ELEVENTH CONFERENCE OF
CENTRAL COUNCIL OF HEALTH AND FAMILY WELFARE

MINUTES OF THE MEETING

30th AUGUST, 2010
NEW DELHI

Government of India
Ministry of Health & Family Welfare
(Bureau of Planning)

List of participants is at Annexure-I

2. The Union Minister of State for Health and Family Welfare welcomed the Members of the Council. He stressed the need for increased fund allocation by both Centre and States to accelerate the improvement in the health status of our population. The Minister also stated that:

- The total health expenditure in the country is in the range of 4-5 percent of the GDP and private sector accounted for 78 percent of the total expenditure on health sector during 2004-05 and balance 22% by Government expenditure.
- Of the private health care expenditure, over 90 percent was contributed by the out of pocket expenses by the households and roughly two-third of the out of pocket expenditure on health is spent on ‘Outpatient care’.
- According to the Surveys conducted by NSSO, 28 per cent of ailments in rural areas and 20 per cent of ailments in urban areas went untreated due to financial reasons in the year 2004.
- A large proportion of households have to borrow or sell assets to meet the treatment expenditure. According to the survey, even the households belonging to bottom 20% of the society had to spend over Rs. 4000 on an average on hospitalization annually.

The Minister expressed concern over the fact that a large number of households tend to impoverish every year to meet medical expenditure and emphasized the need for a well managed public health system which could reduce inequities in the system and allows fairer access to public health services

The Minister observed that though there has been significant increase in fund allocation over the years, public spending on health as percentage of GDP in India hovers around one percent and this is among the lowest in the world. He requested the State Governments to increase the fund allocation to health sector.

3. Inaugurating the Conference, the Union Minister of Health and Family Welfare requested the Members of the Council to seriously consider creating specialized public health cadres for disease prevention and management as controlling infectious diseases like Malaria, TB, H1N1, Measles, Polio, Chikungunya, Dengue, etc.
require qualified and well trained public health personnel. A Directorate of Public Health should be established with personnel trained in laboratory practices, surveillance, outreach investigations etc.

The Chairman sought the co-operation / invited attention of the State / UT Governments:

- To successfully launch the recently approved “National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke”, in 100 districts in 23 States in its first phase.

- To launch a strengthened Mental Health Programme and Programme for the Elderly.

- To evolve a transfer policy to ensure trained personnel are not transferred to places where they cannot utilize the skills and knowledge acquired.

In his inaugural speech, the Chairman also referred to:

- The reforms introduced by the Union Government to overcome huge shortages of health human resources across the country and in High Focus States in particular;


- The proposal of the Government to commence a new medical course named ‘Bachelor of Rural Health Care (BRHC)’, to address the problem of shortage of health providers in rural villages.

- Launching of the Scheme for Promotion of Menstrual Hygiene and provide adequate knowledge and information about the use of sanitary napkins to adolescent girls in the age group of 10-19 years;

- Implementation of the laws governing age of marriage, encouraging young couples to delay their first child and educate them to plan their families to achieve population stabilization;

- Manufacturing of spurious drugs and adulteration of food;
• Clinical Establishment (Registration and Regulation) Act passed by the Parliament to register all hospitals and diagnostic centers and build a good data base of the health infrastructure available in the country:

• Initiatives taken in the area of Dental education in the last one year.

• To integration of AYUSH with NRHM to enlarge reach of AYUSH and for optimum utilization of AYUSH infrastructure for meeting health needs of the population;

• Controlling of AIDS through greater involvement of NGOs and means available, more widespread education and better health facilities;

The Union Minister of Health and Family Welfare requested the State/UT Governments to increase the public health spending through their budget allocation. He observed that while at the central level, through NRHM and other schemes, the share has increased to almost 40% of the total public health spending, States are not increasing their share. Since ‘Health’ is a State subject, involvement of States should be more prominent.

4. Secretary, Health and Family Welfare gave a presentation (Annexure-II) highlighting the major initiatives taken and achievements made in respect of:

• Augmentation of Human Resources
• Improvement in Health Infrastructure
• Reproductive and Child Health and other initiatives
• Prevention and control of Communicable Diseases
• Control of H1N1

The presentation also covered:

• The steps taken/proposed to be taken by the Government to overcome shortage of Human Resources by setting up of National Commission for Human Resources for Health (NCHRH); introduction of Bachelor of Rural Health Care (BRHC) Course; providing Central assistance to set up ANM & GNM schools spread across identified districts of 23 States/UTs that do not have ANM/GNM schools; establishing National Institute of Paramedical Sciences (NIPS) and Regional Institutes of Paramedical Sciences (RIPS).

• Population Stabilization.

• The Clinical Establishments (Registration and Regulation) Bill 2010.
5. Referring to the Agenda Items circulated for discussion in the Conference, the Union Minister of Health and Family welfare requested the Members of the Council to express their views. Brief of the speeches made by the Members is at Annexure-III.

Though Members of the Council, in their speeches, spoke on the achievements made in the health sector in the States and also on the specific problems faced by them. Views were also expressed in respect of (a) Commencement of Bachelor of Rural Health Care (BRHC) Course (b) Setting up of National Commission for Human Resources for Health (NCHRH) (c) Common Medical Entrance Examination (d) The Clinical Establishments (Registration and Regulation) Bill 2010 and (e) National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke. In brief, out of 30 Council Members, 14 members supported the proposal for commencement of BRHC, 3 did not support and 13 offered no comments. In the case of other 4 items, viz. (b), (c), (d), and (e) majority of the members did not make any specific comments. The summary views expressed by the Members are given below:

