

RESOLUTIONS /DECISIONS TAKEN

1. NATIONAL AIDS CONTROL PROGRAMME

- i. It is resolved that the States will make efforts to fill up all sanctioned posts and post a qualified Project Director for a minimum of 3 years to maintain continuity in implementation of NACP-III.
- ii. It is resolved that as per directives of the Supreme Court, a comprehensive Care, Support and Treatment programme for persons living with HIV/AIDS will be implemented and extend all concessions that are envisaged in the directives of the Supreme Court.
- iii. The States should take initiatives to alleviate stigma and discrimination towards persons living with HIV/AIDS and establish a grievance mechanism to resolve any related issues.
- iv. It is resolved that activities under NACP-III will be mainstreamed with the NRHM, particularly with programmes relating to tuberculosis, reproductive and child health, blood safety and sexually transmitted diseases.

2. TUBERCULOSIS

- i. Aware of the need for implementation of high quality DOTS services under RNTCP in order to control TB and prevent drug resistance and recognizing the importance of effective monitoring and supervision of RNTCP, commit to take steps for intensification of the supervision and monitoring of RNTCP in respective States/UTs.
- ii. Concerned about the potential for spread of multi-drug resistant TB (MDR-TB) and the risk of emergence of virtually untreatable forms of extensively drug resistant TB (XDR-TB), States to commit adequate human resources and infrastructure to the intermediate Reference Laboratories in order to accelerate their accreditation for diagnosing MDR-TB, and facilitate further the early start of second line anti-TB treatment for MDR-TB patients under DOTS-Plus.

3. NATIONAL RURAL HEALTH MISSION

- i. The CCH&FW takes note of the very successful implementation of the National Rural Health Mission and resolves that the Government of India must ensure adequate financial provision for NRHM, in line with its approved Framework and XI Plan allocation. CCH&FW also requests all states to enhance their financial allocation for the health sector, to enable achievement of 2-3% GDP public expenditure on health by 2012.

- ii. Standardizing nomenclature of Public Sector health facilities (like Health Sub Centers, PHCs, CHCs). The CCHFW resolves that States/UTs will strive to standardize nomenclature of public sector health facilities taking note of the service guarantees at each level, their link in the referral chain, and the human resource that would be needed.
- iii. In view of the necessity to ensure injection safety and prevalence of unsafe use of syringe, the Central Government has already introduced auto-destruct syringes in the Universal Immunization Programme and all Central Government hospitals. It is resolved that all States should also strive to introduce auto-destruct syringes in all State Government hospitals over the next six months and eventually over the next two years in all medical establishments whether public or private.
- iv. **School Health Programme:** State governments will carry out school health programmes. Under this there will be provision for essential screening and health services to school children. There will also be health promoting schools wherein health education will be provided including counseling, yoga, life skills education. Need based intervention will be undertaken to involve not only health personnel but also teachers to ensure better convergence and sustainability. Government of India will provide necessary technical assistance for this.
- v. **Polio:** Government of India and state governments to commit to give highest priority to eradication of polio in the country in a time bound manner. State Governments to carry out polio SIAs, mopups, strengthened RI and any other activities required as per Government of India policy. States Governments to monitor polio eradication activities regularly at the highest level. Govt. of India will continue to provide essential support for this programme.
- vi. **Institutional Delivery Services:** NRHM has the goal of reduction of MMR. In view of the phenomenal increase in institutional deliveries due to the Janani Suraksha Yojana, State Governments commit to improve services so that women and their new borns can get quality services. For this purpose, State Governments will improve physical infrastructure, provide essential manpower and support on priority for these facilities. Govt. of India will continue to provide essential support for this.
- vii. **MIS :** All States/UTs will ensure that the required information is collected in the rationalized HMIS formats and uploaded on the HMIS portal (nrhm-mis.nic.in).

4. MEDICAL EDUCATION

- i. To endorse the Ministry's proposal for removing the requirement of unitary piece of land and allowing not more than two pieces of land separated by a distance of 15 kms to set up the medical colleges; and further relaxation be given to NRHM States, North Eastern States, hill States, hill districts in other States and in respect of urban areas having population of less than 20 lakhs to the extent that the land requirement be 20 acres instead of 25 acres.
- ii. To endorse the proposal of MoHFW to amend the MCI Regulations relating to Minimum Standards to set up medical colleges in the country especially for providing relaxation in respect of high focus NRHM States, North Eastern States, hill States

and hill districts in other States so as to enable them to go in for Public Private Partnership model of medical colleges. This will allow the private partner to utilize district hospital/Govt. owned hospital as teaching hospital.

