

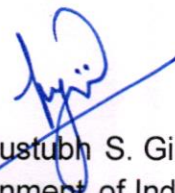
No. V-11011/3/2024-NHM-II-Part(10)
Government of India
Ministry of Health & Family Welfare
(National Health Mission-II)

Nirman Bhawan, New Delhi
Dated the 22nd April, 2025

OFFICE MEMORANDUM

Subject: Minutes of 9th Meeting of Mission Steering Group (MSG) of National Health Mission (NHM) held on 4th March 2025, under the Chairpersonship of Hon'ble Union Minister for Health and Family Welfare- reg

The undersigned is directed to enclose herewith the Minutes of the 9th Meeting of Mission Steering Group (MSG) of National Health Mission (NHM) held on 4th March 2025 from 11.00 AM to 01:00 PM, in Meeting Hall No. 7, Bharat Mandapam, New Delhi, under the Chairpersonship of Sh. J.P. Nadda, Hon'ble Union Minister for Health and Family Welfare, for information and record.


(Dr. Kaustubh S. Giri)
Deputy Secretary to Government of India
Tel.: 23062883

Encl.: As above

To:-

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 Vice Chairman, NITI Aayog, Yojana Bhawan, New Delhi - 110001
9. Dr. V.K Paul, Member (Health), NITI Aayog, Yojana Bhawan, New Delhi - 110001
10. 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), DoE
19. Secretary (Social Justice and Empowerment)
20. Secretary (Tribal Affairs)
21. Secretary (Housing & Urban Affairs)
22. Secretary (AYUSH)
23. DGHS, MoHFW
24. AS&FA, MoHFW
25. Secretary (HFW), Uttarakhand
26. Secretary (HFW), Chattisgarh
27. Secretary (HFW), Tripura
28. Secretary (HFW), Arunachal Pradesh
29. Joint Secretary (ICMR)

Copy for information to:-

1. PS to Hon'ble Union Minister of Health & Family Welfare
2. PS to Hon'ble Minister of State for Health & Family Welfare (PJ)
3. PS to Hon'ble Minister of State for Health & Family Welfare (AP)
4. PSO to Secretary (H&FW)
5. Sr. PPS to AS (LSC), MoHFW
6. Sr. PPS to AS & MD (NHM), MoHFW
7. Sr. PPS to AS & FA, MoHFW
8. PPS to JS (Policy), MoHFW
9. PPS to JS (RCH), MoHFW
10. PPS to JS (VJ), MoHFW
11. PPS to EA, MoHFW
12. PS to Director (PH)

Minutes of 9th Meeting of Mission Steering Group (MSG) of National Health Mission (NHM) held on 4th March 2025 at 11:00 am to 01:00 PM in Hall No. 7, Bharat Mandapam, New Delhi

The 9th Meeting of Mission Steering Group (MSG) of National Health Mission (NHM) was held under the chairpersonship of Shri Jagat Prakash Nadda, Hon'ble Union Minister for Health and Family Welfare, on 4th March 2025 from 11:00 AM to 01:00 PM, in Hall No. 7, Bharat Mandapam, New Delhi.

At the outset, Smt. Punya Salila Srivastava Secretary (HFW) in her opening remarks extended a warm welcome to all members of MSG and highlighted that MSG is the apex body to oversee the policy and implementation of NHM. Secretary (HFW) informed that the last MSG meeting of NHM was held on 11th January, 2023.

Thereafter, detailed presentation on progress under NHM was taken up with the permission of the Chair.

Smt Aradhana Patnaik, Additional Secretary & Mission Director (NHM), MoHFW briefed members about the National Health Mission. She shared that the objective of the Mission is to provide technical and financial support to States to strengthen health Systems with sharper focus on high focus States and rural population, particularly marginalized and vulnerable population. She added that the main objective of the Mission is to support the States/UTs towards provision of universal access to Equitable, Affordable and Quality healthcare services, accountable and responsive to people's needs, with effective inter-sectoral convergent action to address the wider social determinants of health.

The background and institutional framework of MSG was shared 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. It was also mentioned that progress report of NHM for last three years was placed before the Union Cabinet for information.

A detailed presentation on progress under NHM was made highlighting the importance of four pillars under Ayushman Bharat at primary, secondary and tertiary level of care. Currently more than 1.76 Lakh Ayushman Arogya Mandir are operational with 85% of AAM providing expanded package of services which has led to increase in annual footfall of 121 crores, wellness sessions of about 1.54 Cr, 109.55 Cr NCD screening annually. Under NTEP, there has been reduction of 18% in annual TB incidence and 21% reduction in TB Mortality. TB Mukta Bharat Abhiyan launched by Honourable HFM has been extended to 455 districts reaching to

vulnerable and asymptomatic population as well. 5 crore people have been screened so far under National Sickle Cell Anaemia Elimination Mission (NSCAEM) which was launched by Hon'ble PM in July 2023. Timely intervention under NSCAEM has also focused on screening for Thalassemia and Hemophilia. Under Communicable Disease program, India achieved Kalazar Elimination in 2023 along with 79% reduction in malaria cases, less than 1% reduction in prevalence rate for leprosy for majority of States. Also Non Measles and Non Rubella Discard Rate (NMNR) stands at >2 per 100,000 population. More than 23000 facilities have been NQAS certified aligning with vision of Hon'ble Prime Minister for providing quality services in all public health facilities. It was mentioned that State Chief Secretaries had committed towards achievement of National Quality Assurance Standards (NQAS) certification (50% Public Health Facilities by Dec 2025 and 100% Public Health Facilities by Dec 2026) and ensuring the availability of all packages of services at Ayushman Arogya Mandirs at the 2nd CS conference.

The members were further informed about mandate of MSG to include the Pradhan Mantri - Ayushman Bharat Health Infrastructure Mission (PM-ABHIM) launched by the Hon'ble Prime Minister on 25th October, 2021 and progress under various CSS components i.e. Building-less Sub-Health Centres-AAM, Urban - Ayushman Arogya Mandir (U-AAM), Block Public Health Unit (BPHU), Integrated Public Health Lab (IPHLs), Critical Care Blocks (CCBs).

Key outcomes achieved under NHM include 83% decline in Maternal Mortality Ratio 69% decline in Infant Mortality Rate and 75% decline in Under 5 Mortality Rate as compared to global decline. There has been decrease in out of pocket expenditure from 69% (2004-05) to 39% due to some of the major interventions under NHM, free drugs & diagnostics, human resources, referral transport, AB-PMJAY. On 15.05.2015, WHO certified India for eliminating maternal and Neonatal Tetanus and on 08.10.2024, WHO declared that Government of India has eliminated Trachoma as a public health problem.

Ms. LS Changsan, Additional Secretary (PHP) briefed the committee on the Central Sector Component of PM-ABHIM and the progress under various sub-component of PM-ABHIM being implemented.

