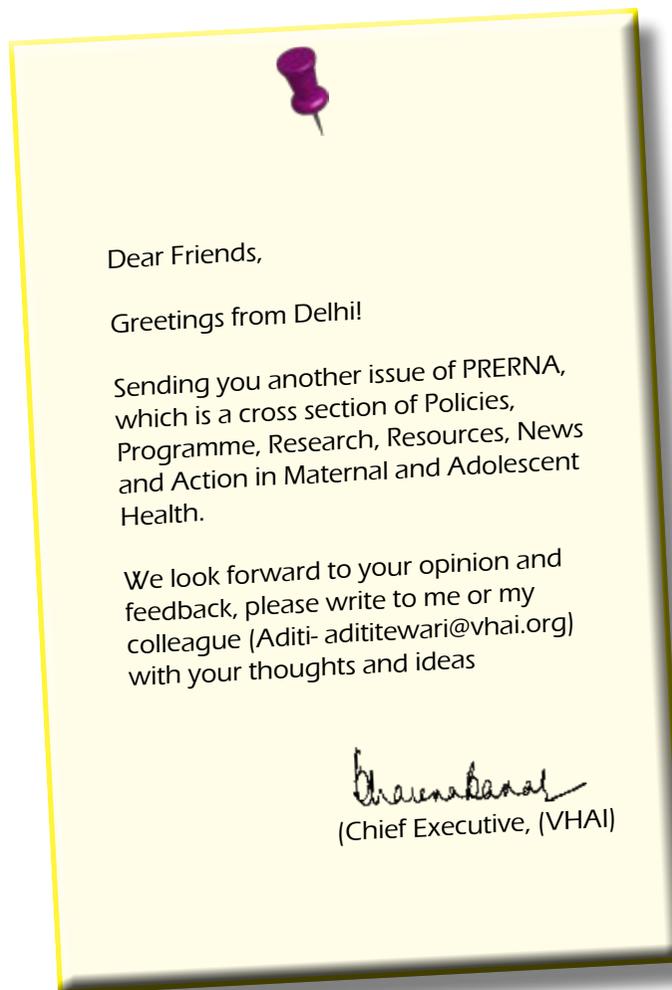




IN THE NEWS

The President Confers Florence Nightingale Awards to 35 Nurses Government is determined for making improvements in nursing and midwifery education and services in a comprehensive way: J P Nadda

The President of India Shri Pranab Mukherjee conferred the Florence Nightingale Awards to 35 nurses from across the country on the occasion of International Nurses Day at the Rashtrapati Bhavan, here today, in the presence of Shri J P Nadda, Minister for Health and Family Welfare.



The President congratulated the award winners and said that nurses in India are at the forefront of national healthcare system and their contribution is central to its success. The President added that in a developing economy such as ours, nurses and midwives are crucial in delivering cost-effective and, at the same

time, good quality healthcare and our nation is proud of their services.

The President further said that the need to adapt our standards to the evolving demands of healthcare and update our capacities is self-evident. "Our country needs to respond swiftly to healthcare challenges that keep coming up. I am glad to see that the National Health Policy, 2017 envisages a new momentum in innovation and nursing," the President elaborated. Laying emphasis on continued capacity building the President said that as Indian nurses take on greater local, national and international roles, there is a need to ensure appropriate professional development and human resource policies in the country – and increased involvement of nurses in policy development. "The complexity of medical and healthcare practices today demands that nurses are fully involved in the planning, implementation, research and evaluation that goes into the successful delivery of patient care. These functions come with responsibilities and accountability. The legal and policy framework of nursing protocols and standards of practice must facilitate optimal utilization of competencies," the President said.

Minister for Health and Family Welfare, Shri J P Nadda congratulated the award winners and appreciated their exemplary



IN THE NEWS

services. Acknowledging the strong caring and compassionate attitude of the nursing community, the Health Minister said that we are proud of all the winners and wish that they will be an inspiration for all the nursing personnel in the country and motivate them to provide quality nursing services and standards.

