


V-11011/3/2015-NRHM-II
Government of India
Ministry of Health & Family Welfare
National Health Mission

Nirman Bhavan, New Delhi.
Dated the 11th February 2016

OFFICE MEMORANDUM

Subject: Minutes of Third meeting of Empowered Programme Committee (EPC) of National Health Mission held on 19th January 2016 – reg.

I am directed to enclose herewith the Minutes of the Third Empowered Programme Committee (EPC) of National Health Mission (NHM) held on 19th January 2016 for information and record.


(Capt. Kapil Chaudhary)
Director (NHM)

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1. CEO (Niti Ayog)
2. Secretary (Drinking Water & Sanitation)
3. Secretary (Women and Child Development)
4. Secretary (Social Justice and Empowerment)
5. Secretary (Housing and Urban Poverty Alleviation)
6. Secretary (Urban Development)
7. Secretary (Rural Development)
8. Secretary (Panchayati Raj)
9. Secretary (School Education and Literacy)
10. Secretary (Higher Education)
11. Secretary (Development of NE Region)
12. Secretary (Expenditure)
13. Secretary (AYUSH)
14. Secretary (Tribal Affairs)
15. DGHS
16. Additional Secretary (Financial Advisor)
17. Additional Secretary (Health and Family Welfare)
18. Dr Soumya Swaminathan, Director General, ICMR & Secretary, D/o Health Research
19. Dr Nerges Mistry, Director, Foundation for Research & Community Health & Medical Research

Copy for kind information to:

1. PS to Secretary (HFW)
2. Sr PPS to AS&MD(NHM)
3. PPS to JS(P)

Minutes of the Third Meeting of the Empowered Programme Committee (EPC) of NHM

The third meeting of the Empowered Programme Committee (EPC) of the National Health Mission (NHM), chaired by Shri B.P. Sharma, Secretary, Health & Family Welfare (HFW), was held on 19th January 2016 at Nirman Bhavan, New Delhi. The list of the EPC members and other participants is annexed.

Shri C.K. Mishra, Additional Secretary & Mission Director, NHM, welcomed the members of the EPC after which members introduced themselves. This was followed by the presentation of individual agenda items. The discussions held and decisions taken on the agenda items are as under.

Agenda 1: Proposal for confirmation of the proposal for continuation of Global Fund assisted Grants for RNTCP from 1st October 2015 to 31st December 2017 in EPC

AS & MD, NHM presented the agenda. It was stated that the Global Fund has been increasing its contribution towards Tuberculosis (TB) control programme in India since 2003-04. Since the tenth five year plan the Global fund has contributed over Rs 3200.00 crore towards Revised National Tuberculosis Control Programme (RNTCP) and the utilization of this grant was appreciated in the Joint Monitoring Mission review held in April 2015.

Under its New Funding Model for TB, the Global Fund for AIDS, Tuberculosis and Malaria (GFATM) has approved funding of USD 233.22 million for the period 1st October 2015 to 31st December 2017 for the Central TB Division as implementers for the principal recipient (Dept. of Economic Affairs, Min. of Finance). The specific objectives of the proposed grant are:

- 1) To reduce the incidence and mortality due to TB
- 2) To prevent further emergence of drug resistance and effectively manage drug resistant TB
- 3) To improve outcomes among HIV – infected TB Patients
- 4) To involve private sector on a scale commensurate with their dominant presence in health care services.

Shri S.N. Shankar, Deputy Secretary, Dept. of Higher Education, Ministry of Human Resource Development stated that similar to the successful eradication of Polio, India should intensify efforts to eliminate Tuberculosis.

AS & MD, NHM explained that the incidence and prevalence of Tuberculosis being high in India and worldwide, elimination of the disease is not possible in the near future. However, the focus of RNTCP is to reduce the incidence of Tuberculosis and provide cost-free treatment to all those suffering from it in order to achieve the Sustainable Development Goals.