**SUMMARY OF VIEWS GIVEN BY THE MEMBERS OF THE COUNCIL**

<table>
<thead>
<tr>
<th>S/No</th>
<th>State / UT / Members of the Council</th>
<th>BRHC</th>
<th>NCHRH</th>
<th>Clinical Establishments Bill</th>
<th>Common Medical Entrance Examination</th>
<th>NPCDCS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Andaman &amp; Nicobar</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>2.</td>
<td>Tripura</td>
<td>Supported</td>
<td>Not supported</td>
<td>x</td>
<td>Not supported</td>
<td>x</td>
</tr>
<tr>
<td>3.</td>
<td>Prof. Gauri Pada Datta</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>4.</td>
<td>Assam</td>
<td>supported</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>5.</td>
<td>Arunachal Pradesh</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>6.</td>
<td>Chhattisgarh</td>
<td>Supported</td>
<td>x</td>
<td>Supported</td>
<td>x</td>
<td>Supported</td>
</tr>
<tr>
<td>7.</td>
<td>Nagaland</td>
<td>Not supported</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>8.</td>
<td>Dr. Srinath Reddy</td>
<td>Supported</td>
<td>Supported</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td></td>
<td>West Bengal</td>
<td>Supported</td>
<td>Not required in their State</td>
<td>Not supported</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td>Uttar Pradesh</td>
<td>Supported</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>10.</td>
<td>Dr. (Mrs) S. Natarajan</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>11.</td>
<td>NCT Delhi</td>
<td>Supported</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>12.</td>
<td>Tamil Nadu</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>13.</td>
<td>Dr. Anjali Gopalan</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>No.</td>
<td>State/Region</td>
<td>Supported Status</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>-----</td>
<td>---------------------------</td>
<td>------------------</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>14</td>
<td>Dr. G. Samaram</td>
<td>Not supported</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Gujarat</td>
<td>Supported</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>16</td>
<td>Haryana</td>
<td>Not supported</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>17</td>
<td>Rajasthan</td>
<td>Supported</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>18</td>
<td>Pudducherry</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>19</td>
<td>Shri T.V. Antony</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>20</td>
<td>Himachal Pradesh</td>
<td>Supported</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>21</td>
<td>Dr. S.K. Noordeen,</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>22</td>
<td>Jammu &amp; Kashmir</td>
<td>Supported</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>23</td>
<td>Kerala</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>24</td>
<td>Madhya Pradesh</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>25</td>
<td>Prof. Ranjit Roy Chaudhary</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>26</td>
<td>Manipur</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>27</td>
<td>Orissa</td>
<td>Supported</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>28</td>
<td>Karnataka</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>29</td>
<td>Chandigarh</td>
<td>Supported</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
</tbody>
</table>

**Note:**  
- **x** = Offered no comments.  
- **BHRC** = Bachelor of Rural Health Care  
- **NCHRC** = National Council of Human Resources in Health  
- **NPCDCS** = National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke

6. Summing up, the Chairman thanked the Members of the Council for their active participation in the discussion. However, he observed that the discussion could have focused more on issues relating to human resources for health, etc. He suggested that for the future meetings of the CCH&FW, the Ministry of Health Family Welfare should circulate the Agenda Notes to all members of the Council well in advance, in order to enable the Members, especially the Ministers of Health / Medical Education discuss the issues with their Chief Minister / Finance Minister.

7. The Conference was concluded with vote of thanks to chair by Union Minister of State for Health and Family Welfare.
Members Present at the 11th Conference of
Central Council of Health & Family Welfare held on 30th August 2010

Shri Ghulam Nabi Azad
Union Minister for Health & Family Welfare  Chairman

Shri Dinesh Trivedi
Minister of State for Health & Family Welfare  Vice-Chairman

Shri S. Gandhiselven
Minister of State for Health & Family Welfare  Vice-Chairman

Minister In-Charge of Ministries of Health & Family Welfare, Medical Education
in the State/UTs

His Excellency Shivraj V. Patil
Governor of Punjab and Administrator
U.T. of Chandigarh  Member

Lt. Gen. (Retd) Bhopinder Singh
Lt. Governor
Andaman & Nicobar Islands  Member

Dr. Himanta Biswa Sarma,
Minister of Health & F.W.
Government of Assam  Member

Dr. Rajiv Bindal,
Minister of Health & F.W., Ayurveda
Government of Himachal Pradesh  Member

Smt. P.K. Sreemathi Teacher
Minister of Health & Social Welfare
Government of Kerala  Member

Sh. B. Sriramulu
Minister of Health & Family Welfare,
Government of Karnataka,  Member
Mr. P. H. Parijat Singh
Minister of Health & F.W.
Government of Manipur

Shri Rowell Lyngdoh
Deputy Chief Minister and Minister of Health & F.W.
Government of Meghalaya,

Mr. Kuzholouz Nienu,
Minister, Health & Family Welfare
Government of Nagaland,

Sh. Prasanna Acharya
Minister of Health and Family Welfare
Government of Orissa,

Thiru E. Valsaraj
Minister of Health & F.W.
Government of Puducherry
Puducherry-605 001

Shri Jaynarayan Narmada Shankar Vyas
Minister of Health & F.W.
Govt. of Gujarat

Shri Mahendra Singh Hardia
Minister of State for Public Health & F.W. Medical Education
AYUSH, Technical Education & Training
Government of Madhya Pradesh

Sh. Anant Kumar Misha
Minister of Health
Government of Uttar Pradesh

Sh. Lalji Verma
Minister of Medical Education
Government of Uttar Pradesh

Sh. Bimal Kant Shoria
Minister of State for Health and Family Welfare,
Govt. of Uttar Pradesh,
Dr. Surjya Kanta Mishra  
Minister of Health & F.W.  
Government of West Bengal  

Prof. Kiran Walia,  
Minister for Health and F.W  
Government of NCT Delhi  

Shri Suresh Hirayenna Shetty  
Minister of F.W. & Public Health  
Government of Maharashtra  

Shri Dawa Norbu Takarpa  
Minister of Health Care & F.W.  
Government of Sikkim  

Thiru M.R.K. Panneerselvam  
Minister of Health & F.W.  
Government of Tamil Nadu  

Smt. Geeta Bhukkal  
Minister of Health  
Government of Haryana  

Shri Amar Agarwal  
Minister of Health & F.W.  
Govt. of Chhattisgarh  

Shri Tanga Byaling  
Minister of Health  
Government of Arunachal Pradesh  

Shri Tapan Chakraborty  
Minister of Health  
Govt. of Tripura  

Shri Sham Lal Sharma  
Minister of Health  
Government of Jammu & Kashmir  

Shri R.S. Chib  
Minister of Medical Education  
Government of Jammu & Kashmir
Planning Commission

Dr. (Ms.) Syeda Sabiudin Hameed,  
Member (Health),  
Planning Commission,  

Eminent Individuals

Prof. Ranjit Roy Chaudhury, Emeritus Scientist,  
Member  
National Institute of Immunology  
Aruna Asaf Ali Marg, New Delhi-1100 067  

Prof. Gouri Pada Dutta,  
Member  
Government of West Bengal, Poura Bhawan, Salt Lake,  
Kolkata-700 106  