Read more: <http://pib.nic.in/newsite/erelease.aspx>

Shri J P Nadda stresses on importance of prevention and community participation to combat dengue

“Commitment at all levels is essential for prevention and control of Dengue. By putting our hands together we can prevent our community from dengue.” This was stated by Shri J P Nadda, Union Minister of Health and Family Welfare in a function jointly organized by All India Institute of Medical Sciences (AIIMS), New Delhi, and National Vector Borne Disease Control Programme (NVBDCP) to mark the National Dengue Day, here today. Dr. Soumya Swaminathanam,

Secretary, Department of Health Research (DHR), Dr. Jagdish Prasad, Director General of Health Services and Dr. Swarup Sarkar, Director, Communicable Diseases, WHO-SEARO were also present at the occasion.

Reiterating the commitment of Hon’ble Prime Minister, Shri Narendra Modi towards making India clean, Shri Nadda said that amongst various steps/strategies which need to be put in place for this problem, our main focus should be on controlling the vector itself. For this purpose, cleanliness is the most important thing. National Dengue Day is an occasion to spread awareness about its prevention and control. “It is the responsibility of all of us and within our communities to insist that we don’t create an environment for the dengue to breed,” Shri Nadda added

Read more: <http://pib.nic.in/newsite/erelease.aspx>



India aims to eliminate tuberculosis by 2025: Union Health Minister J P Nadda

Speaking at the 29th meeting of Stop TB Partnership coordination committee, Nadda said that India has formulated a national strategic plan with a special focus on stamping out the bacterial disease at grassroot levels.

India today pledged its commitment to eliminate tuberculosis by 2025, five years ahead of the global goal to reduce the number of such deaths by 90 per cent by 2030. Speaking at the 29th meeting of Stop TB Partnership coordination committee, Union Health Minister J P Nadda said that India has formulated a national strategic plan with a special focus on stamping out the bacterial disease at grassroot levels. “We have implemented daily drug regimen for treating tuberculosis (TB) in five states and by the year end it will be rolled out in the entire country,” Nadda said.

The new regimen helps in reducing relapse rates and number of drug-resistant TB cases. Nadda said that at present 628 Cartridge Based Nucleic Acid Amplification Test (CBNAAT) machines are functioning in the country for quick diagnosis of TB and the ministry will procure 500 more equipments which diagnoses TB within two hours.

Read more: <http://www.financialexpress.com/india-news/india-aims-to-eliminate-tuberculosis-by-2025-union-health-minister-j-p-nadda/677048/>

IN THE NEWS

New health policy is 'preventive': JP Nadda

Union Health Minister J P Nadda today said the new health policy of the government was "preventive and promotive", unlike the previous one which was disease-centric.

Union Health Minister J P Nadda today said the new health policy of the government was "preventive and promotive", unlike the previous one which was disease-centric. "The reason to bring in a new health policy was that the previous health policy was focused on disease or it was disease-centric. It was more like working on urgent issues rather than important issues, so we decided to have a policy which will be preventive and promotive," he said.

He was speaking at opening ceremony of 'International Conference on Healthcare in a Globalising World' at Symbiosis International University (SIU) here.

"The new policy is comprehensive and universal. With this new policy we will see to it that we go for early detection (of diseases)," the union minister said. The new policy mandates that all disciplines of medicine should come together, he said.

Read more: <http://www.moneycontrol.com/news/india/new-health-policy-is-preventive-jp-nadda-2272509.html>

Govt rolls out fruit-flavoured TB tablets for children

Finally, children suffering from tuberculosis won't have to take the bitter tablets anymore with the government replacing them with strawberry and orange-flavoured ones. The initiative has been rolled out in five states and by next month, it will be introduced in 17 more states and by year end, these fruit flavoured tablets will reach every child of the country, said a senior health ministry official. The doses of these tablets will be decided as per their weight.

At present, children diagnosed with TB are given the same bitter-tasting pills, which are actually meant for adult patients, four times a day.

The move is aimed at improving the treatment of tuberculosis and child survival rate. These easily-dissolvable and flavoured TB drugs has been rolled out in Sikkim, Himachal Pradesh, Kerala, Bihar and Maharashtra on a pilot basis, said Dr Jagdish Pradash, Director General of Health Services (DGHS).

