

Ministry of Health & Family Welfare

Initiatives & Achievements-2024

1. Ayushman Bharat:

Ayushman Bharat comprises of four components:

a. Ayushman Arogya Mandir

The first component pertains to creation of 1,50,000 Health and Wellness Centres (AB-HWCs), now renamed as *Ayushman Arogya Mandir*, by upgrading the Sub Health Centres (SHCs) and rural and urban Primary Health Centres (PHCs), in both urban and rural areas, to bring health care closer to the community. These centres aim to provide Comprehensive Primary Health Care (CPHC), by expanding and strengthening the existing Reproductive & Child Health (RCH) and Communicable Diseases services and by including services related to Non-Communicable Diseases (common NCDs such as, Hypertension, Diabetes and three common cancers of Oral, Breast and Cervix) and incrementally adding primary healthcare services for mental health, ENT, Ophthalmology, Oral health, Geriatric and Palliative care and Trauma care as well as health promotion and wellness activities like yoga.

Comprehensive Primary Health Care (CPHC) through Ayushman Arogya Mandir – Ayushman Bharat aims to holistically address health (covering preventive, promotive, curative, rehabilitative and palliative care), at primary, secondary and tertiary level by adopting a continuum of care approach. In the lifetime of an individual, the primary healthcare services cater to 80- 90% of the healthcare needs for improved healthcare outcomes and quality of life of the population.

The Primary Health Care team ensures that community outreach and population enumeration are done for individuals in their catchment area and screened for communicable diseases and non-communicable diseases for early detection and timely referral for accurate diagnosis. The team further ensures that treatment adherence and follow-up care are provided to the patients in the community. The essential health services along with the provisioning of essential medicines and

diagnostics are provided closer to the community through these centres, as a step towards building stronger and resilient primary healthcare systems which cater to the healthcare needs of the population.

Achievement and Service Delivery at Ayushman Arogya Mandir:

- As on 30.11.2024, 1,75,338 Ayushman Arogya Mandirs (AAM) have been operationalized with expanded package of 12 services and teleconsultation facilities available with footfall of 360 crore and 30.75 crore teleconsultations.
- Till date, 55.66 crore screenings have been done for hypertension and 48.44 crore screenings done for diabetes. Similarly, there have been 32.80 crore screenings for oral cancer, 14.90 crore screenings for cervical cancer in women and more than 10.04 screenings for breast cancer in women.
- Further, as on 21st November, 2024, a total of 4,45,15,493 crore Yoga/wellness Sessions have been conducted in operational Ayushman Arogya Mandir.

b. Ayushman Bharat PM-JAY:

- The second pillar of Ayushman Bharat is the Pradhan Mantri - Jan Arogya Yojana (AB PM-JAY), the largest publicly funded health assurance scheme in the world which provides health cover of Rs. 5 lakhs per family per year for secondary and tertiary care hospitalization.
- Currently, 55 Crore individuals corresponding to 12.37 Crore families are covered under the scheme. Many States/UTs implementing AB PM-JAY have further expanded the beneficiary base, at their own cost.
- Approximately 37.19 lakhs ASHA, AWWs, and AWH were included under AB PM-JAY scheme from February 2024.
- As of 30th November 2024, approximately 36 Crore Ayushman Cards have been created since the inception of the scheme, out of which, approximately 7.40 crore Ayushman Cards have been created during the current year 2024 (Jan -Dec 2024).
- As of 30th November, 2024, a total of 8.39 crore hospital admissions amounting to Rs. 1.16 lakh crores have been authorized under the scheme, of which 1.62 crore hospitals admissions worth over Rs. 25,000 crores have been authorized during the year 2024 (April-November'2024).

- A total of 29,929 hospitals including 13,222 private hospitals have been empanelled under AB PM-JAY to provide healthcare services to scheme beneficiaries.
- AB PM-JAY has ensured gender equity in access to healthcare services.
- Women account for approximately 49% of the total Ayushman cards created and approximately 48% of total authorized hospital admissions.
- On 29th October 2024, Prime Minister launched “Ayushman Vay Vandana card” under which all senior citizens of age 70 years and above will be provided all the benefits of AB PM-JAY irrespective of the socio-economic status. It is estimated around 4.5 crore families constituting around 6 crore individuals will be covered through this expansion of AB PM-JAY. 32,45,705 people have enrolled for Ayushman Vay Vandana Card so far.
- An Android based ‘Ayushman App’ has been launched by National Health Authority wherein self-verification feature for beneficiaries has been enabled. The app has been developed using latest technology and provided different modes of authentication i.e. face-auth, OTP, IRIS, and fingerprint for Ayushman Card creation. This ensures that any mobile device can be used for Ayushman card creation.

c) Pradhan Mantri Ayushman Bharat Health Infrastructure Mission (PM-ABHIM):

The third pillar is the Pradhan Mantri Ayushman Bharat Health Infrastructure Mission, PM-ABHIM) with an outlay of about Rs. 64,180 Cr. It was launched by Prime Minister on 25th October, 2021, to be implemented during the scheme period from FY 2021-22 to FY 2025-26. This is the largest pan-India scheme for strengthening healthcare infrastructure across the country. The measures under the scheme focus on developing capacities of health systems and institutions across the continuum of care at all levels viz. primary, secondary and tertiary and on preparing health systems in responding effectively to the current and future pandemics/disasters.

The Pradhan Mantri Ayushman Bharat Health Infrastructure Mission targets to build an IT enabled disease surveillance system by developing a network of surveillance laboratories at block, district, regional and national levels, in Metropolitan areas & strengthening health units at the Points of Entry, for effectively detecting, investigating, preventing, and combating Public Health Emergencies and Disease Outbreaks.

Increased investments are also targeted to support research on COVID-19 and other infectious

diseases, including biomedical research to generate evidence to inform short-term and medium-term response to COVID-19 like pandemics and to develop core capacity to deliver the One Health Approach to prevent, detect, and respond to infectious disease outbreaks in animals and humans.

Progress so far:

- Under Strengthening Surveillance of Infectious Diseases and Outbreak Response being implemented by National Centre for Disease Control (NCDC); 26 NCDC State branches, 5 NCDC Regional branches, 10 Biosafety Level- 3 laboratories and 20 Metropolitan Surveillance Units are under various stages of establishment.
- Under Strengthening Surveillance Capacity at Points of Entry being implemented by PH(IH) Division, DteGHS, MoHFW; 13 Quarantine Centres are in various stages of establishment/ renovation at major international airports.
- Critical Care Hospital Blocks started in 10 Central Hospitals.
- For Bio-security preparedness and pandemic research and multi-sector, National institution and Platform for One Health, 4 new BSL-3 and 2 BSL-4 laboratories are under construction.
- 2 Mobile BSL-3 labs operationalised and also been used for Nipah outbreak in Kerala.
- Construction of National Institutes having Biosafety Level (BSL) -3/4 Lab: Construction started at ICMR-National Institute of Virology's (NIV) Dibrugarh, Bengaluru, Jabalpur and at ICMR-National Institute of Translational Virology & AIDS Research (NITVAR) Pune.
- 2 Mobile BSL-3 labs under use, deployed in Nipah outbreak in Kerala for on-spot diagnosis reducing testing time from 48 hours to 3 hours.
- Virus Research and Diagnostic Laboratory (VRDL's) being upgraded to BSL-3 AIIMS, Raipur, AIIMS, Rajkot, AIIMS Bibinagar, GMC, Kota
- Six VRDLs have been inducted for conversion into Infectious Diseases Research and Diagnostic Laboratories (IRDLS), expanding their scope to include research and diagnosis of bacterial, fungal, and parasitic diseases, in addition to viral infections.
- i Drone Initiative of ICMR successfully demonstrated delivery of covid vaccines, samples, drugs and blood bags.

d) Ayushman Bharat Digital Mission-ABDM:

The Ayushman Bharat Digital Mission (ABDM), launched in September 2021, is an initiative of the Government of India aims at building a citizen-centric interoperable digital health ecosystem. With ABDM, citizens can securely store and access their medical records (e.g., prescriptions, diagnostic reports, discharge summaries) and share them with healthcare providers after their consent. This enables the creation of a longitudinal health history, ensuring continuity of care. Citizens will have access to accurate and verified information about health facilities and service providers. Through these initiatives, ABDM aims to make healthcare more accessible.

The core components of ABDM's technological architecture include four registries for providing a trustable identity across healthcare stakeholders in the ecosystem: Ayushman Bharat Health Account (ABHA) for citizens, Healthcare Professional Registry (HPR), Health Facility Registry (HFR) and the Drug Registry. Additionally, three gateways facilitate seamless healthcare information exchange ensuring interoperability: Health Information Consent Manager (HIE-CM), the National Health Claims Exchange (NHCX), and Unified Health Interface (UHI).

Achievement of ABDM: As on 16th December, 2024

- A. Ayushman Bharat health accounts created: 71.52 crore
- B. Healthcare professionals are registered under Ayushman Bharat Digital Mission: 5,42,132
- C. Health facilities registered under ABDM: 3,55,072
- D. Health Records Linked with ABHA: 46.25 crore.

2. Immunization- U-WIN digital platform

The **U-WIN (Universal Immunization Programme–WIN)** was launched for nationwide use by the **Prime Minister on 29th October 2024**. It is a digital platform for recording and tracking administration of 11 life-saving vaccines provided to Pregnant Women and Children (from birth to 16 years) under the Universal Immunization Programme. The initial pilot of U-WIN was conducted across 63 districts in 35 States/UTs followed by the nation-wide roll-out.

The portal helps improve the efficiency of the immunization campaign and reduce the number of children who are left out by allowing ‘Anytime Access’ and ‘Anywhere’ vaccination and offering flexible scheduling options for recipients.

As on 15th December 2024, 7.90 crore beneficiaries have been registered, 1.32 crore vaccination sessions have been held and 29.22 crore administered vaccine doses have been recorded on U-WIN.

3. Global recognition of India’s National TB Elimination Programme (NTEP)

India’s dedicated journey towards tuberculosis (TB) elimination has been recognized globally. The progress towards TB elimination as reflected in the Global TB Report 2024 are as under:

- The incidence rate of TB in India has shown a 17.7% decline from 237 per 100,000 population in 2015 to 195 per 100,000 population in 2023.
- India’s commitment to end-TB related deaths has been appreciated and the Global TB Report 2024 documents that TB deaths reduced by 21.4% from 28 per lakh population in 2015 to 22 per lakh population in 2023.
- Access to TB treatment and coverage in India increased by 32% in last eight years from 53% in 2015 to 85% in 2023.

TB Mukh Bharat – 100 Days Intensified Campaign: Government has launched a 100 Days Intensified Campaign for TB elimination on 7th December 2024. This will culminate on World TB Day on 24th March 2025. The campaign will cover 347 selected high priority districts across 33 States/UTs and will involve a comprehensive strategy to mobilise resources, raise awareness and intensify actions against TB across all prioritized districts. The districts have been prioritized based on high death rate, low testing and high incidence / prevalence of TB.

The campaign activities involve active TB case finding in vulnerable populations, early diagnosis, prompt treatment initiation and linkage to nutritional care. The campaign activities will be implemented through a concerted and converged approach. As a Janbhagidri Campaign, this will solicit active support of public representatives and all community stakeholders.

- TB Notifications:** The overall notification of TB cases has improved by 64% over the last 9 years, from 2014 to 2023. The missing TB cases had reduced from 10 lakhs in 2015 to 2.5 lakhs in 2023. India notified 24.2 lakh TB cases in 2022 which was higher than the pre-COVID level of 2019. In 2023, a total of 25.52 lakh and in 2024 (till October), 21.69 lakh TB patients have been notified.
- Private Sector Notification:** With a focused and targeted engagement with the private sector through interventions like Patient Provider Support Agency (PPSA), gazette notification for mandatory notification of TB cases, incentives for notification of cases and collaborations with professional bodies like IMA, IAP, FOGSI, etc., there has been an increase in private sector notification by more than 7 times over the past 8 years. In 2022 and 2023, the country was able to notify 7.33 lakh and 8.44 lakh TB cases (highest ever) respectively accounting for 30% and 33% of total notifications. In 2024 (Jan-Oct), 7.91 lakh cases have been notified from private sector contributing to 36% of total notifications. The innovative private sector models have been global best practices.
- Introduction of newer anti-TB drugs – Bedaquiline, Delamanid:** Shorter, safer oral Bedaquiline-containing MDR-TB regimens have been rolled out pan-India across all states and UTs. These drugs are given to multi-drug-resistant TB patients with or without resistance to fluoroquinolones. In 2023, a total of 63,929 MDR/RR-TB diagnosed and among them 58,527 (92%) patients were initiated on treatment. A total of 29,990 patients were initiated on the longer oral M/XDR-TB regimen (18-20 months) and 20,566 patients were initiated on the shorter MDR/RR-TB regimen (9-11 months). Among the MDR/RR-TB patients initiated on treatment in 2021, 74% were successfully treated. Further, the introduction of shorter oral MDR-TB regimen has improved treatment success rates of drug-resistant TB patients from 68% in 2021 to 75% in 2022.
Further in September 2024, Union Health Ministry approved introduction of new shorter and more efficacious treatment regimen (BPaLM) for drug-resistant TB in India. BPaLM regimen consisting of four-drug combination – Bedaquiline, Pretomanid, Linezolid and Moxifloxacin, has been proven to be safe, more effective and a quicker treatment option than the previous MDR-TB treatment procedure. This has reduced the treatment duration from 9-12 months to just 6 months for drug-resistant TB.
- TB Treatment Success Rate:** Over the last 9 years, despite one-third of notifications coming from the private sector, the programme was able to sustain a treatment success rate of above 80%. The success rate has increased to 83%, 85.5% and 87.6% in 2021, 2022 and 2023 respectively. In 2024 (Jan-Oct), the achievement so far is 88.3%.

5. **Nikshay Poshan Yojana:** Undernutrition is an important risk factor for TB, the Government introduced a scheme of Nikshay Poshan Yojana (NPY) in April 2018 for providing Rs 500/month as DBT to support the nutrition of TB patients for the entire duration of treatment. With effect from 1st November 2024, the government has decided to enhance the incentive to TB patients from Rs 500 to Rs 1000 per month per patient, through DBT for the entire duration of treatment. Since April 2018 till Oct 2024, Rs 3286.40 Cr have been provided to over 1.16 Cr beneficiaries cumulatively.
6. **Active Case Finding:** For reaching out to missing TB patients, the Government has begun systematic active TB case finding in high-risk groups. The programme has proactively conducted house-to-house searches of TB cases among these vulnerable populations. This includes people living with HIV, diabetics, undernourished, residential institutes like prisons, asylums, old age homes, orphanages, tribal areas, and marginalized populations. This activity has resulted in the diagnosis of an additional 3 lakh TB cases over past 6 years.
7. **Infrastructure Scale-Up:** There has been a huge infrastructure scale-up of TB laboratory services. Designated Microscopy Centers (DMCs) have increased by 80% (13583 in 2014 to 25530 in 2024) over the past 10 years and 8293 new molecular diagnostic laboratories have been established till now. The number of drug-resistant TB treatment centers has increased from 127 in 2014 to 826 in 2024.
8. **Sub National disease-free certification:** To monitor the trends of the TB Epidemic at the State/UTs/District level, the ministry has introduced a novel initiative of estimating disease burden through a methodology of community-level survey (Inverse sampling methodology) and tracking drug sales data in the private sector and measuring the level of under-reporting to the programme. Through this methodology, State/UTs/District level estimates of TB disease are derived and measured against the baseline of 2015.
9. **Ni-kshay Mitra Initiative:** Pradhan Mantri TB Mukta Bharat Abhiyaan/Nikshay Mitra Initiative was launched by the Honorable President of India on September 9, 2022, with the objectives to provide additional support to TB patients in order to improve treatment outcomes, augment community involvement and leverage Corporate Social Responsibility (CSR) activities. The progress under this initiative as on 9th December 2024 is as follows:
 - Ni-Kshay Mitra registered: 1.79,677
 - TB patients on treatment: 15.76 lakhs
 - TB patients consented to receive community support: 11.97 lakhs
 - Commitment by Ni-kshay Mitra for TB patients: 11.95 lakhs

- Number of food baskets distributed (all time period): 22.31 lakhs

Further, to address the under-nutrition related vulnerability to TB among family members of TB patients, Nikshay Mitra initiative under PMTB MBA has been expanded recently to include the family members (household contacts).