Dr. K.S. Jacob  
Member  
Prof of Psychiatry  
CMC Vellore  

Shri T.V. Antony  
Member  
Former Chief Secretary  
Government of Tamil Nadu  

Dr. K. Srinath Reddy, President,  
Member  
Public Health Foundation of India,  

Dr. S.K. Noordeen, Former Director Leprosy,  
Member  
Programme DHO & Chairman,  
Leprosy Elimination Alliance,  

Dr. Anjali Gopalan  
Member  
NAZ Foundation, New Delhi  

Non Official Members

Dr. G. Samaram  
Member  
President,  
Indian Medical Association,  
Indraprastha Bhawan, New Delhi-110 002
Dr. (Mrs.) Sujatha Natarajan
President,
Family Planning Association
Bajaj Bhawan, nariman Point,
Mumbai, 400 021

Mrs. Gita Siddhartha
President
Indian Council of Child Welfare

Official Members

Ms. K. Sujatha Rao
Secretary (H & FW)
Ministry of Health & Family Welfare,
Government of India

Smt. S. Jalaja
Secretary, (AYUSH)
Ministry of Health & Family Welfare,
Government of India

Dr. V.M. Katoh,
Secretary (HR) & DG ICMR
Ministry of Health & Family Welfare,
Government of India

Shri K. Chandramouli
Secretary & DG (AIDS Control)
Ministry of Health & Family Welfare
Government of India

Dr. R.K. Srivastva
Director General of Health Services
Nirman Bhawan, New Delhi

Shri A.S. Sachdeva
Economic Adviser
Ministry of Health & F.W.

Member

Member

Member

Member

Member

Member Secretary
Participants from the Ministry of Health & Family Welfare, Government of India

Shri Keshav Desiraju
Addl. Secretary (Health),
Ministry of Health & Family Welfare,

Shri P.K. Pradhan
Addl. Secretary & MD (NRHM)
Ministry of Health & Family Welfare,

Shri Navaed Masood
AS & FA
Ministry of Health & Family Welfare,

Ms. Madhubala
Addl. DG (Stat.)
Ministry of Health & Family Welfare,

Shri S.K. Rao
Joint Secretary (Coord)
Ministry of H& FW

Shri V.S. Ramachandran
OSD to HFM
Ministry of Health & Family Welfare,

Smt. Shakuntala D. Gamlin
Ministry of Health & Family Welfare,
Government of India

Shri Debasish Panda
Joint Secretary
Ministry of Health & Family Welfare,

Shri Amarjeet Sinha
Joint Secretary,
Ministry of Health & Family Welfare,

Shri Amit Mohan Prasad
Joint Secretary,
Ministry of Health & Family Welfare,
Ms Shalini Prasad  
Joint Secretary  
Ministry of Health & F.W.

Shri B.K. Prasad  
Joint Secretary  
Ministry of Health & F.W.

Dr. R.S. Shukla  
Joint Secretary  
Ministry of Health & F.W.

Dr. Rattan Chand,  
CD (Stat)/CD (M&E)  
Ministry of Health & Family Welfare,

Prof Deoki Nandan  
Director, NIHFW  
Ministry of Health & Family Welfare

Shri Pravin Srivastava  
Dy Director General (Stat.)  
Ministry of Health & F.W.

Dr. Kiran Ambwani  
DC (FP),  
Ministry of Health & Family Welfare,

Dr. Ajay Khera  
Dy. Commissioner  
Ministry of Health & Family Welfare,

Ms. Sujaya Krishnan  
Director (NCD)  
Ministry of Health & Family Welfare

Shri Arun Baroka,  
Director,  
Ministry of Health & Family Welfare,

Shri Avinash Mishra,  
Director  
Ministry of Health & Family Welfare,
Shri Puneeti Kansal  
Director  
Ministry of Health & Family Welfare  

Shri Sanjay Prasad,  
Director (DC/IEC)  
Ministry of Health & Family Welfare  

Dr. S. Barik  
Director  
Ministry of Health & Family Welfare  

Shri D. Shekhar  
Director (EPW),  
Ministry of Health & Family Welfare  

Shri Sanjeev Chadha  
Director (PMSSY)  
Ministry of Health & Family Welfare  

Ms Jaya Bhagat  
Director (NRHM)  
Ministry of Health & Family Welfare  

Ms. Anuradha Vemuri  
Director  
Ministry of Health & Family Welfare,  

Shri T. Dileep Kumar  
Adviser (Nursing)  
Ministry of Health & Family Welfare,  

Shri Rajesh Bhatia  
Director (Stat.)  
Ministry of Health & F.W.  

Ms. Mandeep Kaur  
Addl. PS to HFM  
Ministry of Health & Family Welfare,  

Smt. Manmeet Nanda  
OSD to MOS (DT)
Shri Harish Kumar  
Addl. PS to MOS (DT)  
Ministry of Health & Family Welfare,

Shri R.T. Venkataswamy  
Deputy Secretary (IFD)  
Ministry of Health & Family Welfare,

Shri P.K. Abdul Kareem  
Deputy Economic Adviser  
Ministry of Health & Family Welfare

Shri Douglas  
Team Leader EPW  
Ministry of Health & Family Welfare

Shri Rakesh K. Maurya  
Deputy Director  
Ministry of Health & Family Welfare

Shri Y.K. Pathak  
Dy. Director (UIP)  
Ministry of Health & Family Welfare

Shri Himansu Verma  
Consultant IT  
Ministry of Health & Family Welfare

Shri R.K. Mittal  
Under Secretary  
Ministry of Health & Family Welfare

Dr. P.S. Gaur  
Regional Director, Gauhati

Participants from Directorate General of Health Services, Govt. of India

Dr. D.C. Jain  
Special Director General,  
Dte.,G.H.S,
Dr. Jagdish Prasad
Add. DGHS

Dr. R.L. Ichhpuijani
Director, NCDC

Dr. A.C. Dhariwal
Director (NVBDCP)
Ste. G.H.S

Dr. L. S. Chauhan,
Deputy Director General (T.B.)
Dte. G.H.S,

Dr. Ashok Kumar
DDG & Director (CBHI)
Dte. G.H.S,

Dr. S. Singh
DCG(I)
Directorate General of Health Services

Dr. A.K. Mandal
DDG (M)
Directorate General of Health Services

Dr. R. Ravindran
Director (EMR)
Dte. G.H.S.