It was stated that the recent grant of the Global Fund has been concluded on 30th September 2015 and now the proposal is to move on to the next phase of the grant under the New Funding Model (NFM) of Global Fund from 1st October 2015 to 31st December 2017 for an amount of USD 233.22 million (INR 1446.00 crore). The EPC was informed that the Hon'ble HFM has already approved the continuation of the Global Fund grant and the proposal had been presented for the information of the EPC.

Agenda 2: Proposal for utilisation of services of Anganwadi workers, community Volunteers and any other person in NLEP.

AS & MD NHM, while presenting the agenda stated that one of the main strategies of the National Leprosy Eradication Programme (NLEP) in the 12th Plan is early detection of cases and complete treatment. To ensure this, the involvement of Accredited Social Health Activists (ASHAs) in NLEP was approved in the 1st meeting of Mission Steering Group (MSG) of NHM held on 6th December 2013. However, while the ASHAs are providing valuable service to the programme, they are not recruited in certain states and are not available in many urban areas. Therefore, it is proposed that the present scheme of involvement of ASHA in NLEP may be extended to include the Anganwadi workers (AWW) and any other person including the family members of the affected person. They can suspect, motivate, bring or refer a case of Leprosy, to the health institution. After confirmation of diagnosis by the Medical Officer of the Health Institution, they will be eligible to receive incentive at the following rates:

- An early case before onset of any visible deformity.- Rs 250.00
- A new case with visible deformity in hands, feet or eye. - Rs 200.00

It was informed that this would lead to improved case detection rates which would help in elimination of leprosy. However, it was clarified that the financial outlay kept for 12th plan period under ASHA involvement head of NLEP will be adequate to cover the incentive payment to all. No additional funds will be required for this purpose.

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Shri S. Shankar, Deputy Secretary, Dept. of Higher Education, Ministry of Human Resource Development (MoHRD) expressed concern about the training for AWW for leprosy case detection .

Shri S.N. Sharma, Joint Secretary, MoHFW, informed that half -day training may be imparted by the District Leprosy Officers on the signs and symptoms of the disease for awareness generation.

Secretary (HFW) stated that unlike Tuberculosis, elimination of Leprosy is possible, to bring down prevalence of the disease to less than 1 in 10,000 population. He said that elimination of the disease had already been achieved at the national level but the disease has higher prevalence in Chhattisgarh, Dadra & Nagar Haveli and in 137 districts across the country and the focus of the programme now is to achieve elimination targets in all districts.

Ms. Sarada G. Muraleedharan, Joint Secretary, Ministry of Panchayati Raj appreciated the proposal and said that it would also help in reducing the stigma associated with Leprosy in the community. She also suggested that members of the Gram Panchayat elected bodies may also be co-opted in the programme.

Shri Alok Kumar, Advisor Health, Niti Aayog enquired as to why only the AWW was being incentivised for case detection.

AS & MD, NHM stated that the incentive was applicable to AWW as well as community volunteers and any other person in the community who assisted in case detection.

It was informed that the proposal had already been approved by Hon'ble HFM as the chairperson of MSG, in anticipation of MSG approval and was being presented for concurrence of the EPC.

After discussion, the proposal was recommended by EPC for MSG approval

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Agenda 3: Proposal to approve ASHAs in urban areas on the basis of total urban population in place of slum population under National Urban Health Mission (NUHM)

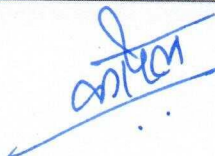
AS& MD (NHM), gave an overview stating that on the lines of National Rural Health Mission (NRHM), there is a provision of one community/ link worker called "ASHA" covering slum population of 1000 – 2,500 under National Urban Health Mission (NUHM) also. The ASHAs act as the first point of contact between the community & the health system and acts as an effective demand – generating link.