Achievements 2024

Indicators	2024 (Jan-Oct)
TB Notification (Lakhs)	21.69
TB Notification- Private Sector (Lakhs)	7.91
TB Treatment Success Rate	88.3%
Nikshay Poshan Yojana – DBT (Lakhs) (Beneficiaries paid at least one benefit)	13.84
Active Case Finding (Additional Cases diagnosed)	50,620

*-Till Oct 2024

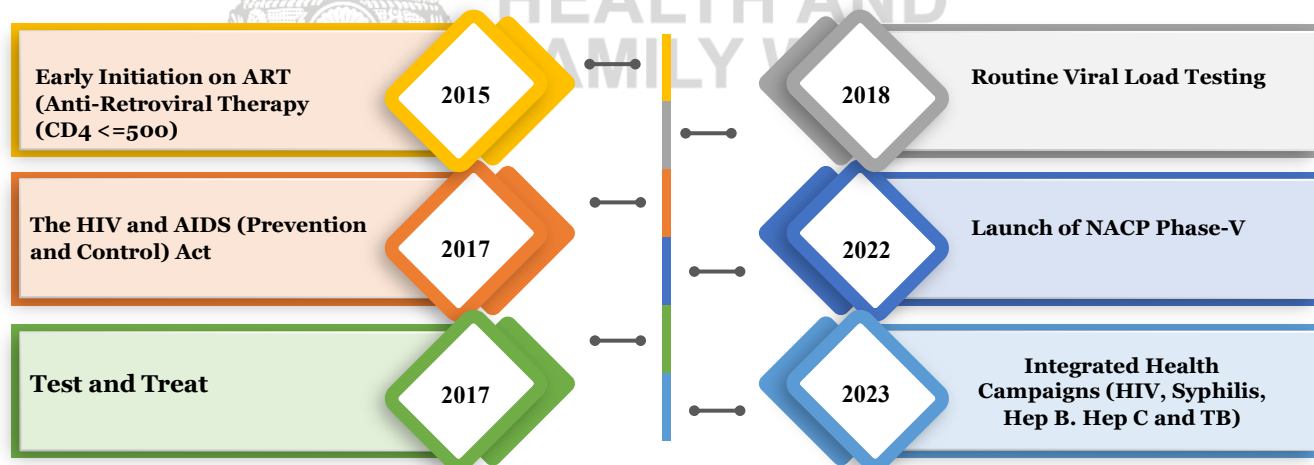
Infrastructure	2024
Designated Microscopy Centers	25530
Cartridge based Nucleic Acid Amplification Test (CBNAAT)/ Truenat	8293

4. National AIDS and STD Control Programme (Phase-V) :2023-26

The Government of India is currently implementing the phase-V of the National AIDS and STD Control Programme (NACP) as a Central Sector Scheme fully funded by the Government of India from 1st April 2021 to 31st March 2026 with an outlay of Rs 15,471.94 Crore. The NACP phase-V anchors the national AIDS and STD response in the country till 2025-26 towards the attainment of the United Nations' Sustainable Development Goal 3.3 of ending the HIV/AIDS epidemic as a public health threat through a comprehensive package of prevention, detection, and treatment services.

NACP phase-V builds upon the game-changer initiatives undertaken during phase-IV including HIV/AIDS Prevention and Control Act (2017), test and treat Policy, universal viral load testing, mission Sampark, community-based screening and transition to Dolutegravir-based treatment regimen (Figure 1). NACP phase-V introduces newer strategies consolidating and augmenting the gains to attain the stated goal by 2025-26.

Figure. Ten years of game changers (2014-2023)



- In 2024, more than **one crore persons from high-risk and bridge population groups** have been offered prevention services through targeted interventions and Link Worker Schemes in the country.

- Integrated campaign for screening STI, HIV, TB and Hepatitis-B&C (**ISHTH campaign**) among inmates of prisons and other closed settings (P&OCS) was successfully concluded in March 2024. Through ISHTH campaign, around **4.14 lakh inmates** were reached out through 2290 P&OCS institutions.
- In 2024, additional **100 Sampoorna Suraksha Kendra** have been established under NACP to provide single window services for the HIV-negative ‘at-risk’ population.
- Till October 2024, around **75 lakh persons were managed for sexually transmitted infections** through Suraksha Clinics under the programme.
- Around **5.5 crore HIV tests** have been conducted till October 2024; this included around **2.25 crore HIV tests of pregnant women**. In 2024, around 2.1 crore Syphilis tests have been done among pregnant women.
- As on October 2024, there were around **18.15 lakh People Living with HIV on anti-retroviral treatment** (including those in private sector). For treatment monitoring, around **12.75 lakh viral load tests** have been undertaken till October 2024.
- **Intensified IEC campaign** to increase awareness about HIV/AIDS was implemented during August to October 2024 in all States/UT, and reached out to more than **2.2 crore people**. The ‘*Ab Nahi Chalega*’ IEC campaign focused on reducing stigma associated with HIV under the overall umbrella of the HIV and AIDS (Prevention and Control) Act, 2017.
- **Index Testing Campaign** was implemented during April to October 2024, for HIV testing of eligible partners and biological children of HIV-positive individuals. It resulted in identification of 22,074 new HIV positive persons, who were linked to treatment centres.
- **Integrated Health Campaign (IHC)** was expanded in 2024 after a successful pilot in Arunachal Pradesh. IHC covered 73 districts in 12 states, and around 1,650 HIV positive cases, 1,802 TB cases, 2,813 Hepatitis-C cases, 700 Hepatitis-B cases, and 641 syphilis cases have been identified through this Campaign.
- On **World AIDS Day 2024**, Hon’ble Union Minister of Health and Family Welfare, Shri Jagat Prakash Nadda, presided over commemoration of the event in Indore, Madhya Pradesh. He emphasised the government's commitment to combat HIV/AIDS through NACP, and appreciated efforts of all stakeholders in India’s fight against HIV and STI.



5. Maternal Health

The Maternal Mortality Ratio (MMR) is defined as the number of maternal deaths during a given time period per 100,000 live births. As per the Special Bulletin on MMR released by the Registrar General of India (RGI), the Maternal Mortality Ratio (MMR) of India stands at 97/lakh live births. As per the statistics derived from Sample Registration System (SRS), the country has witnessed a progressive reduction in MMR from 130 in 2014-16, 122 in 2015-17, 113 in 2016-18, 103 in 2017-19 and to 97 in 2018-20. Upon achieving this, India has accomplished the National Health Policy (NHP) target for MMR of less than 100/lakh live births by 2020 and is on the right track to achieve the SDG target of MMR less than 70/lakh live births by 2030.

Eight states have achieved Sustainable Development Goal (SDG) target including Kerala (19), followed by Maharashtra (33), then Telangana (43) and Andhra Pradesh (45), subsequently Tamil Nadu (54), Jharkhand (56), Gujarat (57) and lastly Karnataka (69).

- i.) **Surakshit Matritva Aashwasan (SUMAN)**: provides assured, dignified, respectful and quality healthcare at no cost and zero tolerance for denial of services for every woman and newborn visiting the public health facility to end all preventable maternal and newborn deaths. **Till date, total 41,519 public health facilities have been notified under SUMAN.**
- ii.) **Maternal Perinatal Child Death Surveillance Response (MPCDSR)** software was launched by the Hon'ble Union health Minister of Health & Family Welfare in September 2021. The

primary goal of MPCDSR software is to eliminate preventable maternal mortality by obtaining and strategically using information to guide public health actions and monitoring their impact in terms of maternal and child mortality. **All States and UTs are reporting maternal deaths and reviews using MPCDSR portal.**

iii.) Midwifery Educator Training:

Midwifery initiative aims to create a pool of Nurse Practitioners in Midwifery skilled in accordance with competencies prescribed by the International Confederation of Midwives (ICM). **Till date, 8 National Midwifery Training Institutes (NMTIs) and 13 State Midwifery Training Institutes (SMTIs)** in the country are providing training for Midwifery Educators and Nurse Practitioner Midwifery.

iv.) Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA): Government of India launched “Pradhan Mantri Surakshit Matritva Abhiyan” (PMSMA) with an aim to provide fixed-day, free of cost, assured, comprehensive and quality antenatal care on the 9th day of every month, universally to all pregnant women in their 2nd / 3rd trimesters of pregnancy.

Extended PMSMA strategy was launched to ensure quality ANC to pregnant women, especially to high-risk pregnancy (HRP) women and individual HRP tracking till a safe delivery is achieved by means of financial incentivization for the identified high risk pregnant women and accompanying ASHA for extra 3 visits over and above the PMSMA visit. **Till date, more than 5.62 crore antenatal check-ups have been conducted and 76.49 lakh high-risk pregnancies have been identified under PMSMA across States/ UTs.**

v.) LaQshya (Labour Room Quality Improvement Initiative): improves the quality of care in labour room and maternity operation theatres to ensure that pregnant women receive respectful and quality care during delivery and immediate post-partum. **Till date, total 1106 Labour Rooms and 809 Maternity Operational Theatres received LaQshya National certification**

vi.) Janani Suraksha Yojana (JSY): JSY is a safe motherhood intervention under the National Health Mission (NRHM). Launched with the objective of reducing maternal and neonatal mortality, the Janani Suraksha Yojana (JSY) promotes institutional delivery among pregnant women especially with weak socio-economic status i.e. women from Scheduled Castes, Scheduled Tribes and BPL households. Under JSY 36.77 lakhs beneficiaries received benefits during the period of April-September 2024 (Provisional data, FY 2024-25).

6. Child Health

- a) As per the latest report of Sample Registration System (SRS) released by the Registrar General of India (RGI), Under 5 Mortality Ratio (U5MR) of India has declined from 35 per 1000 live births for the year 2019 to 32 per 1000 live births for the year 2020. 11 States/ UTs namely Kerala (8), Tamil Nadu (13), Delhi (14), Maharashtra (18), J&K (17), Karnataka (21), Punjab (22), West Bengal (22), Telangana (23), Gujarat (24) and Himachal Pradesh (24) have achieved **SDG 2030 Target** (≤ 25 per 1000 live births by 2030).
- b) **Facility Based Newborn Care (FBNC) program:** 1056 Special Newborn Care Units (SNCUs) at District/ Medical College Level and - 2,776 Newborn Stabilization Units (NBSUs) at the level of FRUs/ CHC levels are functional to provide services to sick and small newborns. During FY 2023-24, more than 14.45 lakh sick and small new-born received essential and emergency care in SNCUs/NICUs functional all cross the country. A total of 9.77 lakhs newborns received treatment in Special Newborn Care Units (SNCUs) at District Hospitals and Medical Colleges (April-November, 2024).
- c) **National Newborn Week** is observed from 15th to 21st November every year to reinforce the importance of newborn health as a key priority area and reiterates its commitment at the highest level. In the year 2024 also, a National Webinar for the National Newborn Week was organized by MoHFW on 21st November 2024 on topic Rational Use of Antibiotics to combat Antimicrobial Resistance at Newborn Care Units. The theme of National Newborn Week for year 2024 is "**Optimising Antimicrobial Use to Prevent Antimicrobial Resistance (AMR) in Newborns**". National Newborn Week and SAANS Campaign IEC posters were released by MoHFW for dissemination of information and for triggering behaviour change and demand generation on newborn health
- d) **MusQan** - Quality improvement initiative of Child Health services: The Hon'ble Union Minister of Health and Family Welfare launched "MusQan" initiative on 17th September 2021 for ensuring child friendly services in Public Health facilities on the occasion of World Patient Safety Day. The initiative will be focusing on improving the quality parameters for ensuring safety and availability of infrastructure, equipment, supplies, skilled human resources, clinical protocols, evidence-based practices etc. at public health facilities. **As on November 2024, total 163 facilities got national level certification under MusQan.**
- e) **Home Based Newborn Care (HBNC) program:** A total of 1.46 crore newborns received complete schedules of home visits by ASHAs whereas more than 9 lakhs identified sick

newborns were referred to health facilities by ASHAs during the period of 2023-24.

In the F.Y. 2024-25 (April to September 2024), a total of 71.15 lakhs newborns were completed with scheduled visits by ASHA and out of which 5.05 lakhs newborns are identified as sick and referred to health facility under HBNC programme.

- f) **Home Based Care of Young Child (HBYC):** In FY 2023-24, approval has been accorded for 748 Districts including all Aspirational Districts to implement HBYC across States/UTs except Goa. 3.84 crores home visits conducted to young children (3 months-15 months) by ASHAs during the year 2023-24.

In the F.Y. 2024-25 (April-September 2024), 2.26 crores home visits were conducted to children (3-15 months) by ASHA under HBYC Programme.

- g) **Rashtriya Bal Swasthya Karyakram (RBSK):** In FY 2023-24, as per States/UTs reports, 21.75 crore children have been screened by the Mobile Health Team and 1.04 crore newborn have been screened through comprehensive newborn screening. During April-September 2024, as reported in HMIS by States/UTs, 9.75 crore children have been screened by Mobile Health Teams. 38.23 lakh newborn have been screened at Delivery points under RBSK Program. Child Health Division also launched National Birth Defect Awareness Month on 1st March 2024 along with the release of IEC material for the States/UTs for creating nationwide awareness at facility and community level on various aspects of birth defects, their prevention, early identification and management. National webinars and camps were conducted across the country.

In the RBSK stall at India International Trade Fair (IITF -14th – 27th November 2024), 1646 children till 18 years of age were screened for 4 D's (Defect, Developmental Delay, Deficiency and Diseases). These children were also screened for Height, Weight, BMI, Vision, Dental, Ear and Blood Pressure. The children with any health issue were further referred to nearby public health facility / DEICs for appropriate management.

7. Nutrition

- **Mothers' Absolute Affection (MAA)** to improve breastfeeding coverage which includes early initiation of breastfeeding and exclusive breastfeeding for first six months followed by age-

appropriate complementary feeding practices through capacity building of frontline health workers and comprehensive IEC campaigns. As per National Family Health Survey-5 (NFHS-5), the rates of Early Initiation of Breastfeeding, Exclusive Breastfeeding for six months, and timely introduction of complementary foods at 6-8 Months are 41.8 per cent, 63.7 per cent and 45.9 per cent respectively.

- **National Deworming Day (NDD): Under NDD**, albendazole tablets are administered in a single fixed day approach via schools and anganwadi centres in two rounds (February and August) to reduce the soil transmitted helminth (STH) infestation among all children and adolescents (1-19 years). In the year 2024 (February round) 28.09 crore children (1-19 years) were covered in first round of National Deworming Day 2024, with a coverage of 91.05 percent against the State target.
- **Nutrition Rehabilitation Centres (NRCs):** There are 1173 Nutrition Rehabilitation Centres (NRCs) operational across the country in 29 States/UTs. In FY 2024-25 (April-September), total 65578 children are admitted in these NRCs with average Bed Occupancy Rate (BOR) of 53% and cure rate of 70.1%.
- **Lactation Management Centres (LMCs):** As of FY 2024-25 (April - September) 63 Comprehensive Lactation Management Centres (CLMCs) and 57 Lactation Management Units (LMUs) are supported under NHM.
- **Anemia Mukht Bharat (AMB) programme**

The progress for the FY 2024-25(Q2) is as follows:

- 4.7 crore children of age group 6-59 months were provided 8-10 doses of Iron Folic Acid (IFA) Syrup every month.
- 4.9 crore children of age group 5-9 years were provided 4-5 IFA Pink tablets every month.
- 5.9 crore children of age group 10-19 years were provided 4-5 IFA Blue tablets every month.
- 1.5 crore pregnant women and 0.9 crore percent lactating women were provided 180 IFA Red tablets during ANC and PNC respectively.

8. Adolescent Health

- **Adolescent Friendly Health Clinics (AFHCs):** Adolescent Friendly Health Clinics (AFHCs) act as the first level of contact of primary health care services with adolescents. The primary aim is provision of counselling and clinical services to the visiting adolescent client. 97.67 lakh adolescents registered at Adolescent Friendly Health Clinics (AFHCs) in FY 2024-25 till November '24.
- **Weekly Iron Folic Acid Supplementation (WIFS)** entails provision of weekly supervised IFA tablets to in-school boys and girls and out-of-school girls for prevention of iron and folic acid deficiency. 5.29 crores adolescents had been provided Weekly Iron Folic Acid Supplementation (WIFS) every month in FY 2024-25 till November '24.
- **Scheme for Promotion of Menstrual Hygiene among Adolescent Girls:** In the age group of 10-19 years with specific reference to ensuring health for adolescent girls. The scheme aims to ensure that adolescent girls have adequate knowledge and information about menstrual hygiene, use of sanitary napkins and environmentally safe disposal mechanism. It also aims to ensure that high- quality and safe products are made available to them. Around 46.4 lakh adolescent girls were provided sanitary napkins every month in FY 2024-25 till November '24.
- **Menstrual Hygiene Policy for School Going Girls:** In November 2024, the Menstrual Hygiene Policy for school-going girls has been approved by the Government. This policy was developed following extensive consultations with multiple stakeholder ministries, all states and union territories, and other stakeholders, ensuring a comprehensive and inclusive approach. The policy aims to ensure that school-going girls in government and government-aided schools have access to safe and low-cost menstrual hygiene products, gender-responsive sanitation facilities, and accurate information to manage menstruation hygienically and confidently. By integrating menstrual hygiene education into school curriculum and promoting sustainable waste management practices, the policy seeks to create a supportive environment that reduces stigma and empowers girls to participate fully in their education. The policy aims to improve the health, well-being, and educational participation of school-going girls, fostering an environment where they can manage menstruation with dignity and confidence.
- **Peer Educator program:** aims to ensure that adolescents are benefitted from regular and sustained peer education covering nutrition, sexual and reproductive health, conditions for non-

communicable diseases (NCDs), substance misuse, injuries and violence (including gender-based violence) and mental health. Total 2.91 Lakh PEs were selected and 1.61 lakhs Pes received training in FY 2024-25 (till Sept '24). Total 1.61 lakh Adolescent Health and Wellness Days (AHWDs) were held during FY 2024-25 till Sept 2024.

- **Ayushman Bharat School Health and Wellness:**

- School Health & Wellness Programme (launched in February 2020) is being implemented in government and government aided schools in Districts (including most of the Aspirational Districts) of the country in the first phase of the implementation.
- Two teachers, preferably one male and one female, in every school, designated as “Health and Wellness Ambassadors” (HWAs) shall be trained to transact health promotion and disease prevention information on 11 thematic areas in the form of interesting joyful activities for one hour every week. School Health & Wellness Programme (SH&WP) reached to 484 districts in 35 States/ UTs. Around 10.56 lakh Health and wellness Ambassadors (HWAs) trained up to November '24.

