V-11011/4/2013-NRHM-II
Government of India
Ministry of Health and Family Welfare
National Health Mission

Nirman Bhawan, New Delhi
Dated the 20th December 2013

OFFICE MEMORANDUM

Subject: Minutes of 1st Meeting of Mission Steering Group (MSG) of National Health Mission (NHM) held on 6th December 2013–reg.

Kindly find enclosed herewith the minutes of the 1st meeting of Mission Steering Group (MSG) of National Health Mission (NHM) held under the chairmanship of Sh. Ghulam Nabi Azad, Hon'ble Union Minister of Health and Family Welfare on 6th December 2013 for information and record.

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Limatula Yaden
Director (NHM)
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1. PS to Deputy Chairman, Planning Commission
   Planning Commission, Yojana Bhawan, New Delhi – 110001.
2. PS to Union Minister of State (I/C) for Drinking Water & Sanitation
   Ministry of Drinking Water & Sanitation, Krishi Bhawan, New Delhi – 110001.
3. PS to Union Minister of State (I/C) for Women & Child Development
   Shastri Bhawan, New Delhi – 110001.
4. PS to Union Minister of Social Justice & Empowerment
   Shastri Bhawan, New Delhi – 110001.
5. PS to Union Minister of Housing and Urban Poverty Alleviation
   Nirman Bhawan, New Delhi – 110108.
6. PS to Union Minister of Urban Development
   Nirman Bhawan, New Delhi – 110108.
7. PS to Union Minister of Rural Development
   Krishi Bhawan, New Delhi – 110001.
8. PS to Union Minister of Panchayati Raj
   Shastri Bhawan, New Delhi – 110001.
9. PS to Union Minister of Human Resource Development
   Shastri Bhawan, New Delhi – 110001.
10. PS to Union Minister of State for Health & FW (AHKC)
    Nirman Bhawan, New Delhi – 110108.
11. PS to Union Minister of State for Health & FW (SC)
    Nirman Bhawan, New Delhi – 110108.
12. Secretary (Planning Commission)

13. Secretary (School Education & Literacy)
14. Secretary (Higher Education)
15. Secretary (Women & Child Development)
16. Secretary (Rural Development)
17. Secretary (Drinking Water)
18. Secretary (Panchayat Raj)
19. Secretary (Development of NE Region)
20. Secretary (Expenditure)
21. Secretary (AYUSH)
22. Secretary (Social Justice and Empowerment)
23. Secretary (Tribal Affairs)
24. Secretary (Housing and Urban Poverty Alleviation)
25. Secretary (Urban Development)
26. DGHS
27. Additional Secretary & Financial Adviser
28. Secretary (HFW), Uttar Pradesh
29. Secretary (HFW), Assam
30. Secretary (HFW), Chhattisgarh
31. Secretary (HFW), Uttarakhand
32. Dr. Yogesh Jain, JSS Bilaspur, Chhattisgarh
33. Dr. Prasanta Kishore Tripathy, EKJUT, Jharkhand
34. Dr. Armida R. Fernandez, Professor, LTMG Hospital, Mumbai
35. Dr. N. Sarojini, SAMA, New Delhi
36. Dr. Amar Jesani, CEHAT, Mumbai
37. Shri Mukul Chandra Goswami, ASHADEEP, Guwahati
38. Prof. Surinder Jaswal, TISS, Mumbai
39. Dr. Leela Visaria, Demographer, Ahmedabad
40. Dr. M. Prakasamma, ANSWERS, Hyderabad
41. Dr. S. K. Noordeen, Chennai.

Copy for information to:

1. PS to Hon'ble Union Minister of Health and Family Welfare
2. PPS to Secretary (HFW)
3. PPS to AS(Health)
4. PPS to AS&MD(NHM)
5. PPS to Joint Secretary (Policy)

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Limatula Yaden
Director (NHM)

Minutes of 1st Meeting of Mission Steering Group (MSG) of National Health Mission (NHM) held under the Chairmanship of Hon'ble Union Minister of Health & Family Welfare on 6th December, 2013, 4:00 pm at Dr. Ramalingaswami Board Room, AIIMS, New Delhi

The **First meeting of Mission Steering Group (MSG)** of NHM was held on 6th December 2013 under the Chairmanship of Shri Ghulam Nabi Azad, Union Minister for Health and Family Welfare. The list of participants is provided at annexure.