Some States have indicated that many slums and vulnerable settlements are not notified as slums and services are required for such areas as well. ASHAs are required for certain non-slum areas also as otherwise they are finding it difficult to organize the Urban Health and Nutrition Days (UHNDs). Thus, ASHAs are required on the basis of urban population in place of just the slum population as currently provided under NUHM.

There was detailed discussion that ASHAs may not be required for urban population on the whole as they would have limited ability in influencing behaviour among communities other than vulnerable communities.

Secretary (HFW) stated that ASHAs play a key role in promoting the health seeking behavior of the community and their presence in slum areas is of utmost importance. Therefore, the underlying principal should remain that the number of ASHAs will be as per slum population and in exceptional cases if proposed by the States, the number of ASHAs, may be approved as per urban population, if the States are able to provide adequate justification for the same.

After discussion, the proposal was recommended by EPC, as outlined above, for MSG approval.



Agenda 4: Introduction of Pneumococcal Conjugate Vaccine (PCV) in Universal Immunization Programme (UIP)

AS & MD apprised the members on introduction of Pneumococcal Conjugate Vaccine (PCV) in Universal Immunization Programme (UIP). He informed that based on the recommendations of National Technical Advisory Group on Immunization (NTAGI), the vaccine will be administered as three doses at 6 weeks, 14 weeks and 9 months. He highlighted the contribution of pneumonia to child mortality and outlined the justification for vaccine introduction.

It was explained that the vaccine is planned to be introduced in a phased manner which will be decided by an expert group on PCV. He further informed that the Global Alliance for Vaccines and Immunisations (GAVI) has agreed to support the vaccine introduction in the country as commodity assistance, by providing the vaccine for 20% cohort for three years. During these three years of introduction, the cost implication to Government of India is estimated to the tune of INR 3.6 crore, INR 819 crore and INR 1519 crore, respectively. Once GAVI support ends, the provision of PCV in routine immunization would entail an annual outlay of approximately INR 2300 crore.

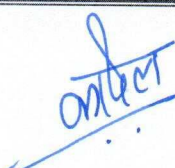
In response to a query by Shri S. Shankar, Deputy Secretary, Dept. of Higher Education, MoHRD whether any Indian manufacturer of PCV is present in the market, it was informed that three Indian manufacturers of PCV are expected to enter the market around 2018 onwards.

The representatives from the Ministries present in the meeting unanimously supported the proposal of introduction of PCV in UIP.

After the discussion, the proposal was recommended by EPC for MSG approval.

Agenda 5: Proposal to apply health systems approach and IPHS to integrate all HR under NHM and universalize services such as NCD screening, elderly care, oral and mental health care etc.

AS & MD NHM presented the agenda and stated that under NHM various programme divisions of MoHFW have developed guidelines which have Health Human Resource (HR) component in it. At the beginning of NHM, there was considerable shortfall of HR and approval of HR under various programmes helped catalysing the much needed service delivery and focussed attention on the particular programme. It was informed that presently it was observed that



approval of posts as per programmatic guidelines under various programmes and schemes under NHM with many similar posts is leading to duplication, sub-optimal utilization of HR and inadequate service provision.

It was informed that it was proposed to integrate all service delivery HR, give HR approvals under NHM using health systems approach and supplement HR as per IPHS and caseloads, in a phased manner, as per the requirement of the States reflected in their Programme Implementation Plan (PIP). In this initiative, District Hospitals (DHs) and Community Health Centres (CHCs) are proposed to be prioritized in the first year – i.e. 2016-17 and would help in universalization of services relating to Non-Communicable Diseases, elderly care, oral and mental health care, by integrating the human resources involved in service delivery under one common head. This would also aid in provisioning of 24x7 services at the facility level, by re-deployment of various categories of HR (already approved under various programmes).

It was informed that towards this end, the Central Government will provide technical and financial support to the States under NHM for implementing HR integration as per IPHS based on a review of proposals submitted in the State PIPs. This support to the States would be within the overall resource envelope only and no additional financial resources will be required on this account.

