS & MD, NHM informed that so far nine meetings of the MSG have been convened of National Rural Health Mission (NRHM), six meetings have been convened of National Health Mission (NHM).

Shri Rajesh Bhushan, Secretary (HFW) in his opening remarks highlighted that MSG is the apex body to oversee the policy and implementation of NHM. He mentioned that the proposals before MSG are for changes in existing cost norms of activities under NHM. He clarified that change in yearly outlays of scheme is neither proposed nor under power of MSG to consider. Secretary H & FW stated that all the proposals to be presented before MSG have been considered by the Empowered Program Committee (EPC) chaired by Secretary H & FW and includes Secretaries or their representatives of all the concerned Ministries. Further, Secretary H & FW added that this MSG meeting is held in the backdrop of the Fifteenth Finance Commission (FC XV) earmarked grants of Rs 70,051 Crore recommended for Health through Local Governments for the period to 2021 – 22 to 2025-2026. This includes grant of Rs 18,472 Cr for Support for diagnostic infrastructure to the primary healthcare facilities.

Thereafter, various agenda items were taken up for discussion with the permission of the Chair.

Agenda – 1 – Confirmation of minutes of 6th meeting of MSG held 2nd February 2019

The minutes had been conveyed to all MSG members and no observations were received. The minutes were confirmed by the MSG.

Agenda – 2 – Action Taken Report on decisions taken during 6th meeting of MSG

The actions taken on each of the decisions taken during last MSG meeting were tabled in front of the MSG members. The action taken was noted by the MSG.

Agenda – 3 – Update on Progress of NHM

A detailed presentation on progress of NHM was given by Sh. Vishal Chauhan, Joint Secretary (Policy). He mentioned that decline in Maternal Mortality Ratio (MMR) of our country (81%) is better than the global decline (45%). Further, he added that Seven States (Kerala, Maharashtra, Telangana, Andhra Pradesh, Tamil Nadu, Jharkhand and Gujarat) in country have already achieved the SDG target (70) for MMR which is to be achieved by 2030. India Decline (72%) in Under 5 Mortality Rate (U5MR) is better than global decline (60%). Eight States (Kerala, Tamil Nadu, Delhi, Maharashtra, J&K, Punjab & Himachal Pradesh and West Bengal) have already achieved the SDG target (<=25 by 2030). Thirty-one States have achieved replacement level of Total Fertility Rate (TFR).

JS (P) highlighted that the acceptance of public health facilities and faith in public health care services is evident from the increased footfalls in public health facilities. This is attributed to the increased number of health facilities, improved infrastructure, additional Health HR (Specialists, Doctors, other HR and ASHAs) availability of free drugs, diagnostics, ambulance and referral services.

Hon'ble Union Minister of Jal Shakti Shri Gajendra Singh Shekhawat opinioned that the increase may also be due to increase in –patient during COVID times. JS (P) mentioned that the data presented is till 2021 and indicate preference for public health facilities.

JS (P) shared that one of the achievement clearly visible due to Ayushman Bharat, availability of free drugs and diagnostics is the reduced Out of Pocket Expenditure. Impact would be better and visible in coming years after realizing the huge investment in Ayushman Bharat, PM-ABHIM and FC XV grants. Hon'ble Union Minister of Jal Shakti Shri Gajendra Singh Shekhawat added that the impact would also include contribution by Pradhan Mantri Bhartiya Janaushadhi Pariyojana (PMBJP) for drugs and implants.

Joint Secretary (Policy) also mentioned that there has been considerable increase in Public Health facilities such as Sub Health Centre (SCs), Primary Health Centres (PHCs) and Community Health Centres (CHCs), Sub District hospitals (SDHs), District Hospitals (DHs) during the mission period. The SCs, PHCs and CHCs have increased by 11%, 32% and 85% respectively. In addition, 1.20 lakh SCs and PHCs have been transformed as AB-HWCs. NHM has significantly contributed towards increased availability of Health human resources. NHM has supported over 3.16 lakh HR in the States/UTs which includes Specialists, Medical Officers (MOs), Staff Nurses (SN), Multipurpose Workers (MPW), Community Health Officer (CHO), Lab Technician (LT), Pharmacists and Ayush HR at collocated health facility. Further, appox 10 lakh ASHAs are also supported in various States under NHM.

Chairperson, Dr. Mansukh Mandaviya mentioned that HR support to states is a major contribution towards health systems of States. Dr V.K Paul, Member NITI Aayog also appreciated this augmentation of considerable HR across the country by NHM.

With regards to the target of TB Elimination by 2025, JS (Policy) informed that the case notification has increased to 21.35 lakh in 2021 from 18.2 lakh in 2017. The treatment success rate had reached up-to 83%. Rs. 1651.27 Crore has been disbursed through DBT mode to 62.71 Lakh TB patients for nutritional support (since 2018). Chairperson also briefed the house about the upcoming Nikshay 2.0 under NTEP.

This was followed by presentation on achievements on the front of disease control programme. JS (Policy) mentioned that significant reduction in Malaria Cases and deaths have been recorded over the years. Under Pradhan Mantri National Dialysis Programme (PMNDP), free dialysis services are being provided in 615 Districts at 1136 centres by deploying 7809 dialysis machines. So far, 15.07 lakh patient have availed dialysis services and 161.02 Lakhs Hemo-dialysis sessions have been held.

After detailed discussion, the progress under NHM was noted by the MSG.

Agenda – 4 – Minutes of 8th Meeting of EPC under NHM held on 19th December 2019

The minutes of the above said meeting were presented for information of MSG members. The same was noted by the MSG.

Agenda – 5 – Minutes of 9th Meeting of Empowered Programme Committee (EPC) of National Health Mission held on 18th August 2022

The minutes of the above said meeting were presented for information of MSG members. The same was noted by the MSG.