9. Family Planning

Key highlights of NFHS-5 (2019-21):

- **Total Fertility Rate (TFR)** has declined from **2.7 in NFHS 3 (2005-06) to 2.0 in NFHS 5 (2019-21)** which is below replacement level.
- Out of 36 States/UTs, 31 States/UTs have achieved replacement TFR of 2.1 or less.
- **Modern Contraceptive usage** has increased substantially **from 48.5% from NFHS 3(2005-06) to 56.5% in NFHS 5 (2019-21).**
- **Unmet Need for Family Planning** has declined from **12.8% in NFHS 3 (2005-06) to 9.4% in NFHS 5(2019-21)**
- **NFHS 5** shows an **overall positive shift towards spacing methods** (increase in all spacing methods).

The performance of Family Planning services in FY 2024-25, up to Nov 2024

- **Total Sterilization:** 15.15 Lakhs
- **Post-partum IUCD (PPIUCD):** 25.04 Lakhs

- **PPIUCD acceptance rate (%) in public health facilities:** 30.07 %.
- **Contraceptive Injectable MPA (Antara Program):** 34.63 lakh doses have been administered
- **Centchroman (Chhaya):** 1.05 Crore strips of Centchroman (Chhaya) have been distributed.

Mission Parivar Vikas:

The Government launched Mission Parivar Vikas (MPV) in 2016 for substantially increasing access to family planning services in 146 high fertility Districts with Total Fertility Rate (TFR) of 3.0 and above in seven high focus States (Uttar Pradesh, Bihar, Rajasthan, Madhya Pradesh, Chhattisgarh, Jharkhand and Assam). In November 2021, the Scheme was extended to remaining districts of the seven high focus States and all districts of six North Eastern States (Arunachal Pradesh, Manipur, Meghalaya, Tripura, Nagaland and Mizoram), where the modern contraceptive usage is low and unmet need for Family Planning is high.

Family Planning services of in MPV States in FY 2024-25 (Up to Nov)

- **Total number of Sterilizations:** 5.33 lakh sterilization
- **Post-partum IUCD (PPIUCD):** 15.00 lakh PPIUCD
- **PPIUCD acceptance rate (%) in public health facilities:** 29.71 %
- **Contraceptive Injectable MPA (Antara Program):** 23.41 lakh doses
- **Centchroman (Chhaya):** 77.34 lakh Strips of Centchroman (Chhaya) have been distributed.

Observation of World Population Day Campaign

- The World Population Day Campaign (WPD) 2024 was organized in the country from 1st June 2024 to 24th July 2024 in three phases- Preparatory phase, Community mobilisation fortnight and Service provisioning fortnight. The theme for this year's campaign was "**Healthy timing & spacing of pregnancies for the wellbeing of mother and child,**"
- A three-tiered cuboidal display "**Sugam Model**" was launched by the Hon'ble Union Minister (Health & Family Welfare) to promote and disseminate information about the key components of the Family Planning programme including National FP Helpline, which can be placed in the areas of high footfalls in all Health Facilities across the country.

- An intensified campaign was also carried out to identify high delivery pockets with concentrated efforts on delivering family planning services ensuring that these services reach the last mile and was supported with a comprehensive IEC campaign to create awareness about the same.



A total of **1.78** lakh sterilization, **6.23** lakh total IUCD insertions, **2.55** lakh PPIUCD insertion and **6.28** lakh doses of injectable MPA were reported during World Population Day Campaign 2024.

10. Pre-Conception and Pre-Natal Diagnostic Techniques (PC & PNDT):

- As per the Quarterly Progress Report (QPR) of September 2024, submitted by the States/UTs, a total 93,366 bodies have been registered under the PC& PNDT Act. So far, a total of 3,570 machines have been sealed and seized for the violations of the law. A total of 3,839 court cases have been filed under the Act and suspension/cancellation of 12,455 registrations.
- NFHS-5 (2019-21) has also recorded improvement of 10 points in the sex ratio at birth at the national level from 919 in NFHS-4 to 929. 23 States/UTs have shown improvement, whereas 13 States/UTs show decline in sex ratio at birth.
- Online mechanism of record maintenance and registration established in 18 States/UTs (Andhra Pradesh, Bihar, Chhattisgarh, Goa, Gujarat, Haryana, Himachal Pradesh, Jammu & Kashmir, Jharkhand, Karnataka, Madhya Pradesh, Maharashtra, Odisha, Rajasthan, Punjab, Telangana, Uttar Pradesh, and Delhi).
- MoHFW through its Nodal Agency is monitoring online sex-selection advertisements and seeking further compliance from the Search Engines by removing such content. The Nodal Agency has

received over 61 complaints & prepared 366 Suo Moto complaints, resulting in the identification of more than 6,200 URLs that violate Section 22 of PC&PNDT Act and also worked on approx. 700 keywords for monitoring the search engines such as Google, Yahoo and Bing till 30 Aug 2024.

11. National Health Mission:

1. **Government of India has eliminated Trachoma in 2024 as a public health problem.**
2. **National Quality Assurance Standards** is a comprehensive framework established by the Ministry of Health and Family Welfare, Government of India, aimed at ensuring and enhancing the quality of healthcare services provided at public health facilities. NQAS are designed to instill a culture of continuous quality improvement, ensuring services are patient-centric, efficient, and effective.

Virtual NQAS assessment of AAM-SC has been launched by Ministry of Health Welfare on 28th June 2024 to expedite the certification of AAM-SC which makes up to 75% of the Public Health Facilities in India. 10% onsite-assessment for physical verification will also be done.

As on 30th November 2024, 17017 Public Health Facilities are NQAS Certified in India. There has been a rapid increase in the number of NQAS certified facilities in the year 2024, with 10511 facilities certified since January 2024. A total of 572 AAM-SCs have been virtually certified till 30th November, 2024.

3. The **Indian Public Health Standards (IPHS)** are essential benchmarks that ensure the delivery of minimum essential services through public healthcare facilities, including District Hospitals, Sub-District Hospitals, Community Health Centers, Primary Health Centers, and Sub Health Centre. Indian Public Health standards developed in 2007 and revised in 2012 and 2022, these standards align with recent public health initiatives and are fundamental to our healthcare system.

The Ministry of Health and Family Welfare (MoHFW) has been actively implementing the IPHS 2022 guidelines to provide uniform, high-quality health services across all states. Implementing IPHS is vital for improving healthcare delivery nationwide and ensuring all citizens access essential minimum standards of health services. Further, Ministry of Health and Family Welfare has launched an open-source toolkit (ODK) and a dashboard under Indian Public Health Standards on 28th June 2024 that will aid the national, state and district health facilities in quickly monitoring compliance with respect to Indian Public Health Standards and enable action accordingly. It is an android based

application to assist the facilities with gap assessment. Accessible via www.iphs.mohfw.gov.in, the dashboard provides comprehensive data on various health facilities' assessment and compliance status. As on 11th December, 89% of public health facilities have carried out self-assessment for IPHS. Among total assessed facilities, 54% of health facilities have scored IPHS Compliance score above 50%.

4. The **WHO World Malaria Report (WMR) 2024**, released on December 11, 2024, underscores India's significant achievements towards malaria elimination. This report is a comprehensive review of global malaria trends, recognizes India's sustained efforts in this endeavour. India achieved a 69% reduction in estimated malaria cases, from 6.4 million in 2017 to 2.0 million in 2023, and a 68% reduction in estimated malaria related deaths, from 11,100 in 2017 to 3,500 in 2023. These remarkable outcomes highlight the nation's commitment to robust public health interventions.

Notably, the country contributed only 0.8% of global malaria cases and 0.6% of malaria-related deaths in 2023. India's exit from the WHO's High Burden to High Impact (HBHI) group in 2024 further underscores its success in malaria elimination.

5. **National Sickle Cell Anaemia Elimination Mission (NSCAEM)**

To eliminate sickle cell disease (SCD) by 2047, **National Sickle Cell Anaemia Elimination Mission (NSCAEM)** has been launched with the objective to provide affordable, accessible and quality care to all Sickle Cell Disease patients, reduce prevalence of SCD through awareness creation, target screening of 7 crore people till year 2025-26 in the age group of 0-40 years in affected districts of 17 tribal dominated states. Under the national Sickle Cell Anaemia Elimination Mission, a total of 4,78,64,888 persons in 17 identified states have been screened and a total of 1,64,15,986 Sickle cell cards had been distributed till 30.11.2024.

12. National Urban Health Mission (NUHM)

National Urban Health Mission (NUHM) was approved on 1st May, 2013 as a sub-mission under an overarching National Health Mission (NHM), NRHM being the other sub-mission. NUHM envisages strengthening the primary health care delivery systems in urban areas and for providing equitable and quality primary health care services to the urban population with special focus on slum dwellers and vulnerable population. It also seeks to decongest secondary and tertiary health care facilities (District

Hospitals/Sub-District Hospitals/Community Health Centre) by providing robust comprehensive Primary health care services in urban areas.

NUHM covers all cities and towns with more than 50,000 population and district headquarters and State headquarters with more than 30,000 population. The remaining cities/ towns are covered under National Rural Health Mission (NRHM). Under NUHM, UPHCs are to be established as per norm of one U-PHC for approximately 30,000 to 50,000 urban population. Also, urban Ayushman Arogya Mandir below U-PHCs on the population of 15,000-20,000 have been approved under 15th FC and PM-ABHIM. These urban Ayushman Arogya Mandir are linked to the nearest UPHC – Ayushman Arogya Mandir for administrative, financial, reporting, and supervisory purpose.

Implementation of NUHM is through the State Health Department or the Urban Local Bodies (ULBs). In seven metropolitan cities, viz., Mumbai, New Delhi, Chennai, Kolkata, Hyderabad, Bengaluru and Ahmedabad the implementation is through the ULBs. For the other cities, the State Health Department decides whether the NUHM is to be implemented through them or the other urban local bodies. So far, 1243 cities have been covered under NUHM in 35 States/UTs.

Physical Progress:

The programme is being implemented in the States/UTs for more than 10 years. It has helped in augmentation of infrastructure and human resources dedicated towards urban areas. The progress reported by the States/UT (updated up to June,2024) in the activities approved under NUHM is as follows-

(i) Progress under infrastructure

- 1,286 cities/towns are covered under NUHM
- 5,283 UPHCs & 245 UCHCs are functional,
- 5,139 UPHCs strengthened as Ayushman Arogya Mandir as per Ayushman Arogya Mandir portal (as on 17.12.2024)
- 6,043 urban Ayushman Arogya Mandir below UPHC are operationalized as per Ayushman Arogya Mandir portal (as on 17.12.2024)

(ii) Progress in HR under NUHM

- 6,065 Medical Officers in-position
- 350 Specialists in-position
- 10,043 Staff Nurse in-position
- 21,691 ANMs in position
- 4,268 Pharmacist in-position
- 4,129 Lab Technician in-position
- 530 Public Health Managers in-position
- 1,543 Programme Management staff in position at State/District/City level

(iii) MHUs under NUHM

- 46 Mobile Medical Units are functional

(iv) Progress under Community Process

- 87,875 ASHAs are in position.
- 98,101 Mahila Arogya Samiti (MAS) are formed.

As part of Ayushman Bharat, the existing U-PHCs are being strengthened as urban Ayushman Arogya Mandir to provide preventive, promotive and curative services in cities closer to the communities. So far, 5,139 U-PHCs have been converted into urban Ayushman Arogya Mandir in the States/UTs (except Delhi). As per Ayushman Arogya Mandir portal data as on September 2024 (in cumulative), 7.69 Cr. screenings done for Hypertension, 5.9 Cr. screenings done for Diabetes and around 2.96 Cr. screenings done for Oral cancer at these Ayushman Arogya Mandirs. Similarly, these functional Ayushman Arogya Mandirs have conducted 0.87 Cr. screening for cervical cancer and 1.42 Cr. for breast cancer in women.

A large proportion of urban population is usually settled in congested urban settings. Accordingly,

Universal CPHC is planned to be provided through Urban Ayushman Arogya Mandir and Polyclinics, by providing support for setting up of 11,024 Urban Ayushman Arogya Mandir in close collaboration with Urban Local Bodies under PM-ABHIM from FY 2021-22 to FY 2025-26. Such Urban HWCs would enable decentralized delivery of primary health care services closer to people, thereby increasing reach of the public health systems to the vulnerable and marginalized.

National Quality Assurance Standards (NQAS) were developed for urban health facilities in Year 2016 and institutional framework has been set up in all State/UTs. As of 30th September 2024, 638 UPHCs are NQAS certified at national level and additionally 92 UPHCs are NQAS certified at state level.

Kayakalp and Swachh Swasth Sarvatra (SSS) have been expanded to cover urban areas also and U-PHCs have been awarded Kayakalp awards. In FY 2023-24, 2096 UPHCs and 55 UCHCs have qualified for incentives based on external assessment under Kayakalp.

13. eHealth

National Telemedicine Service-eSanjeevani

National Telemedicine Service-eSanjeevani provides access to specialized medical healthcare across the country by providing facility for doctor-to- doctor consultation and patient-to-doctor consultation. This initiative aimed to make healthcare services more accessible, especially in rural and remote areas. It enables people, including those in rural and underserved areas, to consult with healthcare professionals without the need for physical travel to healthcare facilities. This initiative has also been instrumental in expanding healthcare services to a broader population, reducing the gap in access to medical care, and leveraging digital technology to provide healthcare services where they are needed most.

Achievement of eSanjeevani:

- (i) eSanjeevani consultations rendered: more than 32.6 crore
- (ii) It is operational in more than 1,30,500 Spokes and 16,700 hubs

(iii) 2,29,350 Providers have been onboarded

National Tele Mental Health Programme (NTMHP)

The National Tele Mental Health Programme, Tele Mental Health Assistance and Networking Across States (Tele MANAS) was announced by the Hon'ble Union Finance Minister in the Union Budget 2022, Advocating the use of digital tools for improving the efficiency and outcome of the healthcare system, particularly in the domain of mental health care.

- Tele MANAS was rolled out on 10th October, 2022.
- National Toll-Free Number: 14416 or 1800-891-4416 has been set up.
- Tele MANAS aims to provide universal access to equitable, accessible, affordable and quality mental health care through 24X7 tele-mental health services as a digital component of the National Mental Health Programme (NMHP) across all Indian States and UTs with assured linkages.

Achievement and Service Delivery under NTMHP / Tele-MANAS:

- As on 16.12.2024, 36 States/UTs have started Tele-MANAS services and have 53 functional Cells. More than 16,64,000 calls have been handled on the helpline number.
- A dedicated Tele-MANAS Cell has also been established at the Armed Forces Medical College (AFMC), Pune to extend Tele-mental health assistance and support to all Armed Forces service personnel and their dependents.
- **Tele MANAS Mobile Application was also launched on 10th October, 2024**, which is a comprehensive mobile platform developed to provide support for mental health issues. The app has a library of information including tips on self-care, recognizing distress signals, and managing early signs of stress, anxiety, and emotional struggles.
- **Video consultations in Tele MANAS** are another upgrade to the already existing audio calling facility. This will be undertaken by the Mental Health Professionals who are taking audio call escalations to get further information about the caller as part of history taking and clarification. This facility has been **initially launched in the states of Karnataka, Jammu & Kashmir and Tamil Nadu** and will later be scaled up to the whole country.

District Mental Health Programme (DMHP) for primary and secondary care under NHM:

The District Mental Health Programme (DMHP) component of the NMHP has been designed for improving coverage and accessibility of mental healthcare. Support for a 10 bedded psychiatric ward at District Hospital and for regular availability of essential psychotropic drugs is being given under DMHP. Approval has been granted for setting up of DMHP units in 767 districts across all 36 states/UTs.

14. Medical Education

a) The historic National Medical Commission Act was passed by the Parliament in August, 2019. Now, the National Medical Commission has been constituted with effect from 25th September, 2020 and the years old MCI has been dissolved and the Indian Medical Council Act, 1956 has been repealed. The principal change in the regulatory mechanism is that the regulator will be primarily 'selected' rather than 'elected'. The National Medical Commission will steer the reforms in medical education. This will include increase in UG & PG seats along with improved access to quality and affordable medical education and maintaining high ethical standards in medical profession, implementation of National Exit Test (NEXT) as per NMC Act, 2019 for the medical graduates.

b) There is an increase of 101.5% in medical colleges from 387 in 2013-14 to 780 in 2024-25 (Govt: 431, Pvt: 349) as of now. Further, there is an increase of 130% in MBBS seats from 51,348 before 2014 to 1,18,137 as of now, there is also an increase of 134.5% in PG seats from 31,185 before 2014 to 73,157 as of now. सत्यमेव जयते

c) Under the Central Sponsored Scheme for establishment of new medical colleges, establishment of 157 medical colleges have been approved in three phases, of which 131 are functional and remaining will be functional in a few years. Of these 157 colleges, 40 are coming up in the Aspirational Districts of the country thereby addressing the issues of inequity in medical education.

d) **The National Medical Register (NMR)** is an initiative aimed at facilitating real-time tracking of medical enrolment and registration, spanning from district to national levels. Mandated by Section 27 of the National Medical Commission (NMC) Act, the NMR established and maintained by the NMC, serve as a comprehensive database housing the names of all licensed medical practitioners across India. Under Section 31 of the NMC Act, the Ethics and Medical Registration Board is entrusted with maintaining the National Register, ensuring it contains essential practitioner details like names, addresses, and recognized qualifications, accessible to the public as a transparent document via the

Ethics and Medical Registration Board's website. The development of the NMR (NMR) has been one of the top priority items under first 100 days agenda of Government. **Minister for Health and Family Welfare has launched the NMR portal on August 23, 2024.**

e) Rationalization of Minimum Standards Requirements (MSR): The MSRs for establishment of medical colleges have been streamlined. This will reduce the cost of establishment of new medical colleges and increase intake capacity.

f) Two years post MBBS Diplomas by National Board of Examinations: Keeping in view the importance of Diploma courses to meet the shortfall of postgraduate students and augment healthcare in remote parts of the country, the National Board of Examinations (NBE) has launched diplomas in eight disciplines namely - Anaesthesia, Gynaecology & Obstetrics, Pediatrics, ENT, Ophthalmology, Family Medicine, Tuberculosis & Chest Diseases and Medical Radiodiagnosis

g) District Residency Programme (DRP) has been implemented for the students in the third or fourth or fifth semester of Post Graduate Programme. Colleges may apply for proportionate increase of seats, keeping in view that one resident has to be away for 3 months out of total 36 months of training, which means that proportionate increase shall be increase of 1 seat against 12 existing seats (3 months divided by 36), after one year of implementation of DRP.