Shri S. Shankar, Deputy Secretary, Dept. of Higher Education, MoHRD appreciated the proposal as a step towards multi-skilling and multi-tasking of the available health human resources.

Secretary (HFW), while supporting the proposal, observed that the implementation of the proposal would be challenging and States should be supported to move towards health systems approach.

After discussion, the following proposals were recommended by EPC for MSG approval:

- 1) Bringing all facility based service-delivery HR together and to apply health systems approach as opposed to programmatic approach to optimize utilization of HR and avoid duplication.
- 2) Implementation of IPHS, in terms of number and type of HR based on norms of service delivery and applying IPHS and for workload as the basis for considering any additional human resource including programme management posts.

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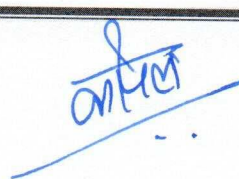
- 3) Bringing parity in remuneration for similar parts under different programmes under the NHM in the particular State Health Society commensurate with qualifications and experience.
- 4) Applying similar norms of performance appraisal and increment for all contractual HR.

Agenda 6: Proposal for Revision of the Programme Management Cost Ceiling under NHM

AS & MD NHM, presented the agenda and stated that as one of the key approaches of NRHM, managerial support at various levels was built by setting up of Programme Management Units (PMUs) at State, district and block level. The key objective of setting up the PMUs was to strengthen the existing management structures/functions for smooth implementation and functioning of the Mission. In 2013, to address healthcare needs of urban population, particularly urban poor, NUHM was formulated as a Sub-Mission under an over-arching NHM. NHM now has Reproductive and Child Health (RCH) including immunization, health systems strengthening under NRHM, NUHM, communicable diseases flexipool and non-communicable diseases flexipool under its umbrella. Under each of these major components, there are many programmes and schemes which need programme personnel to plan, implement and monitor the programme. The programme management budget - which was pegged at a ceiling of 5.5% of Annual Work Plan Budget in 2005 under NRHM, has become inadequate and requires be revisiting and revising upward.

Therefore, it was proposed to increase the ceiling for Programme Management Cost under NHM. The actual financial implication of the proposal will depend upon the PIPs submitted by the States. However, the overall cost would be met within the resource envelope of the State.

Secretary (HFW) observed that the proposal required additional justification with complete details of Programme management costs from samples of bigger and smaller States/UTs as concrete examples. The revised proposal should clearly bring out all the activities included under the broad budget head of Programme Management and Monitoring & Evaluation. Further course of action to be taken only after full justification for the proposal are available.



Agenda 7: Proposal on National Programme for Prevention & Control of Cancer, Diabetes, Cardiovascular Disease & Stroke (NPCDCS)

Shri Anshu Prakash, Joint Secretary , MoHFW presented following agenda items related to NPCDCS to EPC:

Agenda 7.1: Facilities for Cardiac Care Unit (CCU) and Cancer Care

Under NPCDCS, norms exist for supporting CCUs and Day Care Cancer Centre. In the existing norms, one time grant @ Rs 1.55 Cr for CCU and Day Care Centre and annual recurring grant of Rs 26 lakhs per annum is provided for. However, in the scheme there is a ceiling for establishing CCUs and Day Care Cancer Centres in only 25% of total districts covered. Approval of EPC is sought to remove this ceiling During 2016-17, the balance year of 12th FYP, CCU and Cancer Care facilities can be established in 100 districts.

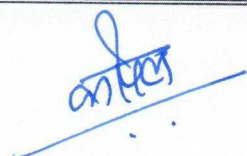
The financial support for establishing CCUs and Day Care Cancer Centre shall continue to be as per existing norms of the programme ,i.e. @ Rs 1.55 Cr for CCUs and Day Care Cancer Centres as one time grant and Rs 26 lakhs per annum as recurring grant.