AS (PHP) provided a comprehensive update on the progress of the Central Sector components of PM-ABHIM. She highlighted the achievements/ progress in the implementation of the project, including in respect of the establishment of the National Centre for Disease Control (NCDC) State branches, the operationalization of MSUs, the establishment of the Health Emergency Operations Centre (HEOC), construction of Biosafety Level labs and critical care blocks etc.. These milestones represent significant progress in strengthening the nation's capacity to handle public health emergencies and improve disease surveillance.

AS(PHP) informed about challenges faced in the implementation of the project, the primary factor being the issue of land availability, compounded by the need for various approvals and clearances from State and UT Governments. Despite these hurdles, it was apprised that significant strides have been made in resolving land-related issues by way of constant engagement with States at various levels. Nonetheless, the overall progress made demonstrates the project's resilience and the commitment to achieving its goals despite these obstacles.

Secretary (HFW) highlighted that the Mission's integral approach has significantly enhanced coordination between various health programs. The success of the Mission has been further strengthened by the active cooperation and support from States/UTs wherein this collaborative effort has played a crucial role in achieving key milestones.

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

Agenda-1: Confirmation of minutes of 8th meeting of MSG held on 11th January, 2023

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 8th meeting of Mission Steering Group (MSG) of National Health Mission (NHM)

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

Agenda- 3.1 Proposal for ratification of Optimization of Post-natal Care

AS&MD(NHM) presented the proposal regarding the ratification of the ASHA incentives of Rs.250 per high-risk mothers. She informed that ASHA conducts 7 home visits during the post natal period (which is upto 42 days after delivery) under Home Based Newborn Care (HBNC) programme. Strengthening postnatal care is critical in reducing maternal and neonatal mortality, to achieve Sustainable Development Goal (SDG) targets and this scheme will benefit approx. 30.5 lakh High Risk Postnatal Mothers. She also mentioned that the proposal has been approved by Hon'ble HFM in his capacity as Chairperson of MSG and the additional budget required is Rs.76.24 crore.

The proposal for ratification of Optimization of Post-natal Care was ratified by the MSG.

Agenda 3.2 Proposal for ratification of Increase in Ni-kshay Poshan Yojana from the existing rate of INR 500/- to INR 1000/ for TB Patients

AS&MD(NHM) presented the agenda and proposed to increase the existing norm of financial incentives as Direct Benefit Transfer (DBT) to all the TB patients to support them in improving their nutritional status from Rs.500/- per month to Rs.1000/- per month per patient. The 1st instalment - on the date of diagnosis and notification in Ni-kshay 2nd instalment – after completion of 3 months of treatment. In case, the duration of treatment is extended by the treating physician or in case of drug-resistant TB, further instalments will be paid at the rate of Rs. 1000/- for each completed treatment month.

She also informed that the proposal has been approved by Hon'ble HFM in his capacity as Chairperson of MSG and the additional budget required is Rs. 750 Cr.

The proposal for ratification of Increase in Ni-kshay Poshan Yojana from the existing rate of INR 500/- to INR 1000/ for TB Patients was ratified by the MSG.

Agenda 3.3 Proposal for ratification of National Tele Mental Health Programme (NTMHP) – Continuation of support to States/UTs under Centrally Sponsored Scheme (CSS)

The agenda was presented by AS&MD(NHM) and it was informed to the members that National Tele-Mental Health Programme (NTMHP) launched on October 10, 2022, and currently operates in 36 States/UTs through 53 cells. As discussed in SFC, the scheme would operate as a Central Sector Scheme for 36 months with 100% central funding to States/UTs and institutes. It is envisioned that after three years, the States/ UTs will be supported through NHM and for NIMHANS, Bengaluru, IIT-Bengaluru, and NHSRC, 100% support will continue through full central funding. More than 20 lakh calls have been handled on the helpline number since launch of the program with counsellors engaging in more than 20 different languages. The accomplishment underscores the program's success in reaching a broad segment of the population and providing crucial assistance to those in need and States/UTs will continue to be supported under NHM as envisaged.

The proposal for continuation of support to States/UTs under NTMHP as part of NHM was approved by Hon'ble HFM.

The additional budget required as per the existing NHM norms and Tele-MANAS guidelines is expected to be around Rs.63.60 Crores and was approved by MSG.

The proposal for ratification of National Tele Mental Health Programme (NTMHP) – Continuation of support to States/UTs under Centrally Sponsored Scheme (CSS) of NHM was ratified by the MSG.

Agenda 4.1 Proposal for revision of ASHA Incentives for Routine and Recurring Activities

AS&MD(NHM) presented the agenda and proposed for revision of routine and

recurring incentives wherein ASHA will be eligible for an incentive of Rs 3500/- on monthly basis revising from Rs 2000/-. It was also informed that the last revision of incentives for routine and recurring activities was done in 2018, over five years ago.

The proposal for consideration of MSG is summarized as under:

Particulars	Existing norms	Revised norms
Line listing and monthly updation of eligible population		
Eligible couples,	Rs 300 each	Rs 400 each
Expectant mothers	Total- Rs 900	Total Rs-1200
Children 0-2 months, 2-59 months, 5 -10 years		
D. Adolescent population 10-19 years-Rs.100*	-	Rs 200
E. Elderly population-Rs.100*		
Conduct Village Health Sanitation and Nutrition Day	Rs 200	Rs 300
Family folder-beginning of year and updated monthly	Rs 300	Rs 400
NCD Enumeration (entry of CBAC form) and updation on regular basis in NCD portal	-	Rs.100
Monthly Meetings:		
7. Conduct monthly Village Health Sanitation and Nutrition Committee meeting	Rs 150 each	Rs 250 each
8. Attend monthly meeting at Block/PHC/UPHC	Total -Rs 300	Total- Rs 500
Registration of births and deaths		
Maintaining vital event register (births and death) and supporting universal registration to be updated on monthly basis-	Rs 300	Rs 400
Mobilizing community for celebration of Annual health calendar days/campaign/melas/health promotion activities and regular meetings and Ayushman Arogya Shivar	-	Rs.200
Mobilization of children for Routine Immunization	#	Rs200
Routine and Recurring Incentive	Rs 2000	Rs.3500

#Existing incentive of Rs 150 which is not currently part of routine and recurring incentives

It was stated that there will be a financial implication of Rs 135 Crores per month and Rs 1620 Crores annually.

AS(DoE) informed that due to the financial implication, the same may be considered only when details about the resource envelope available is known.

Hon'ble HFM emphasized the pivotal role of Accredited Social Health Activists

(ASHAs) in strengthening India's healthcare system at the grassroots level. Their contributions in promoting maternal and child health, immunization drives, and awareness about hygiene and preventive healthcare have been instrumental in improving health indicators across the country. Hon'ble HFM stated that the proposals should be approved and could be implemented as per available resources.

The proposal for revision of routine and recurring incentives wherein ASHA will be eligible for an incentive of Rs.3500/month was approved by MSG subject to the availability of Resource Envelope. The importance of ASHAs was reiterated by other members.

Secretary (Health), Chhattisgarh, emphasized the need for the revision of ASHA incentives, highlighting it as a key factor in motivating ASHAs.

Joint Secretary (WCD) expressed strong support for the proposal to revise the ASHA incentive.