Dr. B.K. Tiwari
Adviser (Nutrition)
Dte. G.H.S,

Dr. G.P. Kumar
Addl. Economic Adviser
Dte. General of Health Services

Dr. Raj Gopal
Medical Professional
Participants from Department of AIDS Control

Dr. S. Venkatesh,
Dy. Director General (NACO)
Ministry of Health & Family Welfare,

Dr. D. Bachani
Dy. Director General (NACO)
Ministry of Health & Family Welfare,

Dr. Neeraj Dhingra
Dy. DG (NACO)
Ministry of Health & Family Welfare,

Dr. Yujwal Raj
Programme Officer (Surveillance)
NACO
Ministry of Health & Family Welfare,

Dr. B.B. Rewari
NPO (ART)
NACO

Dr. Shobini Rajan
DD (STI)
NACO

Participants from Department of AYUSH

Sh. D.D. Sharma,
Joint Secretary, AYUSH,
Ministry of Health & Family Welfare,

Smt. Meenakshi Negi
Director, AYUSH
Ministry of Health & Family Welfare,

Shri P.S. Gaur
Director (AYUSH)
Ministry of Health & Family Welfare,
Dr. S.K. Shau
Adviser AYUSH
Ministry of Health & Family Welfare,

Participants from other Ministries of Govt. of India

Shri Sunil Kumar
Addl. Secretary,
Deptt. of Higher Education
Ministry of HRD

Ms Anita Makhijani
Asst. Technical Adviser
Ministry of Women & Child Development

Participants from States

Arunachal Pradesh

Shri K. Tayeng
Secretary (H&FW)

Shri Talem Tapok
MD, NRHM

Dr. D. Padung
State Nodal Officer NRHM

Assam

Dr. J.B. Ekka
Secretary (H&FW)
Govt. of Assam

Andaman & Nicobar

Sh. R. Bali
Secretary (Health)
A&N Administration
Bihar

Shri Sanjay Kumar
Secretary Health & MD NRHM

Chhattisgarh

Shri Vikas Sheel
Secretary

Chandigarh

Mr. R.S. Sandhu
ADC to Governor Punjab & Admin. Chandigarh

Shri Pradip Mehra
Chief Secretary

Shri Ram Niwas
Secretary Health

Mr. Ashok Tak
OSD to Governor Punjab & Admin Chandigarh

Shri N.K. Dureja
Chief Liaison Officer and Resident Officer

Delhi

Dr. Jayadev Sarangi
MD NRHM

Dr. Nutan Mundeja
SPO DSHM

Dr. D.K. Dewan
State RCH Officer

Goa

Shri Rajeev Verma
Secretary (Health)
Dr. (Mrs) Rajnanda Desai  
Director Health Services

Gujarat

Ms. Anju Sharma  
MD, NRHM

Mr. K.K. Panchal  
Addl. Director (US)

Dr. N.B. Dholakia  
Deputy Director (NRHM)

Himachal Pradesh

Shri D.P. Mahajan  
PS to Minister

Shri P.C. Dhiman, IAS  
Principal Secretary (Health)

Haryana

Shri Pranab K. Das  
MD NRHM

Dr. Narveer Singh  
DGHS

Jharkhand

Dr. D.K. Tiwari  
Secretary (H&FW)

Jammu & Kashmir

Dr. K. Pandotra  
Director F.W. & RCH

Dr. Yashpal Sharma  
OSD to Minister for H&FW
Shri Kapil Ghai
State MSD Officer

Karnataka

Dr. E.V. Ramana Reddy
Health and FW Department,

Dr. R. Rama Priya
PS to Minister for H&FW

Shri M. Vittalamurthy
Secretary, Medical Education

Kerala

Shri Manoj Joshi
Secretary (H&FW)

Dr. Usha Titus
Secretary (Medical Education)

Madhya Pradesh

Dr. Nirbhay Ssrivastava
OSD, Director Medical Education

Dr. Manohar Agnani
MD NRHM

Dr. A.N. Mittal
Director (Health)

Shri Rakesh Munishi
Director

Manoj Gottware
PS to Minister

Maharashtra

Shri Jayant B.
P.S. Public Health
Dr. Ramesh C. Sagar
MD NRHM

Manipur

Shri V. Vumlunmang
Commissioner (Health)

Meghalaya

Dr. A. S. Kyojin
Director

Shri D.P. Wahlang
Commissioner and secretary (Health)

Dr. A.K. Das
PHS (MCH)

Mizoram

Dr. P. Sangzuala,
Mission Director NRHM

Dr. C. Zothankhuma
Director Health Services

Dr. L.R. Sailo
Jt. Director (Health & ME)

Nagaland

Shri Menukhol John,
Commissioner & Secretary (Health & FW),

Mr. T. Limsong,
Mission Director

Dr. Vizolie Suokhrie,
Joint Director,
Orissa

Ms. Anu Garg,
Commissioner cum Secretary (Health & FW),

Dr. Pramod K. Mejerda
Mission Director NRHM

Dr. D.K. Panda
JD (RH)

Shri Tapan Das
Information Officer
Punjab

Shri Satish Chandra
Principal Secretary, Health & Family Welfare,

Shri B. Purukastha
MD NRHM

Dr. A.S. Thind
Director Medical Education & Research
Puducherry

Dr. Dilip K. Baliga
Director Health
Govt. of Puducherry

Rajasthan

Dr. Preetam Yashvant
Mission Director NRHM

Sikkim

Shri V.B. Pattak
Commissioner cum Secretary,
Govt. of Sikkim

Dr. T. Yethenpa
Addl. Director Health Sikkim
Tamil Nadu

Shri V.K. Subburaj, IAS  
Principal Secretary, Health & FW

Dr. R.T. Porkalpandian  
Director of Public Health

Dr. A Sukumaran  
Deputy Director

Tripura

Shri Swapan Saho  
Special Secretary (H&FW)

Shri R.K. Vaish  
Pr. Resident Commissioner  
Uttar Pradesh

Shri Pradeep Shukla  
Principal Secretary (Health)

Dr. S.P. Ram,  
D.G. FW,

Dr. Sadan Singh  
DG ME

Dr. Aruna Narain  
GM NEHM

Mr. Santosh Kumar  
G.M. (Admin)

Uttarakhand

Dr. (Mrs) Asha Mathur  
Addl. Director Medical & Health

West Bengal

Dr. M.N. Ray  
Principal Secretary
Health Sector –
Achievements and issues

Presentation for the Central Council of
Health and Family Welfare
30th August 2010

Major initiatives/
achievements during the last
one year in Health Sector
Augmentation of Human Resources

Reforms in medical education:
- Rationalization of norms to facilitate setting up of medical colleges: land requirement, requirement of bed strength and patient occupancy.
- Permitting Medical Colleges by Corporates, on PPP basis.
- Revision of teacher-student ratio from 1:1 to 1:2 to provide more PG seats.
- Support to medical colleges for increasing PG seats/ starting new PG courses.