Agenda – 6 – Proposal to revise the costing norms for screening and diagnosis of sickle cell disease

Joint Secretary (Policy) mentioned that Sickle Cell anemia has emerged as a critical issue. The Ministry of Health & Family Welfare and Ministry of Tribal Affairs have collaboratively put in efforts to combat the issue. According to a screening conducted by Tribal Ministry, out of 1,13,83,664 people screened in different States, about 8.75% (9,96,368) tested positive (around 10% percent affected and tested positive for trait, 0.5% were affected by disease). Out of 3 lakh birth with SCD worldwide, 50 thousand are in India every year. He added that 20% of tribal children with SCD die before reaching the age of two years, 30% with SCD die by 25 years and approx 50% by 40 years and average life expectancy is 30 years less than normal. There are approximately 15 lakh Sickle cell affected patients in the country specially in the tribal belt.

To address this issue, it has been decided to screen the targeted population up to the age of 40 years in affected population in 17 states and the estimated total cohort of the population is 7 crores.

The proposal for revised cost norms for screening and diagnosis of Sickle Cell disease before MSG is summarized as under:

Test	Revised norms (proposed)	Cost
Screening test (tube based): Solubility test	Rs.40/test (inclusive of sample transport cost)	Rs.40X7*Crore = 280 Crore
Diagnostic test: Using HPLC/ Electrophoresis	Rs. 250/test	Rs.250 X1.05Crore = Rs.262.50 Crore
Total cost		**Rs.542.5 Crore**

Particulars	Year 2022-23	Year 2023-24	Year 2024-25	Year 2025-26	Total
Screening Target (No.)	1 Cr	2 Cr	2 Cr	2 Cr	**7 Cr**
Screening cost (Rs.)	40 Cr	80 Cr	80 Cr	80 Cr	**280 Cr**
Confirmation test cost (for 15%) (Rs.)	15 lakh x 250/- = 37.5 Cr	30 lakh x 250/- = 75 Cr	30 lakh x 250/- = 75 Cr	30 lakh x 250/- = 75 Cr	**262.50 Cr**
Total (Rs.)	**77.5 Cr**	**155 Cr**	**155 Cr**	**155 Cr**	**542.5Cr**

It was mentioned that with screening test of Rs 40 per sample and HPLC for 15% at the average cost of Rs 250/- per person average weighted cost comes Rs 77.50/-. This ceiling of Rs 77.50 per test shall also be applicable while using any of the validated Point of care tests as well.

In the end, Dr V.K Paul mentioned that as results of health technology assessment to find out the appropriate cost of these tests are due, it is suggested to keep the capping for the PoC tests at Rs 100 instead of Rs 77.50 per person to ensure that the opportunity to increase resilience and speed is not lost.

The proposal was approved by the MSG.

Agenda – 7 – Proposal for adding AV fistula making charges for Hemodialysis in the existing PM - National Dialysis Programme (PMNDP)

Joint Secretary (Policy) briefly shared that currently under PMNDP programme, the cost of making native AV fistula is presently not included under the PMNDP which in result is borne either by the patient or by the state.

Therefore, it is proposed to include Rs. 6000 as support for 'AV fistula (without prosthesis) making charges' for every new BPL patient registered in PMNDP where nearby government health facility for fistula making does not exist as one-time cost provided that the AV-fistula making charges are given only if the AV fistula surgery is successful. The proposal if accepted will have additional financial implication of Rs. 30 Crore per year in the PMNDP programme resource envelope.

Hon'ble HFM remarked that the beneficiaries not availing these services under PMJAY may only be supported under PMNDP with regards to 'AV fistula'.

The proposal was approved by the MSG.

Agenda – 8 – Proposal for Revision of Infrastructure strengthening cost of SHCs, PHCs and U-PHCs for upgrading into Ayushman Bharat (AB)-HWCs under National Health Mission

Joint Secretary (Policy) presented the agenda. He stated that presently, financial support of Rs. 7.00 Lakhs/ Sub health Center(SHC), Rs. 4.00 Lakhs per Rural Primary Health Center (PHC) and Rs.1.00 Lakh per Urban Primary Health Center (U-PHC) is provided for upgradation of the facilities to AB-HWC. However, it has been observed that the cost of infrastructure strengthening for SHCs upgradation, PHCs and UPHCs in the scheduled areas is more than the present financial support provided to the facilities.

It is proposed to revise the budget for SHC AB-HWCs, rural PHC AB-HWCs and urban PHC AB-HWC situated in the scheduled areas (schedule V and VI of the constitution) from 7.00 Lakhs to upto 10 Lakhs, 4.00 Lakhs to upto 7.00 Lakhs and 1.00 Lakhs to upto 2 Lakhs respectively, with the condition that average upgradation cost of all HWCs in the state remains within the previously approved upper limits.

Hon'ble Minister of Jal Shakti asked the addition expected from this financial grants to facilities. Hon'ble HFM clarified that this support is in view of the Hon'ble PM announcement of transforming 1.5 lakh SCs and PHCs to Ayushman Bharat Health & Wellness Centres.

Joint Secretary (Policy) informed that Rs 7 lakh is provided for creation of Yoga room, room for CHO consultation, creation of additional toilet, close infrastructure gaps. Secretary H & FW shared that expanded range of free services (12) is provided at transformed facilities as HWCs in contrast to limited Reproductive and child health services being provided at traditional SCs and PHCs Further, he added that additional free screening services such as for breast Cancer, cancer of cervix, oral cancer, diabetes, hypertension, ophthalmic services, etc. Further, he added that the list of free drugs and diagnostics being provided at these facilities has been expanded. In addition, wellness activities, eat right services, Yoga, Zumba etc are being provided with support from NHM. Also, HWC being the nearest health facility to the community, provision of Community Health Officer (CHO) is being supported. He clarified that the grant of Rs 2 lakh to Urban areas is being provided to support States to operationalize facilities as H & WCs and can be utilized to pay for rents, upgradation as per need. Similarly, the grant for H & WCs in rural areas van be used for upgradation, electricity, water cooler installation etc as needed. JS (Policy) added that the Teleconsultation Services available at these H & WCs have proved to be of added advantage.