Shri Keshav Desiraju, Secretary (Health & Family Welfare) welcomed the members of the Mission Steering Group (MSG) of the National Health Mission (NHM) to the first meeting of the Mission Steering Group of the National Health Mission.

This was followed by the address of **Shri Ghulam Nabi Azad** who welcomed the distinguished members of the newly constituted MSG of NHM to the meeting of the highest policy making body under the NHM. He said that the MSG of NRHM met once a year to take decisions on vital policy matters of the Mission. He said that encouraged by the improvements in both public health systems and health service delivery brought about by NRHM, the Central Government has decided to extend coverage to urban areas through a National Urban Health Mission. This ambitious expansion covering 7 metropolitan areas and 772 cities was approved by the Cabinet on 1st May, 2013. It was also decided that both NRHM & NUHM would function as Sub Missions of an overarching National Health Mission following which, the MSG has been expanded to include the Ministries of Urban Development, Housing & Urban Poverty Alleviation. In addition, the States of Uttar Pradesh, Uttarakhand, Assam and Chhattisgarh are the new members of the MSG representing the constituency of State Governments and 10 experts have been nominated on the MSG keeping in view their contribution to public health.

The Union Minister noted that since the launch of NRHM, impressive progress has been registered on key priorities of the Mission. He stated that in January 2014, the Mission would complete three years of polio free India. Further, the decline in maternal and child mortality as well as fertility has accelerated considerably. In respect of tuberculosis, malaria and other communicable diseases, the disease burden has been reduced and the focus is now on the emerging challenge of non-communicable diseases such as cancer, diabetes, hypertension and cardio-vascular diseases. It is also imperative to work on addressing the social determinants of health such as availability of drinking water, sanitation, nutrition, hygiene, environment, poverty and girls' education and empowerment to improve health outcomes. He informed the members about the initiatives undertaken by NRHM such as the *'Janani Shishu Suraksha Karyakram'* which seeks to eliminate out of pocket expenses for all pregnant women and infants accessing

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public health institutions. He said that periodic evaluations have shown substantial reduction in out of pocket payments in public facilities in most of the States where more than 1.6 crore women were now delivering. The *'Rashtriya Bal Swasthya Karyakram'* is a new initiative aimed at providing free child health screening and early interventions services for 4 Ds namely, defects at birth, diseases, deficiencies and development delays including disabilities for children from 0-18 years of age, which marks the beginning of our focus expanding from child survival to child development. He informed that more than 1.5 crore children have already been screened under this new initiative of which over 7 lakh have received referral support including 1 lakh children receiving free treatment at secondary and tertiary level facilities. The Minister stated that the success of this initiative hinges on effective convergence with the Ministries of Human Resources Development, Women & Child Development and Social Justice & Empowerment.

Another new initiative is the *National Iron + Initiative* which enlists support of the WCD & HRD ministries to provide IFA supplementation across life stages to address the inter-generation cycle of anaemia which is a grave public health challenge in India. He stated that the provision of free essential drugs at public health facilities was a priority in order to reduce out of pocket expenditure on health. Despite limited resources, NRHM had contributed over Rs 2,000 crores this year to encourage States to provide free drugs with the result that 28 States/UTs have articulated the policy to provide free drugs in public health facilities and increase their own budget and provided about Rs 3,500 crores for free drugs during the current year.

The Minister apprised the MSG that in the last meeting of the MSG of NRHM, it was decided to revise the framework for implementation of NRHM. With the approval of the NHM and inclusion of NRHM and NUHM as sub-missions, an implementation framework for the National Health Mission was drafted which puts in place new principles, evidence based strategies and approaches to accelerate the progress towards our goals. He informed that the NHM framework had been approved by the Cabinet on 5th December 2013.

He stated that while the 12th Plan recognises the need for augmenting resources for health, the allocation to the Mission during the first two years of the 12th Plan was merely 18% of the promised outlay. He trusted that the Ministry of Finance and Planning Commission, both of whom were represented on the MSG, would support raising allocations from the present level.