- iii. To endorse the move of the MoHFW in making rural service of one year mandatory for MBBS graduates to become eligible to pursue post graduate medical courses in the country. In order to implement this proposal, State Govt. would make necessary budgetary and administrative provisions.
- iv. To endorse the scheme of funding State Government medical colleges to increase more number of post graduate medical seats in needy disciplines and agree to the financial contribution by the State Govt. to the extent of 25% of the total budget.
- v. To support Ministry's proposal to have a central legislation to regulate process of admission and fee structure in the private medical colleges in the country.rationalized HMIS

5. RESOLUTION ON COMPENSATION AND RETIREMENT AGE OF HEALTH FUNCTIONARIES

- i. The CCHFW resolves that the compensation and retirement age of health functionaries in State Governments/UT Governments should be at par with the Central Government and appropriate incentives should be developed for difficult and hard to reach areas.
- ii. CCH&FW resolves that there is urgent need to invest public health funds for mass production of supportive paramedical & nursing professional both for faculty & service needs, under NRHM, so that these health professionals are available in appropriate number to match the increased demands generated by NRHM.

6. RESOLUTION ON PROCUREMENT

CCHFW resolved that an efficient Procurement Agency, autonomous in nature, to be supported by an Integrated Management Information System, shall be established at the Centre. The Agency will have an array of networked warehouses upto the State level. The States will establish similar agency at their level which will have warehouses at the district level.

7. NATIONAL PROGRAMME FOR THE PREVENTION AND CONTROL OF DIABETES, CARDIO-VASCULAR DISEASE AND STROKE

- i. Recognizing that India is facing a large and rapidly rising disease burden of chronic non-communicable diseases (NCDs) such as Diabetes, Cardio-Vascular Disease, chronic lung diseases and Stroke.
- ii. Recognizing that the causes of NCDs are Tobacco, Alcohol, unhealthy diet and physical inactivity.
- iii. Aware that NCDs are preventable through integrated and comprehensive interventions such as health promotion and health education advocacy in communities, work places and schools and through disease prevention of high risk groups.

- iv. Acknowledging that the existing health care delivery system is mainly focused on Communicable diseases and that there is an additional need to re-orient the existing public health delivery system by strengthening it all levels to address NCDs through effective screening and risk detection
- v. Acknowledging that the MoHFW has launched a Pilot Project of the National Programme for the Prevention and Control of Diabetes, Cardio-Vascular Disease and Stroke in 10 districts of the country and is in the final stages of launching the programme in the whole country include the District NCD Programme, setting up dedicated units at medical colleges and NCD Cells in States and UTs along with IEC, research and training activities.

Draft design of the national programme to be shared with all States before finalization.

- vi. Resolved that all States may strongly support and participate in the implementation of the National Programme for the Prevention and Control of Diabetes, Cardio-Vascular Disease and Stroke
- vii. A morbidity profile of the community should be obtained through participatory neighbourhood survey, to ensure proper planning and balanced priority of National Programmes

8. CONTROL OF TOBACCO

Recognizing that tobacco and tobacco products inflict irreparable damage on the health of citizens of the country and taking note that younger generation are more vulnerable to the ill-effects of tobacco, the CCH&FW resolves to urge States to take all possible steps to build awareness about harmful effects of tobacco and take pro-active and affirmative administrative and legislative measures towards creating a tobacco free society.

9. NATIONAL ALCOHOL CONTROL POLICY

Resolved that a national policy be framed to control the consumption of alcohol in order to contain the harmful physiological, social and economic effects on society in general and youth in particular. Further resolved that though alcohol happens to be on the State list (List-II) of the Seventh Schedule of the Constitution of India, the Ministry Health and Family Welfare be entrusted with the task to develop such a national policy and to implement the same in consultation with the State Governments in the interest of public health of the nation.