Hon'ble Minister of Jal Shakti suggested that a third party verification of the Rural PHCs and Urban PHCs transformed as HWCs should be conducted to study the impact created through this support provided in previous years. Hon'ble HFM mentioned that despite availability of this support, though few States do not avail this support, few have shown considerable improvement in their infrastructure.

The proposal was approved by the MSG.

Agenda – 9 – Proposals to Ratification of revised financial allocations to State Health Systems Resource Centre (SHSRC) in context of SHSRC strengthening

Joint Secretary (Policy) presented the agenda. He mentioned that similar to NHSRC as resource center for Govt. of India, States to have State Health System Resource Centre (SHSRC) to support states in the envisioned new initiatives such as like State Innovation Hubs, State Health Accounts, etc.

At present there are eleven States where SHSRCs are functional. With approval of Hon'ble HFM, the cost norm for SHSRCs in bigger states revised to Rs. 2.5 crore per annum (from 1 crore) and Rs. 1 crore per annum (from Rs 0.5 crore) for the smaller states through State specific Programme Implementation Plans. Also, for the other states that may opt for SHSRCs establishment in the future, the revised budget norms would be followed.

The proposal for Ratification of revised financial allocations to State Health Systems Resource Centre (SHSRC) in context of SHSRC strengthening was approved by the MSG.

Agenda – 10 – Proposal for Ratification of Inclusion of Peritoneal Dialysis under NHM Pradhan Mantri National Dialysis Programme (PMNDP)

Sh. Vishal Chauhan, Joint Secretary presented the agenda. He mentioned that over 2 to 2.20 lakh new patients develop end-stage kidney failure every year in India. Peritoneal dialysis is a home based treatment with minimal supervision, cost saving and puts no additional incremental burden on the existing healthcare infrastructure. He shared that the Guidelines on Peritoneal Dialysis under Pradhan Mantri National Dialysis Program (PMNDP) was approved and released during 13th CCHFW meeting.

The ratification proposal to include peritoneal dialysis therapy under the existing Pradhan Mantri National Dialysis program (PMNDP) at no additional financial implication was approved by the MSG. PMNDP will have two components of hemo and peritoneal dialysis.

Agenda – 11 – Proposal to revise the costing norms for ambulances under National Ambulance Services (NAS)

The proposal was put forth by the Sh. Vishal Chauhan, Joint Secretary stating that a considerable number of ambulances are being supported under NHM which includes over 2,500 Advanced Life support (ALS) ambulances, 12,000 Basic Life Support (BLS) ambulances in States/UTs. He mentioned that the last cost revision in cost norms for operationalization of ambulances was done in 2017. Further, in view of the recent AIS 125 (Automotive Industries Standards 125) norms as per Central Motor Vehicle Rules, CMVR1989 as amended in Dec 2017 by the Ministry of Road Transport & Highways, escalated fuel price, changes in the remuneration, costing for maintenance of vehicle, States have requested to revise the cost norms for ambulances under National Health Mission.

The proposal for consideration of MSG for States other than Northeast, Assam and other Hilly States/UT like HP, UK, J&K and Ladakh is summarized as under:

COST	Basic Life Support (BLS)		Advance Life Support (ALS)	
	Existing cost (per ambulance/ month)	Revised cost (per ambulance / month)	Existing cost (per ambulance / month)	Revised cost (per ambulance / month)
OpEx cost (in Rs)	1,20,000	1,37,388	1,44,000	1,58,340
OpEx + CapEx cost (monthly EMI cost) (in Rs)	1,40,000	1,92,462	1,78,503	2,45,092

An escalation of 10% on the revised cost is proposed for consideration for NE States

The proposal for consideration of MSG for Northeast States and parts of other Hilly States/UT like HP, UK, J&K and Ladakh only for patient transfer vehicle–

- If the capital cost of the vehicle is being provided by the State, then the monthly OPEX cost would be Rs 57700/-.
- If the capital cost of the vehicle is being provided by the service provider, then the monthly OPEX cost would be Rs 89378/- (including monthly OPEX + EMI cost)

The proposal for revision of cost norms for ALS, BLS and PTV with additional cost of Rs 1376 Cr per year was approved by the MSG.

Agenda – 12 – Proposal to revise the costing norms of single vehicle MMU

Joint Secretary (Policy) briefed about the proposal to revise the costing norms of single vehicle MMU. He mentioned that 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 guidelines for MMUs under NHM were rolled out in 2015. In view of the increased cost of FOL (Fuel, oil and lubricant), hiring of HR, equipment etc, States particularly North Eastern states and hilly regions have mentioned regarding challenges in operationalization of these MMUs. Based on the request from States and expert group recommendations, the revised budget with additional financial implication of Rs 161.2 crore per year is proposed as under:

	Present financial norms	**As recommended by experts (for Type 1 vehicle)**
Monthly OPEX	*Type 1 – 1,55,000* *Type 2- 2,15,000* *Type 3- 2,22,000*	***Rs 1,98,700***
Monthly	*Type 1 – 2,05,000* *Type 2- 2,65,000* *Type 3- 2,72,000*	***Rs 2,45,562****

OPEX + CAPEX (vehicle cost)		
Total cost including 15% management cost		***Rs 2,82,396***

In view of the availability of health services at the HWCs, the requirement to hold camps through MMUs is limited. Thus, it is proposed to have provision of single vehicle - up to 2 MMUs per district in plains & 4 MMUs per district in tribal/ hilly/inaccessible/remote and hard to reach areas, especially northeast region. The services of MMUs can be phased out in the next 5 years except for few areas. It was clarified that 15% management cost is for both types of models – OPEX as well as Capex.

The proposal was approved by the MSG.

Agenda – 13 – Proposal for increase in budget ceiling of NHSRC to Rs 100 crore per annum

Joint Secretary (Policy) mentioned that in view of the enhanced requirement of technical and programmatic support to States/UTs in view of recently launched schemes such as PM-ABHIM etc, to achieve Sustainable Development Goals (SDG), National Health Policy (NHP) 2017 targets, it is important to strengthen National Health Systems Resource Centre (NHSRC).