Agenda 4.2 Proposal for revised provision of recognition of ASHAs who leave/ opt to leave the program after 10 years of services in the NHM

The proposal was put forth by AS&MD(NHM) stating that ASHAs, despite their years of service, often face economic insecurity and lack access to continued healthcare once they opt out of their voluntary role as ASHAs. Currently, recognition amount of Rs. 20,000/- under NHM is given to ASHAs who leave or opt to leave the programme after a minimum of 10 years of service.

It was proposed to provide a standardized recognition amount of Rs. 50,000 which would ensure fairness, motivate ASHAs, and address financial concerns, encouraging timely exit and creating opportunities for younger ASHAs.

The additional budget required is Rs.30.00 Crores assuming average 1% ASHAs leave the programme in a year. The same can be implemented subject to availability of resource envelope.

The proposal for increase in ASHA's recognition amount to Rs. 50,000/- after six months of implementation this benefit will be available only to ASHAs of age upto 60 years was approved by MSG.

Agenda 4.3 Proposal for Revision of Enhanced Drug Administrator (ASHA) Honorarium under Lymphatic Filariasis (NCVBDC)

AS&MD(NHM) presented that the Lymphatic Filariasis (LF)/elephantiasis (Haatipaon), is priority disease for elimination by 2027 and ASHAs currently function as Drug Administrators (DA) for Mass Drug Administration (MDA), a critical activity for disease elimination. Currently, honorarium for Drug Administrators including ASHAs and supervisors involved in MDA is Rs. 200/- per day for a maximum of 3 days to cover 50 houses or 250 persons

(Rs.600/-) which was last revised and approved by MSG in the first meeting on 6th

December of 2013.

It is proposed to revise honorarium for Drug Administrators (ASHAs) involved in MDA from Rs 600/- for 3 days to Rs 3000/- for 15 days for a population of a village (approx. 1000 population or 250 houses) with the additional budget requirement of Rs 25.4 crores annually. The same can be implemented within the overall resource envelope.

The proposal of revision of incentives for Enhanced Drug Administrator (ASHA) Honorarium under Lymphatic Filariasis(NCVBDC) was approved by MSG.

Agenda 4.4 Proposal for Revision of ASHA transportation incentive for accompanying women for availing safe and legal abortion services

AS&MD(NHM) presented the proposal and mentioned that Comprehensive Abortion Care programme is an important element in the reproductive health component of the RMNCH+A strategy and operates under the purview of the Medical Termination of Pregnancy (MTP) Act, 1971.

The proposal for ASHA transportation incentive for accompanying women for availing safe and legal abortion services (by surgical method / medical methods of abortion) at public health facility was presented before MSG as follows:

1. **Rs. 200/-** transportation incentive for abortion by **Surgical Method (conducted in OT)** at a public health facility
2. **Rs. 400/-** transportation incentive for abortion by **Medical Methods of Abortion (MMA)** (**mandatory two visits @ Rs. 200/- per visit**) at a public health facility.
3. The MMA drugs are administered at first visit and follow up is done on second visit.

The proposal will have an additional budget requirement of Rs. 19.17 Crore annually, assuming approximately 50% of induced abortion cases are accompanied by ASHAs. The same can be implemented within the overall resource envelope.

The proposal for ASHA transportation incentive for accompanying women for availing safe legal abortion services was approved by MSG.

Agenda 4.5 Proposal for Revision in ASHA incentive under National Family Planning Programme

AS&MD(NHM) presented the agenda and the proposal for revised ASHA incentives to promote "healthy timing and spacing of the pregnancies for wellbeing of mother and child was placed before the MSG as follows:

- Escorting/facilitating beneficiary for PPIUCD/PAIUCD insertion: Rs. 300 per case (previously Rs. 150).
- Enhanced incentive for the 4th dose of Injectable Contraceptive MPA: Rs.

200 per dose (previously Rs. 100).

- Nayi Pehal Kit distribution: Rs. 200 per kit (previously Rs. 100).
- Saas Bahu Sammelan mobilization: Rs. 200 per meeting (previously Rs. 100).

The proposal will have an additional budget requirement of Rs.55.24 Crores. The same can be implemented within the overall resource envelope.

The proposal for Revision of ASHA incentive under National Family Planning Programme was approved by MSG.

Agenda 5 Proposal for Revision of costing norms for implementation of Janani Shishu Suraksha Karyakram (JSSK)

AS&MD(NHM) presented the agenda and proposed to revise the cost norms for referral transport for pregnant women and sick infants and diet for pregnant women as follows:

Sl. No.	Activities under JSSK	Existing Cost structure under JSSK Yr. 2011 (Rs.)	Proposed cost norm based on State inputs (Rs)	Base of increase in costs
	A	B	C	D
1	For Referral Transport Home to facility-For plain areas	250	350	Costing norms based on State average, after excluding extreme values
2	For Referral Transport Home to facility-For Hilly areas and NE states	500	650	
3	Drop back from Facility to Home -For plain	250	350	
4	Drop back from Facility to Home -For Hilly areas and NE states	500	650	
5	Budget require for Diet/ Day for Pregnant Women only	100	250	

The proposal will have an additional budget requirement of Rs.1130 Cr. (Rs.1016 Cr. for Pregnant Women and Rs.114 Cr. for Sick Infants). The same can be implemented subject to availability of resource envelope.

The proposal for the revision of costing norms for referral transport for pregnant women and sick infant and diet for pregnant women under Janani Shishu Suraksha Karyakram (JSSK) was approved by MSG.

Agenda 6 Proposal for Revision of norms pertaining to Universal Immunization Programme

The proposal was presented by AS&MD(NHM). She stated that due to escalation of both labour costs and the fuel prices, the cost of transportation of vaccines has increased and it is proposed to revise the cost norms for alternate vaccine delivery in plains during the immunization sessions from Rs 90/- to Rs 125/-. Further, the POL cost for vaccine delivery from District to the CHC/PHCs is proposed to be revised from Rs. 2.00 lakhs to Rs. 2.50 lakhs per annum. Additional budget required is Rs 44.38 crore. The same can be implemented within the overall resource envelope.

The proposal of revision of norms pertaining to Universal Immunization Programme was approved by MSG.

Agenda 7. Proposal for Increasing wage loss compensation for mother/caregiver of children under 5 years suffering from severe acute malnutrition with medical complications admitted in NRC

AS&MD(NHM) stated that Guidelines for Facility Based Management of Children with Severe Acute Malnutrition were released by the Government of India in 2011 which mentions about the wage loss compensation to mother/carer of admitted child @ Rs 100 per day for an average of 15 days, which allows adequate time for medical and nutritional recovery, weight gain and capacity building of care giver/mother on feeding practices. The average wage rate for MGNREGA workers (unskilled manual workers) has been increased from Rs 100 in 2010-11 to Rs 285 in FY 2024-25.

It was proposed for increasing wage loss compensation from Rs 100/- per day to Rs 300/- per day during stay at Nutrition Rehabilitation Centers(NRCs). The total budget requirement will be Rs. 91.4 Crore (the additional budget required is Rs. 60.9 Cr.). The same can be implemented within the overall resource envelope.