After the opening remarks by the Union Minister of Health & Family Welfare, agenda was taken up for discussion.

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Agenda 1
Confirmation of Minutes of 9th Mission Steering Group (MSG) held on 23rd October 2012

The minutes of the 9th MSG of NRHM had been circulated to all members and no comments had been received. The minutes were confirmed by the MSG.

Agenda 2
Action Taken Report (ATR) on decisions taken during 9th meeting of Mission Steering Group (MSG)

Decisions taken during the 9th meeting of the MSG and action taken thereon had been circulated for the information of the MSG. Action was noted by the MSG.

Agenda 3
Update on the Progress of NRHM

Shri Manoj Jhalani, Joint Secretary (Policy) informed that a very detailed update on progress of NRHM has been circulated with the agenda notes. He then made a brief presentation to the MSG on the progress of NRHM with respect to the key goals of the Mission. He informed that there had been acceleration in decline in the Under 5 Mortality Rate (U5MR) and significant bridging of gap between international average and the national U5MR. Further, the average annual compound rate of decline in Infant Mortality Rate (IMR) was 5.6 in the NRHM period (2005-2012) compared to 3.1 in the pre NRHM period (2000-2005). He said that the Maternal Mortality Ratio (MMR) declined by 388 points between 1990 and 2008 which was more than two and half times the global decline in MMR in the same period. At the current pace of decline, India is poised to achieve the MDG goal of MMR of 150 by 2015. JS (Policy) also informed the MSG that there had been a 63% improvement in the rate of decline in the Total Fertility Rate (TFR) during the NRHM period (2005 to 2010) and India was well on its way to achieving the 12th Plan target of a TFR of 2.1.

He confirmed that with respect to the MDG of reversing the trend of incidence and prevalence of key diseases, India was well placed to achieve the target. There had been a 41.22% reduction in the prevalence of malaria cases since 2005 and a 47.44% reduction in incidence of malaria cases against the baseline of 2000. Further, the malaria death rate had reduced from 0.09 deaths/ lakh population in 2000 to 0.04 deaths/ lakh population in 2012. In addition, significant decline in the incidence, prevalence and mortality of tuberculosis had been achieved. He affirmed that substantial improvement in the public health system in the last three years had resulted in considerable expansion in inpatient and outpatient service delivery with higher gains in high focus, EAG States.

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Similarly, a sizeable increase in major surgeries had also been seen in high focus EAG states. He also said that since the launch of the *'Janani Suraksha Yojana (JSY)'*, there had been remarkable increase in institutional deliveries with the result that over 1.66 crore beneficiaries had delivered in public and accredited private facilities in the last one year.

JS (Policy) showed the changing pattern of disease between 1990 and 2010. He showed that in 2010, Under 5 deaths had reduced to 1.5 million and number of deaths in the 80+ age group increased by 20 times. Ischemic Heart Disease, COPD and Stroke are now the three leading causes of death ahead of diarrheal diseases. There has been significant increase in deaths due to diabetes, cirrhosis, hypertensive heart disease, and ischemic heart disease in past twenty years. Dietary risks, household air pollution, smoking, and high blood pressure were the four leading risk factors contributing to Disability Adjusted Life Years (DALYs).

To address these emerging challenges, the NHM now also includes a Non Communicable Diseases Flexi pool for all preventive, promotive, curative and rehabilitative interventions upto the District Hospital level and the National Urban Health Mission (NUHM) to address the primary health care needs of urban population particularly the poor and vulnerable.

He said that although government spending as percentage of GDP in India is relatively high in relation to other countries, the share of spend on health care is one of the lowest in the world. India's per capita public expenditure on health is much below Sri Lanka, China, Thailand and consequently, the private expenditure on health is around 70%. Although, the 12th Plan envisages increasing total public funding on core health to 1.87% of GDP by the end of 12th Plan, the allocation over first two years of 12th Plan has been merely 16.82% of the promised Plan outlay. Further, despite consistently good utilization, NHM has been subjected to cut at RE stage both in 2012-13 and 2013-14. He pointed out that under NHM, the States are mandated to increase their health budget by 10% annually and given incentives for increase beyond 10%. The States are therefore increasing their health budgets. However, the allocation to NHM needs to be substantially enhanced if we are to succeed in achieving our ambitious 12th Plan goals.