It was stated that the proposal is for increase in budget ceiling of NHSRC from Rs. 64 Crore (Rs. 35 crore + Rs. 29 crore) to Rs. 100 crores per annum.

The proposal was approved by the MSG.

Agenda – 14 – Proposal for revision of Cost norms under NPCDCS for Equipment, Drugs & Supplies and Capacity Building including Training

JS(Policy) briefed about the proposal for revision of Cost norms under NPCDCS for Equipment, Drugs & Supplies and Capacity Building including Training. He mentioned that NCDs are estimated to account for 63% of all deaths in country. Currently, the expenditure incurred on NCDs under NHM accounts for only approx. 3%. Further, many new initiatives have been included under the NPCDCS programme such as National Multisectoral Action Plan (NMAP), Chronic Obstructive Pulmonary Diseases (COPD), Chronic Kidney Diseases (CKD), Stroke and ST-Elevated Myocardial Infarction (STEMI), Non-Alcoholic Fatty Liver Disease (NAFLD).

Upgraded ICUs are established in 602 districts through PM ABHIM. Rs. 3.10 Cr fund per CCU / ICU will be required for establishing CCU / ICU including STEMI and Stroke in rest 153 districts. Also, it includes establishment of spokes for STEMI / Stroke intervention at CHC / PHC level.

To ensure Laboratory equipment for NCDs at DHs, Rs 2 crore is proposed for PAP smear, Punch Biopsy, Colposcope for cervical cancer, Fine Needle Aspiration Cytology, Mammography and Biopsy for breast cancer, Chemotherapy Biosafety

Cabinet and related equipment for Continued Chemotherapy, Professional BP apparatus for Hypertension, ECHO for STEMI, CT scan/MRI for Stroke, Fibroscan for NAFLD.

The equipment cost of BP instrument is proposed to be increased to Rs. 6000/-8000/- in order to provide professional BP equipment.

Due to increased screening and diagnosis of Hypertension & Diabetes Drugs and Consumables, Drugs for District NCD clinic at DHs is proposed for Rs 2 crore, at CHCs for Rs 10 lakh.

Hon'ble Union Minister of Jal Shakti Shri Gajendra Singh Shekhawat suggested that these grants for equipment should be linked to availability of trained manpower at the facilities to operate these grants

Capacity Building including Training is also required in view of revision in new guidelines for inclusion of COPD, CKD, NAFLD, STEMI and stroke.

The proposal was approved by the MSG.

Agenda – 15. A – Proposal on incentives for ASHAs and ASHA facilitators after successful certification

Joint Secretary (Policy) presented that the ASHA certification is intended to enhance competency and professional credibility of ASHAs, improve the quality of training and ensure desired programme outcomes, provide an assurance to the community on the quality of services being provided by the ASHA besides promoting a sense of self recognition and worth for ASHAs.

The current proposal is to provide an incentive/cash award 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 launched in 2021, the ASHA Certification Course is to have two independent certificates:

A. RMNCHA+N

B. Expanded package of new services from Non-Communicable Diseases to Palliative Care.

Budget has been estimated assuming that all 10,22,661 ASHAs and 41,365 ASHA Facilitators would be in position and 90% (Approx. 9,57,623 ASHAs/AFs) would successfully complete the certification. Total financial implication is **Rs. 957.62 Crores** (i.e. Rs. 478.81 Crore x 2)

The proposal was approved by the MSG.

Agenda – 15. B – Proposal for provision of incentives for ASHAs for facilitating creation / seeding of ABHA ID in various IT Portals

JS (Policy) presented the agenda and stated that under the Ayushman Bharat Digital Mission (ABDM) launched by the Hon'ble Prime Minister, over 22 crore ABHA accounts have been created. It is proposed to ensure that ABHA ids of patients are seeded in various IT portals of MoHFW such as NCD portal, Nikshay Portal, PM-NDP portal, RCH portal etc.

Proposal is for provision of an incentives of Rs 10 for ASHAs for each ABHA account created/seeded in various IT portals of MoHFW. The first phase lasting over 6 months would aim to seed 20 crore accounts and the second and third phase would be launched thereafter based on the outcome of the first phase.

The proposal was approved by the MSG.

Agenda – 15. C – Proposal for Provision of Incentive to ASHAs or Community Volunteers for ensuring seeding of bank account details of TB patients in Ni-kshay portal for enabling DBT Payments under the National Tuberculosis Elimination Programme (NTEP)

Shri Vishal Chauhan, Joint Secretary (Policy) 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 or delays in seeding of account details on the Ni-kshay portal, the program is unable to provide the benefits to all the eligible beneficiaries.

The programme is proposing to provide an incentive to ASHA or community volunteers at the rate of Rs 50/notified TB patient for seeding of bank account details on the Ni-kshay portal within 15 days of treatment initiation for enabling Direct Benefit Transfer under the National TB Elimination Programme. the expected fund requirements per year will be Rs 12.5 Crore (Expected Notified TB patients 25 lakhs X 50 per TB patient for account seeded), which will be met from the existing allocation made under NTEP/NHM.

The proposal was approved by the MSG.

Agenda – 15. D – Proposal for incentive to ASHA / Community Health Volunteer for supporting treatment adherence and completion of TB Preventive Treatment among individuals eligible for TB Preventive Treatment

The proposal was presented by the Joint Secretary (Policy). He stated that currently, there is no support system available for individuals 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 348.68 crore with central share of Rs 209.21 crore.

The proposal was approved by the MSG.

Agenda – 15. E – Proposal for revision of ASHA incentive for referral of SAM children to NRC and follow up of SAM children after discharge from NRC to from current norms of Rs. 150/- to Rs. 300/- per SAM child

Joint Secretary (Policy) presented the agenda and briefed that all SAM children with medical complication are required to be managed in the health facilities set up and appropriately followed up needs to be done. Hence, it is proposed to provide ASHAs with a revised incentive of Rs 300/- (Rs. 250/- for referral and follow up + Rs 50/- additional incentive of 'out of SAM/ SAM Free status') per sick SAM child from existing amount of Rs. 150/-, who is admitted to the NRC and during follow up period recovered from SAM status successfully with an estimated budget requirement of Rs. 12.00 Cr per annum.

