Health, Nutrition & Family Welfare Division

The main functions of the Division are: -

1. Evolving policy and strategy guidelines pertaining to:

    i) Infrastructure and manpower, disease control programmes';

    ii) Family welfare programme; and

    iii) Initiatives to improve nutritional status of the population.

2. Monitor changing trends in the life style, disease profiles and plan for future strategies for tackling these emerging problems.

3. Examine current policies, strategies and programmes in health, nutrition and family welfare, both in the State and in the Central sector.

4. Suggest methods for improving efficiency and quality of services.

5. Draw up short, medium and long-term perspectives and goals for each of these sectors

Brief on the functions of Health, & Family Welfare Division

The functions of Health & Family Welfare Division have evolved over the Plan periods based on the goals envisaged in the Five Year Plans.

The focus of health policies upto 5th Five year Plan was on Control of communicable diseases- TB. Malaria etc; RCH Programmes and population control, self sufficiency in drugs and equipments.

From 6th Plan onwards health policies aimed at improving health infrastructure in the rural areas augmenting health human resources. The National Health Policy 2002 aims at achieving an acceptable standard of health for the general population of the country. Keeping in line with this broad objective, the Eleventh Five Year Plan had set upon itself the goal of achieving good health for people, especially the poor and the underprivileged. To achieve the objective, a comprehensive approach was advocated, which included improvements in individual health care, public health, sanitation, clean drinking water, access to food and knowledge of hygiene and feeding practices.

To achieve this goal, time bound goals were set for the XI Plan period which are:

- Reducing Maternal Mortality Ratio (MMR) to 1 per 1000 live births.
- Reducing Infant Mortality Rate (IMR) to 28 per 1000 live births.
- Reducing Total Fertility Rate (TFR) to 2.1.
- Providing clean drinking water for all by 2009 and ensuring no slip- backs.
- Reducing malnutrition among children of age group 0-3 years to half its present level.
- Reducing anaemia among women and girls by 50%.
- Raising the sex ratio for age group 0-6 to 935 by 2011-12 and 950 by 2016-17.

Though, there has been progress on all these fronts, except child sex ratio, the goals have not been fully met. Low public spending on health (1% of GDP), high out-of-pocket payments (71%) is leading to impoverishment of people. The major thrust in this direction is the National Rural Health Mission (NRHM) which aims at major qualitative improvements in standards of public health and health care in the rural areas through strengthening of institutions, community participation, decentralization and innovative methods of reaching all habitations. Simultaneously, provision of tertiary health care and increasing health human resources to ensure availability of larger number of health care providers has engaged the attention of the planners during the XI Plan.

Planning Commission has constituted a High Level Expert Group (HLEG) on universal health coverage, seven Working Groups and Two Steering Committees to define the appropriate strategy for the Health sector for the XII Plan. The Report of High Level Expert Group (HLEG) for universal health coverage; Reports of the Steering committee on AYUSH & Health

as well as reports of the seven working groups constituted for the formulation of XII Plan have been placed on the website of the Planning Commission. (http://planning commission. gov. in)

The Steering Committee on Health has identified following problem with the Health Sector:

Identifying Structural Problems: The health care system in the country suffers from inadequate funding. There are several structural problems too, like, the lack of integration between disease control and other programmes in the social sector, sub-optimal use of traditional systems of Medicines, weak regulatory systems for drugs as well as for medical practice, and poor capacity in public health management. A sound health system also requires the active participation of communities in preventive and promotive health care, on which the progress has been uneven.

National Health Outcome Goals for the 12th Plan: The Steering Committee on Health in its Report has recommended health system for the 12th Plan should prioritize the making of the system responsive to the needs of citizens, and the attainment of financial protection for the health care of households. More specifically, the national health outcome goals, which are meant to reflect the broader commitments during the 12th Plan should be the following:

Reduction of Infant Mortality Rate (IMR) to 25: At the past rate of decline of 2 points per year, India is projected to have an IMR of 38 by 2015 and 34 by 2017. An achievement of the MDG of reducing IMR to 27 by 2015 would require further acceleration of this historical rate of decline. If this accelerated rate is sustained, the country can achieve an IMR of 25 by 2017.

Reduction of Maternal Mortality Ratio (MMR) to 100: At the recent rate of decline of 5.5% per annum India is projected to have an MMR of 143 by 2015 and 127 by 2017. An achievement of the Millennium Development Goal (MDG) of reducing MMR to 109 by 2015 would require an acceleration of this historical rate of decline. At this accelerated rate of decline, the country can achieve an MMR of 100 2017

Reduction of Total Fertility Rate (TFR) to 2.1: India is on track for the achievement of a TFR target of 2.1 by 2017, which is necessary to achieve net replacement level of unity, and realize the long cherished goal of the National Health Policy, 1983 and National Population Policy of 2000.

