



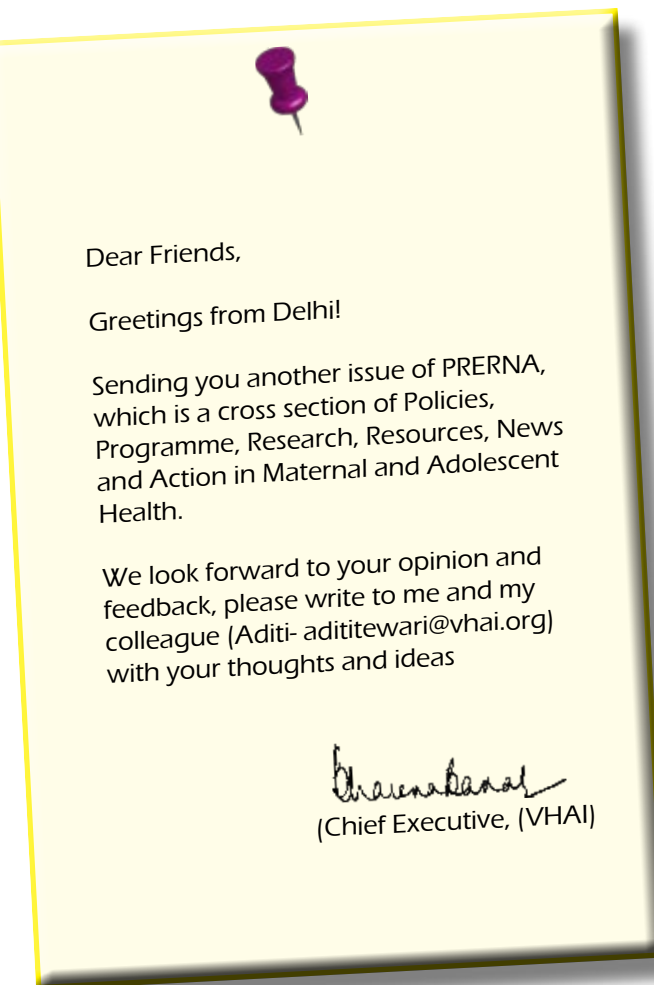
IN THE NEWS

Nadda: Health Ministry is working to expand access to quality healthcare

Union Minister of Health and Family Welfare JP Nadda said here on Sunday that a lot more needed to be done for ensuring universal access to equitable, affordable and quality healthcare services.

Speaking at the Tata Memorial Centre's platinum jubilee conference 'Healthcare: Commodity or basic human need', Nadda said, "It is our endeavour to ensure that all persons have access to quality health care. However, a lot more needs to be done for achieving universal access to equitable, affordable and quality healthcare services".

The Minister said that the conference was uniquely relevant in the current context given the high cost of modern health care interventions and the enormous market and peer pressure to adopt them versus a basic necessity for survival.



Nadda said that his Ministry was implementing a number of schemes, programmes and national initiatives to expand the reach and increase access to quality healthcare. "India is projected to nearly achieve the United Nation's Millennium Development Goal (MDG) no 4 of reducing to reduce child mortality, MDG no 5

of improving maternal health, while the MDG 6 goal to reverse the incidence of Malaria, TB and HIV/AIDS has already been achieved," the minister said.

Read more: http://www.dailypioneer.com/nation/nadda-health-ministry-is-working-to-expand-access-to-quality-healthcare.html?fromNewsdog=1&utm_source=NewsDog&utm_medium=referral

Only 19 per cent specialist doctors in India's health centres

BENGALURU: India's elemental healthcare infrastructure seems to be in a 'critical condition' with a meagre 19% availability of specialist doctors in the community health centres (CHCs) across the country. According to the statistics released by the Union health ministry on Friday, there is a shortfall of 17,854 medical specialists including surgeons, physicians, pediatricians, obstetricians and gynecologists.

CHCs, which are located in towns and serve as referral centres for patients coming from the primary health centres (PHCs), are vital to improving the country's healthcare landscape. The total number of specialist doctors working at CHCs across the country is 4,186 against the current requirement is of 22,040.

Among the states that face a shortfall of specialists, Uttar Pradesh (shortfall of 2,608 doctors) tops the list followed by Rajasthan (1,787), Tamil Nadu (1,464), West Bengal (1,271), Odisha (1,154), Gujarat (1,140), Madhya Pradesh (1,047) and Maharashtra (935).