Ms. Kumari Selja, Union Minister of Social Justice & Empowerment welcomed the Urban Mission. She suggested that her Ministry and the Health Ministry should work closely as it is important to detect disability early and take early corrective action. An MOU could also be signed between the two Ministries for this purpose. She also suggested that joint action should be specially initiated in blocks with high scheduled caste population and focus should be on organizing camps for distribution of assistive devices. She also expressed concern over low remuneration for ASHAs.

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Ms Girija Vyas, Union Minister for Urban Development, stated that with increasing urbanization, there was a greater need of awareness programmes targeted towards the urban populations. She said that a separate meeting on NUHM should be held between the two Ministries. She also suggested that community centres established in many urban areas under different schemes of her Ministry should be taken over by Ministry of Health and utilized to provide health care services by providing human resources for the same. She also desired that health status of urban slum population should be separately captured in NFHS-4.

It was clarified that this is an agenda in today's meeting, which would allow providing doctors and specialists where the infrastructure for CHC was already available.

Dr Syeda Hameed, Member, Planning Commission reiterated that the MSG should be the forum to decide broad policy issues only and not programmatic and operational issues. She expressed happiness that a lot of operational and minor policy issues were decided in the last EPC meeting itself where the Planning Commission and DOE and other related departments are represented. She stated that though the NRHM had accomplished spectacular progress in achieving its goals but certain gaps remained in many key areas such as full ANC coverage and Couple Protection Rate which continues to be poor due to high unmet need. She said that NHM should aim at providing seamless health care to rural and urban populations and give greater flexibility to the states, hold them accountable to outcomes and insist on defining essential health care package for each level of facilities. Key strategies such as establishing a Central Procurement Agency for streamlining procurement of medicines and supplies etc in line with 12th plan should be expedited.

Secretary (Health & Family Welfare) informed that a Central Procurement Agency has been set up and senior officers have been posted. This would become operational in next three to four months.

Joint Secretary (Ministry of Finance, Department of Expenditure) stated that because of slowdown of economy, providing adequate budgetary allocation for NHM has been a constraint despite keenness to provide higher resources to the health sector. He also drew attention to unspent balances which should be utilized on priority.

Ms Anuradha Gupta, Additional Secretary & Mission Director (NHM) said that in order to further bend the curve of maternal and child mortality, there is increased focus on equity and quality of care. 184 high priority districts have been identified in the country and the Cabinet had approved higher allocation for these districts. Similarly, quality assurance is being emphasized as an imperative. In response to observations of JS

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(DOE), she stated that steps have been taken to reduce unspent balance and states are being asked to use CPSMS to track flow of funds at different levels.

Members emphasized the need for effective regulation of the private sector. They cautioned against hazards of corporatization of health and underscored the imperative of strengthening public health systems.

Agenda 4
Minutes of the 16th Meeting of Empowered Programme Committee (EPC) of NRHM held on 3rd April 2013 and 1st Meeting of EPC of NHM held on 20th November, 2013

The minutes of the two EPC meetings were presented for the information of the MSG. The same were noted by the members of the MSG. Dr Sayeda Hameed appreciated the decisions taken by EPC.

Agenda 5
Proposal for B.Sc. (Community Health) course

The proposal was presented for information of the MSG.

Dr Syeda Hameed stated that it is a welcome step if it is positioned as a step towards Public Health cadre. **Shri Sudhir Bhargava, Secretary, Ministry of Social Justice** suggested inclusion of social and behavioral sciences in the curriculum. **Dr. Yogesh Jain, JSS Bilaspur** suggested that the training need not be at district level and training at PHC/CHC level, as has been done in Venezuela, could be explored. He stressed the importance of hands on training from day one and of designing the curriculum to suit the needs of the job.

Dr. M. Prakasamma, ANSWERS, Hyderabad, opined that there was some ambiguity about the role of the community health officers. The proposed course and postings are clinical in nature and the emphasis on preventive measures is less than optimal.

Secretary (HFW) assured that the course would be re-evaluated with the aim to achieve a balance between clinical and public health priorities.