Hon'ble Minister of Jal Shakti suggested that the incentive structure for ASHAs may be integrated to a holistic incentive structure. JS (Policy) mentioned that the National ASHA Mentoring Group has been re-constituted and would give its recommendations on the matter within a fixed timeframe.

The proposal was approved by the MSG.

Agenda – 15. F – Proposal for provision of incentive to ASHA worker for referring Post Kala azar Dermal Leishmaniasis case

Joint Secretary (Policy) presented the agenda and mentioned that Kala azar (KA) is endemic in four States - Bihar, Jharkhand, WB and UP. Till July 2022, 578 KA cases have been reported. Kala-azar is targeted for elimination (Annual incidence of <1 case/10,000 population at block level) by 2023. Despite complete treatment approx. 10% KA treated cases may present with PKDL. During 2021, 770 PKDL cases were reported. PKDL cases are reservoir for transmission of the disease. To achieve the elimination target and sustaining thereafter, it is vital to detect and ensure treatment completion of PKDL cases.

Proposal is for incentive to ASHA worker for PKDL case detection and complete treatment @Rs. 500/- per case (Rs. 200/- at the time of diagnosis and Rs. 300/- after treatment completion)

The proposal was approved by the MSG.

Agenda – 15. G – Proposal for revision of ASHA incentives under National Malaria Control Programme for Enhancing ASHA incentive from Rs 75/- to Rs. 200/- per confirmed case of Malaria for ensuring complete treatment.

Joint Secretary (Policy) shared that the Malaria cases and deaths have reduced by 86.2% and 76.6%, respectively between 2014 and 2021. Malaria is targeted for elimination by 2030 by achieving zero indigenous case; and to maintain Malaria-free status thereafter by preventing re-introduction of Malaria based on National Framework for Malaria Elimination in India, 2016-2030 (NFME), It is proposed that incentives of ASHAs may be increased for ensuring complete treatment of Malaria cases, which should strengthen the surveillance system and would ensure that all positive Malaria cases comply with complete treatment.

Proposal is to enhance ASHA incentive from Rs 75/- to Rs. 200/- per confirmed case of Malaria for ensuring complete treatment. The estimated amount towards the incentive to ASHAs for ensuring treatment completion, works out to be Rs. 4.6 Cr annually.

The proposal was approved by the MSG.

Agenda – 16- Extension of Janani Shishu Suraksha Karyakram (JSSK) free referral services for 1-5 years' age children for admission in Nutrition Rehabilitation Centre (NRCs) and follow up visits to NRCs after discharge and provision of diet for mothers during the stay at NRC/Paediatric inpatient facility under JSSK.

a. **Proposal for provision of free referral services under JSSK (CH) for sick SAM children aged 1-5 years for admission in NRCs and follow up visits to NRCs after discharge.**

b. **Proposal for free diet of mother/caregiver of admitted sick SAM child**

Joint Secretary (Policy) mentioned that JSSK provides free referral transport to sick infants upto one year of age whereas large number of admitted children in NRCs are in the age group of 1-5 years whose families belong to lower income groups and not in position to avail NRC services. Currently, free transport for follow up visits to NRC/pediatric facility for discharged children (1–5-year age group) is not available under JSSK. Further, there is no provision of diet for mother/care giver during stay at NRC which reduces the length of stay of SAM child in NRC. Presently, as per NFHS 5 data, 7.7% of under-five children amounting to around eight (8) million are severely wasted/Severe Acute Malnutrition (SAM).

He briefed that the proposal is to extend the benefit of free referral transport under JSSK, currently available to pregnant women for institutional delivery including antenatal & post-natal complications of pregnancy and sick infants upto one year of age accessing public health institutions, to sick SAM children aged 1-5 years for admission in NRCs and follow up visits to NRCs after discharge as well and provision of diet for mothers during the stay of children at NRC/Pediatric inpatient facility with total estimated annual cost of Rs 100.00 Cr.

The proposal was approved by the MSG.

Agenda – 17- Proposal to revise training cost norms for Life Saving Anesthesia Skills (LSAS) and Comprehensive Emergency Obstetric & Newborn Care (CEmONC) trainings under National Health Mission

Joint Secretary (Policy) presented the agenda and shared that the EmOC and LSAS training programs were started in 2009. He mentioned that in light of the recommendations of an expert group constituted for review of LSAS and EmOC training programme to incorporate the newer emerging evidences, it is proposed to increase the duration of the trainings from 16 weeks to 24 weeks for CEmONC and from 18 to 24 weeks for LSAS. An interim independent evaluation for both the trainings after 2 years may be conducted.

The proposal to revise cost norms is summarized as under:

Training	Old norms		New norms	
	One time cost	Recurring cost /batch	One time cost	Recurring cost/batch
CEmONC	Rs.15 lakhs	Rs.34.3 lakhs	**Rs.26.44 lakhs**	**Rs.24.50 lakhs**
LSAS	Rs.25 lakhs	Rs.15 lakhs	**Rs.26.44 lakhs**	**Rs.24.30 lakhs**

Total additional budget required for conducting CEmONC and LSAS trainings as per revised norms works out to be Rs 375 lakh and Rs 375 lakh annually respectively.

The proposal for extension of duration and revision of cost norms of CEmONC & LSAS trainings was approved by the MSG.

Agenda – 18- Proposal for including activities for Prevention and Control of Snake Bites Envenoming under existing components of NHM

Additional Secretary (MOHFW) Shri Luv Agarwal presented the agenda and briefed that about 30 to 40 lakh snake bites cases are estimated each year, however the reporting is only about 3 lakh cases. Similarly, only about 2000 deaths are reported against an estimated death of approx. 45000.