Allied Health Education

- a) National Commission for Allied and Healthcare Profession (NCAHP) has been constituted w.e.f. 8th January, 2024 and Chairperson and Secretary has been appointed. Constitution of NCAHP was notified vide gazette notification dated 11.03.2024. The office of the Commission has been set up and has started functioning from 08.01.2024.
- b) The NCAHP portal was launched on 29.10.2024 for enrolment of professionals and existing institutions imparting education related to the 57 professions listed in the Schedule of the Act. This will create a centralized database of existing Allied and Healthcare Professionals and Allied and Healthcare Institutes/Colleges.
- c) "Acupuncture Professionals" has been included under the Schedule of National Commission for Allied and Healthcare Professions Act, 2021.

15. National Programme for Tobacco Control and Drug Addiction Treatment

- **Tobacco Free Youth Campaign 2.0:** As part of the Government of India's 'Viksit Bharat@2047: 100-day goals' for Tobacco Control, the Ministry launched the Tobacco-Free Youth Campaign 2.0 (TFYC 2.0) on 24th September 2024. TFYC 2.0 is a nationwide, 60-day initiative designed to empower and educate the youth of India on the harmful effects of tobacco use.

The TFYC 2.0 focused on five key strategies: Strategy 1: Escalate public awareness on harmful effects of tobacco; Strategy 2: Enhance tobacco free educational institutions (ToFEI) compliance; Strategy 3: Enhance enforcement of COTPA, 2003 and PECA 2019; Strategy 4: Endeavour for Tobacco Free Villages and Strategy 5: Amplify social media engagement.

The launch event of the campaign was graced by the presence of Shri Prataprao Jadhav, Union Minister of State (Independent Charge), Ministry of Ayush and Minister of State, Ministry of Health and Family Welfare, Shri Apurva Chandra, Secretary, MoHFW, Smt. Puniya Salila Sriastava, Officer on Special Duty, Prof Dr Atul Goel, Director General of Health Services, Smt. V Hekali Zhimomi, Additional Secretary, MoHFW and Dr Sarita Beri, Director, Lady Hardinge Medical College. The event was attended by famous celebrities like Aparshakti Khurana, leading sportspersons Manu Bhaker and Navdeep Singh and award-winning influencers Ankit Baiyanpuria, Gaurav Chaudhary, Janhvi Singh, among others. The event saw the in-person participation of over 600 participants and more than 700 participants joined online. More than 300 school students from nearby Tobacco Free Educational Institutions (ToFEI) also attended the event, along with 100 NSS volunteers from My Bharat initiative, the partners and media persons. The launch event saw incredible momentum especially engaging youth. The hashtag #TFYC2 was trending at the top during the launch event and the campaign launch video gained over 11k views.

The launch event of the Tobacco-Free Youth Campaign 2.0 was marked by impactful activities and initiatives. Participants, including students and celebrities, took the 'Say No to Tobacco' pledge. Over 300 Tobacco Cessation Centers in medical institutions across India were inaugurated during the event. Three educational videos developed by WHO aimed at sensitizing school students to the harmful effects of tobacco were released.

Three important national guidelines were launched - **Health Workers Guide, SOPs for Villages to be Tobacco Free and the Guidelines for Law Enforcers for Effective Implementation of Tobacco Control Laws 2024**. The event concluded with other activities, including a flash mob on the campaign song 'Aaj Zindagi Jeete Hain' and an awareness bike rally.

During the campaign phase (60 days), the momentum increased and the States/ UTs picked up the pace in implementing the campaign activities. The campaign achieved significant impact, with over 4.5 lakh IEC activities, 27,000 villages declared tobacco free, 1.6 lakhs educational institutions declared tobacco free, over 1 crore fine were collected through enforcement drives. The influencer posts done at the national level alone received over 4.7 crore views.

- **Observing World No Tobacco Day (WNTD), 2024:** Ministry of Health and Family Welfare, Government of India observed the World No Tobacco Day on 31st of May 2024. This year's theme, "Protecting Children from Tobacco Industry Interference," underscores the urgent need to shield youth from the detrimental influences of the tobacco industry. The event was presided over by Prof. Dr. Atul Goel, Director General of Health Services, Dte.GHS, MoHFW, alongside senior officers from the Ministry of Health & Family Welfare. The highlight of the event was the launch of the Operational Guidelines for Establishing Tobacco Cessation Centres in Medical Institutions. During the event, Ms. PV Sindhu, World Champion (Badminton), was announced as Brand Ambassador for Tobacco Control. Her support would inspire young children and youth to avoid tobacco in all forms. The event included the felicitation of awardees of the WHO World No Tobacco Day 2024 Award. The Ministry of Health & Family Welfare also enabled an online "No Tobacco Pledge" through the MyGov platform.
- **New Specified Health Warnings on Tobacco Product packs:** The Ministry of Health and Family Welfare, Government of India, has introduced new sets of specified health warnings for all tobacco product packs through an amendment to the *Cigarettes and Other Tobacco Products (Packaging and Labelling) Rules, 2008*. This amendment, notified as GSR 742 (E) on 2nd December 2024, "The Cigarettes and Other Tobacco Products (Packaging and Labelling) Amendment Rules, 2024," will come into effect on 1st June 2025. The new rules mandate the display of two sets of health warnings, to be implemented over the first and second twelve-month periods from the effective date.
- **Measures to prevent surrogate advertisements of tobacco products:** The Ministry of Health and Family Welfare is taking stringent measures to combat surrogate advertisements related to tobacco

products. As per Section 5 of the Cigarettes and Other Tobacco Products Act (COTPA) 2003, any direct or indirect advertisement of cigarettes and other tobacco products are prohibited. This year, the matter was taken up by Director-General of Health Services (DGHS), DteGHS, MoHFW and a letter was issued to the Board of Control for Cricket in India (BCCI) and Sports Authority of India (SAI) dated 1st August 2024, to prevent direct/ indirect advertisement, promotion and sponsorship of tobacco and related products by sportspersons including signing of an anti-tobacco declaration of interest form by sportspersons.

- **National Guidelines:**

- **Strengthening of Tobacco Cessation Services:** Establishing Tobacco Cessation Centres (TCCs) in medical institutions is crucial for enhancing tobacco control and protecting public health. This initiative educates and sensitizes medical students about tobacco cessation, aligning with National Medical Commission guidelines to train graduates in holistic medicine. By offering cessation services, medical institutions can significantly increase quit rates among tobacco users, thereby strengthening the overall healthcare system. The Operational Guidelines for establishing tobacco cessation centres in medical institutions was released on 31st May 2024 on the occasion of World No Tobacco Day, 2024. Further, over 300 TCCs in medical institutions across India were inaugurated on 24th September 2024 during the launch of the TFYC 2.0.
- **Implementation of Cigarettes and Other Tobacco Products Act (COTPA), 2003 and Prohibition of e-Cigarettes Act, 2019 (PECA, 2019):** Effective steps have been undertaken for strengthening the implementation of Cigarettes and Other Tobacco Products (Prohibition of Advertisement and Regulation of Trade and Commerce, Production, Supply and Distribution) Act, 2003 and The Prohibition of Electronic Cigarettes (Production, Manufacture, Import, Export, Transport, Sale, Distribution, Storage and Advertisement) Act, 2019 supporting comprehensive tobacco control initiatives, helping to reduce overall tobacco use and the associated health, economic and environmental burdens. On 24th September 2024, MoHFW released the revised Guidelines for Law Enforcers for Effective Implementation of Tobacco Control Laws 2024. The document can be accessed at https://ntcp.mohfw.gov.in/guidelines_manuals .
- **SOP for Villages to be Tobacco Free:** Tobacco use among rural communities is particularly concerning, with 32.5% of adults in these areas currently using tobacco. Acknowledging the need for targeted tobacco control interventions in rural communities, MoHFW released the Standard Operating Procedures for Villages to be Tobacco Free. These guidelines aim to extend our tobacco control initiatives to all villages in India, fostering a healthier environment for all residents and

provide a comprehensive framework for the Ministry of Health and Family Welfare and Panchayati Raj Institutions to collaboratively work towards the vision of tobacco-free villages. The document can be accessed at https://ntcp.mohfw.gov.in/guidelines_manuals.

- **A Guide for Health Workers - Helping Tobacco Users Quit:** Frontline health workers, often the first point of contact for tobacco users within the healthcare system, play a pivotal role in cessation efforts. Enhancing their capacity to provide cessation support or connect users to existing systems is a highly effective strategy. Hence, the Health Worker Guide was revised and released on 24th September 2024 during the launch event of TFYC 2.0. The guide offers a structured approach to systematically train a large number of healthcare providers and strengthen the tobacco cessation services at the community level. The document can be accessed at https://ntcp.mohfw.gov.in/guidelines_manuals.
- **Global commitments:**
- **Tenth session of Conference of Parties and Third session of Meeting of Parties:** The Tenth session of the Conference of the Parties (COP 10) to the WHO Framework Convention on Tobacco Control (WHO FCTC) and the Third session of the Meeting of Parties (MOP 3) to the Protocol to Eliminate Illicit Trade in Tobacco Products was held from 5th to 15th February 2024 in Panama. India (representing the Southeast Asia Region), as the President of the Bureau of Meeting of the Parties (MOP) to the Protocol to Eliminate Illicit Trade in Tobacco Products, led the deliberations through the MOP Bureau Meetings. Ms. Hekali Zhimomi, Additional Secretary, MoHFW presided over discussions at the third session of the Meeting of Parties. India's presidency and leadership at MOP3 reflect the country's and Southeast Asia Region's strong stand and commitment towards combatting illicit trade in tobacco products effectively.
- **Eighth Meeting of the WHO Global Tobacco Regulators Forum (GTRF):** India participated in the 8th session of the Global Tobacco Regulators Forum held in Netherlands from 23rd to 26th April 2024. India presented the important steps that had been taken in the past year regarding the depiction of tobacco in entertainment media, as well as addressing cross-border advertising, promotion and sponsorship of tobacco products.
- **Bilateral event with Australia on E-Cigarettes – 77th WHA:** MoHFW participated in the bilateral event with Australia during the 77th World Health Assembly, focusing on electronic cigarettes. India has taken significant steps reflecting its commitment to implementing measures to safeguard public health and prevent potential risks associated with tobacco and novel emerging products. The Indian government issued an ordinance called The Prohibition of Electronic Cigarettes, 2019 to ban the

production, manufacturing, import, export, transport, sale, distribution, storage, and advertisement of all forms of Electronic Nicotine Delivery Systems and similar devices in India. The strong leadership demonstrated by the government by banning e-cigarettes were presented during the bilateral meeting during the 77th WHA.

16. Food Safety and Standards Authority of India (FSSAI):

- Food Safety and Standards Act, 2006 was enacted with the objective to consolidate the laws relating to food and laying down science-based standards for articles of food as well as to regulate their manufacture, storage, distribution, sale and import to ensure availability of safe and wholesome food for human consumption and for matters connected therewith or incidental thereto. The Food Safety and Standards Authority of India (FSSAI) was established in September, 2008 as the apex authority on all matters of food safety and to ensure safe and wholesome food to consumers.
- FSSAI has constituted 21 subject specific Scientific Panels under Section 13 of the FSS Act, which consist of independent scientific experts, to act as the risk assessment bodies and provide their considered scientific opinion. There is also a Scientific Committee under Section 14 of the FSS Act. The Scientific Committee and the Scientific Panels provides scientific opinions and recommendations on development of food standards.
- During 2024, FSSAI continued to work towards development/revision of science-based standards of food products. In this year, FSSAI has issued 3 final notifications and 8 draft notifications of standards. The final notifications include standards/revised standards for various articles of food viz Khoa, colostrum and other dairy products, crude solvent extracted corn oil, peanut butter, aeration in bakery shortening and fatty acid composition of olive oil, fortified rice kernels (FRK), pickled eggs, fish oil, dried parsley, oligo-fructose, microbiological standards for Baker's Yeast and Neera, tolerance limit of antibiotics and crop contaminants, omission of the provision for mandatory BIS/Agmark certification. Draft notifications include inclusion of "Natamycin" in Food Category 1.2.1.1 and 1.7, omission of advisory on Thalassemia and Sickle Cell Anaemia, comprehensive revision of MRL of pesticide, limits of metal contaminant, crop contaminants & naturally occurring toxic substances and antibiotic, standard for milk fat composition, fermented milk, Haleem, garam masala, dried peppermint, Indigotine and processing aids, revision in Reference of Methods of Analysis and Signing Authority for primary

& appeal samples, hygienic requirement for primary producer and provision of digitisation of license & registration, omission of restriction related to Salseed fat.

- All Food Business Operators (FBOs) in the country are required to be registered or licensed under Section 31 of the FSS Act, 2006 to run any food business. The process for applying and issuance of licenses and registration of FBOs is completely online through Food Safety Compliance System (FoSCoS). As on 30.11.2024, a total 11,42,567 License and 49,62,311 Registrations are active. Continuous steps are being taken to simplify the procedure of licensing and registration of food businesses and digitisation of enforcement activities.
- FSSAI has undertaken significant initiatives to simplify licensing and registration and enhance enforcement. Registration fees for hawkers were waived off from 28th September 2024, offering a five-year registration certificate for new and renewed applications. Facility of Instant (Tatkal) issuance of licenses/registrations for specific business categories such as Wholesalers, Distributors, Retailers, Transporters, Storage without atmospheric control, Importers, Food vending agencies, Direct sellers and Merchant-Exporters was enabled through FoSCoS (<https://foscoss.fssai.gov.in/>) from 28th June 2024, using digital verification. Till 3rd December 2024, 74,847 License/registration have been issued under Tatkal Facilities. A new Kind of Business (KoB) for 'Direct Sellers' was introduced, recognizing the unique nature of direct selling. Additionally, to strengthen the quality of fortified rice available in the country, FSSAI organized extensive stakeholder training and sensitization programs across multiple cities, along with promoting the use of the Fortified Rice Traceability (FoRTrace) portal.
- FSSAI is extending both technical and financial support to the States/UTs for strengthening the Food Safety Ecosystem in the Country through MoU. During 2024-25, as of 30.11.2024, funds to the extent of Rs. 408.70 crore have been approved based on work-plan proposals received from 19 States/UTs and an amount of Rs. 108.07 Crore has been released to various States/UTs as first tranche against the work plans finalized in consultation with States/UTs.
- FSSAI has developed the State Food Safety Index to measure the performance of States on various parameters of Food Safety. The index is based on performance of States/UTs on six significant parameters, namely (i) Human Resource and Institutional Data; (ii) Compliance; (iii) Food Testing Infrastructure and Surveillance; (iv) Training and Capacity Building; (v) Consumer empowerment; and (vi) Improvement in SFSI Rank. The 6th State Food Safety Index for the year 2023-2024 was released on 20th September 2024. Among States/UTs, Kerala secured the first

rank followed by Tamil Nadu, Jammu & Kashmir with Special mention given to Gujarat. Special Acknowledgement was given to State of Nagaland among North Eastern Hilly States.

- During 2024, 11 food laboratories have been recognized/notified and 08 food testing laboratories de-notified under Section 43(1) of FSS Act, 2006 by FSSAI. This has raised the total number of notified food laboratories for primary food sample testing to 242 till date. In addition, 22 Referral Laboratories have been recognized/notified under Section 43(2) of FSS Act, 2006 by FSSAI for appellate food sample testing. Out of these labs, 72 Food Testing Laboratories have obtained recognition from Agricultural and Processed Food Products Export Development Authority (APEDA) for testing of organic food products. FSSAI is committed to elevate the proficiency of officials working in FSSAI-notified laboratories under Sections 43(1) and 43(2) FSS Act, 2006. During the period, five physical training programs have been conducted at Centre for Microbiological Analysis Training (CMAT) and Food Safety Solution Center (FSSC), NFL Ghaziabad wherein 78 officials from state food testing laboratories and professionals from FSSAI notified private laboratories have been trained.
- FSSAI has sanctioned first installment from the approved financial grant to 10 National Reference laboratories recognized in accordance with Regulation 3 of the Food Safety and Standards (Recognition and Notification of Laboratories) Regulations, 2018 for research projects approved by the Evaluation Committee of NRLs.
- As on date, FSSAI has sanctioned 493 Mobile Food Testing Laboratories i.e., Food Safety on Wheels vehicles (FSW) and out of which 271 are deployed across the nation. FSWs have facilitated 2,17,770 food testing procedures, alongside conducting 11,310 awareness campaigns and 6330 training sessions during the period January 2024 to November 2024.
- Till date, FSSAI has notified 57 laboratories for testing of Fortified Rice, 29 laboratories for Fortified Rice Kernel and 11 laboratories for Vitamin-Mineral Premix for FRK.
- FSSAI has successfully conducted the 10th Food Analyst Examination Computer Based Test (CBT) at 11 different locations across India on 20th October 2024. The total number of candidates who appeared for the 10th FAE CBT is 915 out of 1078. Total number of 10th FAE CBT qualified candidate is 840. The total no. of Gazette-Notified Food Analysts is 179.
- The mandate of Scientific Panel on Methods of Sampling and Analysis is to review all aspects of analytical methods used in sampling and analysis of food. During the period, the Panel has developed 7 different methods for determination of Iodine and Iron in Double fortified salt

(DFS); Vitamin A in Milk; Vitamin A in Oils & Fats; Ochratoxin A in Wine and other Fermented Alcoholic Beverages; Iron filings in Tea and Residue Analysis of Ethylene oxide and 2-Chloroethanol in Food by Gas Chromatography Tandem Mass Spectrometry. Further, 2 Manuals of methods analysis in 2 different food categories i.e Honey and other beehive products; Meat and Meat products and 1 manual for Microbiological examination of food and water has also been developed.