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Agenda 6
Proposal for National Family Health Survey (NFHS) – 4

The proposal was presented for information of MSG.

Ms Vibha Puri Das, Secretary Tribal Affairs stated that 'tribal' is an invisible category in most statistics but it was heartening to note that the health ministry has constituted an expert group to look at tribal health issues She stated that the NFHS must look at the tribal health outcomes not only in predominantly tribal districts but also in areas with dispersed tribal populations.

Dr. Amar Jesani suggested that results should be made known to the persons whose blood samples were taken during the survey and they should also be provided treatment, where necessary.

Dr. Leela Visaria, Gujarat Institute of Development Research, opined that the periodicity of NFHS should be once every five years keeping in mind the vast scale of the survey and the expenditure involved.

Dr Syeda Hameed suggested that data on Child Sex Ratio and Nutrition indicators should certainly become available through the survey. She was informed that it would be available.

Dr N. Sarojini, Sama- Resource Group for Women and Health, underlined the need to collect data on violence against women and child sexual abuse.

It was informed that the Technical Committee of NFHS would appropriately attend to the observations of the members.

Agenda 7

a) **Revision/new Incentives related to Multi Drug Resistant(MDR) TB**
b) **Revision of Incentives related to Drug Sensitive TB(DST) in Tribal and Difficult areas**
c) **New Incentives related to TB–HIV co-infected patients**

The agenda was presented to the MSG.

Dr. Yogesh Jain, JSS Bilaspur while endorsing the proposal and welcoming the steps taken to increase coverage and access for MDR patients suggested that the Price Control Order for drugs should include second line tuberculosis drugs used for treating MDR TB as these drugs are also off-patent now. Similarly, anti malarial drugs should also

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be included under the Drug Price Control Order. He also stated that interventions to improve nutritional status of TB patients should be supported as this improves the treatment outcomes. Further, that the first line drugs regimen issue, currently under examination of a committee, should be decided soon.

The proposal was considered and approved.

Agenda 8
Proposal for pooling of Untied Grants , Annual Maintenance Grant and Rogi Kalyan Samiti Grants and revision in quantum of Untied Grants to Community Health Centres (CHCs) or equivalent and District Hospitals (DHs)

Dr N. Sarojini, welcomed proposal for decentralised planning and providing flexibility of funding and stated that only broad central guidelines must be put in place to ensure that funds are not diverted to other schemes but autonomy of the States/Districts should not be curtailed. She said that a greater variety of services and improved quality of services should be provided to the people and while the District Health Societies (DHS) were empowered to distribute funds internally, all facilities should be upgraded to a certain minimum level.

The proposal was supported by the **Planning Commission.** However, it was suggested that the Government of India should provide only the broad guidelines for allocation of funds by DHS amongst different facilities. Further, the DHS should be asked to declare and deliver an Essential Health Package.

The proposal was considered and approved.

Agenda 9
Proposal for streamlining ASHA incentives

The proposal for streamlining ASHA incentives was placed before the MSG.

Members acknowledged that the ASHAs have made significant contribution to improving health outcomes and in enhancing utilisation of services in public health facilities. They expressed concern about the adequacy and timeliness of ASHA payments and noted that some ASHAs were receiving payments as low as Rs 300-500 per month. Their skills and competencies also needed to be improved and they should be facilitated to have career growth.

The members supported the proposal. However, the Planning Commission suggested that the states should have flexibility to decide the performance based

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incentives as conditions vary across states. It was clarified that the NHM framework approved by the Cabinet allows flexibility to states to decide the incentives and its quantum.

Principal Secretary, Government of UP Mr Pravin Kumar agreed that ASHAs need to be given more attractive incentive payments that should be at least Rs. 1000 per month. However, he suggested that instead of providing for an "assured monthly payment" and paying it in advance, the states may be asked to devise effective ways to ensure monthly performance linked payments for all the tasks done by ASHAs, including routine and recurrent tasks that are common to all ASHAs that would ensure that ASHAs get at least Rs 1000/- every month.

The proposal for providing performance linked payments as recommended by EPC was approved.

Agenda 10

Proposal for provision of recurring cost for the First Referral Units (Community Health Centres, Maternity Homes etc.) under the National Urban Health Mission

The proposal was considered and approved.