The proposal for increasing wage loss compensation for mother/caregiver of children under 5 years suffering from severe acute malnutrition with medical complications admitted in NRC was approved by MSG.

Agenda 8- Proposal for full Capital Expenditure (CapEx) Support for Ambulance Services in North Eastern and Hilly Terrain States/UTs.

AS&MD(NHM) briefed about the proposal for inclusion of norm wherein North

eastern/ Hilly States/UTs may be supported with full CapEx for ambulance procurement under NHM wherever there is unavailability of the appropriate funding agency.

It was informed to the members that demand was put forth from various North Eastern States since there is no private provider.

Based on the expert recommendations, the revised budget was proposed for consideration of MSG as under:

Type of Ambulance	Existing OpEx cost per ambulance/ per month	Existing (OpEx + CapEx: monthly cost per ambulance/ month)	Proposed Support CapEx per ambulance
ALS	1,58,340	Rs 2,45,092	Rs 28,90,000
BLS	1,37,388	Rs 1,92,462	Rs 16,80,000

The additional budget requirement is Rs.12.35 Crore proposed for considering the existing number of Ambulances required by the states. The same can be implemented within the overall resource envelope.

Joint Secretary (Ministry of Development of North East regions) enquired about the scale where these Ambulances will be required since the areas is quite vast. AS&MD replied that it will be at District Hospital and at the Block level.

Secretary(HFW) mentioned that the requirement will be prioritised by the State government, it will be an enabling cause to fit in NHM and should be as per the resource envelope.

Secretary (Health), Tripura supported the agenda for full Capital Expenditure (CapEx) Support for Ambulance Services in North Eastern and Hilly Terrain States/UTs and mentioned that it is very crucial step to revise the CapEx cost of ambulances for North eastern states provided their difficult terrains it is very difficult to find out any private provider. He also suggested that the revision of OpEx cost may also be taken up by the Ministry.

The proposal of Support to North Eastern states and hilly terrain states/UTs for full Capital Expenditure (CapEx) funding for procurement of ambulance under NHM to strengthen emergency response in these regions was approved by MSG.

Agenda 9 Proposal for Revision of Financial Norms for NHM Trainings.

AS & MD(NHM) presented before the MSG proposal for revised cost norms for various training under NHM. The Ministry of Health and Family Welfare (MoHFW) last circulated revised financial norms for training in 2015.

The proposal for Revision of Financial Norms for NHM Trainings was dropped by the MSG.

Agenda 10 Ratifications of agendas approved in the National Steering Committee (NSC) of PM-ABHIM chaired by Secretary (HFW)

AS & MD(NHM) briefed about Pradhan Mantri – Ayushman Bharat Health Infrastructure Mission (PM-ABHIM) and informed that there are 4 agendas to be ratified. These agendas were adopted by the National Steering Committee (NSC) chaired by Secretary (HFW) and approved by Hon'ble HFM in his capacity as Chairperson of MSG.

Agenda 10.1 Proposal for ratification of establishment of 2 Critical Care Blocks (CCB) in 1 district

Ratification of the CSS component of the PM ABHIM for establishment of 2 Critical Care Blocks (CCB) in 1 district. It was informed that the State of Tamil Nadu and Uttar Pradesh had submitted proposal for setting up two CCBs in one district due to lack of availability of land in the original approved districts due to high burden. The Cabinet Note offers flexibility to customize the interventions according to state specific need and local context –

“Flexibility in implementation will be provided to states to customize the interventions according to their local context, within the available resources, while ensuring achievement of the intended outputs and outcomes”.

The proposal for establishment of 2 Critical Care Blocks (CCB) in 1 district was ratified by MSG.

Agenda 10.2 Proposal for ratification of 100 Bedded CCB in Government Medical Colleges.

Ratification of the CSS component of the PM ABHIM as was approved by NSC for Provision of 100 Bedded CCB in Government Medical Colleges. She mentioned that the proposal was submitted by the State of Madhya Pradesh (MP) for augmenting the approved 50-bedded Critical Care Block (CCB) at Government Medical College (GMC), Indore, to a 100-bedded CCB was considered by the NSC. The State had highlighted the need for expansion due to the high case load and bed occupancy, requesting an additional amount of ₹20.75 crore over the originally approved amount for the 50-bedded CCB. It is pertinent to note that, as per the Cabinet Note, the provision under the scheme is for 50-bedded CCBs in Government Medical Colleges, covering 226 districts.

However, the additional funds required will be met from the savings and unutilized funds from the recurring expenditure of the States/UTs. Accordingly, approval has been granted for the augmentation of the CCBs at Medical Colleges to 100 Beds

depending upon the local context. The above agenda was adopted by the NSC in its 1st meeting held on 24.09.2024.

The proposal for provision of 100 Bedded CCB in Government Medical Colleges was ratified by MSG.

Agenda 10.3 Proposal for ratification for Provision of Additional Units in addition to the allocated units

AS&MD(NHM) presented and informed that the proposal was submitted by the State of Andhra Pradesh for approval of Rs. 535.80 crore to establish 1,786 building-less Sub-Health Centres (SHCs) AAM using savings of Rs. 814.48 crore from the Urban-AAM allocation was placed before the National Steering Committee (NSC) for consideration.

She mentioned that it is noteworthy that, as per the Cabinet Note, Andhra Pradesh is not among the 10 States (Bihar, Jharkhand, Odisha, Punjab, Rajasthan, Uttar Pradesh, West Bengal, Assam, Manipur, and Meghalaya) provisioned for infrastructure support for building-less SHCs under the scheme. She informed that after the detailed discussion and considering the need of proposal, capital support for establishment of 1786 Building-less SHC was considered by the NSC with the conditionality that the recurring cost will be borne by the State from its own budget in the future and there will be no recurring cost support for this from other schemes of the MoHFW. The agenda was adopted by the NSC in its 1st meeting held on 24.09.2024.

The proposal for provision of additional units in addition to the allocated units was ratified by MSG.

Agenda 10.4 Proposal for ratification for Provision of reallocation of Budget between the States/UTs.

AS&MD(NHM) briefed about the proposal for reallocation of the budget between States/UTs was presented before the NSC, as the UT of Delhi had not signed the Memorandum of Understanding (MoU) under the scheme, leading to the non-utilization of the allocated budget for Delhi (₹2,406.77 crore). Consequently, it was proposed that the budget allocated to Delhi be reassigned to other States/UTs requesting additional funds. However, the UT of Delhi has shown the willingness to sign the MoU.

It is submitted that the Cabinet Note does not explicitly mention the reallocation of budget between States/UTs. However, it does state that:

“Flexibility in implementation will be provided to states to customize the interventions according to their local context, within the available resources, while ensuring achievement of the intended outputs and outcomes.”

The proposal for provision of reallocation of budget between the States/UTs was ratified by MSG.