10. JUNK FOOD

- i. Expressing concern about the increasing consumption of junk foods, especially among school and college students, aware that junk foods provide empty calorie deficient in essential nutrients leading to overweight, obesity and diet related chronic diseases.
- ii. The CCH&FW resolves to urge States to take appropriate steps to discourage promotion, availability and consumption of junk foods, particularly in education institutions and undertake active awareness campaign to promote a health diet and life-style

11. CLINICAL ESTABLISHMENT BILL

- i. The Ministry of Health & Family Welfare has introduced a Bill namely Clinical Establishments (Registration and Regulation) Bill 2007 in Parliament on 30th August, 2007. The Bill is aimed to provide for registration and regulation of clinical establishments in the country with a view to prescribe minimum standards of facilities and services.
- ii. A National Council for clinical establishments shall determine the standards for clinical establishments, classify the clinical establishment into different categories, develop the minimum standards and their periodic review, compile, maintain and update a national register of clinical establishments, perform any other function determined by the Central Government, from time to time.
- iii. The proposed legislation provides for maintenance of register of clinical establishments at the district level, State level and the National level.
- iv. Any person who contravenes any provision of the proposed legislation or any rules made there under shall be liable to be punished with fine.
- v. The Bill was referred to the Parliamentary Standing Committee for Ministry of Health and Family Welfare. The report of this Committee has been received and is under examination.

12. TRANSPLANTATION OF HUMAN ORGANS ACT

- i. Recognizing that the Transplantation of Human Organs Act, (THOA) 1994 promulgated by the Parliament to provide for the removal, storage and transplantation of Human organs for therapeutic purposes and for the prevention of commercial dealings in human organs.
- ii. Aware that there have been reports in the print and electronic media about illegal transaction in human organs in the country and the consequential commercial exploitation of weaker sections of the society.
- iii. Recognizing the need to restructure the law pertaining to transplantation of human organs in India in a manner to facilitate genuine cases and at the same time to effectively curb commercial transactions in human organs.
- iv. Acknowledging that the draft bill to amend various provisions of THOA, 1994 has been finalized by MoHFW in consultation with State Governments and civil society at large
- v. Acknowledging the amendment to THOA, 1994 can be passed by the Parliament only after appropriate resolutions are passed by the Legislative Assembly of two or more States authorizing the Parliament to amend the Act.
- vi. Resolved that all States may in their respective Assemblies pass resolutions authorizing Parliament to amend the Transplantation of Human Organs Act, 1994 in exercise of powers under Article 252 (2) of the Constitution of India.

13. NATIONAL PROGRAMME FOR THE HEALTH CARE OF THE ELDERLY

- i. Recognizing that the world's population has continued on its transition path from a state of high birth and death rates to one characterized by low birth and death

rates and that at the heart of that transition has been the growth in the number and proportion of older persons.

- ii. Recognizing that India is poised to become home to the second largest number of older persons in the world and that projection studies indicate that the number of 60+ in India will increase to 100 million in 2013 and to 198 million in 2030.
- iii. Acknowledging that the special features of the elderly population in India are: (a) a majority (80%) of them are in the rural areas, thus making service delivery a challenge, (b) gender challenge of the elderly population (51% of the elderly population would be women by the year 2016), (c) increase in the number of the older-old persons (above 80 years) and (d) a large percentage (30%) of the elderly are below poverty line.
- iv. Aware that policy interventions that include social and human, as well as economic investments are the need of the hour to prevent unnecessary dependencies from arising, whether in life for individuals, or downstream in ageing societies and that when judicious investments are made in advance, ageing can be changed from a drain on resources to build up of a humane social, economic and environmental capital.
- v. Acknowledging that the MoHFW is preparing The National Programme for Health Care for the Elderly to address this issue by way of introducing a comprehensive healthcare set up completely dedicated and tuned to the needs of the elderly with interventions designed to capture the Preventive, Curative and rehabilitative aspects in the geriatric through various interventions at all verticals of the present public health care system viz. tertiary level (through 25 identified Government Medical Colleges), Secondary level (through 100 identified District Hospitals/CHCs/Sub-divisional hospitals) and also at the Primary level (through community outreach activities and PHCs). Resolved that all States may strongly support and participate in the implementation of The National Programme for Health Care for the Elderly upon its final launch.

14. AYUSH

- i. It is resolved that the Central and State Governments would endeavour to increase their AYUSH budget progressively up to 10% of the Health Budget by the end of the Eleventh Five Year Plan.
- ii. Re-organizing the importance of traditional systems of medicines in the prevention and treatment of diseases, it is resolved that highest priority will be accorded to the following National Campaigns announced by the Central Government:-
 - a. Yoga & natural Health
 - b. Unani in treatment of skin disorders
 - c. Ayurveda for treatment of maternal Anaemia (in phases) and further to commit necessary human and financial resources to achieve the campaign objectives