No separate fund shall be required under the Programme pursuant to the removal of the ceiling of 25% for the districts to be covered. The additional cost is proposed to be met from within the resource envelope of the State under the NHM, and funding under the head of Health System Strengthening of NHM would cover the additional 100 districts as proposed above.

After discussion the proposal was recommended by the EPC for approval of the MSG.

Agenda 7.2: Inclusion of Chronic Kidney Disease (CKD) and Chronic Obstructive Pulmonary Disease (COPD) in NPCDCS

Shri Anshu Prakash, Joint Secretary(PH), MoHFW stated that currently NPCDCS does not include two important Non-Communicable Diseases viz. Chronic Kidney Disease (CKD) and Chronic Obstructive Pulmonary Disease (COPD) which are important causes of premature death and morbidity and being chronic in nature require long term treatment. COPD accounts for high mortality upto 13% in India. The risk factors of CKD are common to Cardio Vascular Diseases (CVDs), Diabetics, and Stroke. The preventive aspects of CKD already exist in NPCDCS. Further, providing facility for diagnosis and



treatment of CKD under NHM will especially help the poor people by reducing their out of pocket expenditure. It was considered after the deliberation that the diagnosis and treatment facilities of COPD and CKD are necessary for a more complete NCD programme.

States will be encouraged to make provision for treatment of CKD by setting up of Dialysis Units and to provide for infrastructure and training of manpower for diagnosis and treatments of COPD.

During current 12th Five Year Plan, for the year 2016-17, 100 districts can be taken up for supporting infrastructure for CKD and COPD. One time grant up to Rs 1.1crore and Rs. 2 lakhs per District for setting up to Dialysis unit for training and capacity building respectively shall be provided. The running cost including the cost of HR shall be born by the States. Setting up of Dialysis facilities in 100 districts shall have one time financial implication up to Rs. 112cr.

One time grant up to Rs. 15 lakhs per district shall be provided to set up the facilities for interventions required for COPD. Thus there will be financial implication up to Rs.15 cr for one year for setting up such facilities in 100 districts.

No separate fund shall be required for the programme. The Additional financial requirement as above shall be met with under Health System Strengthening of NHM within the State's resource envelope of NHM.

It was further decided that such facility could be provided through a PPP arrangement as well and user fee also could be charged

After the discussion, the proposal was recommended by EPC for MSG approval.

Agenda 7.3: Grant for Drugs and Supplies

The agenda for enhanced allocation for the drugs and consumables under the programme was presented and discussed. Drugs and consumables are important components of out of pocket expenditure for the treatment of NCDs. It was considered that higher allocation for Drugs and consumables for NCD clinics will be helpful, especially for poor patients, in reducing the out of pocket expenditure. The drugs for the treatment of Cancer are costly, and a significant proportion of the allocation of the drugs for NCD clinics can be

taken up by cancer drugs. Hence separate provision is required for cancer drugs at district level. Separate provision is also required for the drugs to treat COPD .

Approval of EPC was sought for :

- 1) Increase the allocation under the head of Drugs and Consumable for District NCD Clinic from existing of Rs 6.00 lakhs to up to Rs 12.00 lakhs per annum.
- 2) Additional annual recurrent grant up to Rs 18 lakhs per annum exclusively for cancer drugs for Districts where Day Care Cancer Centre is being provided.
- 3) A recurring grant up to Rs.25 lakhs for Drugs and Consumables per year for each district where COPD facilities are set up.

The EPC was informed that no separate additional funding provisions are required, because additional funds requirement for these activities will be covered under free Drugs and Diagnostic Head of NHM.

After the discussion, the proposal was recommended by EPC for MSG's approval.

Agenda 7.4: Contingencies Grant to State NCD Cell

It was stated that a contingency grant, of Rs.5 lakhs is provided to each State NCD Cell for miscellaneous expenses including communication, monitoring TA/DA, POL and other contingency expenses.