Recruitment of additional manpower in Primary Healthcare:
- Engagement of doctors and para-medical staff on contractual basis -
  - 2061 MBBS doctors, 135 Specialists, 2373 AYUSH doctors, 8514 ANMs and 2430 staff nurses engaged by States/ UTs during the year under NRHM.
  - 8771 doctors, 2434 specialists, 7702 AYUSH doctors, 26197 nurses, 48248 ANMs engaged so far in states/ UTs.

Improvement in Health Infrastructure

- Progress in setting up 6 AIIMS-like Institutions at Bhopal, Bhubaneswar, Jodhpur, Patna, Raipur and Rishikesh
  - Residential building at advanced stage of construction.
  - Civil works of medical college and trauma centers started.
  - Construction of hospitals to commence soon.

- Upgradation of 13 medical colleges/institutions
  - Work in Trivandrum and Bangalore completed.
  - Work in other selected medical colleges under progress.
  - Concept plan under finalization for upgradation of 6 more institutions at Nagpur, Madurai, Amritsar, Tanda, Aligarh and Rohtak.
Improvement in Health Infrastructure
(continued)

- Strengthening of Primary Health Care System
  - New construction/ up-gradation taken up in 414 district hospitals, 1790 CHCs, 3090 PHCs and 18141 Health Sub-centres under NRHM.
  - 2463 facilities functioning as FRUs and 15196 facilities functioning on 24x7 basis.
  - Mobile medical units in 363 districts to bring diagnostic and inpatient care closer to villages in remote areas.
  - Referral transportation introduced – 104, 108, Janani Express, etc.

Reproductive and Child Health and other initiatives

- JSY beneficiaries increased from 7.39 lakhs in 2006 to one crore in 2009-10.
- To tackle polio, bivalent vaccine introduced in the immunization programme.
- Under Navjat Shishu Suraksha Karyakarm more than 1400 trainers and 13000 healthcare providers trained so far.
- Annual health survey taken up through RGI in 284 districts in 11 high focus States.
Communicable Disease Prevention and Control

- For the first time, 22.5 lakh Long Lasting Insecticidal Nets (LLINs) procured and supplied to high malaria endemic districts in 7 States.
- Drug policy for malaria treatment revised for use of ACT for treatment of Pl malaria cases.
- DOTS-Plus Programme for the management of MDR-TB initiated in 4 more States, taking the tally to 10 States.
- Global Fund (GFATM) Grants for Rs. 531.8 crores for malaria control and Rs. 937.2 crores for TB control approved.
- For the first time in the country, a National Sample Survey to estimate the burden of Leprosy has been taken up.
- Approved up-gradation of the National Centre for Disease Control (NCDG) as a Centre of Excellence for public health has been taken up for Rs. 450 crores.

Control of H1N1

- Facilities for laboratory testing of clinical samples for H1N1 increased from 2 to 45.
- Over 1 crore passengers screened at entry points across international airports and sea ports.
- 400 lakh capsules of Oseltamivir (anti-viral drug) stockpiled, with 210 lakh given to the States/ UTs, both for preventive chemoprophylaxis and treatment of H1N1 cases.
- 15 lakh doses of vaccine imported for healthcare workers.
- Indigenous vaccine launched for H1N1 by 2 companies.
- Dedicated website for H1N1.
Issues in Health Sector

Shortage of Human Resources -
National Commission for Human Resources for Health (NCHRH)

- To streamline the regulatory mechanism of Medical Education and allied services it is proposed to establish a National Commission for Human Resources for Health.
- Broad consensus emerged through various consultations suggests trifurcation of the three critical functional areas namely, Accreditation, Academics (Education/Examinations), Regulation of profession.
- These functions presently performed by the Councils (MCI, DCI, INC, etc), to be assigned to three distinct bodies under the overall supervision of the NCHRH namely,
  - National Board for Education, Training and Examinations in Medical and Allied Services (NABETEM)
  - National Accreditation Board
  - Councils of Professionals (MCI, DCI, NCI, etc.)
Shortage of Human Resources - 
Introduction of Bachelor of Rural Health Care (BRHC) Course

- To mitigate the hardships being faced by people in need of health care at village level, introduction of a rural health care course which is proposed to develop as a separate cadre of health professionals.
- Objective is to make available comprehensive primary health care at Sub Centre level, particularly in remote and inaccessible areas.
- BRHC is conceived as a qualification closer to MBBS in skills, and significantly higher than ANMs in knowledge and skills.
- Medical Schools to be set up in a district hospital.
- Annual intake per medical school will be 25 to 50 students for which the bed strength requirement would be 150 to 300.
- The duration would be 3 years followed by 6 months of internship.

---

Shortage of Human Resources - 
Nursing and Paramedical Education

Nursing Education

- To meet the shortage of ANMs & GNMs, Central assistance to be provided to set up 269 ANM & GNM schools spread across identified districts of 23 States/UTs that do not have ANM/GNM schools. Total outlay is Rs 2000 crores.
- Detailed guidelines have been sent to the States. Proposals are awaited.

Paramedical education

- To reduce regional imbalance in availability of paramedics, the Central Government to set up a National Institute of Paramedical Sciences (NIPS) at Delhi & 8 new Regional Institute of Paramedical Sciences (RIPS), and developing the Regional Institute of Paramedical & Nursing Sciences for North-Eastern States.
- Manpower development through one time support to State Government medical colleges for conducting paramedic courses, 73 at UG level and 40 at PG level. The total outlay is Rs 1156 crores.
Reproductive and Child Health

Maternal Health
- MMR down from 301 in 2001-03 to 254 in 2004-06:
  - Focus on quality ANC, identification of high risk pregnancy, institutional delivery.
- To increase the pace of progress, special focus on 264 selected backward districts.
- Maternal and Child Health Centres being identified to provide quality care.
- Supportive supervision.
- Multi-skilling of doctors in LSAS, EMOC, SBA training.
- Name based tracking of mothers and children introduced.