Agenda 11

Proposal for expansion of Haemophilus influenza b (Hib) vaccines in Universal Immunization Program (UIP) as liquid pentavalent vaccine (DPT+ Hep B+ Hib) in eleven states from October 2014 and remaining sixteen states from April 2015

The matter was discussed during the MSG meeting at length. Three esteemed members of the Mission Steering Committee; Dr Yogesh Jain, Dr N. Sarojini and Dr. Amar Jesani raised concerns over the AEFI events following Pentavalent vaccination. Dr. Yogesh Jain specifically pointed out that he was not against the vaccines per se but the deaths following Pentavalent vaccination must be studied properly and the findings of the investigations should be made public. Dr. Amar Jesani and Dr.Sarojini mentioned that the MSG should not take any decision in haste. Dr. Jesani also suggested that there is need to consider the introduction of compensation for deaths due to immunization similar to the compensation given for clinical trials.

Responding to the objections raised by three members, Dr. VM Katoch, DG-ICMR and also the Chairperson of the newly constituted Standing Technical Sub-committee (STSC) of NTAGI, clarified that all issues pertaining to introduction of pentavalent vaccine were discussed during the previous NTAGI meetings. The issues related to AEFI following pentavalent vaccine were specifically deliberated at length in

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the light of the evidence gathered from within the country and across the globe by the STSC. Investigation reports of AEFI in states where pentavalent vaccine has already been introduced were also studied in depth which does not establish a causal relationship between AEFI and the vaccines. Based on the evidence available and discussions during the meeting held on 29 August, 2013, the Standing Technical Sub-committee (STSC) subgroup of NTAGI recommended expansion of Pentavalent vaccine all over the country but laid emphasis on enhanced AEFI surveillance. The same issue was further discussed at length in the full NTAGI meeting chaired by Secretary (HFW) on 23 September, 2013 and the same was recommended for approval by the MSG. The NTAGI brings together a rich array of experts with deep understanding of immunization issues. Further a Standing Technical Sub-committee (STSC) headed by both Secretary HR, Secretary DBT has been constituted and all its members are domain/subject matter experts so that the issues such as need, efficacy and safety of vaccines can be explored in depth before any matter pertaining to immunization is considered by NTAGI for a final view.

It was further clarified that the Pentavalent vaccine is a licensed vaccine in the country since 2004 and is being widely used by private practitioners across the country. More than 2 crore doses have been administered by the private practitioners. However given the high prices in the private sector, only well-off clients can afford to buy it for their children. The children belonging to the poor economic strata are at greater risk and need to benefit from pentavalent vaccine through the public health delivery system which provides vaccines free of cost. Serious AEFIs resulting in death following Pentalvalent vaccination have also been thoroughly investigated through field investigations, examination of records and reports and histopathological examination of the tissues and viscera wherever autopsy was conducted, and causal relationship with Pentavalent vaccination was not established in any of these cases. This has been further confirmed by National AEFI Committee, chaired by Dr. NK Arora, who is an eminent independent expert and not a part of the Government.

Dr.S.K Noordeen from Chennai observed that the introduction of any new vaccine in the Immunization Programme including the BCG vaccine, has always generated discussion and opposing views and it is a standard cycle that every vaccine has gone through before getting introduced in the public health programme.

It was observed that Hepatitis B was similarly opposed but its introduction, besides health benefits, has led to major reduction in price of the vaccine from Rs 400-500 to less than Rs 3.50 per dose. Vaccines when introduced in public health programme result in equity, as poor children who are more vulnerable to disease and death, are able to access them free of cost.

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Secretary (Health & Family Welfare) assured that enquiry report of every Adverse Event Following Immunization (AEFI) following pentavalent vaccination would be placed in public domain on Ministry's website. In addition, the concerns expressed by the members would be shared with National Technical Advisory Group on Immunization NTAGI). Further, an update on the status of the pentavalent vaccination programme would be presented in the next meeting of the MSG following the introduction of the vaccine in the UIP.