Read more: <http://timesofindia.indiatimes.com/india/only-19-per-cent-specialist-doctors-in-indias-health-centres/articleshow/56978770.cms>



IN THE NEWS

Health Ministry to launch population based prevention, screening and control programme for five non-communicable diseases

Non-Communicable diseases (NCDs) which are Cardiovascular Diseases (CVDs) such as heart attacks and stroke, Diabetes, Chronic Respiratory Diseases (Chronic Obstructive Pulmonary Diseases and Asthma) and Cancer inter alia account for over 60% of all mortality in India. Of these, nearly 55% are premature mortality. This imposes a financial and social cost on families and the country. According to the World Economic Forum, India stands to lose \$ 4.58 trillion (Rs 311.94 trillion between 2012 and 2030 due to non-communicable diseases.

Since these conditions do not exhibit symptoms until complications set in, it is essential to detect them early. Early detection of NCDs not only enables onset of treatment but prevents high financial costs and suffering. For some cancers, survival rates are good when they are detected and treated in the early stages. Screening for these conditions, which can be undertaken at the level of the sub centre or Primary health Centres helps early detection and also serves to raise health awareness among people to lead healthy lifestyles. Given that primary health care, including prevention and health promotion can lead to improved health and developmental outcomes at much lower cost, the Ministry is now expanding access to prevention and primary care services. As part of the National Health Mission, the Ministry of Health and Family Welfare is launching population based prevention, screening and control programme for five common non-communicable diseases, namely Hypertension, Diabetes, and Cancers of oral cavity, breast and cervix. On February 4th coinciding with World Cancer Day, Union Health

and Family Welfare Minister is expected to launch the programme. The training of frontline workers- the ASHA and ANM which will be initiated and in some sub-centres, population based screening will also start. Detailed protocols for treatment, referrals and follow-up on these disease conditions will be provided.

Read more: <http://pib.nic.in/newsite/PrintRelease.aspx?relid=157571>

President launches countrywide Pulse Polio Programme for 2017

Shri J P Nadda: Have strengthened immunization programme through introduction of several new vaccines

The President of India Shri Pranab Mukherjee launched the Pulse Polio programme for 2017 by administering polio drops to children less than five years old, at the Rahstrapati Bhawan, in the presence of the Union Minister of Health & Family Welfare Shri J P Nadda and Ministers of State (Health) Shri Faggan Singh Kulaste and Smt. Anupriya Patel, here today. Tomorrow is the National Immunization Day. Around 17 crore children of less than five years across the country will be given polio drops as part of the drive of Government of India to sustain polio eradication from the country.

Speaking at the function on the eve of the National Immunization Day, the Union Minister for Health & Family Welfare Shri J P Nadda stated that polio-free certification of the entire South-East Asia Region of WHO including India on 27th March 2014 is a huge accomplishment in the history of public health. He added that as the risk of importation still persists from remaining three countries (Pakistan, Afghanistan and Nigeria) where poliovirus is still circulating, the need still persists for the country to maintain the population immunity and sensitive surveillance till global polio eradication happens. This is maintained through National and Sub National

Polio rounds along with sustained high quality polio surveillance.

Read more: <http://pib.nic.in/newsite/PrintRelease.aspx?relid=157734>

India gets new Measles Rubella vaccine



Children under 15 to now get a single vaccine for Rubella and Measles instead of the current two doses

India's Universal Immunization Programme (UIP) on Sunday received a new addition —the Measles Rubella (MR) vaccination. The vaccine will replace the current two doses of measles vaccines given at 9-12 months and 16-24 months of age, and will offer dual protection, against measles and rubella.

The first phase of Measles Rubella (MR) vaccination campaign will begin in Karnataka, Tamil Nadu, Puducherry, Goa and Lakshadweep, covering nearly 3.6 crore target children. "This campaign will be taken up in a mission mode and has been rolled out in partnership with States, NGOs and development partners such as WHO, UNICEF, Gates Foundation, Lions Club, IPA, IMA. As part of a nationwide campaign, the health ministry will reach out to and cover 41 crore children, the largest ever in any campaign," Faggan Singh Kulaste, Minister of State for Health and Family Welfare said.