To reduce the morbidity, mortality and its associated complications in humans due to Snake bite, AS (MOHFW) deliberated for Inclusion of following activities for Prevention and Control of Snake bites at District and State level with an annual budget outlay of Rs 14.89 Crores for under NHM as below:

- Training of health professionals on Snake bite management, emergency care, control etc. at State and District level (Rs. 4.65 Crores)
- Meetings for advocacy, Intersectoral coordination etc. (Rs. 5.12 Crores)
- Surveillance and monitoring (Rs. 5.12 Crores)
- For IEC (No separate budget for IEC is proposed and available budget under IEC head of NHM will be used for this purpose)

The proposal for Inclusion of activities for Prevention and Control of Snake bites at District and State level with an annual budget outlay of Rs 14.89 Crores for under NHM was approved by MSG.

Agenda – 19- Proposal for National Program for Prevention and Control of Rabies with an aim to reduce mortality due to Rabies

Additional Secretary (MOHFW) Shri Luv Agarwal presented the agenda and mentioned that Rabies is a Neglected Tropical Zoonotic Disease through bite of rabid animal mostly dogs. Rabies is 100 % fatal but 100 % vaccine preventable. The SDG Goals and National Health Policy (NHP), 2017 highlights strengthening of NRCP. He highlighted that there is a global call for Elimination of Rabies by 2030.

He mentioned that India is the highest contributor to the rabies burden in the world (33% Global 59% in SE Region) and 20,000 annual rabies deaths are estimated in India. He stated that the objective of current proposal is to prevent and control deaths due to Rabies in humans and progressively achieving the Global target for "Rabies-Zero by 2030.

Proposal is for Rs 19.74 crores to implement National Rabies Control Program activities at District and State level within the overall resource envelope of the State/UTs based on proposals received under NHM for National Rabies Control Program as below:

- Training of health professionals on Animal bite management at State and District level (Rs. 4.63 Crores)
- Review meetings and printing of standard formats, guidelines etc. (Rs. 5.08 Crores)
- Supervision, Monitoring and incentive for Data entry operators (Rs. 9.37 Crores)
- Model Anti Rabies Clinics (Rs. 0.66 Crores)
- ARV & ARS – It is included in National Essential Drug List, it was proposed that it will be continued to be procured by States/UTs, out of funds allocated under National Free Drug Initiatives or State budget.
- IEC- No separate budget for IEC has been proposed under NHM and available budget at central level with IEC division will be used for this purpose

The proposal was approved by MSG

Agenda – 20- Proposal is for continuation of Programme for Prevention and control of Leptospirosis under NHM with state and district level components under NHM-PIP mechanism

Additional Secretary (MOHFW) Shri Luv Agarwal presented the agenda and mentioned that mortality due to Leptospirosis is preventable if detected and treated early and thus emphasis needs to be specified for early diagnosis, standard case management in programme. Presently, the implemented in coastal states & UTs - Maharashtra, Gujarat, Karnataka, Tamil Nadu, Kerala, A&N islands.

He briefed that the current pproposal is for expansion of the program from previous 5 States and 1 UT to 3 more states (Uttar Pradesh, Assam, Goa) and Dadra and Nagar

Haveli and Daman and Diu) to focus on 114 districts which are endemic with outbreak potential.

Proposal is for Programme for Prevention and Control of Leptospirosis with budget of **Rs. 2.39 Crores** to be implemented in 8 states and 2 UTs.

The proposal was approved by MSG.

Agenda – 21- Proposal for Revision of Welfare Allowance of patient for Reconstructive Surgery (RCS) under NLEP

The agenda was presented by Joint Secretary (Policy). He mentioned that Leprosy, if not diagnosed at an early stage, results in severe Grade II Disability (G2D) leading to loss of peripheral limbs. This necessitates the Reconstructive Surgery (RCS). Providing allowance for welfare of patients for one month (1 week preoperative + 1 week intra-operative + 15 days post-operative) would motivate people to come forward for Reconstructive Surgeries and will also improve the quality of life of persons affected by Grade 2 Disabilities.

He briefed that the proposal is to increase the Welfare Allowance from Rs. 8,000/- at present to Rs. 12,000/patient for 2000 G2D cases undergoing major RCS irrespective of his/her financial status. Additional financial implication is Rs. 93.84 lakh/ year i.e. Rs. 2.40 Crore (after revised rate) – Rs.1.46 Crore (as per existing unit rate)

The proposal was approved by MSG.

Agenda – 22- Proposal for Elimination of Lymphatic Filariasis from India

Joint Secretary (Policy) presented the agenda regarding Lymphatic Filariasis (LF) (haathi paon). He mentioned that Mass Drug Administration (MDA) was initiated in 2004 to interrupt the chain of transmission. As per the Global strategy, 5 rounds of MDA are required to interrupt transmission. However, despite 15 rounds of MDA, 133 districts still continue to be part of ongoing MDA rounds in 2022. The proposal is to enhance monitoring of MDA in terms of Human Resources to the endemic States. This will result in better support to States during MDA rounds to ensure at least 65% coverage in the community to interrupt chain of transmission. The proposal has been revised after the 8th EPC to reflect changed programmatic requirements.

Proposal is for enhanced financial assistance to States for Mass Drug Administration @ Rs. 13.95 Lakh per district (assuming 10 Blocks per district) for MDA. The increased financial implication annually as per the revised proposal will be Rs 18.55 Cr.

The proposal was approved by MSG

Agenda – 23- Introduction of Human Papilloma Virus (HPV) Vaccine - Universal Immunization Program(UIP)

Joint Secretary (RCH) Shri P. Ashok Babu presented the agenda and mentioned that Human Papilloma Virus (HPV) causes infection in Cervix and later on results into

Cervical Cancer. Worldwide, Cervical Cancer is the 4th most frequent cancer in women with ~604,000 new cases/year which results in ~342,000 deaths (56%)/year. In India, Cervical Cancer is the 2nd most common cancer among women. Every year ~122,844 women are diagnosed with cervical cancer and ~67,477 (55%) die from the disease, in India. The HPV vaccine was introduced in 2017 in UIP subject to the outcome of the Supreme Court Judgement. In June 2022, NTAGI recommended the introduction of HPV vaccine in the UIP with a one-time catch-up for 9–14 year old adolescent girls followed with routine introduction at 9 years. It is planned to cover the entire cohort in phased manner in three years.