The present proposal is to increase the contingency grant at the level of State NCD Cell from Rs 5 lakhs to Rs 10 lakhs per year which amounts to an additional requirement of Rs. 5.00 lakhs per State NCD Cell per year. Incremental amount of Rs. 1.8 crore will be required for remaining period of XII Plan (2016-17).

Considering the expansion of the programmatic activities and of increased requirement of training and supervision, **EPC recommended the proposal for approval of MSG.**

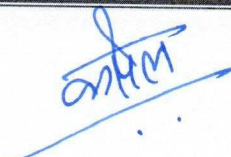
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Agenda 7.5: Funds for awareness generation for NCD

Under the NPCDCS programme, an annual grant of Rs. 10 lakh is provided to each State NCD Cell for awareness generation activities. The proposal is for increasing the allocation for State NCD Cell for IEC activities from existing Rs 10 Lakh per State NCD Cell to Rs 50 Lakhs per State NCD Cell [for 12 smaller States/UTs] and Rs 70 Lakh per State NCD Cell [for 24 bigger States] per year. Therefore approximately an additional of Rs 19.2 Crore will be required under this head for 2016-17.

NCDs are primarily life style diseases. Awareness generation on risk factors of NCDs is an important part of strategy and objective of the programme. Enhanced allocation shall help the States/ UTs to carry out more effective awareness campaigns.

After the discussion, the proposal was recommended by EPC for approval of MSG.



Additional Agenda Items – The following two additional items were also discussed by the EPC.

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

AS & MD, NHM, while presenting the agenda, stated that malaria is one the major public health problems in India and 80% of malaria occurs among 20% of the country's population classified as "high-risk". Further, the 7 North East States and Odisha are the highest contributing States for Malaria and have been included in the Intensified Malaria Control Project -3 (IMCP-3).

The present proposal is for funding the continuation of the accelerated control of malaria in all 125 districts of high endemic 8 States (7 North Eastern States and Odisha). The strategies for malaria control will be in line with the recommended strategies already approved under the NVBDCP and the Goal & Impact indicator are to reduce malaria related mortality and morbidity in project areas by at least 50% by 2017 as compared to 2010. The Global Fund's recent grant has concluded on 30th September 2015 and the current proposal is to move on to the next phase of the grant under NFM of Global Funds from 1st October 2015 to 31st December 2017 for an amount of USD 107.45 million (INR 666.20 crore).

The members were informed that the Director General of Health Services & Secretary (HFW) had already approved the continuation of the grant and the proposal is placed before the EPC for information.

EPC noted the continuation of Global Fund assisted Grants for RNTCP from 1st October 2015 to 31st December 2017.

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Additional Agenda 2: Reimbursement to NGO performing in Govt. fixed facilities @ Rs 600 per surgery under National Programme for Control of Blindness (NPCB)

Mrs Dharitri Panda, Joint Secretary, MoHFW presented the agenda before the EPC. Under NPCB, the NGOs normally perform the surgeries in the base NGO hospital and claim Rs.1000/- as per the existing pattern in 12th FYP. However, there are district hospitals where no eye surgeon is available but OT facilities with essential equipments are present. At the same time, there are NGOs working in the districts, who can organize eye camps and make arrangements for eye surgeries but these NGOs don't have base hospitals of their own. It has therefore, been proposed that these NGOs may be allowed to organize eye camps and utilize infrastructure in OTs available for this purpose in the district hospitals without eye surgeons, in remote, tribal, hilly, far flung and difficult terrain areas where there are no NGOs base hospital but a functioning district hospital is present

Such NGOs, in lieu, will receive Rs.600/- per operated case (in normal areas) and upto Rs. 1000 (In remote, tribal, hilly, far flung and difficult terrain area) towards the cost of consumables for surgery and deployment of manpower like Surgeons, staff etc. The financial support for the additional amount will be provided within the overall budget outlay for NHM.