Read more: <http://www.dnaindia.com/health/report-india-gets-new-measles-rubella-vaccine-2313140>



IN OPINION

Health Budget: Reality Check

The health budget this year has made special provisions for elimination of five infectious diseases, strengthening of rural sub-centres, and recruitment of specialist doctors in government hospitals, increased allocation for programmes for women and children, and free treatment for the elderly poor. Missing in this list is a mention of increased budgetary support for the prevention, control and care for non-communicable diseases like cancer, diabetes, hypertension and heart diseases – the major causes of ill health, disability and death in the country today.

These diseases do not only afflict urban residents. They are the major cause of death and ill health in rural areas, where incomes are lower, and medical services are more difficult to reach. A small part of this distress could have been addressed through additional



budgetary provisions. This would also have reflected an acknowledgement on the part of policymakers, that these conditions, and not infectious diseases, are now the major cause of ill health in the country.

Read more: <http://indianexpress.com/article/opinion/columns/union-budget-health-budget-public-health-investment-diseases-india-rural-india-free-treatment-4509564/>

Good, Bad, And The Ugly

While healthcare has largely been a neglected issue in past general elections, major parties started talking about health in their manifestos from 2004. In some states, there’s evidence it is becoming increasingly important, a 2014 Lancet report said, citing the Rajiv Aarogyasri Community Health Insurance Scheme for poor families as a major reason for a second term in 2009 for the late Andhra Pradesh Chief Minister Y.S.R. Reddy, and Gujarat’s Chiranjeevi Yojana, which provides skilled healthcare to pregnant women in collaboration with the private sector and contributed to Prime Minister Narendra Modi’s popularity when he was Chief Minister.

Healthcare is essential to political and economic debate because inadequate public healthcare and healthcare expenses push an additional 55 million people back into poverty in India every year, according to a 2015 Lancet paper.



However, health-related political discussions are, currently, limited to debates around major health scams, or state failure during severe epidemic outbreaks. In general, electoral battles have not been won or lost because of healthcare issues.

While India still has more wasted (low weight-for-height) and stunted (low height-for-age) children than any other country – about 40 million – the rate of obesity recorded an 8.6-fold increase in India’s rural areas over 14 years and a 1.7-fold increase in urban areas over 20 years.

Read more: <http://www.millenniumpost.in/opinion/good-bad-and-the-ugly-181015>



IN THE POLICIES

Health outlay gets 28% boost

India's expenditure on healthcare remains barely one per cent of the GDP despite a 28 per cent increase in the amount allocated for health. The Finance Ministry has allocated Rs 47,353 crore this year in comparison to Rs 37,061 crore in 2016-17, later revised to Rs 38,343 crore. While Union Health Minister J P Nadda said the 'enhanced allocation' will strengthen the ministry's activities towards providing universal healthcare, experts said it still is a distant dream.

In 2016-17, Rs 1,312 was spent on an individual's healthcare, by both the Centre and individual states. "Now, per capita health spending will increase marginally to about Rs 1,400. We have been demanding a health budget that will at least be 2.5 per cent of the GDP. There is a general failure in allocation," said Ravi Duggal, health economist, Centre for



Budget and Governance Accountability, New Delhi.

Read more: <http://www.dnaindia.com/health/report-health-outlay-gets-28-boost-2307264>

Girl enrolment rates in higher education lags behind in important states like Gujarat, Telangana, Andhra Pradesh and Maharashtra

The sharp increase in girl enrolment rates in the states has boosted hopes of reducing gender disparities over the coming years. This is especially so because the gains have been exemplary with girl enrolment rates even exceeding that of boys both at the secondary and higher secondary levels and coming almost at par in the case of higher education.

The gains at the secondary and higher secondary level are also significant as the girl's enrolment rates now exceed that of boys in 22 and 24 of the 36 states and union territories. Major states where the girl enrolment rates exceed that of boys at the secondary level include small states like Delhi, Himachal Pradesh, Goa and Kerala and also larger states like Tamil Nadu, Chhattisgarh, West Bengal, Uttarakhand, Telangana, Haryana, Karnataka, Odisha, Jharkhand, Andhra Pradesh and Uttar Pradesh. In West Bengal girl's enrolment rates in secondary education exceeded that of boys by 17.7 percentage points, while the

numbers for Bihar and Assam are 13 and 10.6 percentage points respectively.