Reproductive and Child Health
(continued)

Child Health
- IMR reduced from 58 in 2005 to 53 in 2008.
- NMR remains static at 37 –
  - Need to focus on newborn care.
- SNCUs, Stabilization Units, Newborn care at facilities.
- Home based newborn care – ASHA 6th and 7th Module.
- Emphasis on increasing immunisation coverage - Full coverage increased from 54% (DLHS-3) to 61% (CES 2009).
- 32 cases so far of wild poliovirus as compared to 260 last year in the same period – recent new cases in West Bengal a matter of concern.
- Second dose of measles vaccination and SIA in selected districts being introduced this year.
- Cold chain system and its management remains a critical issue in most of the States – Need special attention.
Population Stabilization

- TFR – 2.6 (SRS 2006) 14 states reached replacement level.
- High TFR i.e. 3 and above in 9 states including - UP, MP, Bihar, Rajasthan, Jharkhand, Chhattisgarh.
- Need for involvement of people’s representatives.
- Need for establishing post partum centers at district and block level facilities on an urgent basis.
- Improved service level and availability of contraceptives to meet the unmet needs.

Non-communicable Diseases

- With increased life-expectancy, rapid rise in incidence of non-communicable diseases.
- Programme for prevention and control of diabetes, cardiovascular diseases and stroke finalized, initially to be taken up in 100 districts. Outlay Rs. 500 crore.
- For cancer control, cancer services will be provided in 100 districts besides strengthening of 65 tertiary cancer centers. Outlay Rs. 731 crore.
- Mental Health strengthened, Upgradation of faculty in Government Medical Colleges, modernization of State Mental Hospitals and establishment/ upgradation of PG training departments taken up.
- National Tobacco Control Programme – To facilitate implementation of Tobacco Control Laws and to bring greater awareness on its harmful effects.
Communicable diseases

- Large number of vacancies in key positions in many States.
- Engagement of Male Health Workers allowed on contractual basis in high endemic and high focus districts.
- Inadequate monitoring & supervision, particularly in respect of Indoor Residual Spray (IRS) and fever surveillance for Malaria and Directly Observed Treatment Short Course (DOTS) programme.
- Annualized New Smear Positive Case Detection Rate less than 50% in 116 districts.
- Setting up of Culture DST Labs for diagnosis and management of Multi-drug Resistant TB (MDR-TB) in all States by 2010-11.
- Special efforts to achieve Leprosy elimination (i.e. PR less than 1 per 10,000) in remaining three States/UTs namely, Bihar, Chhattisgarh and Dadra & Nagar Haveli.

Drug and Food Regulation

- Need for stricter enforcement of Drugs & Cosmetics Act to check manufacture of spurious and adulterated food items.
- Vacant posts of Drug and Food Inspectors need to be filled along with training and re-orientation.
- Food and drug labs inadequate, under-staffed and lack equipment, infrastructure etc. – need immediate attention.
- Post-marketing surveillance to ensure proper check from factory to retail outlets.
- Proper investigation often not done leading to acquittal.
The Clinical Establishments (Registration and Regulation) Bill 2010

- The Clinical Establishments (Registration And Regulation) Bill, 2010 was passed by both houses of Parliament and has become an Act on 16th August, 2010.
- The Act requires all clinical establishments to register on a mandatory basis and makes them obligatory provide treatment and stabilize anyone who comes in an "emergency medical condition".
- The Act creates a regulatory framework to bring about standardization of health care facilities in all clinical establishments including Government institutions.
- The Act also sets up a National Council which will classify, determine and develop standards of clinical establishments. The Council will compile and publish a national register of clinical establishments.
- The Act becomes applicable in all Union Territories and four States namely Himachal Pradesh, Arunachal Pradesh, Sikkim and Mizoram.
- Other States need to adopt this law by passing a resolution to this effect in their legislative Assemblies to implement in their States.

Governance Issues

- Need for States to have a comprehensive HR policy covering employment, deployment and transfer etc.
- Need for regular training and placement of trained personnel at designated centres for their effective utilization.
- Build up capacity for training at State and district level.
- Develop dedicated public health cadre.
- Strengthening of RCH set up at State and district level.
Thank you!
Thank you!
Details of Discussions in the 11th CCHFW meeting

Annexure-III

Andaman & Nicobar Islands:

H.E. the Lt. Governor A&N Islands requested the Chairman to be liberal in extending support as Islands are quite inaccessible. He further stated that there is no medical college in A&N Islands and requested Union Government to modify the regulations appropriately to allow in setting up of a medical college under PPP mode. He also referred to acute shortage of specialists in Islands and requested to provide necessary assistance to overcome the problem.

Tripura

Health Minister of Tripura expressed his support to the proposal of the Union Government to commence Bachelor of Rural Health Course. However, he did not support the proposal of setting up of National Council of Human Resources in Health and Common Medical Entrance examination system due to resistance from the doctors’ fraternity in the State. The other issues raised by the Minister include:

- Issuance of Essentiality Certificate by Indian Nursing Council for setting up of ANM, GNM and Nursing College in the State.
- Acute shortage of faculty and senior faculty.

Prof. Gauri Pada Dutta, Eminent Individual

Prof. Gauri Pada Dutta, Member of the Council, in his speech stressed the need to undertake surveys to analyze morbidity profile of the population and also get a sketch of ailing population of the country. The other observations made by the member include:

- Conducting Medical audits in the PHCs and CHCs to assess the quality of health services available at health facilities.
- To bring about changes in curriculum of medical sciences, keeping in view the happenings on the disease front and also focus on community orientation.
- The structure of the proposed Bachelor of Rural Health Care is more theoretical in nature, with less focus on community orientation.

Assam

The Health Minister of Assam supported the proposal of the Union Government to commence Bachelor of Rural Health Care course in the country as it will address the issue
of health care providers in rural areas and also helps in improving the health delivery system. However, he felt that flexibility should be given to States to adopt the course with certain modifications if necessary. The other issues raised by the Member include:

- Norms for establishment of Medical Colleges needs to be rationalized, with relaxation for up gradation of district hospitals to Medical Colleges.

- The norms framed by the MCI Governing Council on Medical Education, are quite tough to adhere.

- States may also be consulted before framing the norms by the MCI Governing Council on Medical Education.