- FSSAI has been conducting Pan India Surveys of various food products. FSSAI has conducted surveillance drive on Salmonella in Fish and Fish Products across three regions covering six states of India (Delhi, Haryana, Rajasthan, Uttar Pradesh, Kerala, and West Bengal) during July-August 2024. FSSAI has initiated Pan-India Surveillance of Spices in selected 250 districts of the country. This surveillance in the selected districts will be executed by the Common Service Centre (CSC) e-Governance Services India Ltd on behalf of FSSAI. Sample collection will be carried out by District Managers/authorized samplers of CSC.
- The "Network for Scientific Cooperation for Food Safety and Applied Nutrition (NetSCoFAN)" involves 9 specialized groups and encompasses 23 research projects across a range of topics, conducted in collaboration with leading institutions. During the period, a grant of Rs. 67.84 Lakh (50 % of total sanctioned amount) was released to three institutions [CSIR-Indian institute of Toxicology Research (CSIR-IITR), Lucknow, ICAR-Central Institute of Fisheries Technology (CIFT) Kochi, Kerala, Birla Institute of Technology and Science (BITS), Pilani Rajasthan for undertaking the Research and Development Project titled 'Micro-and nano-plastics as emerging food contaminants. Further, Two Research projects submitted by leading and participating institutions under NetScoFAN are under review.
- Under the RAFT Scheme, FSSAI approves Rapid Analytical Food Testing Kit, Equipment or Methods to facilitate carrying out on-the-spot field testing by Mobile Testing Labs or Food Safety Officers (FSOs) or to improve speed and reduce testing costs in food laboratories. A Comprehensive Guide for RAFT Approval "RAFT Manual" has been developed to streamline and consolidate the procedures under RAFT policy. This manual aims to provide a comprehensive and standardized framework to ensure the efficient and effective implementation of the RAFT policy. Till date 80 RAFT Kits have been approved.

- On 15th July, 2024, 3rd edition of Manual for Food Safety Officers has been released by Hon'ble Union Minister of Health and Family Welfare Sh. J.P. Nadda during an event conducted at FDA Bhawan in New Delhi.
- A workshop on "Legislative Drafting" was conducted by FSSAI in collaboration with the Institute of Legislative Drafting & Research (ILDR), Ministry of Law & Justice. This unprecedented workshop, aimed at enriching the knowledge and understanding of FSSAI officials on the interpretation of laws, drafting of legislation and 3 newly enacted criminal laws. Over 50 scientific and administrative cadre of FSSAI actively participated in this workshop. Senior faculty members of the Institute of Legislative Drafting & Research (ILDR) imparted training in complex techno-legal drafting and emphasized on the importance of such training in providing simple and efficient regulations.
- In order to ensure the safety of imported food products in the country, FSSAI under sections 25 & 47(5) of Food safety and Standards (FSS) Act, 2006 read with regulation 13 (1) of FSS (Import) Regulations 2017, notified Authorised Officers (AO) at a total of 162 food import entry points [Airports/Sea Ports/Inland Container Depots (ICDs)/Special Economic Zones(SEZs)/Land Customs Stations(LCSs)]. At present, FSSAI has its own Authorized officers present at 15 locations, namely- Delhi, Mumbai, JNPT (Navi Mumbai), Mundra, Kandla, Ahmedabad, Kolkata, Guwahati, Chennai, Cochin, Krishnapatnam, Tuticorin, Bangaluru, Hyderabad, Visakhapatnam covering 78 points of entry (PoEs). More than 75 % of food imports in the country take place through these 78 POEs. At the remaining 84 points of entry, Customs Officers have been notified as Authorised Officers by FSSAI to regulate the clearance of food consignments as per the prescribed provisions. FSSAI has been imparting training to Customs officials notified as Authorised Officer on regular basis, both online and offline, in coordination with CBIC.
- FSSAI initiated the registration of Foreign food manufacturing facilities intending to export Milk, Meat, Egg Powder, Infant Food, and Nutraceuticals to India. A database of registered foreign food manufacturers is created through a dedicated online portal, i.e., Registration of Foreign Food Manufacturers (ReFoM), for further risk analysis. So far, 52 countries have registered, covering 3732 foreign food manufacturers.
- The second edition of the Global Food Regulators Summit 2024 was held at Bharat Mandapam, New Delhi from September 19-21, 2024, organized by the FSSAI. The Summit brought together

delegates from over 70 countries, including Food safety regulators and those from Risk Assessment Authorities, Research Institutes and Universities who discussed and strategized on key regulatory issues. Several innovative initiatives were launched by Shri Jagat Prakash Nadda, Hon'ble Union Minister of Health and Family Welfare, including Food Import Rejection Alerts (FIRA) and the unveiling of the Food Import Clearance System 2.0 (FICS 2.0). This FICS 2.0 is more user-friendly and transparent, which provides complete end-to-end online solutions for food import clearance procedures. Food Import Rejection Alerts (FIRA) portal is an online portal designed to notify the public and relevant food safety authorities about food import rejections at Indian borders. It provides an Online interactive interface for the rapid dissemination of information to authorities worldwide on food safety & health risks derived from rejected food & enhanced traceability & transparency.

- An Agreement was signed between FSSAI, Ministry of Health and Family Welfare, Government of India and Bhutan Food and Drug Authority (BFDA), Ministry of Health, Royal Government of Bhutan on 21 March, 2024 in the august presence of Hon'ble Prime Minister Shri Narendra Modi at Thimphu Bhutan. This Agreement aims to recognize the official control exercised by BFDA on food business operators (FBO's) as equivalent to FSSAI's requirement for export of food products to India.
- Memorandum of Understanding was signed between FSSAI and Brazilian Ministry of Agriculture and Livestock regarding cooperation in the area of food safety, on 20 September, 2024 at New Delhi.
- In the 47th Session of Codex Alimentarius Commission (CAC47), held from 25th-30th November 2024 in Geneva, Switzerland, India's new work proposal of group standard of whole millet grains was approved with overwhelming support from member countries across the globe. The session also witnessed adoption of several standards and new work proposals chaired/ co-chaired by India in different Codex Committees.
- A 3-Day Workshop was organized by Codex Contact Point (CCP) for the officials of Science & Standards division from 5th-7th April, 2024, followed by Mock drill session on 12th April, 2024. This programme played a pivotal role in enhancing the capabilities of FSSAI's officers with respect to understanding of Codex procedures which will aid in strengthening India's engagement with the Codex Alimentarius Commission.

- FSSAI, in collaboration with the World Health Organization (WHO) under the Codex Trust Fund (CTF) project, successfully conducted the first Inter Country workshop on “Enhancing Participation for Codex Activities” where government officials from Bangladesh, Bhutan, India, Maldives, Sri Lanka, and Timor-Leste had participated.
- A Regional Conclave on “Enhancing Regional Collaboration and Harmonization in Standard Setting” as part of this year’s Global Food Regulators Summit (GFRS24) was organized by FSSAI on 21st September, 2024. The event featured representatives from Codex Contact Points of ten Asian countries including all the Codex-related ministries and stakeholders from India. The primary goal of the regional conclave was to discuss ways to enhance collaboration and harmonization of food safety standards among Asian nations particularly in the Codex standard setting process.
- On 20th July, 2024 a Training and Awareness Program for Street Food Vendors were conducted by FSSAI under the august presence of Hon’ble Union Minister of Health and Family Welfare Sh. J.P. Nadda at Vigyan Bhawan, New Delhi and Smt. Anupriya Patel, Union Minister of State for Health and family Welfare. In the program, more than 1300 Street Food vendors were trained.
- On 8th October, 2024 a training and awareness program for Street Food Vendors were conducted in Nagpur and Mumbai under the august presence of Hon’ble Union Minister of State Sh. Prataprao Ganpatrao Jadhav. In the program, more than 3000 Street Food vendors were trained in Nagpur and more than 600 Street Food vendors were trained in Mumbai.
- In 2024, 12234 trainings of Food Safety Supervisors have been conducted and more than 5.86 lakhs Food Handlers have been trained under Food Safety Training and Certification (FoSTaC) Programme. It is matter of great pride that more than 20.50 lakhs Food Handlers have been trained under the FoSTaC program since 2017.
- A dedicated platform was launched for street food vendors, providing training resources, community engagement opportunities, and access to guidelines. This initiative empowers vendors to comply with food safety standards while building a sense of community.
- 1st Healthy & Hygienic Food Street, 'PRASADAM’ of the country, was inaugurated by Hon’ble Union Minister of Health & Family Welfare at Mahakal Lok, in Ujjain, Madhya Pradesh. Furthermore, 3 healthy and hygienic food streets were launched at Kadappa(Andhra Pradesh), Rourkela(Odisha) and Siliguri (West Bengal) in the year 2024.

- FSSAI hosted the 'Eat Right Quest' quiz' on the MyGov platform from 5th August 2024 to 4th October 2024 to create awareness among people about food safety and nutrition in a fun and entertaining way. Nearly 40,000 people participated in the quiz.
- FSSAI commemorated World Food Safety Day on 7th June 2024 with an interactive session led by CEO Shri G. Kamala Vardhana Rao, who led the gathering in taking the Food Safety Pledge, reaffirming FSSAI's commitment to ensuring safe and nutritious food for all. The event featured a thought-provoking panel discussion on the theme 'Food Safety: Prepare for the Unexpected' with insights from experts. Key highlights included the launch of 'Food Safety Samvad,' FSSAI's blog microsite on food safety and nutrition.
- To create awareness about FSSAI and Food Safety, various initiatives have been implemented including street plays, Radio Jingles through various FM channels and Railway Station announcements across the states.
- To raise awareness about the incredible health benefits of millets and inspire a culinary revolution, a millet-focused cookery show has been launched on DD National. FSSAI has partnered with a renowned celebrity chef to create a captivating recipe show that aims to reach a vast audience and encourage the widespread adoption of millet-based dishes.

17. International Health Regulations

- **WHO-managed Global Initiative on Digital Health (GIDH)** was launched during the India's G20 Presidency to advance digital health tools and strengthen health systems worldwide. India is committed to establishing a digital healthcare ecosystem. To fulfill this commitment, India has pledged a financial support of USD 10 million to the Global Initiative for Digital Health (GIDH) to provide its Digital Public Infrastructures (DPIs) to countries in need. Additionally, India is ready to offer technical and financial support for the customization of these DPIs to meet specific requirements of the countries through GIDH.
- **77th Session of the World Health Assembly (WHA):** The 77th Session of the World Health Assembly (WHA) was held from 27th May 2024 to 1st June 2024 in Geneva. The theme of this year's Health Assembly was "All for Health, Health for All". Secretary (HFW) chaired Committee

‘A’, the key and leading committee at the World Health Assembly, facilitating discussion on various programmatic topics covering Universal Health Coverage, Public Health Emergency Preparedness and Response, Antimicrobial Resistance, Climate Change and Sustainable Financing for WHO. India’s leadership in Committee ‘A’ underscored its growing influence in global health governance.



- **Nelson Mandela Award to NIMHANS:** National Institute of Mental Health and Neurosciences (NIMHANS) was awarded by WHO with the 2024 Nelson Mandela Award for Health Promotion during the Seventy-seventh World Health Assembly held in Geneva. The award is a testament to Government's dedication and outstanding contributions to promoting mental health and well-being.



- **Voice of Global South Summit (VoGSS):** India hosted the 3rd Voice of Global South Summit in virtual format on 17th August 2024 with the overarching theme of “An Empowered Global South for a Sustainable Future”, showcasing India's vision of a unified and proactive Global South. The Hon'ble Prime Minister inaugurated the summit. Addressing the

invited Global South Countries, the Hon'ble PM highlighted Health Security, threats from Climate Change and the role of Digital Public Infrastructure in collaborative development. During the Summit, the Health Ministers' Session was convened with the theme "One World One Health". In his inaugural speech, the Hon'ble HFM emphasized about Government's health sector initiatives.



- **Climate Change and Health:** The Climate and Health Solutions (CHS) India Conclave was held on September 25-26, 2024 in New Delhi. The conclave was organized as a joint collaboration between the Ministry and the Asian Development Bank (ADB), as part of the ongoing cooperation under the Climate and Health Initiative (CHI) developed during India's G20 Presidency in 2023. The conclave provided a valuable platform for meaningful discussions on critical issues facing our healthcare system and facilitated the exchange of innovative ideas and best practices.
- **77th Session of the WHO Regional Committee for South-East Asia:** India successfully hosted the 77th Session of the WHO Regional Committee for South-East Asia in New Delhi from 7th to 9th October 2024 during which India emphasized its commitment to universal health coverage (UHC) through initiatives like Ayushman Bharat, the world's largest publicly funded health assurance scheme. The 77th Session of the WHO Regional Committee for South-East Asia adopted the following key resolutions:



- **Government of India has been awarded by WHO with the "Trachoma- Free"** certification during the 77th Regional Committee Meeting of WHO's South-East Asia Region (SEAR) for successful elimination of Trachoma as a public health problem due to rigorous and sustained efforts by the Government of India under the National Programme for Control of Blindness & Visual Impairment (NPCBVI). This recognition underscores India's commitment to eliminating preventable blindness and improving public health.]
- **Bilateral Agreements, JWG meetings etc.:** Two Memoranda of Understanding were signed with Bangladesh and Singapore on cooperation in the field of health and medicine. Joint Working Group (JWG) meetings under the MoUs were held with Sweden, Myanmar, Eswatini and Malawi to discuss various issues relating to health and healthcare.

18. Pradhan Mantri Swasthya Suraksha Yojana (PMSSY)

The Pradhan Mantri Swasthya Suraksha Yojana (PMSSY) envisages creation of tertiary healthcare capacity in medical education, research and clinical care, in the underserved areas of the country. It aims at correcting regional imbalances in the availability of affordable/reliable tertiary healthcare services and also augmenting facilities for quality medical education in the country. The scheme has two broad components: Setting up of All India Institutes of Medical Sciences (AIIMS) and Up-gradation of existing Government Medical Colleges/Institutions(GMCIs).

Till date, establishment of 22 new All India Institutes of Medical Sciences (AIIMS) and 75 Projects of upgradation of existing Government Medical Colleges/Institutions (GMCIs) have been approved under the scheme. Out of 22 AIIMS, 18 AIIMS are functional. In these AIIMS teaching learning, research and OPD and IPD facilities are provided. Remaining 4 AIIMS are at various

stages of operationalization. Out of 75 GMC upgradation projects 69 projects have been completed.

Six AIIMS under Phase-I & II:

In Phase-I, a total of six AIIMS (Bhopal, Bhubaneswar, Jodhpur, Patna, Raipur and Rishikesh) were set up in 2012 and these Institutes are fully operational. All key hospital facilities and services such as Specialties and Super-Specialties Departments, Emergency, Trauma, Blood Bank, ICU, Diagnostic and Pathology are functioning. In Phase-II, AIIMS at Raebareli was approved and is now operational.

New AIIMS approved after 2014:

15 AIIMS have been approved by the Cabinet since 2014. Out of these 15 in 11 AIIMS, MBBS classes, OPD services and IPD Services have started. These 11 AIIMS are AIIMS at (i) Gorakhpur (UP), (ii) Nagpur (Maharashtra), (iii) Kalyani (West Bengal), (iv) Mangalagiri (Andhra Pradesh), (v) Bibinagar (Telangana), (vi) Bathinda (Punjab) (vii) Deoghar (Jharkhand), (viii) Bilaspur (Himachal Pradesh), (ix) Guwahati (Assam), (x) Jammu (UT of J&K) and (xi) Rajkot (Gujarat). Construction work is at various stages in remaining 4 AIIMS which are AIIMS at (i) Madurai, (ii) Awantipura, (iii) Rewari and (iv) Darbhanga.

- Hon'ble Prime Minister inaugurated/ dedicated to the nation AIIMS Jammu on 20.02.2024.
- AIIMS Rajkot, AIIMS Bathinda, AIIMS Raebareli, AIIMS Kalyani and AIIMS Mangalagiri were dedicated to the nation by Hon'ble PM on 25.02.2024.
- Hon'ble Prime Minister also laid the foundation of AIIMS Rewari in Haryana on 16.02.2024.
- On 29.10.2024, Hon'ble Prime Minister inaugurated various projects / medical facilities in 6 AIIMS including AIIMS at (i) Bilaspur (ii) Patna, (iii) Gorakhpur, (iv) Kalyani, (v) Guwahati and (vi) Bhopal including renal transplant services, CTVS services etc.
- On the same day Hon'ble PM launched the Helicopter Emergency Medical Services (HEMS) at AIIMS Rishikesh to be implemented in collaboration with Government of Uttarakhand. The HEMS aims to deliver speedy medical care by stabilizing and treating trauma victims during flight and onsite.
- On 29.10.2024 and drone services at 11 AIIMS were also launched by Hon'ble Prime Minister. These AIIMS include AIIMS Rishikesh, AIIMS Bibinagar, AIIMS Guwahati, AIIMS Bhopal,

AIIMS Jodhpur, AIIMS Patna, AIIMS Bilaspur, AIIMS Raebareli, AIIMS Raipur, AIIMS Deogarh and AIIMS Mangalagiri. The Drone service are expected to aid in rapid, cost-effective and safe delivery of medical supplies and samples in hard-to-reach and tough terrains. They will connect remote locations for transport of medicines and laboratory samples.