Read more: <http://blogs.timesofindia.indiatimes.com/minorityview/girl-enrolment-rates-in-higher-education-lags-behind-in-important-states-like-gujarat-telangana-andhra-pradesh-and-maharashtra/>

SC allows 23 week pregnant woman to abort

NEW DELHI: The Supreme Court on Tuesday came to the rescue of a 22-year-old pregnant woman who is facing danger to her life due to pregnancy and allowed her to abort her 23 week foetus.



In the second case this year, a pregnant woman with a malformed foetus moved SC and the court granted permission to undergo medical termination of pregnancy beyond the 20-week limit. In January, a woman from Mumbai had won SC's nod to medically terminate her foetus that had severe brain anomaly.

Read more: <http://timesofindia.indiatimes.com/india/sc-allows-23-week-pregnant-woman-to-abort/articleshow/57019151.cms>



IN THE PARLIAMENT

UNSTARRED QUESTION NO. 1572

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that major budget allocation for family planning is provided under the Budget Head 'Family Welfare and the National Health Mission';

(b) if so, the details of budgetary allocation, head-wise and year-wise, during the last three years and the current year;

(c) the formula being adopted by Centre and States in allocating funds to family planning;

(d) the details of money sanctioned, approved and released to various States to promote family planning during the last three years and the current year, year-wise and State-wise; and

(e) the monitoring mechanism in place to stop diversion/misuse of funds so allocated?

ANSWERED on 29th November 2016:

The Minister of State in The Ministry of Health and Family Welfare (Shri Faggan Singh Kulaste)

(a) & (b): Yes, there is a budgetary allocation for family planning under the budget head 'Family Welfare and the National Health Mission'. Under National Health Mission (NHM), family planning is one of the major activities like other

activities. The funds are approved activity wise, however, the funds are released to States under pools. As funds are released to States under pools considering all other activities covered under NHM, a Statement indicating State-wise approval allocation under Family Planning from the F.Y. 2013-14 to 2016-17 is enclosed at Annexure- 1.

(c): Public health being a State's subject, its implementation primarily lies with the State. Therefore, the formula adopted by the Centre in allocating the funds under NRHM-RCH Flexible Pool of NHM is at Annexure- II,

(d): The funds are released to the States under pools and not activity wise. As per reply furnished against (a) and (b) ,the money sanctioned, approved to promote family planning for last 3 years and current year, year wise and State wise is at Annexure -1.

(e): Besides provision of annual CAG audit, following monitoring mechanisms are in place to stop diversion / misuse of funds so allocated:

- Annual Statutory Audit by CAG empanelled major CA audit firm;
- Concurrent Audit by CA audit firm;
- Implementation of Public Financial Management System (PFMS) developed



by the office of the Controller General of Accounts (CGA) of Ministry of Finance for monitoring and management of funds on just in time basis.

- Submission of Financial Management Reports (FMRs) by the States IUTs,
- Release of subsequent instalments is based on the extent of utilisation of earlier funds released,
- Annual visits to States by Common Review Mission (CRM), which inter-alia, looks at financial system and mechanisms.
- Integrated monitoring visits by senior officials of the Ministry and National Health System Resource Centre (NHSRC).
- 2 or more signatories for all NHM accounts and Double Entry Accounting System are followed.



IN THE PARLIAMENT

Annexure-I

Statement showing States/UTs wise SPIP Approval towards Family Planning under NHM for the F.Ys 2013-14 to 2016-17

		Rs In Lakhs			
S.No.	States / UTs	2013-14	2014-15	2015-16	2016-17
		Family Planning			
		SPIP APPROVAL			
A. High Focus States					
1	Bihar	8,336.93	6,447.40	11,502.31	11,092.79
2	Chattisgarh	2,566.47	2,843.78	1,547.40	2,626.64
3	Himachal Pradesh	484.11	781.57	611.26	458.23
4	Jammu & Kashmir	312.80	450.19	450.01	976.35
5	Jharkhand	2,663.83	3,880.46	4,451.43	376.16
6	Madhya Pradesh	8,853.87	7,074.93	10,366.95	12,360.48
7	Orissa	2,047.40	2,375.70	3,642.78	3,773.54
8	Rajasthan	6,061.44	8,597.05	9,559.32	9,709.26
9	Uttar Pradesh	7,843.22	8,165.49	13,234.62	15,526.91
10	Uttarakhand	448.92	655.37	822.47	379.14
	Sub Total	39,618.99	41,271.94	56,188.55	57,279.50
B. NE States					
11	Arunachal Pradesh	222.53	122.45	48.78	96.98
12	Assam	2,235.76	2,473.90	3,312.62	1,976.43
13	Manipur	172.37	145.96	135.48	70.11
14	Meghalaya	143.76	141.58	108.72	111.31
15	Mizoram	136.07	103.02	159.26	63.67
16	Nagaland	202.74	135.98	114.86	95.42
17	Sikkim	39.38	58.93	20.40	24.95
18	Tripura	178.84	177.39	173.86	95.20
	Sub Total	3,331.45	3,359.21	4,073.98	2,534.07