**Arunachal Pradesh**

The Health Minister of Arunachal Pradesh sought enhanced support of the Centre to prevent / control incidence of Malaria, Cancer and TB in the State. The Minister also brought the following issues to notice of the Chairman seeking Union Government support:

- To establish a medical College
- To increase the quota of the State for seats in Medical Colleges.
- To provide financial assistance to create infrastructure facilities in the District Hospitals.

**Chhattisgarh**

The Health Minister of Chhattisgarh highlighted the achievements made under the National Rural Health Mission (NRHM), especially with regard to increase in allocation of funds, increase in the retirement age of faculty from 62 years to 65 to address shortage of faculty in the medical colleges. He supported the proposal of the Union Government to commence Bachelor of Rural Health Care course in the country as it is based on the model of Rural Medical Attendant (RMA) course, evolved by the State Government. There should be relaxation in BRHC norms for beds in district hospital. Similarly, curriculum should be made flexible taking into account the special characteristics of health problems of the State. He made point to recognize RMAs under BRHC. The Health Minister also extended the support of the State Government:

→ To the proposed National Programme for control of cancer, diabetes, cardiovascular disease and strokes.
Clinical Establishment Bill intended to regulate health care system

The other issues raised/observations made by the Minister include:

- Appreciated the changes effected in MCI regulations, so as to make more seats available in Medical Colleges and opening of new medical colleges.

- Adopting public private partnership model in the field of Medical Education by offering facilities like providing land on lease to private players for setting up health facilities.

- Shortage of faculty in Medical colleges.

- To start Urban Health Mission at the earliest.

Nagaland

The Health Minister of Nagaland focused on implementation of Family Planning Programmes and the progress made in the health delivery system in the State under the National Rural Health Mission (NRHM). Referring to the proposed Bachelor of Rural Health Care (BRHC) course, the Health Minister of Nagaland opined that commencement of the course may not be a solution for Nagaland. Although the objective of BRHC is good, it may discriminate the health care system given to people in rural areas. Moreover, there is limited scope of promotion within the system. He advocated for opening up of a Medical College, as the State does not have any medical college.

The Council Member appreciated Union Government’s schemes for development of nursing services but requested Central Government to change the funding pattern to the ratio of 90:10, as against the present pattern. He also requested to sanction more number of Nursing Colleges in the State.

Dr. Srinath Reddy, Eminent Individual

Dr. Srinath Reddy, Member of the Council, welcomed the proposal of the Union Government for starting ‘Public Health Cadre’ through setting up of the National Council of Human Resource in Health (NCHRH) for design and delivery of public healthcare. Referring to the commencement of proposed Bachelor of Rural Health Care (BRHC) course, Dr. Reddy felt that is a timely proposal, which will increase middle level health workforce in the rural areas.

The Member stressed the need for bringing out specialist nurses with specialist Nurse Cadre and requested the Government to lay emphasis for multi skilling of health workers at
districts level, as the staff associated with vertical disease control programmes in the district are not utilized for other health schemes.

He suggested that one way to address problem of shortage of faculty is to introduce web casting in class rooms.

West Bengal

The Health Minister of West Bengal expressed the views of the State Government on the Agenda Notes circulated for the Eleventh Conference of the Central Council of Health and Family Welfare as under:

- State Government appreciates the changes brought out in MCI regulation for increasing the number of seats in Medical Colleges.

- State Government supports the proposal of commencement of Bachelor of Rural Health Care (BRHC) course: A variant of BRHC already exists in the state. The States, which are willing to implement BRHC, may be permitted to do so.

- State is opposed to Common National Entrance Exams for Medical Education.

- Since the Legal Establishment Bill already exists in the state, there is no requirement of Clinical Establishment Bill for the state. The existing Bill, which has been formulated in 1950, has been amended from time to time, to meet changing requirements.

Uttar Pradesh

The Medical Education Minister of Uttar Pradesh appreciated the changes brought out in the MCI regulations for Medical Education. However, he requested the Union Government to devolve powers to State Government also so as to open more number of medical colleges in the state. He welcomed the proposal of the Union Government for commencement of Bachelor of Rural Health Care (BRHC) course as this will help to address the problem of health care providers in rural areas.

The Health Minister of Uttar Pradesh informed that:

- State is providing utmost importance to hygiene and sanitation in the State. It is making arrangements to provide water at Rs. 1 per bottle.
• Institutional deliveries under Janani Suraksha Yojana increased.

• Shortage of medical professionals and incentives given specialists.

Dr.(Mrs) Sujata Natraj, Non-official Member

Dr. (Mrs) Sujata Natraj, Member of the Council, was of the opinion that the existing MBBS curriculum is not in tune with the prevailing circumstances, thus needs lot of changes. Since NGOs are playing critical role in the health care sector all over the country, she requested the Chairman to take assistance of various NGOs to finalize the curriculum.

Delhi

The Health Minister of Delhi supported the move of the Union Government to commence Bachelor of Rural Health Care (BRHC). She also brought the following to the notice of the Chairman:

• Due to the surge in patient load in all hospitals/Institutions in Delhi, mostly on account of migration, State is unable to cope with the situation and to provide quality health care to the patients. There is urgent need to set up health facilities in the neighborhoods of Delhi such as UP, Haryana as well as Bihar.

• Delhi Government has approved urban model of primary health care.

• The Public Private Partnership model for hospitals did not work well in Delhi and it has resulted in large number of litigation cases. The poor has not been accommodated in these hospitals, although these Institutions have taken concessions from Government agencies. A workable model has to be evolved.

• To tackle non-communicable diseases, State has opened diabetes centre in every public hospital.

• Mental Health has been a serious problem over time in the State, attention needs to be focused on this.

• There is an urgent need to increase pass percentage in Public Health courses, as this will help in bring more human resources in public health.

Tamil Nadu

The Health Minister of Tamil Nadu thanked the Union Minister of Health Family Welfare for the efforts taken to improve health care delivery system in the country. He also informed the following to the Chairman:

• State has been performing well in terms of health indicators.

• The state has been utilizing the funds under NRHM to the maximum extent.
Haryana

The State Health Minister expressed the reservations of the State in supporting the proposal to commence of Bachelor of Rural Health Care course as it will have implications on quality of health care and could create discrimination for people residing in rural areas. Instead, the State would prefer to open more number of medical colleges to reduce shortage of human resources in health sector. The Member supported the proposal of Government to set up NCHR with the condition that State Governments should have pivotal role to play. The Minister brought the following to notice of the Chairman:

- State would like to incentivize doctors, to work in rural areas.
- State supports the proposal of establishing of Nursing Schools.
- State has excelled in providing Maternal and Child Health Services.
- Increased Attention has been given to AYUSH. A separate department of AYUSH is functional in the State.