Joint Secretary (RCH) deliberated and intimated MSG on the phased introduction of HPV vaccine in all States/UTs under Universal Immunization Program (UIP) over three years as campaign for girls aged 9 to 14 years for which it is estimated that Rs 2391.73 crores would be needed and subsequently, assuming that single dose will be introduced in RI from year 4, the annual domestic budget requirement for vaccine procurement is estimated to be Rs 223.76 crores. However, these are estimates and the actual financial requirements would be known once vaccine doses are tendered.

AS Expenditure, MoF Shri Sanjay Prasad sought clarification with regards to annual requirement for covering the cohort of 9-14 years out of domestic budget. Secretary H & FW clarified that since now the vaccine is being produced in our country, the cost of vaccine has reduced drastically and thus the cohort can be covered in the proposed cost. Further, he also briefed that introduction of any new vaccine in UIP in the country has always been in phased manner owing to limited production capacities and thus the total cost for entire cohort is spread out over years.

Principal Secretary Health (Rajasthan) mentioned that our UIP is centered around children, universally vaccination is also provided to adolescent and adults.

The proposal was noted and approved by MSG

After detailed discussions over agenda items, the following points were raised and suggestions made by MSG members:

Principal Secretary Health (Rajasthan) asked if MOHFW would provide the Rabies Vaccine as well. AS (MOHFW) Shri Luv Agarwal clarified that Rabies vaccine is already part of essential drug list. Further, he stated that MOHFW would coordinating to ensuring its availability in appropriate quantities at the health facilities.

Hon'ble Minister of Jal Shakti shared his observations on the flow of funds from State to districts. He mentioned that the amount released to districts is less in comparison to demands posed by the districts. He opinioned that the mechanism to monitor the fund flow may need refinement. AS Expenditure, MoF Shri Sanjay Prasad mentioned that MoF has issued memorandum to all States, stating that each State to have a State Nodal Agency (SNA) for Centrally Sponsored schemes. He added that to receive any subsequent installment from Central government, States have to release matching state share and report expenditure of atleast 75% of expenditure on previous grant. These provisions are beneficial in monitoring the fund flows.

H Hon'ble Minister of Jal Shakti shared his observations regarding NFHS survey. He mentioned that MOHFW may take a relook at the mechanism of this survey. He said that the even after taking into account the respondent bias, findings of NFHS appear different from observations made by other means.

Secretary (AYUSH) Shri Rajesh Kotecha mentioned that over 35, 000 AYUSH HR including over 24,000 AYUSH doctors is supported at collocated health facilities under NHM. However, there is huge salary disparity between the remuneration provided to AYUSH doctor as compared to MBBS doctor.

Dr V. K. Paul, Member, NITI Aayog appreciated the achievements of the Mission and acknowledged the contribution of NHM in the attainment of MDGs. He also appreciated the focus on the poor and the vulnerable in this MSG by providing additional support to diseases like Sickle Cell, Kala Azar and Lymphatic Filariasis and SAM children.

He remarked that the cost estimates for diagnosis of sickle cell anemia in agenda 6 (Proposal to revise the costing norms for screening and diagnosis of sickle cell disease) is based on the test which is conducted by lab technician and is possible and right. He added that, now due to advancement in science, point of care diagnosis are also available now. However, the cost of this test is towards higher side. Given that these tests are available at lower costs, the accuracy and speed would increase and cost incurred on Lab technicians would decrease.

Further, with regards to agenda 15 F (Proposal for provision of incentive to ASHA worker for referring Post Kala- azar Dermal Leishmaniasis (PKDL) case). He mentioned that we at the verge to eliminate this disease and appreciated the proposal to provide incentives in this regard. He further mentioned that it important to close all possible gaps and calculate any further requirements to expedite speed, coordination etc to ensure that the deadline to eliminate this disease is met.

Dr V.K Paul mentioned that under agenda item 22 for Elimination of Lymphatic Filariasis (ELF) in India, there is backlog of surgery. The MOHFW may also come up with proposal to expedite the surgeries.

With reference to the remarks of Secretary (AYUSH) Shri Rajesh Kotecha regarding salary disparities between AYUSH and MBBS doctors, Dr V K Paul added that few states are paying the contractual health HR including doctors, Staff Nurses etc at very low remunerations. This is very demotivating and leads to attrition. He suggested that rationalization is required in this matter.

Hon'ble MOS queried regarding agendas pertaining to revision of Infrastructure strengthening cost of SHCs, PHCs and U-PHCs for transforming into AB-HWCs, under PMNDP, sickle cell anemia.

Hon'ble Union Minister of Social Justice & Empowerment Dr Virendra Kumar appreciated the achievements of the country in the health sector. He mentioned that availability of trained HR is very critical to achieve desired results. He added that health department has a major role in Nasha Mukt Bharat Abhiyan.

Hon'ble HFM stated that better coordination between State and Centre with regards to fund utilization would lead to better health outcomes. He highlighted that there are few diseases such as Kala azar, TB etc which can be eliminated through efforts in mission mode. India is the only country with fourth layer of Health infrastructure. In addition to primary, secondary and tertiary health care infrastructure, our country has a huge workforce of trained ASHA, these are backbone of our system which was evident during pandemic crisis. The proposals for further incentivizing ASHAs are very imperative. He appreciated the suggestions provided by members and thanked all the members for their inputs and sought their continued support in steering the Mission.

The Meeting ended with a vote of thanks to the Chair.