- The land for establishment of AIIMS Darbhanga was finalized and handed over by the State Government. On 13th Nov the Bhoomi Pujan of AIIMS Darbhanga was held and on this day, Hon'ble PM launched the logo of the Institute.

Up-gradation of existing Government Medical Colleges /Institutes:

The Up-gradation programme broadly envisages improving tertiary health infrastructure through construction of Super Speciality Blocks / Trauma Care Centres etc. and/or procurement of medical equipment for existing Government Medical Colleges / Institution. Since inception of the Scheme, 69 upgradation projects of existing Government Medical Colleges / Institutions have been completed.

During 2024, Hon'ble Prime Minister inaugurated the Super Speciality Block in Government Medical College Bilaspur (Chhattisgarh) on 29.10.2024.

Hon'ble HFM inaugurated Super Speciality Blocks / Trauma Care Centres at Government Medical College (GMC), Dibrugarh (Assam) on 12.01.2024, GMC, Kanpur (Uttar Pradesh) on 24.01.2024, GMC, Jaipur (Rajasthan) on 03.02.2024,

Medical facilities at IGIMS, Patna (Bihar), and Super speciality Blocks at GMC, Gaya (Bihar), GMC, Bhagalpur (Bihar) were inaugurated by Hon'ble HFM on 06.09.2024,

On 07.09.2024 Hon'ble HFM inaugurated the Super Speciality Blocks at GMC, Darbhanga (Bihar), and GMC, Muzaffarpur (Bihar).

Setting up of Critical Care Hospital Blocks:

To control spread of the infectious disease, the PM-ABHIM Scheme envisages establishment of 150 bedded Critical Care Hospital Blocks (CCHB) in 12 Central Hospitals under the Central Sector Component at a total cost of Rs. 2220 crores.

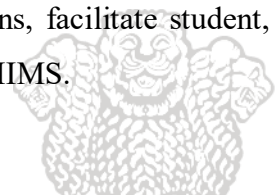
These institutes include –AIIMS at Delhi, Bhopal, Bhubaneswar, Jodhpur, Patna, Raipur and Rishikesh, PGIMER at Chandigarh, JIPMER at Puducherry, RIMS at Imphal, NEIGRIHMS at

Shillong and IMS of BHU at Varanasi. The CCHB in these Central Institutes are at various stages of construction.

Signing of Tripartite MoU among MoHFW, MoE and IMS-BHU

A Tripartite Memorandum of Understanding was signed between Institute of Medical Sciences, Banaras Hindu University (BHU), Ministry of Health and Family Welfare, and Ministry of Education on 22nd Nov 2024.

This MoU enables provision of grant in aid to IMS BHU by MoHFW on the lines of new AIIMS set up under PMSSY. Additional Financial support to the Institute will be useful in enhancing manpower, procurement of medical equipment and upgradation and expansion of clinical services which will effectively translate in delivery of improved health care services to the people of the region adding to patient satisfaction and experience. The MoU will also deepen academic and research collaborations, facilitate student, faculty, staff and research professionals exchange between IMS BHU and AIIMS.



स्वास्थ्य एवं
परिवार कल्याण मंत्रालय

19. Department of Health Research (DHR)

1. Indian Council of Medical Research (ICMR)

सत्यमेव जयते

The Indian Council of Medical Research (ICMR), headquartered in New Delhi, is India's apex organization for formulating, coordinating, and promoting biomedical research. As one of the world's oldest medical research institutions, ICMR operates under the Department of Health Research (DHR) within the Ministry of Health and Family Welfare, Government of India..

Globally, ICMR has established collaborations with institutions across all continents through Memoranda of Understanding (MoUs). These partnerships focus on addressing pressing health challenges, including cancer, diabetes, infectious diseases, and vaccine development. They facilitate the exchange of knowledge, joint research projects, and the organization of scientific events such as workshops and seminars.

Intramural Research

Intramural research, carried out through ICMR's network of 27 specialized institutes, involves funding projects aligned with the institute's own research priorities or those identified by the Department of Health & Family Welfare (DoHFW) and various state governments. The 27 institutes fall under 3 major categories: Disease-specific (4); Subject Area-specific (19); Region-specific (4)

These institutes receive intramural funding through a competitive grant mechanism encouraging high-quality proposals that address pressing health challenges, ensuring that research efforts remain responsive to national and regional needs. Through these grants, scientists and researchers within the institutes can undertake cutting-edge investigations, develop innovative solutions, and contribute to the evidence base shaping India's health policies and practices.

Extramural Research

Extramural research is funded by ICMR at research institutes, medical colleges, and non-governmental organizations across the country. It supports investigator-initiated projects through various grant mechanisms designed to cater to different stages of research and levels of complexity.

Small Grants: Small grant proposals, intended primarily for proof-of-concept studies, receive funding of up to ₹2 crores and can be carried out over a maximum duration of four years. This funding allows emerging ideas and innovative approaches to be rigorously tested before moving on to more advanced stages of research.

Intermediate Grants: Intermediate grant proposals, on the other hand, are suited for larger-scale and more decisive studies that build on established preliminary data. With funding ranging from ₹2–8 crores over a similar four-year period, these grants enable researchers to delve deeper into their investigations, generate robust evidence, and potentially develop interventions that can shape health policies and practices.

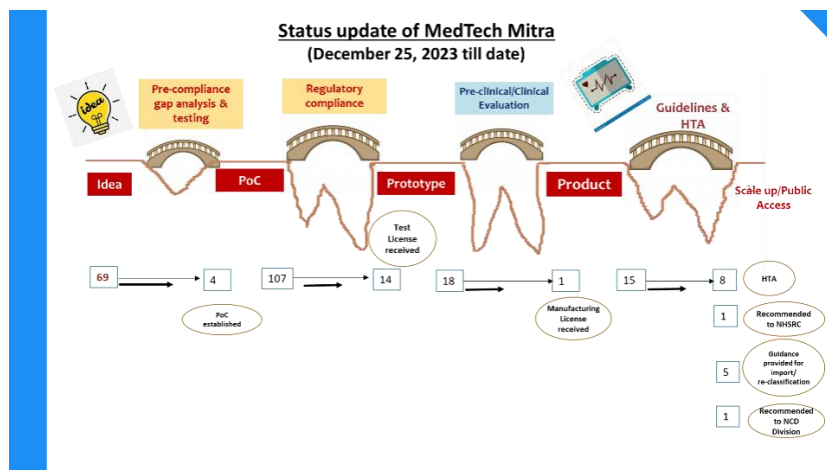
Centres of Advanced Research (CAR): For highly experienced research teams with a demonstrated track record of excellence, Centers for Advanced Research (CAR) grants offer a chance to undertake comprehensive, multidisciplinary studies aimed at addressing critical healthcare challenges. Each CAR is eligible for funding of up to ₹15 crores over five years, facilitating in-depth inquiries that can yield transformative insights and solutions. These centers often integrate clinical, laboratory, field-based, and

policy-oriented research components, ensuring that their outputs are both scientifically rigorous and pragmatically relevant.

National Health Priority Research: Complementing these funding mechanisms is ICMR's National Health Research Program, a mission-mode initiative that directs research efforts toward ten areas of pressing national importance: One Health, antimicrobial resistance (AMR), tuberculosis (TB), vector-borne diseases, cancer, ambulatory care for non-communicable diseases (NCDs), acute emergency care, anemia, stunting and wasting, and neonatal mortality. These priority areas reflect the country's most urgent health challenges, calling for solution-oriented research that can be translated into scalable interventions and informed policy-making. Through strategic investments, capacity building, and collaboration among diverse stakeholders, ICMR seeks to ensure that the research it supports not only advances scientific understanding but also translates into tangible improvements in health outcomes and service delivery across India.

Major activities & achievements (2024-25)

1. **MedTechMitra Platform:** In alignment with the vision set forth by NITI Aayog; Indian Council of Medical Research (ICMR) in collaboration with the Central Drugs Standard Control Organization (CDSCO), established the 'MedTechMitra, platform. This initiative aims to empower healthcare innovators across India by providing them with comprehensive support to facilitate the progression of innovative technologies through critical development stages, often referred to as "valleys of death," to ensure they reach their logical conclusions. Till now, more than 200 innovators have been supported through this initiative.



2. ICMR launched the **"First in the World" Challenge** on 30.10.2024. This high-risk, high-reward research and development scheme is designed to foster the creation of health technologies that are unprecedented globally. The program will fund projects at various stages from proof of concept design to prototype and final product development. . This initiative is designed to identify and fund novel, high-impact research ideas that have the potential to achieve unprecedented advancements in health sciences.

The "First in the World Challenge" aims to inspire and support researchers to conceptualize and develop pioneering solutions for complex health challenges. The specific objectives include:

- i) Encouraging futuristic and transformative ideas to generate new knowledge and breakthrough health technologies.
- ii) Supporting the discovery and development of novel vaccines, diagnostics, drugs, therapeutics, and interventions with global relevance and wide-ranging impact.
- iii) Avoiding incremental innovations by funding projects with bold, high-risk ideas that hold the potential for revolutionary outcomes.
- iv) Establishing India as a global leader in biomedical science through "first-of-its-kind" achievements.

3. ICMR has launched the **ICMR Data Repository**, a centralized, secure, and accessible platform of high-quality datasets, ensuring data integrity and privacy.

4. ICMR has also launched **The UNNATI Initiative** (Upgrading Norms for Nutrition, Growth, and Development Assessment of Indian Children) that aims to establish India-specific growth and development standards for children, addressing limitations of existing WHO benchmarks.
5. **Intent PHASE I Clinical Trials:** The initiative to establish infrastructure for early-phase clinical trials was born out of a meeting chaired by the Cabinet Secretary on November 16, 2021, identifying the critical need for Phase I clinical trial capacity in India. The focus is on funding projects aligned with national health priorities and ready for Phase I trials. Significant progress has been made with four key projects initiated under this initiative. These include the development of a small molecule for cancer (AUR 107) in collaboration with Aurigene, with trials underway at two ICMR Phase I sites; a vaccine for influenza (Mynflu001) developed with Mynvax, also being trialed at two ICMR sites; a Zika vaccine in collaboration with Indian Immunologicals Limited, trialed at one ICMR site; and CAR-T cell therapy for Chronic Lymphocytic Leukemia (CD-19 CART cell) in partnership with ImmunoAct, with trials at two ICMR sites. This effort underscores a strategic push towards bolstering India's early-phase clinical trial capacity and addressing critical health challenges.
6. **Launch of ICMR - Research Infrastructure Sharing Ecosystem (I-RISE) Policy:** Access to advanced research infrastructure is often a limiting factor for many institutions, especially the start-ups and smaller institutes. The I-RISE Policy is a landmark initiative that democratizes access to



state-of-the-art research facilities. By creating a collaborative network where equipment and resources are shared, we not only optimize utilization but also foster a culture of inclusivity and collaboration. This

policy ensures that talent and potential are not hindered by a lack of resources, paving the way for groundbreaking discoveries irrespective of geographical or institutional boundaries.

7. **Launch of Guidelines for Technology Development Collaboration:** Innovation thrives at the intersection of academia, industry, and government. These guidelines are designed to streamline partnerships, facilitating joint ventures that leverage the strengths of each sector. By promoting transparent technology transfer and collaborative development, we accelerate the journey from lab to market. This synergy is crucial for translating research into tangible products and services that can enhance healthcare delivery and contribute to economic growth. It is a significant step towards realizing the vision of a self-reliant India, where homegrown innovations address our unique health challenges.

8. **Launch of Guidelines for Utilization of CSR Funds for Health Initiatives:** Corporate Social Responsibility (CSR) funds represent a vast reservoir of potential for social good. By providing clear guidelines for their utilization in health initiatives, we align corporate contributions with national health priorities. This framework encourages the private sector to invest in impactful health programs, driving innovation and expanding access to quality healthcare services. It is an embodiment of the principle that improving public health is a collective responsibility, and together, we can create a healthier nation where no one is left behind.

9. **Launch of Intellectual Property Rights (IPR) Policy of ICMR:** In today's knowledge-driven economy, intellectual property is a valuable asset. The IPR Policy of ICMR safeguards the intellectual contributions of our researchers and collaborators. By protecting innovations, we incentivize creativity and ensure that inventors receive due recognition and reward. This policy also facilitates strategic partnerships and commercialization opportunities, ensuring that innovations benefit society while contributing to the nation's economic development. It aligns with the "Make in India" initiative, fostering a self-sustaining ecosystem of innovation and entrepreneurship.

10. **Healthcare delivery by Drones:** Under the visionary leadership of Hon'ble Prime Minister Shri Narendra Modi Ji and with steadfast support from the Hon'ble Union Health Minister, Shri J. P. Nadda, Ji, ICMR in collaboration with AIIMS, Bibinagar launched the groundbreaking 'Drone

Services for Health Outreach' initiative in October 2024. This transformative project, inaugurated by the Hon'ble Prime Minister and Health Ministers, aims to revolutionize healthcare delivery in remote tribal areas, showcasing India's commitment to leveraging advanced technology for the greater good. Moving forward by the Prime Minister's long-term vision, this initiative marks India's first year-long drone health outreach program. The project targets flying over 10,000 kilometers, transporting more than 1,000 TB sputum samples, and training over 100 healthcare workers, spanning more than 10 months, the program will serve all TB testing units in Telangana's 01 rural tribal district of YadadriBhuvanagiri, strengthening efforts under the National TB Elimination Programme with the shared goal of achieving a TB-free India by 2025. Fully funded and supported by ICMR under the PM-ABHIM scheme, this initiative exemplifies the government's commitment to expanding healthcare access, empowering rural health systems, and supporting the Hon'ble Prime Minister's vision of a healthier, self-reliant India. The project introduces a district-level model for efficient transport of TB sputum samples from rural and tribal areas in Yadadri Bhuvanagiri district, Telangana by using drones. The district's challenging terrain, marked by forests and remote locations, often limits healthcare access for tribal populations, causing delays in TB diagnosis and treatment. This one-year pilot is the first attempt to integrate drone services into the National TB Elimination Program aiming towards the goal of ending TB by 2025. More than 40 remote healthcare centers—including Sub Centers, PHCs, and CHCs will be connected with four TB testing units covering the entire district. This will reduce the time required to transport samples, improve diagnostic efficiency, and enhance patient compliance by minimizing dropouts in underserved communities. The success of this project in this district would provide a cost-effective, time-saving solution for transporting disease samples from hard-to-reach areas which can be scaled up in other difficult-to-reach regions. In the past, the Indian Council of Medical Research (ICMR) has successfully conducted feasibility studies in the North Eastern Region (Manipur, Nagaland) and the Himalayan Region (Lahaul-Spiti). These studies involved the delivery of vaccines, medical samples, surgical supplies, and essential and emergency medicines. The results demonstrated that drone-based deliveries are time-efficient. Building on the learnings from these studies, ICMR has now developed a one-year implementation project in collaboration with various stakeholders.

- 11. Launch of Dengue Vaccine Trial:** ICMR has signed a MoU with Panacea Biotec for conducting a study titled "A Phase III, Multicenter, Randomized, Double-Blind, Placebo-Controlled Study to Evaluate the Efficacy, Immunogenicity and Safety of Single dose of Dengue Tetravalent Vaccine, Live

Attenuated (Recombinant, Lyophilized) – “DengiAll” of Panacea Biotec Limited in Healthy Indian Adults.” Panacea Biotec has earlier undertaken phases I/II clinical trials of the dengue vaccine in India. This recombinant vaccine has been developed by NIH, USA and technology has been transferred to a number of companies across the world. The phase III clinical trial protocol has been approved by DCGI and trial has been initiated.

12. ICMR unveiled **Dietary Guidelines for Indians (DGI)** to promote healthy diets and lifestyles, warding off nutrient deficiencies and non-communicable diseases. Expert-backed & scientifically validated, developed the guidelines serve as a comprehensive resource for policymakers, educators, healthcare professionals & individuals alike.
13. Inaugurated the **Ayush-ICMR Advanced Centre for Integrative Health Research (AI-ACIHR)** at four selected AIIMS locations. The AI-ACIHR will focus on crucial health domains.
14. Based on the HTA study carried out at ICMR-NIRT, the Ministry of Health & Family Welfare, Govt. of India recommended introduction of new shorter and more efficacious BPaLM regimen for Multi drug-resistant TB treatment in India.
15. ICMR has been honoured with the prestigious 2024 UN Inter-Agency Task Force Award for outstanding achievements in advancing multisectoral action on the prevention & control of NCDs, mental health, and the broader NCD-related SDGs.

2. National One Health Mission (NOHM):

In July 2022, Prime Minister's Science, Technology & Innovation Advisory Council (PM-STIAC) had recommended creation of ‘One Health Mission’ to coordinate, support, and integrate all existing One Health activities in the country and fill gaps where needed. Accordingly, Principal Scientific Advisor’s Office has conceptualized the objectives and framework of the Mission and the activities are also being coordinated by Department of Health Research (DHR), Ministry of Health and Family Welfare.

The National One Health Mission (NOHM) will help India to achieve integrated disease control and pandemic preparedness by institutionalizing One Health approach. It will also leverage the

ongoing/planned programs of 13 different Ministries/Departments of the Central and State Governments by fostering collaborations.