Rajasthan

The Health Minister of Rajasthan welcomed the proposal of the Union Government to commence Bachelor of Rural Health Care course in the country. However, the syllabus for the Course may be worked out in consultation with the State government to address special health care needs of State. The Minister brought the following to notice of the Chairman:

- The State has been able to expand health care delivery system and NRHM has provided fillip to the activities.
- Over the last few years, there has been widespread improvement in institutional deliveries, inpatient care and service delivery.
- The utilization of funds under NRHM has been in the range of 90%.
- The present financing pattern of health programmes under NRHM (85:15 of government of India and State Govt. respectively) may be retained in 12th Five Year Plan also.
- State is considering the proposal to have a separate directorate of AYUSH for streamlining AYUSH Systems.
- State is implementing ‘Mukhya Mantri BPL Raksha Kosh’ in health insurance programme for BPL population. Under the Scheme, there is no limit of expenditure
on single eligible person. This is expected to benefit 35% population of the State. The Govt. of India may provide 70% share of expenditure under this Scheme.

- Hepatitis Vaccine may be included under NRHM.

**Puducherry**

The Health Minister of Puducherry informed that:

- The State has performed well in providing quality health care delivery system, with increasing accessibility and affordability through public health facilities.
- The State has been able to achieve cent percent institutional deliveries.
- At present, there are about 1000 medical seats in seven private medical colleges and a Government Medical College is to be operationalised shortly.

**Shri T.V. Antony, Eminent Individual**

Shri T.V. Antony, Member of the Council appreciated the move of the Union Government focusing on Population Stabilization activities. He further observed the following:

- Achievements in IMR, MMR and TFR, found to be not impressive in High focus States with the exception of Bihar.
- There is shortage of trained surgeons for undertaking Family Planning and laparoscopic surgeries in High focus States. More incentives should be given for stepping up population stabilization in these States.
- Efforts needed to be made at district level to improve working conditions of health facilities especially sanitation.

**Himachal Pradesh**

The Health Minister of Himachal Pradesh expressed support in respect of:

- The proposal to commence BRHC, as it will pave way to address shortage of health care providers in rural areas. However, the course may be allowed at any hospital in the district but not limited to district hospital.
• The changes made in MCI regulation to open new medical colleges. However, relaxation may be provided in the case of land norms for establishing medical colleges. Similarly, relaxation in terms of bed strength may also to be considered by MCI.

**Dr. S.K. Noordeen, Eminent Individual**

Dr. Noordeen, Member of the Council, welcomed the proposal of the Union Government to start Bachelor of Rural Health Care course in the country. In order to control the communicable diseases the Member suggested that the Govt. should focus on three areas viz. providing safe drinking water, sanitation and vector control. He requested the Government to take measures to reduce incidence of accidents.

**Jammu & Kashmir**

The Health Minister of Jammu & Kashmir mentioned the following:

• The State made significant achievement in health facilities under NRHM.
• Difficulties faced by the State in terms of implementation of guidelines framed under NRHM with regard to the proposal of incentivisation of personnel posted in Difficult, Most Difficult / Inaccessible areas. He advocated for modification of guidelines framed by GOI taking into account the geographical conditions of States.

The Minister for Medical Education of Jammu & Kashmir supported the proposals of the Union Government to commence BRHC course and setting up of NHSRC. He thanked the Chairman for his continued support to the State in setting up of Nursing Colleges. The Minister also brought to the notice of the Chairman about the shortage of faculty being faced by the State. He requested the Chairman to help the State in recognizing Indira Gandhi College of Dental Sciences.

**Kerala:**

Health Minister of Kerala briefly enumerated the achievements made by the State in respect of the following:

• rapid progress made health indicators
• Tackling the menace of Chikungunya, HI NI and other communicable and non-communicable diseases.
• Priority given to medical education and setting up of medical university in the state.
• Satisfactory implementation of Rashtriya Swasthya Bima Yojna.
Madhya Pradesh (MP)

Health Minister of MP briefly narrated the achievements made by the state especially the progress made in respect of IMR, MMR, increased institutional deliveries, popularization of sterilizations, recruitment of nursing staff, opening up of laboratories in tribal areas for H1N1 investigations, recruitment of AYUSH doctors etc. He also mentioned about the shortage of manpower in the health sector.

Karnataka

Health Minister of Karnataka briefly narrated the achievements made by the state focusing on the following:

- Tackling shortage of human resources
- Capacity building of health personnel
- Maternal health
- Population Stabilization
- Anemia
- Child health programmes
- Drug and food adulteration

Orissa

Health Minister of Orissa supported the proposal to commence the BRHC course. However, issues relating to cadre and promotion prospects of the rural health care professions needs to be addressed. The following issues were also raised.

- More incentives to be given to medical professional to work in rural areas.
- Control of Central Government in fixing fee structure of Deemed Universities.
- Permission to open more number of ANM / GNM schools in the state to tackle the shortage of nurses.
- Support of the Union Government to establish more number of medical colleges.

The Health Minister also highlighted the achievement made by the State especially with regard to IMR, MMR, Institutional Deliveries, etc.
Prof. Ranjit Roy Chaudhury, Eminent Individual

Prof. Ranjit Roy Chaudhury, Member of the Council stressed the need for opening up of more medical colleges in the country. Without compromising with the quality of education, he requested to increase seats at PG level also.

Manipur

Health Minister of Manipur thanked the Chairman for sanctioning of a medical college for the state. The Minister focused on the following:

- Acute shortage of doctors
- Disinterest of doctors to serve in rural areas as they are not entitled for NPA.
- Problem of increasing mental disease cases in the state.

Chandigarh

His Excellency, the Governor of Punjab and Administrator of UT of Chandigarh congratulated the Union Minister of Health and Family Welfare for the progress made by the Ministry. He encouraged the efforts of the Health Ministry on Family Planning front. He also endorsed the move of commencing BRHC and mentioned that this could be a great step and bring quality health care at the sub-centre level. He stressed the need for giving importance to Research and Development. He expressed his concern about the menace of spurious drugs and requested the Ministry to make the law more stringent.