Participants List of 7th Meeting of MSG of NHM

1. Dr. Mansukh Mandaviya, Hon'ble Union Minister of Health & Family Welfare
2. Sh. Gajendra Singh Shekhawat, Hon'ble Union Minister of Jal Shakti
3. Dr. Virendra Kumar, Hon'ble Union Minister of Social Justice and Empowerment
4. Dr. Bharati Pravin Pawar, Hon'ble Minister of State for Health & Family Welfare
5. Dr. V. K. Paul, Member, NITI AAYOG
6. Sh. Rajesh Bhushan, Secretary, Ministry of Health & Family Welfare
7. Sh. Lok Ranjan, Secretary, Ministry of Development of NE Region
8. Sh. Vaidya Rajesh Kotecha, Secretary, Ministry of AYUSH
9. Prof. (Dr.) Atul Goel, DG(HS), Ministry of Health & Family Welfare
10. Sh. Partha Sarthi Sen Sharma, Principal Secretary (H&FW), Uttar Pradesh
11. Dr. Prithvi, Secretary (Medical, H&FW), Rajasthan
12. Sh. Ashish Srivastava, AS & FA, Ministry of Health & Family Welfare
13. Ms. Roli Singh, AS & MD(NHM), Ministry of Health & Family Welfare
14. Sh. Lav Agarwal, Additional Secretary, Ministry of Health & Family Welfare
15. Sh. Sanjay Prasad, Additional Secretary, Department of Expenditure
16. Ms. Aditi Das Rout, Additional Secretary, Ministry of Women and Child Development
17. Sh. Surendra Singh, Additional Secretary, Ministry of Social Justice and Empowerment
18. Sh. Sanjay Kumar, Additional Secretary, Ministry of Housing and Urban Affairs
19. Sh. Vishal Chauhan, Joint Secretary, Ministry of Health & Family Welfare
20. Sh. P. Ashok Babu, Joint Secretary, Ministry of Health & Family Welfare
21. Sh. Rajiv Manjhi, Joint Secretary, Ministry of Health & Family Welfare
22. Sh. Samir Kumar, Joint Secretary, D/o Drinking Water and Sanitation
23. Sh. Naveen Kumar Shah, Joint Secretary, Ministry of Rural Development
24. Sh. Naval Jit Kapoor, Joint Secretary, Ministry of Tribal Affairs
25. Ms. Indrani Kaushal, Economic Advisor, Ministry of Health & Family Welfare
26. Dr. Bijaya Kumar Behra, Economic Advisor, Ministry of Panchayati Raj
27. Sh. Mrityunjay Behra, Economic Advisor, D/o Higher Education
28. Dr. A. Raghu, DDG (AYUSH), DGHS
29. Dr. Neha Garg, Director (NHM-II), Ministry of Health & Family Welfare

30. Sh. Harsh Mangla, Director (NHM-I), Ministry of Health & Family Welfare
31. Dr. Sachin Mittal, Director (NUHM/NHM-IV), Ministry of Health & Family Welfare
32. Sh. Elangbam Robert Singh, Director (NHM-III/RCH), Ministry of Health & Family Welfare
33. Sh. Adwait Kumar Singh, DS (NHM-F), Ministry of Health & Family Welfare
34. Sh. Vaibhav Bajaj, PS to Hon'ble HFM, Ministry of Health & Family Welfare
35. Dr. Vibha Chahal, PS to Hon'ble MoS, Ministry of Health & Family Welfare
36. Maj. Gen. (Prof.) Atul Kotwal, Executive Director, NHSRC
37. Dr. Himanshu Bhushan, Advisor, NHSRC
38. Dr. (Flt Lt). M. A. Balasubramanya, Advisor, NHSRC
39. Dr. Manisha Verma, ADG (Media), Ministry of Health & Family Welfare
40. Dr. Raghuram Rao, ADG (TB), DGHS
41. Dr. Sujeet Kumar Singh, Dir(NCDC), DGHS
42. Smt. Deepa Anand, Deputy Secretary, D/o School Education and Literacy
43. Ms. Sila Deb, Advisor (CH), Ministry of Health & Family Welfare
44. Dr. S.K. Sikdar, Advisor (FP/MH), Ministry of Health & Family Welfare
45. Ms. Veena Dhawan, Addl. Commissioner, Ministry of Health & Family Welfare
46. Ms. Padmini Kashyap, Asstt. Commissioner, Ministry of Health & Family Welfare
47. Dr. Sunny Swarnkar, DADG, NPCDCS, DGHS
48. Dr. Simmi Tiwari, JD(NCDC), DGHS
49. Ms Vineeta Srivastava, Health Advisor, Ministry of Tribal Affairs
50. Sh. Suresh Kumar Nayak, APS to Hon'ble HFM, Ministry of Health & Family Welfare
51. Sh Nirav J Dave, Asst PS to Hon'ble HFM, Ministry of Health & Family Welfare
52. Sh Sanjay Aghav, Addl PS to Hon'ble MOS, Ministry of Health & Family Welfare
53. Sh. Vishal Kumar Gupta, US, O/o Hon'ble MOS, Ministry of Health & Family Welfare
54. Sh. Uday Chaudhari, PS to Hon'ble Minister of Jal Shakti
55. Sh. Chirag Panchal, APS to Hon'ble Minister of Jal Shakti
56. Sh. Anoop Dhaka, Asstt. PS to Hon'ble Minister of Social Justice and Empowerment
57. Sh. S Venkatasubramanian, PPS to Member, NITI AAYOG

58. Ms. Asmita Jyoti Singh, Lead Consultant, Health Systems, Ministry of Health & Family Welfare
59. Mr. Vikas Sheemar, Sr. Consultant (NHM), Ministry of Health & Family Welfare
60. Dr. Moiz Uddin Ahmad Sr. Consultant (NHM), Ministry of Health & Family Welfare
61. Mr. Eshwar Sai Tipirisetty, Jr. Consultant (NHM), Ministry of Health & Family Welfare
62. Ms. Sampada Sahu, Jr. Consultant (NHM), Ministry of Health & Family Welfare
63. Mr. Jyotishman, Consultant (Media), Ministry of Health & Family Welfare