C. Non-High Focus States					
19	Andhra Pradesh	5,839.63	3,450.35	3,374.39	3,207.71
20	Goa	76.30	42.65	61.39	35.75
21	Gujarat	2,819.68	4,469.00	5,170.55	5,222.35
22	Haryana	1,081.39	1,076.68	2,184.26	1,893.50
23	Karnatak	3,424.40	2,915.18	3,102.90	3,760.27
24	Kerala	654.98	552.61	501.32	513.26
25	Maharashtra	5,068.60	4,178.52	4,865.99	6,204.42
26	Punjab	1,065.60	841.92	807.72	813.54
27	Tamilnadu	2,982.15	2,029.54	2,871.82	3,704.51
28	Telangana	-	2,382.24	2,342.22	2,539.27
29	West Bengal	3,591.23	3,308.39	2,691.29	2,447.31
	Sub Total	26,603.96	25,247.08	27,973.85	30,341.89
D. Small States/UTs					
30	Andaman & Nicobar Islands	42.15	41.28	54.47	-
31	Chandigarh	14.60	29.03	25.14	36.09
32	Dadra & Nagar Haveli	20.94	85.67	42.62	-
33	Daman & Diu	8.49	10.76	14.70	-
34	Delhi	430.13	512.18	436.90	129.90
35	Lakshadweep	17.94	5.35	5.70	7.43
36	Puducherry	86.57	105.75	55.06	-
	Sub Total	620.81	790.02	634.59	173.42
	Grand Total	70,175.21	70,668.25	88,870.98	90,328.87

Note:

1. SPIP- State Programme Implementation Plan
2. The above data of Family Planning is comprises of Female Sterilisation, NSV camps, Compensation for male & female sterilisation, Spacing Methods, Other strategies/activities, Family Planning Training, BCC/ IEC Activities towards FP, Procurement of equipment & Drugs for F.P., Printing of IUCD cards, FP manuals, guidelines etc under NHM Scheme.



IN THE PARLIAMENT

Annexure-I

1. Formula for allocation of funds under NRHM-RCH Flexible Pool:

Family planning is the activity covered under NRHM-RCH Flexible Pool of NHM. The allocation of funds to the States under NRHM- RCH Flexible Pool is done on the basis of population with some additional weight age to states on account of socio-economic backwardness and health lag. The weightage to the states are as under:

Category States	Weighatge
Large Empowered Action Group (EAG) states of UP, MP, Bihar, Rajasthan, Odisha	1.3
Jharkhand, Chhattisgarh (EAG States)	1.5
Eight NE States including Sikkim & 3Hilly States (Uttarakhand, J&K and HP)	3.2
Small UTs (Lakshadweep, Daman & Diu, Dadra & Nagar Haveli and Andaman & Nicobar Island)	3.0
Other State & UTs received funds without any additional weightage	

(a) RCH flexible pool: Allocation is done on the basis of total population of the state and rural area.

(b) Mission Flexible Pool System strengthening under NRHM: Allocation is done on the basis of rural population and rural area.

UNSTARRED QUESTION NO. 1560

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

- whether clerical errors in Form "F" or nondisplay of notice board or not keeping handbook on PNDDT Act are considered sex determination offences under PNDDT Act and have led to harassment of radiologists;
- if so, whether Ministry proposes to suitably amend PNDDT Act to decriminalize these practices;
- whether Ministry instead proposes to treat acts as lesser offences and provide suitable punishment;
- whether such offences at present result in sealing of ultrasound machines and cancellation of medical affiliation; and
- whether Ministry proposes to continue these punishments even if these acts are considered lesser offences?