Read more: <http://www.millenniumpost.in/nation/nation-243280>

DCW urges Jaitley to make sanitary napkins tax-free

Delhi Commission for Women (DCW) chief Swati Jaihind on Saturday urged Union Finance

Minister Arun Jaitley to make sanitary napkins "completely tax-free" under GST. In a letter to Jaitley, Jaihind said as per the recently released GST schedule for goods, sanitary napkins have been taxed at 12 per cent which will deny many access to it. "Since menstruation is a natural phenomenon, hygiene and proper health during this period is a natural fundamental right of each female citizen of this country. However, sanitary napkins which are critical for the health and hygiene of millions of women are presently taxed.

"Through this letter, I wish to communicate the recommendation of Delhi Commission for Women to make sanitary napkins completely tax-free. This one decision of the union government shall positively impact and improve the health and hygiene of millions of women," she said.

Read more : <http://www.millenniumpost.in/nation/nation-242914>



IN OPINION

India's Child Rights Record Scrutinised In UN Review—And It Doesn't Come Out With Flying Colours

India received 73 recommendations on child rights at its third universal periodic review at the UN Human Rights Council.

On 4 May, during India's Universal Periodic Review (UPR) at the UN Human Rights Council, Bulgaria recommended to the government to introduce a child-rights-based approach in all its policies. This was a welcome move that turned the focus to child rights on a global forum. Indeed, this was the first time in the three cycles of the UPR review that children received so much attention.

The 27th Plenary Session of the UN Human Rights Council observed the participation of 112 member states. Based on the government of India's Report to the Human Rights Council and Stakeholders' Report from India, the member states voiced concerns on various thematic human rights issues and suggested a total of 250 recommendations ranging from the issues of conventions against torture, death penalty, enforced disappearances, marital rape, children's rights, human rights defenders, women's rights, caste-based discrimination and the clampdown on NGOs, among others. Child labour, child marriage and (sexual) violence against children were among the issues on which the government was criticised heavily.

While progress made by the GoI was acknowledged, member countries also raised several human rights concerns. Children's rights topped the list of recommendations—there were a total of 73 recommendations made on various issues of children's rights. The previous two cycles of UPR (first in 2008 and second in 2012) did not see such a significant number of recommendations on the issues of children. During the review, a total of 53 member states gave recommendations to India on 14 specific thematic issues of child rights. Child labour, child marriage and (sexual) violence against children were among the issues on which the government was criticised heavily.

Read more: http://www.huffingtonpost.in/kumar-shailabh/india-s-child-rights-record-scrutinised-in-un-review-and-it-does/?utm_hp_ref=in-blogs

Why Immunisation Is Not An Expense But An Investment

Without it the nation would suffer heavy losses.

A few decades ago there were only a handful of diseases that could be prevented by immunisation. We had the BCG vaccine (against tuberculosis), diphtheria-pertussis-tetanus vaccine (DPT), oral polio vaccine and measles vaccine. These vaccines were developed in the early or mid-20th century, and production technology was relatively simple. Also, the production cost was low.

So, in the mid-1970s, when the Expanded Programme on Immunisation was launched by the World Health Organisation (WHO), these vaccines were included in it for cost-free dispensing. Governments could afford to buy them with revenue income. Vaccines made later on, however, used more sophisticated technologies and production costs escalated.

The one in 100 to 1000 who gets the disease will cost the family (and eventually the nation) many times more than what it would have taken to immunise all 100-1000 children.

When the hepatitis B vaccine (HBV) was imported, it cost some 800 in the private market. When it was made in India the selling price fell to less than half. When India's EPI (now called Universal Immunisation Programme, UIP) included it in the schedule, companies were able to sell it at less than 10 a dose. Purchase by UIP assures volume off-take and the manufacturer takes no risk of guessing what volume to keep on the shelf. This sequence has played out with other vaccines subsequently introduced in UIP. India-made Haemophilus influenzae b (Hib), pentavalent (DPT-HBV-Hib) and rotavirus vaccines, all in UIP now—again at only fractions of the prices we would have paid if they were imported at international market rates.