Dr Syeda Hameed, Member Planning Commission asked whether it was correct that the matter relating to the introduction of the pentavalent vaccine was *sub judice*. It was informed that a Writ Petition (civil) No. 697 of 2013 has been filed in the Supreme Court of India, on which the Supreme Court has issued notices on 2nd September. The subject matter of the WP is virtually the same as an earlier case dismissed by the Delhi High Court. The Supreme Court has passed no restraint order or directions in the matter.

The MSG, after detailed discussions, accepted the recommendations of EPC to introduce Pentavalent vaccine nationally as under:

- Expansion of Pentavalent vaccine in 11 states from October 2014 with support from GAVI till December 2015. These 11 states are; Andhra Pradesh, Assam, Bihar, Chhattisgarh, Jharkhand, Madhya Pradesh, Punjab, Rajasthan, West Bengal, Delhi and Uttarakhand.
- Expansion of Pentavalent Vaccine in remaining sixteen States/UTs from April 2015 onwards, with support from GAVI till December 2015.
- Continuation of Pentavalent vaccine in the entire country under Universal Immunization Programme through domestic funding from 2016 onwards.

Agenda 12

a) **Confirmation of decision of Chairman, MSG regarding change in formula for fund allocation**

b) **Proposal for revision of formula for allocation of NRHM-RCH Flexible Pool funds**

The proposal was considered and confirmed/ approved.

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Additional Agenda

Proposal for revising costing norms for ASHA for training, Supervision/ Support Costs, Cost of Job aids, Tools and Kits and other non -monetary incentives

The proposal for revision of cost norms for ASHA training, support etc. was welcomed and approved.

The meeting ended with a vote of thanks by the Chairman, Minister for Health & Family Welfare who thanked the members for sparing their valuable time and providing valuable insights which brought diverse perspectives to the table and helped the MSG in taking well informed decisions which would take the Mission forward.

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Annexure

List of Participants of 1st Meeting of Mission Steering Group (MSG) of National Health Mission (NHM) held on 06.12.2013 at 04:00 PM

Sl. No.	Name & Designation
1.	Shri Ghulam Nabi Azad, Hon'ble Union Minister of Health and Family Welfare, MoHFW
2.	Ms. Kumari Selja, Hon'ble Union Minister of Social Justice and Empowerment, Shastri Bhawan
3.	Dr. (Kum.) Girija Vyas, Hon'ble Union Minister of Housing and Urban Poverty Alleviation, MoHFW
4.	Shri A. H. Khan Chowdhury, Hon'ble Union Minister of State, MoHFW
5.	Smt. Santosh Chowdhary, Hon'ble Union Minister of State, MoHFW
6.	Ms. Syeda Saiyidain Hameed, Member, Planning Commission, Yojana Bhawan
7.	Shri Keshav Desiraju, Secretary (H&FW), MoHFW
8.	Shri Pankaj Jain, Secretary, Ministry of Drinking Water and Sanitation, MoHFW
9.	Shri Nilanjan Sanyal, Secretary, Department of AYUSH, MoHFW
10.	Ms. Vibha Puri Das, Secretary, Ministry of Tribal Affairs, Shastri Bhawan
11.	Shri Pravir Kumar, Principal Secretary (HFW), Uttar Pradesh
12.	Shri V. S. Bhaskar, Principal Secretary (HFW), Assam
13.	Dr. Jagdish Prasad, DGHS, MoHFW
14.	Sh. C. K. Mishra, Additional Secretary (Health), MoHFW
15.	Sh. S. K. Srivastava, Additional Secretary & Financial Advisor, MoHFW
16.	Ms. Anuradha Gupta, Additional Secretary & Mission Director (NRHM), MoHFW
17.	Shri D. Senthil Pandiyan, Additional Secretary (Health) / Mission Director (NRHM), Uttarakhand
18.	Shri Pratap Singh, Commissioner (Health), Chhattisgarh
19.	Dr. Yogesh Jain, Jan Swasthya Sahyog (JSS), Bilaspur, Chhattisgarh
20.	Dr. Prasanta Kishore Tripathy, EKJUT, Jharkhand
21.	Dr. Armida R. Fernandez, Professor, LTMG Hospital, Mumbai
22.	Dr. N. Sarojini, SAMA, New Delhi
23.	Dr. Amar Jesani, CEHAT, Mumbai
24.	Shri Mukul Chandra Goswami, ASHADEEP, Guwahati
25.	Prof. Surinder Jaswal, TISS, Mumbai
26.	Dr. Leela Visaria, Demographer, Ahmedabad
27.	Dr. M. Prakasamma, ANSWERS, Hyderabad
28.	Dr. S. K. Noordeen, Adyar, Chennai
29.	Dr. Rakesh Sarwal, Adviser (Health), Planning Commission, Yojana Bhawan
30.	Shri Saurabh Garg, Joint Secretary, Department of Expenditure, Ministry of Finance
31.	Sh. A.K. Awasthi,Joint Secretary,D/o Disability Affairs,M/o Social Justice and Empowerment
32.	Ms. Rashmi Shukla Sharma, Joint Secretary, M/o Panchayati Raj
33.	Sh. Manoj Jhalani, Joint Secretary, MoHFW
34.	Dr. Rakesh Kumar, Joint Secretary, RCH, MoHFW
35.	Dr. Vishwas Mehta, Joint Secretary (ME), MoHFW
36.	Sh. N. B. Dhal, Joint Secretary, MoHFW
37.	Sh. Anshu Prakash, Joint Secretary, MoHFW