ANSWERED on 29th November 2016:

The Minister of State in The Ministry of Health and Family Welfare (Smt. Anupriya Patel)

(a): Maintenance and preservation of records, prescribed under the PC & PNDDT Act and Rules made thereunder is a statutory compliance. Any deficiency or inaccuracy found therein shall amount to contravention of the provisions of the PC & PNDDT Act, 1994 and Rules framed thereunder. Non-display of notice board or not keeping handbook on PNDDT Act is contravention of the provisions of the PC & PNDDT Rules, 1996.

The PC & PNDDT Act, 1994 was enacted for prohibition of sex selection before or after

conception and for prevention of misuse of preconception and pre-natal diagnostic techniques for sex determination and not for causing harassment of radiologists.

(b),(c) & (e): As per the recommendation of the Central Supervisory Board in its meeting held in April, 2016, an Expert Committee was constituted to propose and review the amendments to the PC & PNDDT Act, 1994 and rules framed thereunder. The meeting of the Expert Committee was held on 4th July, 2016. As per the provisions of the Act, the recommendations, if any proposed by the Committee are required to be placed before the CSB.

(d): Any registered medical professional or any person who owns a Genetic Clinic, Genetic Counselling Centre, Genetic Laboratory or is employed or rendering his/her services in such centre, on honorary basis or otherwise, and who contravenes any of the provisions of this Act or Rules made thereunder shall be punishable with imprisonment for a term which may extend to three years and with fine which may extend to ten thousand rupees. Once the charges are framed/ or conviction is secured against any registered medical professional, the name shall be reported by the Appropriate Authority to the State Medical Council concerned for taking necessary action as below:

- On framing charges, suspension of registration till the case is disposed
- On conviction, removal of name from the



IN OUR STATES

Kofi Annan lauds AAP's Mohalla Clinics project, suggests reforms

Former Secretary-General of United Nations (UN), Kofi Annan, has commended Delhi government's flagship Mohalla Clinic project that is aimed at providing free primary healthcare to city residents closer home.

In a letter on January 25 to Delhi Chief Minister Arvind Kejriwal, in capacity as chair of The Elders, an organisation of independent global leaders founded by Nelson Mandela, Annan also shared suggestions that could help reform the project and "provide further important lessons for other Indian states embarking on the UHC (Universal Health Care) journeys".



Mohalla Clinics have been one of the flagship projects of the AAP government. Even as the Opposition parties accused AAP government of having "failed" to deliver on its electoral promises, Kejriwal government has been showcasing these clinics as a unique achievement and a reflection of AAP's model of governance.

Read more: <http://www.hindustantimes.com/delhi/kofi-annan-lauds-aap-s-mohalla-clinics-project-suggests-reforms/story-UMTbFhQ1KY9tyaExxHS3kK.html>

Only 41 private doctors in state join PM Surakshit Matritva Abhiyan

PATNA: Strange as it may seem, but only 41 MBBS doctors engaged in private practice in the state have so far registered with the PM Surakshit Matritva Abhiyan (PMSMA) to voluntarily 'provide special antenatal care (ANC) services' to pregnant women to reduce maternal mortality rate (MMR) and infant mortality rate (IMR).

PM Narendra Modi had launched the PMSMA on June 9 last year. "I urge all my doctor friends to volunteer and provide special ANC services to pregnant women in government hospitals free of charge on the ninth of every month," PM had appealed to them. The doctors willing to volunteer are to register online on www.pmsma.nhp.gov.in.

The maternal health wing of Bihar State Health Society (BSHS) is entrusted to put in place and implement the programmes related to maternal health care under national health mission (NHM). State programme officer (SPO) for maternal health Dr Phuleshwar Jha said, "Not so enthusiastic response of the private MBBS doctors to PMSMA could be due to lack of sufficient information about the ongoing campaign among them."

Out of the 41 doctors, 13 are from Patna. The other doctors are from Aurangabad (1), Begusarai (3), Bhagalpur (1), Bhojpur (2), Jamui (2), Jehanabad (3), Katihar (5), Lakhisarai (1), Madhubani (2), Munger (1), Muzaffarpur (2), Saharsa (1), Saran (2), Sheohar (1) and Siwan (1).

Incidentally, the number of private doctors registered with PMSMA in other states is far more than in Bihar — 595 in Madhya Pradesh, 346 in

Uttar Pradesh, 264 in Maharashtra, 247 in Gujarat and 231 in Rajasthan, among others.