A budget outlay of Rs. 386.86 crore has been approved until 2027-28 for interface and coordination activities for Strengthening R&D for One Health, under Prime Minister's Ayushman Bharat Health Infrastructure Mission (PM-ABHIM). Earlier in February 2024, the Cabinet approved the post of Director of National Institute of One Health (NIOH), Nagpur, who will also be Mission Director of NOHM.

Activities undertaken so far:

- The first meeting of the Executive Steering Committee on One Health under the National One Health Mission was held on 10.07.2024 under the chairpersonship of Hon'ble Union Minister of Health & Family Welfare with all the participating ministries and departments.
- A national network of 22 BSL-3 laboratories has been established with operational labs from various sectors.
- The Ministry of Health & Family Welfare has notified a National Joint Outbreak Response Team connecting human, livestock, and wildlife sectors. This will strengthen detection of the emerging hotspots of infections and conduct timely investigation for prevention and control.
- Successful conduction of biosafety and biosecurity training, including hands-on simulation exercises, by NIV to ensure preparedness for biological risks.
- A multi sectoral response to the Nipah outbreak in Kerala was provided, where National Centre for Disease Control (NCDC) provided surveillance support, ICMR provided mobile BSL3 for lab diagnostics, and Department of Animal Husbandry and Dairying (DAHD) conducted surveillance in pigs and Ministry of Environment, Forest and Climate Change (MoEFCC) conducted bat surveillance.
- "Vishanu Yuddh Abhyas", a mock drill, was conducted in Ajmer, Rajasthan, from August 27th to 31st , 2024 to assess pandemic preparedness and readiness response of the NJORT team composed of experts from human health, animal husbandry, and wildlife sectors. It was a successful exercise offered valuable insights to inform future strategies to enhance India's preparedness and response to zoonotic disease outbreaks, fostering a coordinated and efficient approach across all relevant sectors. Press Release link :

<https://pib.gov.in/PressReleaseDetail.aspx?PRID=2051388>

- Vaccine development studies for Kyasanur Forest Disease (KFD) and H5N1 (Avian flu) for humans and animals have been initiated. Development of Nipah monoclonal is in process.

Vishanu Yuddh Abhyas: Mock Drill in August 2024 under National One Health Mission



3. Human Resources Development Scheme of DHR

In the Human Resource Development for Health Research initiative a total of 1368 Fellowships, under various components of the scheme, have been awarded, 26 Research Institutes have been supported for providing training / capacity building, 791 participants have been trained by the supported institutes and more than 20 research papers have been published in the reputed indexed journal.

4. Centre for Evidence for Guidelines

Centre for Evidence for Guidelines has been set up as a nodal Centre for evidence synthesis for Guideline development in Department of Health Research under MoHFW in collaboration with DoHFW program division, DGHS and NHSCR in line with National Health Priorities. The main mandate is to develop evidence-based guidelines by systematically reviewing available evidence and applying the GRADE methodology to assess the certainty of evidence. In addition, the centre conducts capacity-building activities, including workshops on systematic reviews and the GRADE approach, as well as training sessions to enhance the competency of Guideline

Development Group (GDG) and other stakeholders in guideline development methodologies. Through these initiatives, it ensures that healthcare decisions are informed by the best available evidence, ultimately improving patient care and health outcomes. In September 2024, the Centre established 28 Technical Resource Centres (TRCs) across the country to assist in evidence synthesis by conducting systematic reviews and meta-analyses, thereby enabling consistent, high-quality guideline development.

5. DHR-ICMR Health Research Excellence Summit 2024

The Department of Health Research and the Indian Council of Medical Research (DHR-ICMR) hosted the DHR-ICMR Health Research Excellence Summit 2024 at Sushma Swaraj Bhawan, New Delhi on 14.10.2024. This milestone event marked ICMR's 113th Foundation Day and celebrated over a century of the institution's commitment to advancing biomedical research in India. The Summit featured distinguished leaders in the healthcare and research sectors.



23. National Center for Vector Borne Diseases Control

Malaria

- India has set the goal of achieving malaria elimination by 2030.
- India has made substantial progress in reducing malaria burden. The country has achieved a reduction of 80.53% in malaria morbidity and 78.38% in malaria mortality between 2015 and 2023.
- In 2024, (till October) Blood Slide Examination is 14,47,89,640 and surveillance have been increased in 23 states

- In 2024 (till October -Provisional), there is 13.66% increase in malaria cases and 32.84% decrease in malaria deaths and 16.26% increase in falciparum malaria as compared to corresponding period of 2023.
- In 2023, Annual Blood Examination Rate (ABER) of Country is 11.62 as compared to 9.58 in 2015.
- Implementation of Integrated Health Management Platform (IHIP) for real time monitoring of cases & death across the country. All 36 States/UTs on boarded on IHIP VBD portal. 17 States/UTs (Himachal Pradesh, Andaman & Nicobar Islands, Chandigarh, Dadar & Nagar Haveli and Daman & Diu, Goa,
- Haryana, Jammu & Kashmir, Ladakh, Manipur, Nagaland, Puducherry, Punjab, Rajasthan, Sikkim, Tamil Nadu, Uttarakhand, Arunachal Pradesh) successfully boarded on IHIP portal from paper to paperless reporting.
- Guidelines for Concurrent and Consecutive Supervision for Indoor Residual Spray (IRS) prepared and shared with high endemic states namely, Chhattisgarh, Jharkhand, Odisha, Tripura, Meghalaya and Mizoram for field level supervision of IRS which is a budgeted activity under GFATM supported IMEP - 3 (GC7)
- ASHA incentive has been enhanced from Rs 75/- to Rs. 200/- per confirmed case of malaria for ensuring complete treatment
- At present, 34 States and UTs have made Malaria a notifiable disease and remaining States & UTs (Bihar and Andaman & Nicobar Islands) are under process to make malaria a notifiable disease.
- In 2024, National level refresher training (4 batch) and External Competency Assessment (ECA) (2 batch) on malaria microscopy was conducted at NCVBDC for certification of Lab technicians from different Regional office of Health & Family welfare (ROHFW), States and UTs.
- Malaria microscopy has also been strengthened by National Refresher training and certification of a core group of Laboratory Technicians from different States. There are 26 Level-1 and 22 Level-2 WHO certified Laboratory technicians for strengthening microscopic activity and lab capacity building.
- Launch of National Strategic Plan for Malaria Elimination 2023-2027 by Hon'ble HFM on 2nd January,2024. With the implementation of the National Strategic Plan for Malaria Elimination under the National Framework for Malaria Elimination, it is envisaged to interrupt indigenous

transmission of malaria in the country by the year 2027 and maintain malaria free status throughout the nation.

Kala-Azar

During 2024 up to October end 421 Kala-azar cases have been reported in comparison to 541 cases reported during corresponding period of 2023, reporting a reduction of 22.18% of cases.

- All 633 endemic blocks have achieved the elimination target i.e. annual incidence of less than one case per 10,000 population at block level by the end of 2023 and are sustaining the same till October 2024.
- The Government has achieved 'zero' no. of endemic blocks reporting >1Kala Azar case/10000 population at block level and has sustained elimination status till date.

Dengue & Chikungunya

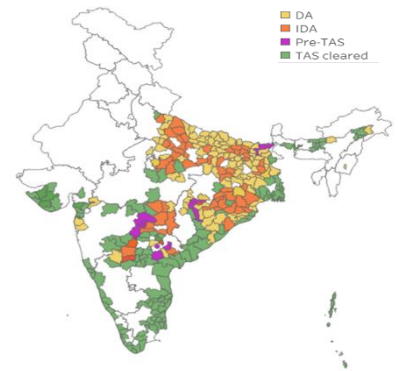
- The number of identified Sentinel Surveillance Hospitals (SSHs) has been increased from 805 in 2023 to 848 in 2024 (till 30th November). Also, the number of Apex Referral Laboratories (ARLs) with advanced diagnostic facility increased from 17 in 2023 to 27 in 2024. Case Fatality Rate (CFR) for Dengue (deaths per 100 cases) has been maintained at <1% (Prov. till 30th November).
- **Advisories** (Total- 21) has been issued
- **Dengue Conclave:** Organized a Dengue Conclave under the Chairmanship of AS&MD, HFW on 18th March, 2024 at Delhi with special focus on urban settings
- **Technical Consultation:** Organized a technical consultation on Strengthening Intersectoral collaboration for prevention and control of Dengue on 20th & 21st June- inaugurated by DGHS
- **Trainings for Entomologists** were organized on malaria & other VBDs on 19th to 23rd August, 9th to 13th September and 23rd to 27th September at NCVBDC, Delhi
- **Training on IHIP portal:** Organized training on entry of data on IHIP-VBD portal for Dengue and Chikungunya with the support WHO for all States/UTs *w.e.f.* 27th November

Lymphatic Filariasis

Lymphatic Filariasis (LF), commonly known as Elephantiasis (Haatipaon) is a serious debilitating and incapacitating disease transmitted through the bite of a culex mosquito. LF is a priority tropical disease targeted for elimination by the Government of India prior to Global target of 2030.

Among 345 endemic districts (Figure 1- Country status)

- 159 districts of 13 states reported more than 1% microfilaria (Mf) rate and are under Mass Drug Administration
- 139 districts (40%) have stopped MDA and have cleared the Transmission Assessment Survey 1.
- 47 districts are in various stages assessments.



Key Activities/ Achievements

- 3,38,087 Morbidity Management and Disability Prevention Kits were provided to lymphoedema patients and 64,706 hydrocelectomy surgeries conducted.
- **World NTD Day 2024** - On January 30th, 2024, World NTD Day was spotlighted in India as NCVBDC illuminated New Delhi Railway Station in purple and orange colours, marking its dedication to combating neglected tropical diseases (NTDs). The event highlighted the nation's strategic shift from viewing NTDs as 'Neglected' to 'Prioritized' Tropical Diseases, emphasizing proactive measures and global collaboration towards eliminating these diseases that impact billions globally.
- **MDA Campaign Launch:** The annual MDA campaign was implemented in two phases. Union Minister of State for Health and Family Welfare, Prof. S P Singh Baghel Launched the Mass Drug Administration (MDA) campaign for Lymphatic Filariasis elimination covering 92 districts across 11 states on 10th February 2024. The second Phase of MDA campaign across 63 districts of 6 states was virtually launched on August 10, 2024 by Sh. Prataprao Jadhav, Hon'ble Minister of State (Independent Charge) of Ministry of AYUSH and Ministry of Health & Family Welfare.



- **Mass Drug Administration Reported Coverage:** In 2024, across 1634 blocks of 159 districts in 13 states conducted MDA in two phases. Attained **94% reported coverage among the eligible population through ensuring directly observed consumption.**

Japanese Encephalitis

- 334 districts covered under Routine Immunization (RI) out of 355 districts. 21 more districts to be covered under RI.
- 42 districts (Assam (9), Uttar Pradesh (7) and West Bengal (26) have been covered under Adult JE Vaccination.
- 9 blocks in 3 districts of Assam have been identified for the Adult JE vaccination in 2019.
- 2 more districts of Assam (Dhubri and Karimganj) have been identified for the Adult JE vaccination in 2023.
- 172 Sentinel Surveillance Hospitals (SSHs) and 15 Apex Referral Laboratories (ARLs) have been identified for diagnosis of JE.
- 689 JE IgM kits have been supplied in 2024 (till 30.11.2024)

27. Disaster Management Cell (DM Cell)

Disaster Management Cell (DM Cell), MoHFW is the nodal cell of the ministry to coordinate disaster preparedness and management activities. DM Cell, MoHFW has been conducting various capacity building trainings programs which includes: Hospital preparedness for Health Emergencies, Management of public health emergencies, Medical Management of Radiological and Nuclear Emergencies, Psycho-social Care and Emergency Life Support skills. The said capacity building programs are focused on development of human resources in medical and allied sectors for effective management of disasters.

In the year 2024, till 12th December, 2024, a total of 2059 healthcare professionals have been trained throughout the country with 70 capacity building trainings workshops.

Emergency Life Support skills are being imparted through National Emergency Life Support Skill (NELS) centres. A total of 98 NELS centres have been initiated for establishment in 27 State/UTs

throughout the country. These facilities have been crucial in developing emergency life support skills among doctors, nurses and paramedics.

Glimpse of different capacity building trainings conducted



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27. Central Drugs Standard Control Organisation (National Drugs Regulatory Authority of India)

The WHO NRA re-benchmarking was exercised during September 16 to 20, 2024. India has been declared 'functional' against all the core regulatory functions of the WHO Global Benchmarking Tool Version VI and the Country retained Maturity Level 3 with the highest marks in several functions.

CDSCO in partnership with the World Health Organization (WHO), hosted the 19th International Conference of Drug Regulatory Authorities (ICDRA) in New Delhi from October 14th to October 18th, 2024 with theme "Smart Regulation: Delivering Quality Assured Medical Products for All."

Revision of Schedule M has become effective for the drug manufacturers with turnover >250 crores from 29.06.2024.

CDSCO has issued manufacturing license to three indigenously developed In-vitro diagnostic of Monkeypox Virus considering –the Public Health Emergency of International Concerns, in collaboration with ICMR has specified names of countries i.e. USA, UK, Japan, Australia, Canada and EU under the Rule 101 of New Drugs and Clinical Trial Rules, 2019 for approval of certain categories of new drug vide order No. DC-DT-15011 (11)/85/2024 dated 07.08.2024.

The Central Government through gazette notification dated 21.08.2024 has prohibited the manufacture, sale, and distribution of 156 fixed dose combination (FDC) drugs.

CDSCO has issued guidelines on Recall and Rapid Alert System for Drugs (including Biologicals & Vaccines) vide Circular No. QMS/37/Guideline/2024 dated 25.07.2024.

Indian Pharmacopoeia Commission, Ghaziabad (Autonomous body):

Indian Pharmacopoeia has been recognized and accepted as a book of standards in 12 -countries including Afghanistan, Bhutan, Ghana, Malawi, Mauritius, Mozambique, Nauru, Nepal, Nicaragua, Solomon Islands, Sri Lanka, Suriname. Further, efforts are being made to expand its reach in other countries like Central Asia, South Asia, Africa, Europe, South America, and Latin America.

Central Sector Scheme:

'National Pharmacovigilance Program of India is a Central Sector Scheme being implemented in the country with the objective to collect, collate and analyse the Adverse Events reported with the use of medical products marketed in India to safeguard the health of Indian population by ensuring that the benefits of use of medicine outweigh the risks associated with its use. Under this scheme so far in the F.Y 2024-25, 81 AMCs has been recognized and it is aimed to recognize 120 more such centres in next F.Y 2025-26.

Pharmacovigilance Programme of India (PvPI) Recognition of Healthcare facilities /Medical Colleges/Pharmacy Colleges etc. as Adverse Drug Reactions Monitoring Centres under PvPI to create a nation-wide system to report adverse reactions of drugs for patient-safety.

The Hon'ble Minister launched indigenously developed Adverse Drug Reaction Monitoring System (ADRMS) software of PvPI on 19th August, 2024.

The PvPI has also released "Pharmacovigilance Guidance Document for Marketing Authorization Holders of Pharmaceutical Products, Version 2.0 and Pharmacovigilance Comic" on 17th September 2024.

Increasing number new Adverse Drug Reaction Monitoring Centres (AMCs) in hospitals across the country to reach out every district of India under Pharmacovigilance Programme of India (PvPI) Further expansion and continuation of Central Sector Scheme – "Pharmacovigilance Programme of India" will help generate employment to contractual staff adept in pharmacovigilance in different Adverse Drug Reaction Monitoring Centres across the country based on performance and availability of funds.

National Institute of Biologicals, Noida (Autonomous body):

Aligned with the Pradhan Mantri Kaushal Vikas Yojana (PMKVY), NIB through its specialized Hands-on training programs aim at enhancing the skills and employability of biotech students particularly from Far North and Northeast areas strengthening the health infrastructure in remote areas. More than 1000 participant have been trained till date and numbers are continuously increasing.

The Hemovigilance Program run by NIB monitors and improves the safety of blood transfusion services.

Hemovigilance is a set of surveillance procedures covering the whole transfusion chain from the collection of blood and its components to the follow-up of its recipients intended to collect and assess information on unexpected or undesirable effects resulting from the therapeutic use of labile blood products and to prevent their occurrence and recurrence. It is an important tool for improving safe blood transfusion practices in a country.

Under the said program, more than 15000 healthcare and laboratory personnel officials have been trained till date through specialized trainings to identify, report, and address adverse transfusion reactions, enhancing the overall safety and quality of blood transfusions in India.

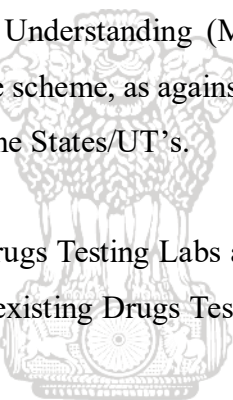
Training programmes by institute provides essential training in the fields of biological testing, laboratory management, and quality assurance, equipping trainees with hands-on skills required in the biotech and healthcare industries.

Centrally Sponsored Scheme – ‘Strengthening of States’ Drug Regulatory System’ (SSDRS):

SSDRS is a Centrally Sponsored Scheme to strengthen and upgrade the States Drug Regulatory System and laboratory infrastructure in the country. The Scheme was initially approved for a period of three years, from 2015 to 2018. Scheme was later extended from 2018 to 2021, then from 2021 to 2022-23, and now it has been extended to 2024-25. Presently, the Scheme has extension upto 31st March 2025.

Out of the 36 States/UTs, 34 States/UTs, are implementing the scheme through signing of Memorandum of Understanding. The States/UTs of Chandigarh and Lakshadweep have not signed their respective Memorandum of Understanding (MoU) with the Central Government. With regard to the Centre’s components of the scheme, as against the approved amount of Rs. 850 crore, so far Rs. 718.00 crore has been released to the States/UT’s.