SUB AGENDA 2 -Central Sector Component- Pradhan Mantri Ayushman Bharat Health Infrastructure Mission

AS (PHP) presented 15 agendas which were recommended by the 2nd National Steering Committee (NSC) of PM-ABHIM and 10th EPC of NHM chaired by Secretary (HFW) held on 25th November, 2024 and 24th February, 2025 respectively. The following agenda points were discussed :

Agenda 10.5 : Provision of Container Based Mobile Hospitals to procurement & supply of fifty Bharat Health Initiative for Sahyog Hita and Maitri (BHISHM) Cubes

AS(PHP) presented the proposal of Change from Container Based Mobile Hospitals to procurement & supply of fifty Bharat Health Initiative for Sahyog Hita and Maitri (BHISHM) Cubes to 22 identified Central Government institutes/ hospitals with approx financial liability of Rs. 133.1 Cr.

AS(PHP) explained that under the PM-ABHIM, two Container Based Mobile Hospitals (CBMH) has been approved at a total estimated cost of Rs. 212.92 Crores with capital outlay of Rs. 160 crores. These are proposed to be field based mobile health facilities with a workforce trained on emergency life-saving clinical care during disasters and outbreaks.

AS (PHP) also highlighted the following points :

- The need for providing immediate lifesaving emergency care at the site of disasters taking into consideration optimization of resources and geographical dispersal capacity and proposed that 'in place of setting up of such bulky facilities with limited coverage for deployment within desired time, Bharat Health Initiative for Sahyog, Hita and Maitri (BHISHM) cubes may be deployed at all AIIMSs under PM-ABHIM'.
- BHISHM Cubes are rapidly deployable, modular, easily portable mobile hospital with RFID enabled technology developed indigenously under the aegis of National Security Council Secretariat (NSCS) under Aarogya Maitri initiative. These cubes are designed to treat up to 200 casualties at the site of disaster and other public health emergencies.
- Rs. 133.1 Cr. to be met from approved capital budget under PM- ABHIM for procurement of 50 BHISHM cubes.
- The above agenda was also adopted by the NSC in its 2nd meeting held on

25.11.2024 and ratified by 10th meeting of EPC of NHM held on 24th February, 2025.

- Chairman, MSG observed that during bulk order, the quality of the product sometimes gets compromised. Therefore he emphasized the need for putting in place a monitoring mechanism to ensure quality of the BHISHM cubes.
- In response, the Secretary (HFW) proposed formation of a committee at higher level to oversee and ensure the quality of BHISHM cubes being procured.

The proposal of change from Container Based Mobile Hospitals to procurement & supply of fifty Bharat Health Initiative for Sahyog Hita and Maitri (BHISHM) Cubes was ratified by the MSG.

Chairman, MSG directed to ensure that M/s HLL adheres to prescribed quality Standard of BHISHM Cubes including the items in it.

Agenda 10.6: Provision of engaging M/s HLL Lifecare Ltd. for Annual Maintenance Contract (AMC)

The proposal was for Engaging M/s HLL Lifecare Ltd. for AMC ~ @ Rs. 6.0 Lakhs (exclusive of GST)/BHISHM Cube/year for 3 years after warranty with total financial liability of Rs. 9 Cr (exclusive of GST)

AS(PHP) explained that M/s HLL Lifecare Ltd. is the sole provider of the BHISHM cubes. HLL is providing one year warranty for the BHISHM Cube. The utility lifespan of most of the medical equipment, supplied in the BHISHM Cubes is four years. Hence, it is proposed to engage M/s HLL lifecare Ltd. for AMC ~ @ Rs. 6.0 Lakhs (exclusive of GST)/BHISHM Cube/year for 3 years after warranty with total financial liability of Rs. 9 Cr (exclusive of GST).

The requisite funds for the same may be met from budget approved under Revenue Head (Rs. 52.92 Cr.).

The above agenda was also adopted by the NSC in its 2nd meeting held on 25.11.2024 and ratified by 10th meeting of EPC of NHM held on 24th February, 2025.

The proposal for provision for engaging M/s HLL Lifecare Ltd. for AMC was ratified by the MSG.

Agenda 10.7: Provision of Hiring of 3 contractual HR

AS(PHP) presented before the MSG for Hiring of 3 contractual HR 1 pharmacist @Rs. 40,000 p.m., Technician @Rs. 40,000 p.m., and DEO @ Rs. 30,000 p.m.) for a period of 4 years for all sites (22).

She explained that the proposal is for hiring of 3 contractual manpower (1 post of

pharmacist @Rs. 40,000 p.m., Technician @Rs. 40,000 p.m., and DEO @ Rs. 30,000 p.m.) at all 22 institutes where BHISHM cubes shall be operationalised or a total period of 3.5 years including 2.5 years after March, 2026.

The total financial liability for the additional 2.5 years is thus ~ Rs. 7.26 Cr and requisite funds for the same may be met from budget approved under Revenue Head (Rs. 52.92 Cr.)

The above agenda was also adopted by the NSC in its 2nd meeting held on 25.11.2024 and ratified by 10th meeting of EPC of NHM held on 24th February, 2025.

The proposal for Provision of Hiring of 3 contractual Human Resource at all 22 Institutes where BHISHM cubes are being operationalized was ratified by the MSG.

Agenda 10.8: Provision of Pan India capacity building on 'Mass Casualty Management Programme for front line healthcare staff working in emergency units.

The proposal for Provision of Pan India capacity building on 'Mass Casualty Management Programme for front line healthcare staff working in emergency units was presented before the MSG.

AS(PHP) explained that the proposal for Pan India capacity building on 'Mass Casualty Management (MCM) Programme for frontline healthcare staff working in emergency units ' is to strengthen capacities of hospitals as well as healthcare professionals in managing mass casualty incidents, and also in a bid to ensure effective utilization of BHISHM Cubes, in view of increasing frequency of natural and man-made disasters.

The total number of participants for each program is 20 (5 participant from each hospital- from 4 hospitals in one course) with trainee profile including Doctors (Emergency physicians & other doctors) and Nurses working in hospital emergency departments/Emergency Units (EU) and nodal person for hospital disaster response. The duration is 5 days for Training of Trainers (ToT) and 3-day for subsequent trainings

The estimated cost is Rs. 15.71 lakh/ workshop (for 5 day ToT) and Rs. 11.87 lakh/workshop (for 3-day training) with 1000 trainees to be trained through 50 workshops. The total financial liability is ~ Rs. 6.55 Cr and requisite funds for the same may be met from budget approved under Revenue Head (Rs. 52.92 Cr.)

The above agenda was also adopted by the NSC in its 2nd meeting held on 25.11.2024 and ratified by 10th meeting of EPC of NHM held on 24th February, 2025.

The proposal for provision of Pan India capacity building on 'Mass Casualty Management Programme for front line healthcare staff working in emergency units was ratified by the MSG.

Agenda 10.9: Provision of Setting up of and operationalising Health Emergency Operation Centres (HEOCs) in one additional State.

AS(PHP) briefed the MSG about the proposal for Setting up of and operationalizing Health Emergency Operation Centres (HEOCs) in one additional State.