Read more: http://www.huffingtonpost.in/dr-t-jacob-john/why-immunisation-is-not-an-expense-but-an-investment/?utm_hp_ref=in-blogs

IN THE POLICIES

The Payment of Wages (Amendment) Bill, 2017

- The Payment of Wages (Amendment) Bill, 2017 was introduced in Lok Sabha on February 3, 2017 by the Minister of Labour and Employment, Mr. Bandaru Dattatreya. The Bill amends the Payment of Wages Act, 1936.
- The Bill replaces the Payment of Wages Ordinance, 2016 which was promulgated on December 28, 2016.
- Method of payment of wages: Under the 1936 Act, all wages must be paid either in coin or currency notes, or both. However, the employer may pay his employee's wages either by cheque or by crediting it into his bank account, after obtaining his written authorisation.
- The Bill amends the 1936 Act to permit the employer to pay an employee's wages: (i) in coin or currency notes; or (ii) by cheque; or (iii) by crediting them into his bank account. The Bill removes the requirement of obtaining written authorisation for payment of wages by cheque or through a bank account.
- However, the relevant central or state government may specify certain industrial

or other establishments where the employer should pay his employees only by: (i) cheque; or (ii) crediting the wages in his bank account.

Read more : <http://www.prsindia.org/uploads/media/Payment%20of%20Wages/Bill%20Summary%20-Payment%20of%20Wages%20%28Amendment%29%20Bill,%202017.pdf>

Medical Devices Rules, 2017 notified

The Ministry of Health and Family Welfare has notified Medical Devices Rules, 2017.³⁴ The rules have been framed in conformity with Global Harmonisation Task Force (GHTF) framework and conform to best international practices. The purpose of the GHTF is to encourage a convergence in standards and regulatory practices related to the safety, performance and quality of medical devices. The rules aim to: (i) remove regulatory bottlenecks, (ii) facilitate ease of doing business, and (iii) ensure availability of better medical devices for patient care and safety.

Key features of the rules are as follows:

- Classification according to level of risk: Medical devices will be classified as Class A (low risk), Class B (low moderate risk), Class C (moderate high risk) and Class D (high risk). The manufacturers of medical devices will be required to meet risk proportionate

regulatory requirements that are specified in the Rules.

- No requirement of periodic renewal: Requirement of periodic renewal of licences has been removed. As a result, manufacturing and import licences will remain valid till these are suspended, cancelled or surrendered.
- Third party conformity assessment and certification: Notified Bodies will be allowed to undertake third party conformity assessment and certification. Any institute, organisation or body corporate may seek accreditation as a Notified Body by applying to the National Accreditation Body (NAB). NAB will undertake verification and assessment of medical device manufacturers of Class A and Class B category. NAB may also render assistance for regulation of Class C and Class D medical devices.
- Regulation of clinical trials of new devices: Conduct of clinical trials for new devices must aim to ensure: (i) patient safety and welfare, and (ii) discovery of new medical devices. Medical management and compensation will be provided to the subjects of clinical trial in accordance with the predefined criteria.

Read more : <http://www.prsindia.org/administrator/uploads/general/1493631639~~MPR-%20February%202017.pdf>



IN THE PARLIAMENT

LOKSABHA UN STARRED QUESTION NO. 3802 TO BE ANSWERED ON 24th MARCH, 2017

ALLOCATION TO FAMILY PLANNING

SHRI SUBHASH PATEL:

SHRI HARISH MEENA:

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

- the details of the total budget allocated to family planning via family welfare and National Health Mission during the current financial year;
- the total expenditure State-wise and item-wise registered in the previous financial year 2016;
- whether the Government has increased or proposed to increase the budget allocation to spacing methods since three new methods have been introduced such as injectable contraceptive, centchroman and progestin (only pills) in the basket of choice; and
- if so, the details in this regard?

ANSWER

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI FAGGAN SINGH KULASTE)

(a) & (b): Under National Health Mission (NHM), family planning is one of the major activities like other activities. The funds are approved activity-wise but are allocated/released to States pools-wise under NHM. Hence, a statement indicating SPIP (State Programme Implementation Plan) Approval and Expenditure towards the activity family planning under NHM State-wise during the previous year and current financial year is enclosed at Annexure.