So far 17 New Drugs Testing Labs and 49 New Drugs Control offices have been completed under the scheme. Also 24 existing Drugs Testing Labs and 44 drugs control offices in various states/UT’s have been up-graded.



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परिवार कल्याण मंत्रालय
MINISTRY OF
HEALTH AND
FAMILY WELFARE

28. Central Government Health Scheme (CGHS)

The Directorate of Central Government Health Scheme (CGHS) (w.e.f. 2012) is a contributory Health Scheme that was initially started in 1954. CGHS provides comprehensive healthcare facilities for Central Government employees and pensioners, Members of Parliament and former Members of Parliament and their dependents in CGHS-covered cities.

Presently approximately 47 lakh beneficiaries are covered by CGHS in 80 cities all over India. CGHS provides health care through following systems of Medicine: Allopathic, Homeopathic and Indian System of Medicine. The medical facilities are provided through CGHS Wellness Centres/Polyclinics under Allopathy, Ayurveda, Yoga, Siddha, Unani and Homoeopathic systems of Medicines & the current number of units across 80 cities stands at:

📍 341 Allopathic Wellness Centres

👤 19 Poly Clinics

🧘 111 AYUSH Wellness Centres/Units

⊕ Dedicated CGHS OPD wing
Dr. Ram Manohar Lohia Hospital
Safdarjung Hospital

A beneficiary (holder of a valid CGHS Card) can avail services of CGHS across the country at any of its Wellness Centres, Polyclinics, AYUSH Centres or Private empanelled hospitals/Diagnostic Centres in the CGHS Covered cities. The array of services available under CGHS includes:

- a. **Medical Consultation** (Government/Private; Allopathic, AYUSH)
- b. **Diagnostic and Laboratory Services** (Government/Empanelled Laboratories)
- c. **Yoga & Naturopathy treatments** (Government/Private empanelled Hospitals)
- d. **Ayurvedic procedures & treatment** (Government/Private empanelled Hospitals)
- e. **Supply of Medicines** (Allopathic/AYUSH medicines)
- f. **Hospitalization facilities** (planned treatment and emergency hospitalization)
- g. **Reimbursement of medical expenses** towards charges incurred at Government or empanelled private/diagnostic centres.
- h. Reimbursement of expenses incurred for purchase of medical equipment such as hearing aid, hip/knee joint implants, artificial limbs, pacemakers, ICD/Combo device, CPAP, Bi-PAP machine, Oxygen Concentrator etc., as per the CGHS ceiling rates and guidelines.
- i. Family welfare and MCH Services

Achievement and Service Delivery at CGHS:

The CGHS has reviewed and simplified the rules for referral for its beneficiaries, thus reducing the steps involved in availing and completing treatment. The beneficiaries can now avail of six consultations over a period of 3 months and can undergo investigations and procedures not involving admission based on the same referral. Earlier, any beneficiary aged above 75 years of age could avail of treatment without

the need for referral from the CGHS wellness centre which has been relaxed to the age of 70 years w.e.f. 28th June 2024.

The department has also issued updated guidelines for the issue of CGHS Cards on 28th June 2024 with committed timelines for the issue of cards. The major update also includes updating the provision as per the recently amended Rights of Persons with Disabilities Act, 2016 and Rights of Persons with Disabilities Rules, 2017.

Guidelines for submission of Medical Reimbursement of Claims were issued on 28th June 2024 thus making the process streamlined.

On 12 January 2024, the approved rates of 36 cardiology and PET scan rates and on 1st Feb 2024, the approved rates of 61 Surgery Procedures were revised thus reducing the disparity between market rates and CGHS approved rates for the procedures.

The rates for Deep Brain Stimulation and other neuro implants were revised on 9th September 2024, after a period of 18 years, thus bringing the medical technology within reach of beneficiaries suffering from debilitating movement disorder disease.

New initiatives and progress in CGHS:

1. Recommendations for Systemic Overhaul of CGHS

CGHS is facing challenges due to the stagnation of rates since 2014, which have failed to keep pace with rising healthcare costs and market dynamics. Despite attempts to revise rates in 2020, 2021, 2023, and 2024 these adjustments have been insufficient, with the disparity between CGHS rates and actual market costs widening significantly over the past decade. A committee was constituted under the aegis of Joint Secretary, MoHFW which has made 40 Specific recommendations covering Revision of rates, Financial Reforms including the introduction of Co-Payment, Reforms pertaining to Wellness Centres, Grievance Redressal, Technological Innovation & Adoption and Focus on Beneficiary Services. The committee had submitted the report to the Secretary HFW on 3rd July 2024 and the recommendation of the report is currently under implementation.

2. **New Technology Partner in CGHS:** As part of the recommendation for a systemic overhaul of CGHS, upgrading the technology was essential. In this aspect CGHS has partnered with C-DAC, which is implementing the new-age Ayushman Bharat Digital Mission (ABDM)-compliant software application. The Contract was signed with the technology partner on 18th July 2024.

30. National Programme for Prevention and Management of Trauma and Burn Injuries (NPPMTBI)

The National Programme for Prevention and Management of Trauma and Burn Injuries (NPPMT&BI) is functional in the country since 2007 and at present is functional among all the states and UTs. At present 196 Trauma centres and 47 Burn Units (Annexure I) are sanctioned and at present 163 Trauma Centres and Burn Units are operational.

Objectives of the programme are as follows:

- To reduce the mortality and morbidities occurring due to injuries (including trauma and burns), by developing a system of services at prehospital & hospital level and continuum of care through rehabilitation.
- To promote Training and Research in the field of Emergency, Trauma and Burn Care.
- To generate awareness about prevention and first aid for emergency & trauma care among the general masses and vulnerable age groups by developing and disseminating IEC material.
- To develop linkages with other Stakeholders for coordinated efforts in preventing injuries.
- To provide technical support & knowledge assistance to create centre of excellence from trauma and Burn Care in existing Government Medical Colleges by undertaking needs assessment and providing guidance.
- To develop a model of Integrating Emergency Departments & Trauma Care Facilities for optimal utilization of available resources.

Key Highlights and Achievements for the Year 2024 (Upto Nov-2024):

- Out of 196 Hospitals/Medical Colleges supported for setting up of Trauma Care Facilities and 47 Burns Units, so far, 163 TCFs and 12 Burn Units have become functional and are providing services to trauma/burn victims respectively.
- Review meetings are conducted with States to review physical and financial progress of established TCF & burn units on regular basis.
- 7 Medical Colleges/ Hospitals have been identified for declaring as Centre of Excellence.

- Training of Doctors, Nurses & Dressers for FY 2024-25 in AIIMS Delhi, SJH Hospital and Dr. RML Hospital has been started.
- Guidelines on standard treatment guidelines for trauma care in India is in formulation with experts from AIIMS Delhi, DteGHS & MoRTH
- Convergence with MoRTH, Niti Aayog, NHSRC, DteGHS.
- Celebrated Trauma Day on 17th October, 2024.

31. National Programme for Prevention and Control of Non-Communicable Diseases

In order to prevent and control major NCDs, the Government is implementing the National Programme for Prevention and Control of Non-Communicable Diseases (NP-NCD) with focus on strengthening infrastructure, human resource development, health promotion, early diagnosis, management and referral.

Under NP-NCD, 770 District NCD Clinics, 233 district Cardiac Care Units, 372 District Day Care Centre, 6410 CHC NCD Clinics have been setup across the country.

A population-based initiative for prevention, control and screening for common NCDs i.e. diabetes, hypertension and common cancers has been rolled out in the country under National Health Mission (NHM) and also as a part of Comprehensive Primary Health Care. Under the initiative, persons more than 30 years of age are targeted for their screening for five common NCDs (Hypertension, Diabetes, Oral, Breast & Cervical Cancer) of 30+ population.

National NCD Portal enables population enumeration, risk assessment and screening for five common NCDs. Till 11th December 2024, Pan India, total enrolment (30 years+) through NCD application is 41.46 crore and 39.53 crore were screened and their record is maintained in NCD application (including State using own application and sending aggregate data.).

Pradhan Mantri National Dialysis Program (PMNDP):

Pradhan Mantri National Dialysis Programme (PMNDP) was launched for chronic kidney disease during year 2016-17 to support in all district hospitals in-house mode / Public Private Partnership (PPP) mode under NHM. Haemodialysis services are provided under the program. Peritoneal Dialysis is also included 2020 onwards.

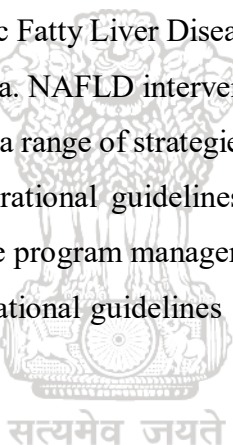
Status- PMNDP has been implemented in total 36 States/UT in 748 (50 Linked) Districts at 1558 centres with 10824 hemo-dialysis machines. Total 26.07 lakh patient availed dialysis services and 311.23 Lakh Hemo-dialysis sessions held- as on 30th November 2024.

Strengthening of Tertiary Cancer Care Centres Facilities Scheme

Since 2014-15, the Central Government implements the Strengthening of Tertiary Cancer Care Centres Facilities Scheme in order to enhance the facilities for cancer care at tertiary level. Under this scheme, 19 State Cancer Institutes (SCIs) and 20 Tertiary Cancer Care Centers (TCCCs) have been approved. Under the scheme, there is provision of providing one time grant up to Rs. 120 crores for SCI and up to Rs. 45 crores for TCCC including State share. The funds sharing ratio between Centre and State is 60:40 while for NE and Hilly States the ratio is 90:10. 14 SCIs and 18 TCCCs are functional and offering patient care services.

Non-Alcoholic Fatty Liver Disease (NAFLD) is known and leading cause of liver failure globally as well as in India. NAFLD interventions have been included within the broad structure of NP-NCD in 2020 to guide a range of strategies including health promotion activities which are crucial to prevent NAFLD. Operational guidelines for NAFLD were developed and disseminated to enhance the capacity of the program managers at the state, district and sub- district level.

Revised Operational guidelines for NAFLD have been developed and released on 27th September 2024.



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32. National Viral Hepatitis Control Program (NVHCP)

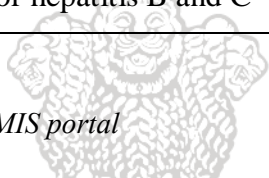
National Viral Hepatitis Control Program (NVHCP) was rolled out in 2018 under the aegis of National Health Mission in line with Sustainable Development Goal (SDG) 3.3. The program aims to combat hepatitis and eliminate hepatitis C by 2030 and reduce morbidity and mortality due to other types of viral hepatitis. The key strategies adopted under this program include preventive and promotive interventions with a focus on awareness generation, increasing access, promoting free diagnosis, and management of viral hepatitis. During 2018– September 2024, it benefitted nearly 12.79 crore individuals and treated more than 4 lakhs patients of viral hepatitis.

Currently, services for the diagnosis and treatment of viral hepatitis are available in all the states and UTs. The program has collaborated with existing programs such as the National Program for Surveillance of Viral Hepatitis (NPVSH), Reproductive Maternal Newborn Child Adolescent Health

plus Nutrition (RMNCAH+N), Universal Immunization Program (UIP), National AIDS Control Program (NACP) etc. for its effective implementation. The program has paperless data recording & reporting on NVHCP Management Information System (NVHCP-MIS) for robust monitoring & evaluation.

S. No.	Indicator	Achievements (January – September 2024) (approx.)
1.	Cumulative number of persons screened for hepatitis B and C	3,63,54,000
2.	Cumulative number of patients put on treatment for hepatitis B and C	99,000

Source: NVHCP MIS portal



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32. Institutes of National Importance

1. All India Institute of Medical Sciences (AIIMS), New Delhi

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AIIMS New Delhi is a pioneer in the field of medical education, research and healthcare in India since its establishment in 1956. AIIMS was created with the vision of providing high-quality medical education and comprehensive healthcare services. Over the decades, AIIMS has evolved to become not just a premier medical college, but also a research center, contributing significantly to advances in various fields of medicine. At present, the total bed strength of the Institute is 3697. Also, it has over 42 lakhs total outpatient visits, nearly 3 lakhs In-patient admissions and also conducts nearly 2.5 lakhs surgeries in a year.

A Memorandum of Association (MoA) was signed between CAPFIMS and AIIMS, New Delhi on **08.03.2024** according to which AIIMS will be running the Central Armed Police Forces Institute of Medical Sciences (CAPFIMS) at Maidangarhi, New Delhi as a campus of AIIMS, New Delhi.

CAPFIMS is a state-of-the-art Medical Institute with a 970-bedded Referral and Research hospital. It is committed to offer super-specialty and tertiary health care facilities, including medical treatment, nursing care, and paramedical training and cater to the special needs of CAPFs beneficiaries as an integrated solution to all the tertiary health services, including Trauma Centre, Artificial Limb Centre, Mental Health Counseling Centre and Physical Rehabilitation Centre.

The Prime Minister in October 2024 inaugurated a State-of-the-art Institute for fundamental and translational research viz. **National Level Research and Referral Institute for Dental Sciences (NaRRIDS)** at AIIMS, New Delhi. NaRRIDS is designed to be a premier Institution for dental research and education in India facilitating advance training.

Further, Government of India has also approved the proposal for **construction of New OPD Block with an estimated cost of Rs.484.51 crore** to augment the OPD capacity for Cardiothoracic and Neurosciences (CN) Centre, Dr. BR Ambedkar Institute Rotary Cancer Hospital (BRAIRCH) and Dr. RP Center at its Masjid Moth campus.

Hon'ble PM inaugurated a **Jan Aushadhi Outlet at Masjid Moth Campus** in AIIMS, New Delhi to provide generic medicines at low cost to needy patients.

Apart from this, various facilities at **AIIMS Comprehensive Rural Health Service Project (CRHSP) Ballabgarh, Haryana** were also inaugurated.

To boost healthcare infrastructure, Prime Minister laid foundation stone of a **15 bedded Community Health Centre - Fatehpur Billoch, Ballabgarh** for teaching, training and research facilities for students, residents and faculty members and also laid the foundation stone for redevelopment of 117 Type-IV Residential quarters at West Ansari Nagar campus of AIIMS, New Delhi to address the shortage of residential quarters for AIIMS staff.

AIIMS New Delhi has undertaken various IT initiatives and has developed various in-house software for a wide range of services. The **SANTUSHT** portal enables patients to register their grievances online, track the status, and provide feedback regarding the resolution. To increase transparency and to maintain the trust that the patients have in AIIMS, **real-time dashboards** have been developed and made available to the public. **Triage Register for Emergency Department** is a web application which helps to keep the record of patient's disease condition, medical examination and improves patient safety by ensuring timely cross-consultation by various departments.

A **National Consultation for Strengthening Cancer Care** in India was held on 11.06.2024 in AIIMS, New Delhi to bring together expertise from all premier cancer care Institutes under the aegis of the Ministry of Health and Family Welfare and with an aim to assess the current state of cancer care, identify gaps and develop a cohesive strategy to enhance cancer treatment, research and education across the country.

2. Post Graduate Institute of Medical Education and Research (PGIMER), Chandigarh

The Postgraduate Institute of Medical Education and Research (PGIMER), Chandigarh is as an Institute of "National Importance" since 1967. The patient care services in PGIMER have expanded over the years from Nehru Hospital to a number of independent Centers like New OPD Block, Advanced Pediatric Centre, New Emergency Block, Advanced Eye Centre, Drug De-addiction Centre, Advanced Cardiac Centre and Advanced Trauma Centre with enhanced number of hospital beds and operation theatres. The total bed strength of the PGIMER at present 2,233 beds. The Institute has over 31 lakhs outpatient visits, nearly 1.5 lakhs in-patient admissions and conducts over a lakh surgery in a year.

In addition, PM dedicated to nation on 25th February 2024 a PGIMER Satellite Centre at Sangrur which is a 300 bedded Hospital to be established at a total cost of Rs. 449 Cr.

PM also laid foundation stone of Satellite centre at Ferozpur which is a 100-bedded centre being set up at an estimated cost of Rs. 495.54 crore.

Both the Satellite centres are being set up with a vision to provide special healthcare services to people across the region and adjoining states.

Also, PGI Sarathi initiative that was launched in May, 2024 to enhance healthcare delivery through volunteerism and community support. Project Saarthi with over 350 student volunteers from various schools, colleges is playing a vital role in managing the increasing patient flow and improving the overall hospital experience.

3. Jawaharlal Institute of Postgraduate Medical Education and Research, Puducherry :-

JIPMER provides teaching at undergraduate, post-graduate and superspeciality levels, conducts high quality research and specialty care of the highest order in nearly all specialties and sub-specialties of medicine since 1956. At present, the total bed strength of the Institute is 1,828. The Institute has over 15

lakhs total outpatient visits, nearly 80,000 in-patient admissions and conducts nearly 45,000 surgeries in a year.

On 25.02.2024, Prime Minister has dedicated JIPMER multispeciality unit at Yanam to the Nation. The Yanam unit has been set up at an estimated cost of Rs. 91 crore to augment the existing health care facility of the Government General Hospital in the region.

The PM has also dedicated 557 bedded JIPMER Karaikal Campus of JIPMER, Puducherry to the Nation on 25.02.2024. It includes an academic building for Medical College, hostel for boys and girls, a nurse's hostel & 154 residential units.

JIPMER is also expanding its healthcare facilities by construction of a 150-bed Critical Care Hospital Block under PM-ABHIM and installation of a new 128-slice CT scanner in Emergency Block to improve the care of emergency patients.

The Institute is also expanding facilities for its students by construction of new 400 student hostel.



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