She explained that the proposal is to set-up HEOC in one more State in addition to 15 already approved under PM-ABHIM to strengthen the preparedness and response of the States to manage public health emergencies and disasters.

The capital cost for establishment of HEOC is Rs. 5 Crore and recurring cost is Rs. 0.73 Crores.

The above agenda was also adopted by the NSC in its 2nd meeting held on 25.11.2024 and ratified by 10th meeting of EPC of NHM held on 24th February, 2025.

The proposal for provision of Setting up of and operationalizing Health Emergency Operation Centres (HEOCs) in one additional State was ratified by the MSG.

Agenda 10.10: Shifting of sites earmarked for construction of 4 Quarantine Centres at APHOs: Kannur, Bhogapuram, Chennai, Kolkata to new sites at APHOs: Amritsar, Guwahati, Bhubaneshwar and Land Border Health Unit (LPHU), Petrapole.

The proposed was for Shifting of sites earmarked for construction of 4 Quarantine Centres at APHOs: Kannur, Bhogapuram, Chennai, Kolkata to new sites at APHOs: Amritsar, Guwahati, Bhubaneshwar and Land Border Health Unit (LPHU), Petrapole

AS(PHP) explained that it is proposed to shift the sites earmarked for construction of 4 Field Health Units - Quarantine Centres (FHU-QCs) at Kannur, Bhogapuram, Chennai and Kolkata to new sites of APHO Amritsar, Guwahati, Bhubaneshwar and Land Border Health Unit (LPHU) Petrapole.

The change has been proposed as Kannur and Bhogapuram (Vizag) airports fall under the Greenfield Airports Policy 2008 and Ministry of Civil Aviation would be providing free of charge constructed Quarantine Centres for APHOs.

Chennai and Kolkata airports, managed by Airport Authority of India (AAI), will have new FHU-QCs buildings constructed by AAI as the site of the existing FHU-QCs are being acquired by AAI due to airport expansion. As such, no expenditure on these four APHO FHU (QCs) shall be incurred under the Scheme and the amount shall remain unutilized.

The above agenda was also adopted by the NSC in its 2nd meeting held on 25.11.2024 and ratified by 10th meeting of EPC of NHM held on 24th February, 2025.

The proposal for shifting of sites earmarked for construction of 4 Quarantine Centres at APHOs: Kannur, Bhogapuram, Chennai, Kolkata to new sites at APHOs: Amritsar, Guwahati, Bhubaneshwar and Land Border Health Unit (LPHU), Petrapole was

ratified by the MSG.

Agenda 10.11: Reduce number of vehicles to be procured from 40 to 15 and increase amount from Rs. 3 to Rs. 8 lakhs per vehicle without any change in financial implication.

The proposal was to reduce the number of vehicles to be procured from 40 to 15 and increase amount from Rs. 3 to Rs. 8 lakhs per vehicle without any change in financial implication.

AS(PHP) explained that under the sub-component of Points of Entry (PoE)-Field Health Unit (FHU), provision was made for procurement of 40 vehicles for PoE Field health Units @ Rs. 3 lakhs per vehicle for transportation of quarantine passengers, vector surveillance and other activities.

Due to non-availability of vehicle under Rs. 3 lakhs on GeM portal, there is a need to increase the unit cost (in line with the extant guidelines on purchase of staff car). Further, considering that some old PoEs already have a vehicle and 8 multi utility vehicles are already under procurement process separately for PoEs,

Based on need assessment, it is proposed to procure 15 vehicles at the rate of Rs. 8 lakhs each with no additional financial implication.

The above agenda was also adopted by the NSC in its 2nd meeting held on 25.11.2024 and ratified by 10th meeting of EPC of NHM held on 24th February, 2025.

The proposal to reduce number of vehicles to be procured and increase amount per vehicle was ratified by the MSG.

Agenda 10.12: Procurement of 5 Ceiling mounted thermal scanners from the budget proposed

The proposal was for Procurement of 5 Ceiling mounted thermal scanners from the budget proposed to be allocated to non-recurring/Capital head of the Component of "Strengthening Points of Entry" for procurement of Thermal scanners at Points of Entry devoid of the mandatory basic facility)

AS (PHP) explained that there are many Points of Entry which are devoid of the facility of electronic ceiling mounted thermal scanners. These thermal scanners are important for screening patients for pyrexia which is the commonest symptom of any infection, and is the basic requirement while carrying out passenger screening. It was proposed that Rs. 1.75 Crore for procurement of 5 thermal scanners @ Rs. 35 lakhs per scanner, may be allocated from non-recurring head Strengthening and Upgradation of NCDC to Capital Head of the Component of Strengthening Points of Entry devoid of the mandatory basic facility.

The above agenda was also adopted by the NSC in its 2nd meeting held on 25.11.2024 and ratified by 10th meeting of EPC of NHM held on 24th February, 2025.

The proposal for procurement of 5 Ceiling mounted thermal scanners was ratified by the MSG.

Agenda 10.13: Enhancement of budgetary provisions for NCDC branches in 7 difficult and hilly terrain States.

The proposal was enhancement of budgetary provisions for NCDC branches in 7 difficult and hilly terrain States by up to 20%.

AS (PHP) explained that the proposal for enhancement of budgetary provisions for NCDC branches in 7 difficult and hilly terrain States (Meghalaya, Mizoram, Arunachal Pradesh, Sikkim, Himachal Pradesh, Uttarakhand and Jammu & Kashmir) by up to 20 percent due to topographical challenges and higher financial cost in hilly areas for the construction of NCDC branches.

An additional budget of Rs 17.6 crores for the enhancement would be sourced from savings that will accrue from the provision made for 4 State branches which have subsequently been approved for upgradation to Regional Branches namely Telangana, Gujarat, Assam and Madhya Pradesh.

The above agenda was also adopted by the NSC in its 2nd meeting held on 25.11.2024 and ratified by 10th meeting of EPC of NHM held on 24th February, 2025.

The proposal of enhancement of budgetary provisions for NCDC branches in 7 difficult and hilly terrain States by up to 20% was ratified by the MSG .

Agenda 10.14: Allocation of Budgetary provision for machinery, equipment & furniture for NCDC State Branches

The proposal was for allocation of Budgetary provision for machinery, equipment & furniture for NCDC State Branches @ Rs.3 Crores per branch for 26 State branches.

AS (PHP) explained that under the PM ABHIM, there is no provision made for machinery, equipment and furniture in NCDC Branches. Therefore, it is proposed to make provision for machinery & equipment and furniture @ Rs. 3 Cr per unit for 26 NCDC State Branches for a total amount of Rs. 78 crores.

The above agenda was also adopted by the NSC in its 2nd meeting held on 25.11.2024 and ratified by 10th meeting of EPC of NHM held on 24th February, 2025.

The proposal of allocation of budgetary provision for machinery, equipment and furniture was ratified by the MSG.

Agenda 10.15: Enhancement of budgetary provisions for each Bio Safety Level (BSL)-3 lab

The proposal was for Enhancement of budgetary provisions for each Bio Safety Level (BSL)-3 lab from Rs. 15 Cr. to Rs. 30 Cr.