(c) & (d): Government has introduced new contraceptives recently and the same is being rolled out in all States/UTs. Additional budgetary provision has been made in State NHM PIP (Programme Implementation plan) for the F.Y. 2017-18. Further, the Government has also proposed to increase the budget allocation under NHM to Ministry of Finance.

ANNEXURE

Statement showing State/UTs wise SPIP Approval and Expenditure under the component Family Planning under NHM for the FY 2015-16 and 2016-17

Rs. In Lakhs

S.No.	State	2015-16		2016-17	
		SPIP Approval	Family Planning Expenditure	SPIP Approval	Expenditure
A. High Focus States					
1	Bihar	12406.44	9712.20	12304.23	2389.63
2	Chattisga rh	2510.94	1952.12	3318.27	1124.44
3	Himachal Pradesh	631.08	436.69	484.75	111.86
4	Jammu & Kashmir	665.04	179.95	992.10	96.09
5	Jharkhand	5479.40	3470.12	4265.55	1254.93
6	Madhya Pradesh	11191.95	11915.66	13374.48	4260.02
7	Orissa	4162.85	3504.57	4313.45	1799.87
8	Rajasthan	10525.06	7946.13	10552.32	4811.89
9	Uttar Pradesh	16183.07	6097.80	18443.02	3332.81
10	Uttarakhand	1012.59	963.32	557.11	321.09
	Sub Total	64768.42	46178.56	68605.28	19502.63
B. NE States					
11	Arunachal Pradesh	119.80	43.96	142.86	60.94
12	Assam	3849.95	2174.57	3932.73	1340.96
13	Manipur	296.97	54.24	282.13	39.27
14	Meghalaya	136.90	125.26	234.73	41.83
15	Mizoram	199.81	76.25	138.50	40.24
16	Nagaland	123.16	106.42	132.11	27.01
17	Sikkim	28.91	10.53	32.50	12.43
18	Tripura	304.01	133.76	385.57	68.46
	Sub Total	5059.51	2724.98	5281.13	1631.14
C. Non-High Focus States					
19	Andhra Pradesh	3563.84	3289.15	3270.16	1404.10
20	Goa	60.89	14.49	52.05	9.28
21	Gujarat	6814.86	6576.99	6909.52	3751.08
22	Haryana	2595.94	1865.75	2485.41	773.38
23	Karnataka	3256.22	2295.89	3896.59	1978.53
24	Kerala	536.73	310.75	510.51	167.52
25	Maharashtra	4914.24	3240.49	6261.90	1844.69
26	Punjab	861.72	911.52	948.45	389.25
27	Tamil Nadu	3054.29	2665.83	3334.40	1609.35
28	Telangana	2674.99	1086.31	2776.14	570.14
29	West Bengal	3700.19	2794.84	3440.48	1219.79
	Sub Total	32033.91	25052.00	33885.61	13717.11
D. Small States/UTs					
30	Andaman & Nicobar Islands	54.38	11.23	71.28	8.20
31	Chandigarh	34.21	14.35	33.77	6.27
32	Dadra & Nagar Haveli	68.86	13.76	95.08	6.80
33	Daman & Diu	20.08	0.89	15.62	0.29
34	Delhi	436.90	197.38	432.12	92.40
35	Lakshadweep	5.74	0.66	7.03	0.41
36	Puducherry	66.80	51.02	102.27	53.25
	Sub Total	686.97	289.29	757.17	167.63
	Grand Total	102548.81	74244.83	108529.19	35018.52

Note:

- SPIP- State Programme Implementation Plan
- Expenditure includes expenditure against central Release, state release & unspent balances at the beginning of the year. Expenditure for the F.y. 2016-17 is updated upto 31.12.2016.
- The above data of Family Planning is comprises of Female Sterilisation, NSV camps, Compensation for male & female sterilisation, Spacing Methods, RMNCH/FP Counselors (HR), 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.
- Above figures are as per FMR submitted by the State/UTs



IN OUR STATES

Boys must be sensitised about menstruation: Sisodia



At a time when the topic of menstruation continues to be discussed in hushed tones, sensitising boys, more than girls, is the need of the hour, Delhi Deputy Chief Minister Manish Sisodia said on Monday. Speaking at the inaugural edition of National Menstrual Conclave, he highlighted the role of education system in instilling awareness about menstruation and menstrual hygiene in young boys and girls alike. “The schools have become places within four walls where kids consume education. But, schools can play an important role in normalising issues that have become taboos over the years.