Prevention and reduction of underweight children under 3 years to 23%: Underweight children are at an increased risk of mortality and morbidity. At the current rate of decline, the prevalence of underweight children is expected to be 29% by 2015, and 27% by 2017. An achievement of the MDG of reducing undernourished children under 3 years to 26% by 2015 would require an

acceleration of this historical rate of decline. If this accelerated rate is sustained, the country can achieve an under 3 child undernutrition level of 23% by 2017. This particular health outcome has a very direct bearing on the broader commitment to security of life, as do MMR, IMR, anaemia and child sex ratio.

Prevention and reduction of anaemia among women aged 15-49 years to 28%: Anaemia, an underlying determinant of maternal mortality and low birth weight, is preventable and treatable by a very simple intervention. The prevalence of anaemia has shown a rising trend (58.8% in 2007, DLHS), which needs to be reversed and steeply reduced to 28%, which is half the current levels, by the end of the 12th Plan.

Raising child sex ratio in the 0-6 year age group from 914 to 935: Like anaemia, child sex ratio is another important indicator which has been showing a deteriorating trend, and needs to be targeted for priority attention.

Prevention and reduction of burden of Communicable and Non-Communicable diseases (including mental illnesses) and injuries: State wise and national targets for each of these conditions will be set by the Ministry of Health and Family Welfare (MoHFW) as robust systems are put in place to measure their burden. Broadly, the goals of communicable diseases shall be as indicated as in the Table

National Health Goals for Communicable Disease

Disease	12th Plan Goal
Tuberculosis	Reduce annual incidence and mortality by half
Leprosy	Reduce prevalence to < 1/10,000 pop. and incidence to zero in all districts,
Malaria	Annual Malaria Incidence of < 1/1000
Filariasis	<1% microfilaria prevalence in all districts
Dengue	Sustaining case fatality rate of <1%
Chikungunya	Containment of outbreaks
Japanese Encephalitis	Reduction in JE mortality by 30%
Kala-azar	<1% microfilaria prevalence in all districts
HIV/AIDS	Reduce new infections to zero and provide comprehensive care and support to all persons living with HIV/AIDS and treatment services for all those who require it.

Reduction of poor households' out of pocket expenditure: Out of pocket expenditure on health care is a burden on poor families, leads to impoverishment and a regressive system of financing. Increase in public health spending to 2.1% of GDP by the end of the 12th Plan, cost free access to essential medicines in public facilities, regulatory measures proposed in the 12th Plan are likely to lead to increase in share of public spending. The 12th Plan measures will also aim to reduce out of pocket spending as a proportion of private spending on health.

The other work of the Division includes:

To review the commitments and make a balanced assessment of the progress in the Five year Plan/ Annual Plans etc., in addition to analysis of sectoral data, review of official documents and other reports, consultations with the experts in the field, nodal departments of the implementing Ministries as well as the State departments dealing with the subject.

The Division has the responsibility of:

- Evolving policy and strategy guidelines pertaining to Health & Family Welfare, Health Research, AIDS Control and AYUSH with a special reference to the flagship programme, the National Rural Health Mission (NRHM).
- Monitoring changing trends in the health sector viz., epidemiological, demographic, social and managerial challenges.
- Examining current policies, strategies and programmes in health & family welfare, both in the State and in the Central sector and suggest appropriate modifications /mid course corrections.
- Suggesting methods for improving efficiency and quality of services.
- Evolving priorities for basic, clinical and operational research essential for improving health status of population/and achieving rapid population stabilization.
- Looking into inter-sectoral issues and evolving appropriate policies and strategies for convergence of services so that the population benefits optimally from on-going programmes.
- Drawing up short, medium and long term perspectives and goals for each of these sectors.

The Division represents the Planning Commission in:

- Various committees of Department of Health & Family Welfare, AYUSH and Ministry of Women & Child Development.
- EFC/SFC pertaining to Department of Health & Family Welfare, Department of AYUSH, Department of Health Research and Department of AIDS Control and Ministry of Women & Child Development.
- Scientific Advisory Groups of Indian Council of Medical Research, National Institute of Health & Family Welfare, Public Health Foundation of India, etc.

- Expert Panels are set up from time to time to advise the Planning Commission regarding the priorities and targets in the Plans and Programmes related to Health, FW and Nutrition- the resources including manpower and material required, the training programmes to be initiated, standards of construction and equipment for health facilities and the development of health research etc.

Working Group Discussions

The Health & Family Welfare Division conducts detailed (Working Group) discussions with all States/UTs as well as the Central Ministry of Health & Family Welfare for the Annual Plans. The performance, problems faced and new initiatives in the Health to enhance outlays to 2-3% of GDP. States were encouraged to enhance outlays in respect of Health Sector in their annual plans for providing health care services to the common man. The Annual Plan outlay of Ministry of Health and Family Welfare for 2012-13 has been increased.

One activity running throughout the year under review, related to continuation of Plan schemes, viz, granting of 'in principle' approval and examining the SFC/ EFC/ CCEA proposals in respect of the schemes of the Ministry of Health and Family Welfare.