AS (PHP) explained that the proposal is for an enhancement of budgetary allocation for BSL-3 lab by increasing unit cost from Rs. 15 cr. to Rs. 30 cr. per BSL-3 Laboratory with Rs.25 Cr. for construction cost and Rs. 5 Cr. for Laboratory

Equipment, Furniture & fixtures.

It was explained that the Preliminary Estimates (PEs) for construction (without equipment) for establishing the BSL-3 lab, received from various CPWDs have been prepared based upon DPAR-12, DPAR-21, DSR-21 and Market Rate and range from Rs.19.15 to Rs. 30 Cr depending on the design and area.

The above agenda was also adopted by the NSC in its 2nd meeting held on 25.11.2024 and ratified by 10th meeting of EPC of NHM held on 24th February, 2025.

The proposal of enhancement of budgetary provisions for each Bio Safety Level (BSL)-3 lab was ratified by the MSG.

Ms. LS Changsan, AS (PHP), invited Ms. Anu Nagar, Joint Secretary (DHR) with the permission of Chair, to brief the committee on the agenda items related to DHR/ICMR. Following this, JS (DHR) provided an overview of the various initiatives undertaken by DHR/ICMR to enhance biosecurity preparedness. These initiatives include strengthening Pandemic Research and the One Health mission through the establishment of National Institute of Virology (NIVs), the upgradation of Virus Research and Diagnostic Laboratories (VRDLs), the creation of the National Institute for One Health in Nagpur, and the development of a BSL-3 lab network by ICMR. These efforts aim to significantly bolster India's pandemic preparedness and response capabilities. She also briefed the committee about the Vishanu Yudh Abhyas, a Mock Drill exercise on Pandemic Preparedness conducted under National One Health Mission aimed to evaluate the readiness and response of the National Joint Outbreak Response. Team comprised of experts from human health, animal husbandry and wildlife sectors. Then, JS (DHR) presented the following 3 agenda items to the committee :

Agenda 10.16: Provision of Medical Counter-Measures for infectious diseases

The proposal was for Medical Counter-Measures for infectious diseases -Rs.23.50 Cr for 2 year

JS (DHR) explained that the proposal aims to establish and sustain 60 accredited Medical Device Testing Laboratories (MDTLs) in India for pre- licensure third party evaluation of diagnostic assays.

- To establish and sustain biobanks for long term storage of well-characterized clinical samples and microbes for prelicensure performance evaluation of assays, as well as inhouse optimization of assays being developed by indigenous manufacturers.
- To support Tuberculosis IVD validation laboratories with manpower and additional funding for continued activity, in view of national elimination efforts.
- The proposal aims to address critical gaps and build a strong laboratory network for in-vitro diagnostic assay development and evaluation in India, through establishment of accredited Medical Device Testing Labs and Biobanks. The activity will sustain the Tuberculosis IVD evaluation laboratories

in India, which is crucial for licensure and availability of quality cost-effective TB assays in the country for disease elimination.

- For the proposal funds amounting to Rs. 23.50 Cr. (approx.) is proposed to re-allocated from the budget of 'C-1 sub-component (Regional Research Platform of the WHO- SEAR Countries) to C-9 subcomponent (developing technologies for epidemiological diseases).
- The above agenda was also adopted by the NSC in its 2nd meeting held on 25.11.2024 and ratified by 10th meeting of EPC of NHM held on 24th February, 2025.

The proposal of provision of Medical Counter-Measures for infectious diseases was ratified by the MSG.

Agenda 10.17: Development of Technologies/Diagnostics for infectious diseases

The proposal was for development of Technologies/Diagnostics for infectious diseases, to provide technical and financial support to priority pharmaceutical candidates (drugs, vaccines, biologicals)

AS (PHP) explained that there is a dire need to support the clinical co-development of pharmaceutical candidates, vaccines, immunoglobulins, monoclonals, etc that meet national health priorities in respect of Pandemics and infectious diseases.

The project aims to 1) De-risked clinical co-development of pharmaceutical candidates that meet national health priorities 2) Accelerated development of Evidence-based healthcare ecosystem in the country.

The proposal will provide technical and financial support to priority pharmaceutical candidates (drugs, vaccines, biologicals) for infectious diseases

The proposal has the following objectives;

- To provide technical and financial support to priority pharmaceutical candidates (drugs, vaccines, biologicals) for infectious diseases.
- Ready for/with a Test Batch License: For the regulation compliant GMP production of test batches (at the government supported CoEs, incubation centres/ CMOs) and GLP certified preclinical safety and toxicity studies (at ICMR/ CSIR institutes/CROs)
- Ready with (or for submission of the Investigational New Drug dossier) the approval to conduct the first in human safety and efficacy studies: For approval and conduct of Phase I/II clinical trial (at the ICMR supported Phase I network or INTENT sites for Phase II)
- Clinical evaluation planning and regulatory approval processes, including expert guidance and facility usage.
- For the proposal funds amounting to Rs. 36.50 Cr. (approx.) is proposed to be re-allocated from the budget of 'C-1 sub-component (Regional Research

Platform of the WHO- SEAR Countries) to C-9 sub component (developing technologies for epidemiological diseases).

- The above agenda was also adopted by the NSC in its 2nd meeting held on 25.11.2024 and ratified by 10th meeting of EPC of NHM held on 24th February, 2025.

The proposal of development of Technologies/Diagnostics for infectious diseases was ratified by the MSG.

Agenda 10.18: Establishment of Animal Bio-safety Level-3 (ABSL-3) Lab at National Institute of One Health (NIOH), Nagpur

The proposal was for Establishing Animal Bio-safety Level-3 (ABSL-3) Lab at National Institute of One Health (NIOH), Nagpur (Rs 20 Cr.) for conduct of animal challenge studies.

JS (DHR) informed that an Animal BSL-3 laboratory is proposed to be established at the National Institute of One Health (NIOH) in Nagpur.

It will play a pivotal role in the study and development of solutions for zoonotic pathogens that affect both animal and human health. Such a facility is vital for conducting controlled research on emerging infectious diseases, developing vaccines, and furthering India's contribution to global biosecurity initiatives.

For the proposal, funds amounting to Rs. 20 Cr. to be allocated within budget of Establishment of National Institute of One Health Nagpur.

The above agenda was also adopted by the NSC in its 2nd meeting held on 25.11.2024 and ratified by 10th meeting of EPC of NHM held on 24th February, 2025.

The proposal of establishing Animal Bio-safety Level-3 (ABSL-3) Lab at National Institute of One Health (NIOH), Nagpur was ratified by the MSG.

Agenda 10.19: Procurement of 5 mobile BSL-3 labs at 5 regions of NCDCs in place of BSL-4 lab.

The proposal was for procurement of 5 mobile BSL-3 labs at 5 regions of NCDCs in place of BSL-4 lab.

AS (PHP) explained that BSL-4 labs are the highest level of bio-safety labs dealing with high-risk pathogens, requiring high maintenance and pose significant bio-security risk and since ICMR is already in the process of establishment of additional 2 BSL-4 labs at Nagpur and Dibrugarh under the PM-ABHIM, BSL-4 lab under NCDC may be re-considered .