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38.	Ms. Sujaya Krishnan, Joint Secretary, MoHFW
39.	Sh. B. K. Agarwal, Joint Secretary, M/o HUPA, MoHFW
40.	Sh. Shreeranjan, Joint Secretary, M/o WCD, Shastri Bhawan
41.	Dr. Rattan Chand, CD (Stats), MoHFW
42.	Dr. S. K. Sikdar, Deputy Commissioner, Family Planning, MoHFW
43.	Dr. Pradeep Haldar, Deputy Commissioner, Immunization, MoHFW
44.	Dr. V. S. Salhotra, Deputy Commissioner, RCH, MoHFW
45.	Dr. S. Dureja, Deputy Commissioner, Adolscent Health, MoHFW
46.	Dr. Ajay Khera, Deputy Commissioner (I/C), MoHFW
47.	Dr. Navneet Kumar Dhamija, Deputy Commissioner (Trg & Telemedicine), MoHFW
48.	Dr. Suparna S. Pachouri, Director, Department of School Education & Literacy, M/o HRD
49.	Shri D. Rajasekhar, Dy. Adviser (PHE) & Director (ICDWQ), M/o Drinking Water & Sanitation
50.	Dr. N. K. Sahu, Economic Adviser, D/o Rural Development, M/o Rural Development
51.	Shri Sujoy Mojumdar, Director (Sanitation), M/o Drinking Water & Sanitation
52.	Shri Parmod Kumar, Director, M/o Urban Development
53.	Sh. Dilip Kumar, Director (NRHM), MoHFW
54.	Ms. Kavita Singh, Director, Finance, MoHFW
55.	Ms. Preeti Pant, Director, NHM, MoHFW
56.	Ms. Limatula Yaden, Director, NHM, MoHFW
57.	Sh. R. P. Meena, Director, RCH, MoHFW
58.	Sh. R. C. Danday, Director, MoHFW
59.	Dr. Sandip Halder, OSD to MOS (AHKC), MoHFW
60.	Ms. Kalpana Amar, PS to MOS, MoHFW
61.	Dr. N. S. Sastry, Ex. DG & CEO, NSSO, Chairman, TAC of NFHS-4
62.	Dr. S. Y. Kothari, Spl. DGHS, DGHS, MoHFW
63.	Dr. R. S. Gupta, DDG (TB), DGHS, MoHFW
64.	Dr. C. M. Agrawal, DDG (Leprosy), DGHS, MoHFW
65.	Dr. K. S. Sachdeva, Addl. DDG (TB), DGHS, MoHFW
66.	Shri C. R. K. Nair, ADG, MoHFW
67.	Dr. A. C. Dhariwal, Director (NVBDCP), MoHFW
68.	Dr. T. Sundararaman, Executive Director, NHSRC
69.	Ms. Rajani Ved, Advisor, NHSRC
70.	Dr. M. R. Gautam, General Manager, NRHM, Uttar Pradesh

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