“It shows our lack of communication that a simple bodily function has become a taboo.

Boys, more than girls, need to be taught about it. So the girls and women can find a support system around them and not feel alienated,” Sisodia said. The minister also said there was an urgent need for an overhaul of school system and mindset till the mention of menstruation is not frowned upon.

Read more : <http://www.millenniumpost.in/delhi/delhi-243325>

Rajasthan: 600 more health centres to be converted into model units

JAIPUR: Six hundred more primary health centres will be converted into Model primary health centres (PHC) in the state. The model PHCs are amalgamation of allopathy, yoga and Ayurveda. Patients get all such facilities are provided to the patients under one roof.

Officials said that the model PHCs inaugurated in all 295 blocks of the state on August 15 last year have received good response. The registration at outpatient department has increased by 28% in past seven months in the existing model PHCs.

Also, officials pointed out institutional deliveries (child births) have increased by 5% in the model PHCs.

Read more: <http://timesofindia.indiatimes.com/city/jaipur/600-phcs-to-be-converted-into-model-centres/articleshow/58795259.cms>

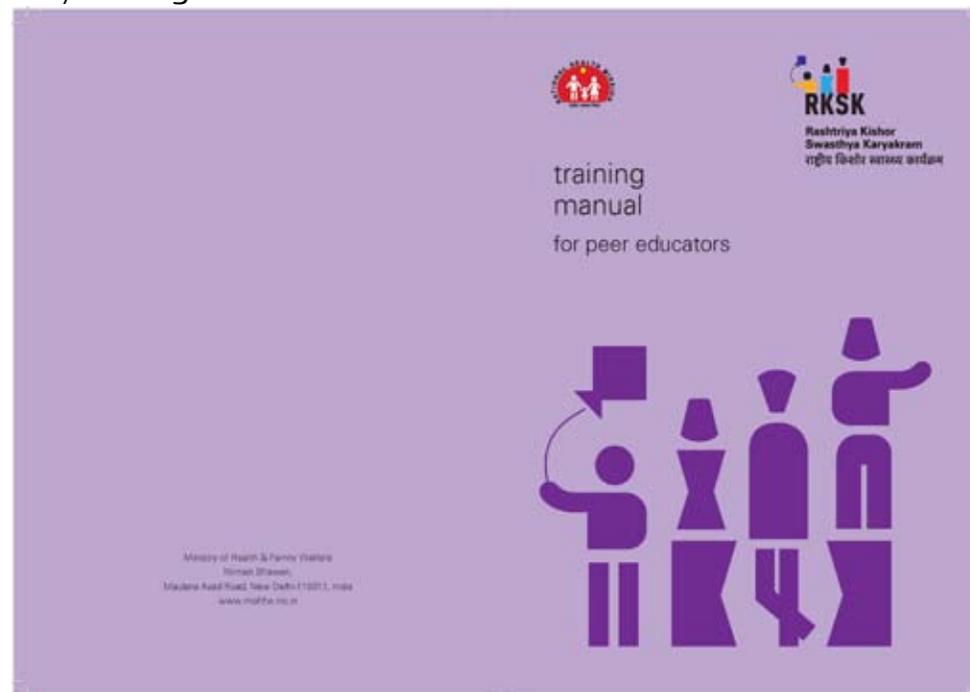


ON THE ONLINE SHELF



<http://unicef.in/Video/9/Louis-Georges-Arsenault-UNICEF-Representative-to-India-on-RTE->

<http://nhm.gov.in/nrhm-components/rmnch-a/adolescent-health-rksk/training-material.html>



<http://nhm.gov.in/nrhm-components/rmnch-a/adolescent-health-rksk/training-material.html>