While registering on the site, the doctors concerned have to also indicate the state, district and government hospital where they want to render the services. The civil surgeon concerned has to facilitate his visit to the health centre. The number of patients they treat and the number of hours they give at the hospital on the day would be listed against their names. The doctors who treat maximum number of patients and give maximum number of hours on the all-India basis would get prizes, apart from mention in the Hall of Fame.

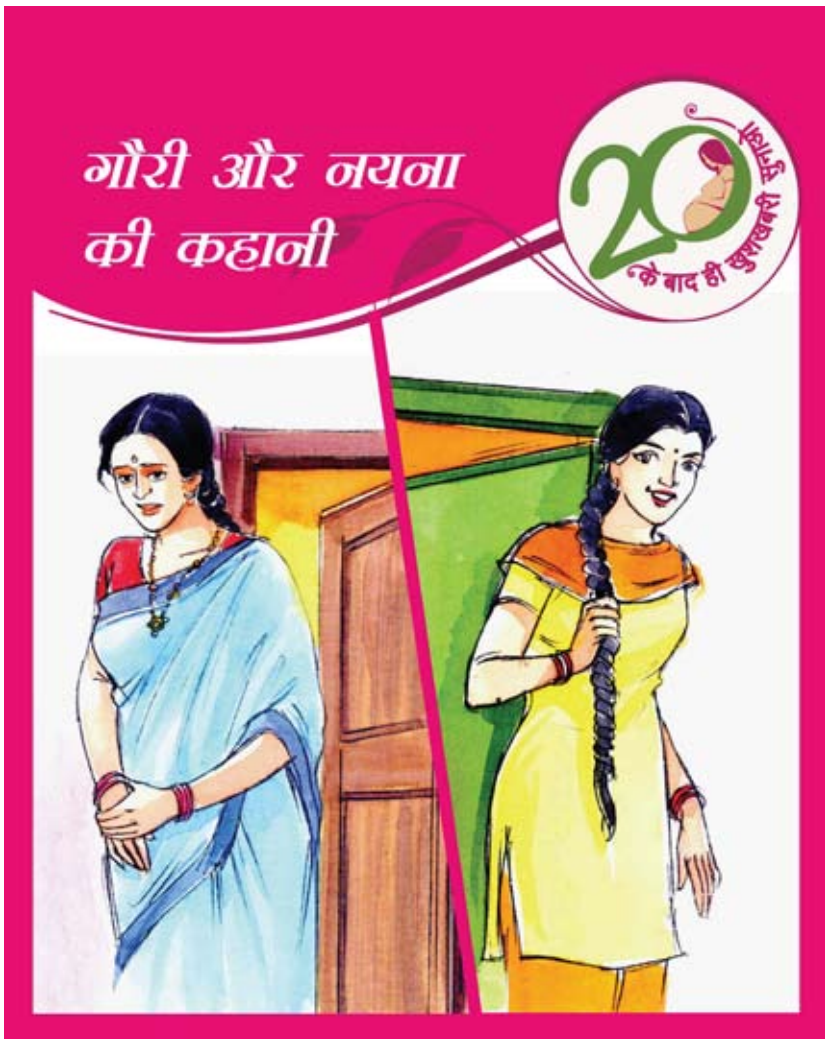
Otherwise, the government doctors have been providing ANC services to pregnant women turning up at primary health centres (PHCs) on the ninth date of every month, Dr Jha said. After registration, they are medically attended to and medicines are also provided.

"Our aim is to infuse confidence among pregnant women (and their families concerned) that government hospitals are committed to and capable of providing required ANC services to pregnant women. Besides, we also want them to come to government hospitals for the required care and safe institutional delivery," Dr Jha said.

Over the last eight months since the launch of PMSMA, Bihar has so far organized 592 such events, which is considered appreciable, as the all-India figure in this regard is 10,717.

Read more: <http://timesofindia.indiatimes.com/city/patna/only-41-pvt-doctors-in-state-join-pm-surakshit-matritva-abhiyan/articleshow/57087999.cms>

ON THE ONLINE SHELF



Available at: <http://nrhm.gov.in/nrhm-components/rmnch-a/adolescent-health-rsk/iec-material-rsk.html>

Available at: <http://nrhm.gov.in/nrhm-components/rmnch-a/adolescenthealth-rsk/iec-material-rsk.html>



Available at: <http://nrhm.gov.in/nrhm-components/rmnch-a/adolescent-health-rsk/iec-material-rsk.html>