The provision of reimbursement of funds at the rate being mentioned here will augment the cataract surgical rate. Presently, in many States, where there are no surgeons posted in district hospital of remote areas, the patients are being operated upon by NGOs in Govt. OT facilities but are not receiving any funds. The responsibility of maintaining the quality of survey shall lie with the NGO.

After the discussion, the proposal was recommended by EPC for MSG approval.

List of Participants

3rd Empowered Programme Committee of National Health Mission
19th January 2016 at 4:00 PM
Committee Room No. 249-A, Nirman Bhawan, New Delhi

S No	Name & Designation
1	Sh Bhanu Pratap Sharma, Secretary (HFW), MOHFW
2	Dr Jagdish Prasad, DGHS, MOHFW
3	Ms Vijaya Srivastava, Additional Secretary & Financial Advisor, MOHFW
4	Sh C K Mishra, Additional Secretary & Mission Director (NHM), MOHFW
5	Dr Arun K Panda, Additional Secretary (Health), MOHFW
6	Sh Manoj Jhalani, Joint Secretary, MOHFW
7	Dr Rakesh Kumar, Joint Secretary, MOHFW
8	Ms Vandana Gurnani, Joint Secretary, MOHFW
9	Ms Dharitri Panda, Joint Secretary, MOHFW
10	Sh Anshu Prakash, Joint Secretary, MOHFW
11	Sh Sunil Sharma, Joint Secretary, MOHFW
12	Ms. Sarada G. Muraleedharan, Joint Secretary, M/o Panchayati Raj
13	Dr N K Sahu, Eco Advisor , D/o School Education & Literacy, M/o HRD
14	Shri Sudhir Kumar Tiwari, Economic Adviser, Ministry of HUPA
15	Sh B D Virdi, Economic Advisor, Ministry of Rural Development
16	Dr Manoj Nesari, Advisor(Ayush), Ministry of Ayush
17	Sh Alok Kumar, Adviser (Health/WCD), NITI Aayog
18	Dr. Pradeep Haldar, Deputy Commissioner (Immunization/UIP-I), MOHFW
19	Ms Kavita Singh, Director (NHM-Fin), MOHFW
20	Ms Preeti Pant, Director (NHM), MOHFW
21	Ms Limatula Yaden, Director (NHM), MOHFW
22	Capt Kapil Chaudhary, Director (NHM), MOHFW
23	Dr A C Dhariwal, Director, NVBDCP, MOHFW
24	Sh Rajeev Kumar, Director(NCD), MOHFW
25	Dr Avdhesh Kumar, Director(NVBDCP), MOHFW
26	Sh Gulshan Lal, Director, Ministry of Women and Child Development
27	Ms Honey C. H., Director, Ministry of Tribal Affairs
28	Sh Chittranjan Dash, Director(PF.II), D/o Expenditure, Ministry of Finance
29	Sh B N Prasad, Director, Ministry of DONER
30	Sh S Shankar, Deputy Secretary, D/o Higher Education, M/o HRD
31	Dr N K Agarwal, Deputy Director General (O), DGHS
32	Dr Mohammad Shaukat, DDG(NCD), DGHS
33	Dr Anil Kumar, DDG(Lep), DGHS
34	Dr Sunil D Khaparde, DDG(TB), DGHS
35	Dr V S Salhotra, Addl DDG(TB), DGHS
36	Sh Kedar Nath Verma, DD(NHM), MOHFW
37	Dr D S Shyni, Sr Consultant, SBM(G), Ministry of Drinking Water and Sanitation
38	Mrs P Padmavati, Consultant(NHM), MOHFW
39	Dr Sonali Rawal, Sr Consultant (NHM), MOHFW
40	Ms Asmita Jyoti Singh, Sr Consultant (NHM)
41	Dr Yashika Negi, Technical Officer(Imm), MOHFW
42	Ms Sudipta Basa, Consultant (NUHM), MOHFW
43	Dr Bharati Kalottee, Grant Manager(RNTCP), MOHFW
44	Sh R K Sachdev, FM(GF Grants), Central TB Division