The proposed mobile BSL-3 laboratories at Regional NCDCs will supplement the mandate of outbreak investigation and disease surveillance activities of the Regional Centres.

Enable the out-reach services of safe sample collection and testing not only to the remote areas of the country but also to the difficult to reach forest areas as a part of One Health activity of NCDC.

All Regional Centres shall be linked to the District Public Health Laboratories there by providing hand holding and training to the laboratory.

Wild-life research scientists do not have any laboratories, hence the mobile BSL-3 would be used in augmenting one health disease surveillance for zoonotic diseases.

Moreover, it may be submitted that till the Regional NCDCs come up, these mobile BSL-3 can be stationed at the NCDC branches which will be commissioned in the coming financial year.

The above agenda was also adopted by the NSC in its 2nd meeting held on 25.11.2024 and ratified by 10th meeting of EPC of NHM held on 24th February, 2025.

The proposal of procurement of 5 mobile BSL-3 labs at 5 regions of NCDCs in place of BSL-4 lab was ratified by the MSG.

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

Dr V K Paul, Member, NITI Aayog appreciated the Ministry for achieving various milestones under NHM. He further highlighted, to effectively address the health and well-being challenges faced by adolescents in India.

Secretary (Health), Chhattisgarh informed that under the TB Mukta Bharat Abhiyan, the state has placed special focus on workers in the mining and coal industries.

Secretary (Ayush) stated that the Ministry of Ayush is working in collaboration with the Ministry of Health & Family Welfare on matters related to Adolescent Health. Additionally, he suggested that the Ayush Ministry could be involved in campaigns for obesity control.

Secretary (Ministry of Panchayati Raj) suggested mapping healthcare facilities with the Local Government Directory and training may be given for utilizing Health Grants under the 16th Finance Commission.

Additional Secretary (Ministry of School Education) informed that the Ministry is closely collaborating with MoHFW under the RBSK program, achieving 81% coverage in school health check-ups. The Ministry is successfully implementing the Integrated School Health Program.

Additional Secretary (Ministry of Social Justice) shared that the Ministry is actively working on the welfare of victims of drug and substance abuse, transgenders, beggars, and the elderly population. She recommended that Community Health Officers (CHOs) at Ayushman Arogya Mandirs be trained in geriatric care and dementia, stressing the importance of a comprehensive strategy for the elderly. In response, AS & MD (NHM) mentioned that geriatric packages are already included in the expanded package of services under Ayushman Arogya Mandir, and CHOs

receive regular training on these packages.

Joint Secretary (WCD), emphasised to revise the increase in wage loss compensation for mothers or caregivers of children under 5 years suffering from severe acute malnutrition with medical complications, who are admitted to NRCs. She emphasized the critical need for coordination between the Ministry of Health and Family Welfare (MoHFW) and the Ministry of Women and Child Development (WCD) to ensure the overall health and welfare of women and children. She pointed out the importance of addressing the interconnected challenges of healthcare, nutrition, and social welfare.

Shri J P Nadda, Hon'ble HFM in his concluding remarks appreciated all the MSG members for their inputs and suggestions. He further highlighted need for strengthening of capacity building of Chief Medical Officers and Block Medical Officers as well as enhancing the administrative capacity of technical officers at the ground level for provisioning of quality healthcare services across the country.

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

Participants List of 9thMSG meeting of NHM

1. Sh. J.P. Nadda, Hon'ble Union Minister of Health & Family Welfare
2. Sh. Prataprao Jadhav, Hon'ble MoS, Minister of Health & Family Welfare
3. Smt. Anupriya Patel, Hon'ble MoS, Minister of Health & Family Welfare
4. Sh. Suman Bery, Vice-Chairman, NITI Ayog
5. Dr. V. K. Paul, Member, Hon'ble Member, NITI Aayog
6. Ms. Punya Salila Srivastava, Secretary, M/o Health and Family Welfare
7. Sh. Vaidya Rajesh Kotecha, Secretary, M/o AYUSH
8. Sh. Ashok Kumar Meena, Secretary,(DW&S)
9. Ms. L S Changsen, Additional Secretary(IHP), M/o Health & Family Welfare
10. Ms. Aradhana Patnaik, Additional Secretary & Mission Director (NHM), M/o Health & Family Welfare
11. Shri Sanjay Prasad, Special Secretary (Public Finance Central- II), Department of Expenditure
12. Sh Jaideep Kumar Mishra, AS&FA, Minister of Health & Family Welfare
13. Sh. Caralyn Khongwar Deshmukh, AS, (SJ&E), Ministry of Social Justice
14. Sh. Anantrao V. Patil, Additional Secretary, School Education & Literacy, M/O Education
15. Sh. Amit Kataria, Secretary ,Chattisgarh
16. Ms. Kiran Gitte, Secretary ,Tripura
17. Sh. R Rajesh Kumar, Secretary, Uttarakhand
18. Ms. Pallavi Agarwal, Joint Secretary, Ministry of Women and Child Development
19. Ms. Meera Srivastava, Joint Secretary(RCH), M/o Health and Family Welfare
20. Sh. Saurabh Jain, Joint Secretary(Policy), M/o Health and Family Welfare
21. Sh. A P. Nagar, Joint Secretary, M/o Panchayati Raj
22. Ms. Vandana Jain, Joint Secretary, M/o Health and Family Welfare
23. Sh. Shantanu, Joint Secretary, DoNER
24. Sh. Rajib Sen, Program Director, NITI Ayog
25. Sh. K.K Tripathy, EA, M/o Health and Family Welfare
26. Smt. Anu Nagar ,Joint Secretary ,Department of Health Research
27. Dr. Rajinder P Joshi, DGHS

28. Dr. Neha Garg, Director (NHM-II), M/o Health and Family Welfare
29. Dr. Kaustubh S Giri, Deputy Secretary (NHM-IV), M/o Health and Family Welfare
30. Ms. G.S Chitra, Director. Public Health, M/o Health and Family Welfare
31. Dr Govind Bansal, Director (RCH), M/o Health and Family Welfare
32. Dr. Nivedita Gupta, Head, Division of Communicable Diseases, ICMR
33. Sh. Tushar Karmakar, Deputy Secretary, DHR-ICMR
34. Ms Chitwan, Assistant Director, M/o Health and Family Welfare
35. Ms. Shilpi Malra, Senior Consultant (NHM), M/o Health and Family Welfare
36. Dr Nidhi Nigam, Senior Consultant (NHM), M/o Health and Family Welfare
37. Dr Adil Shafie, Senior Consultant (NHM), M/o Health and Family Welfare
38. Ms Khushbu H Chauhan, Consultant (NHM), M/o Health and Family Welfare
39. Sh. S. Sridhar, Consultant, Public Health, MoHFW
40. Sh. Vijendra Katre, Consultant, Public Health, MoHFW
41. Ms Urvashi Kapoor, Jr. Consultant (NHM), M/o Health and Family Welfare