

F. No. 11/7/2016-PRP&P  
National Human Rights Commission  
(PRP&P Division, JD(R) Unit)

Manav Adhikar Bhawan  
C-Block, GPO Complex,  
INA, New Delhi-110023

Dated: 25 May 2017

**Subject : Minutes of meeting of the Core Advisory Group on Health**

A meeting of the Core Advisory Group on Health was held in the NHRC on 31 March 2017 under the chairmanship of Shri S.C. Sinha, Member, NHRC. Enclosed please find a copy of the minutes of the meeting for information please.



(J.S. Kochher)  
Joint Secretary (T&R)

To:-

Member (SCS) - *A.S.*  
*29/5/17*

Copy to:

Secretary General



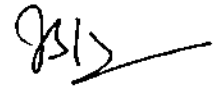
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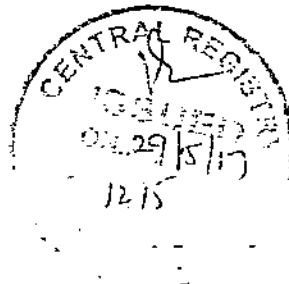


(J.S. Kochher)

Joint Secretary (T&R)

To:-

1. Dr. H. Sudarshan, Honorary Secretary, Vivekananda Girijana  
686, 16th Main, Near-38th Cross, 4th T Block, Jayanagar  
Bangalore - 560 041
2. Prof. Pratima Murthy, Professor of Psychiatry,  
Centre for Addiction Medicine, NIMHNS,  
Bengaluru-560029
3. Prof. K. K. Talwar, Chairman, Department of Cardiology,  
Max Health Care Institute Ltd., C-625, Second Floor,  
New Friends Colony, New Delhi - 110025
4. Shri V. R. Raman, Head of Policy, WaterAid India,  
RK. Khanna Tennis, Safdarjung Enclave,  
New Delhi-110029
5. Dr. Dileep Mavalankar, Director, Indian Institute of Public  
Health Gandhinagar, Sardar Patel Institute of Economics  
and Social Research Campus, Drive-in Road,  
Thaltej, Ahmedabad-380054
6. Dr. Abhijit Das, Director, Centre for Health and Social Justice,  
Basement of Young Women's hostel No. 2, Near Bank of India,  
Avenue 21, G Block, Saket, New Delhi - 110017



7. Dr. Shridhar Tyengar, Secretary, Action Research & Training for Health (ARTH), 39, Fatehpura, Udaipur-313004 Rajasthan
8. Dr. Abhay Shukla, Public Health Specialist, Jan Swasthya Abhiyan, C/o Flat No. 3&4, Aman E Terrace, Plot No. 140, Dahanukar Colony, Kothrud, Pune-411029 Maharashtra
9. Dr. Prakashamma, Executive Director, Academy for Nursing Studies and Women's Empowerment Research Studies (ANSWERS) Flat No. 215, Amruthaville Apartments, Raj Bhavan Road, Somajiguda, Hyderabad-500082 Andhra Pradesh
10. Dr. Vinod K. Paul, Professor, Division of Neonatology, Department of Pediatrics, AIIMS, Ansari Nagar, New Delhi – 110029
11. Dr. T. Jacob John, Retired Professor, CMC, Vellore 439, Civil Supplies Godown Lane, Kamalakshipuram Bagyam, Vellore-2 Tamil Nadu
12. Shri Alok Kumar, Mission Director, National Health Mission, Department of Health & Family Welfare, Govt. of Uttar Pradesh, 5th Floor, room No. 516, Vikas Bhawan, Janpath Market, Vidhan Sabha Road, Hazrat Ganj, Lucknow-226001 Uttar Pradesh
13. Shri R.K. Mahajan, Principal Secretary, Department of Health & Family Welfare, Government of Bihar, Vikas Bhawan, New Secretariat, Patna – 800 015, Bihar
14. Smt. Sujata Sounik, Principal Secretary, Department of Health & Family Welfare, Govt. of Maharashtra, 10<sup>th</sup> Floor, B Wing, GT Hospital Complex Building, Mumbai – 400001, Maharashtra
15. Shri Samir Kumar Sinha, Commissioner & Secretary (H&FW), Department of Health & Family Welfare, Govt. of Assam, Ground Floor, Block-F, Assam Secretariat, Dispur, Guwahati, Assam – 781006
16. Shri Manoj Jhalani, Joint Secretary, Ministry of Health & Family Welfare, Govt. of India, Nirman Bhawan, New Delhi-110008
17. Dr. Soumya Swaminathan, Secretary, Department of Health & Research Director General, Indian Council of Medical Research, Post Box No. 4911, Ansari Nagar, New Delhi-110029

18. Shri Naveen Jain, Mission Director (NHM), Directorate of Medical and Health Services, NHM Block, 3rd Floor Swasthya Bhawan, Behind Secretariat, Tilak Marg, Jaipur, Rajasthan-302005
19. Prof. Jayanta K. Das, Director, National Institute of Health & Family Welfare, Near Jawaharlal Nehru University, Baba Gang Nath Marg, Munirka, New Delhi-110067
20. Ms. Jashodhara Dasgupta, Coordinator, SAHYOG, Project Office, G Block, House No. 66, Saket New Delhi – 110017
21. Shri Sudhansh Pant, Joint Secretary, Department of Pharmaceuticals, Ministry of Chemicals & Fertilizers Room No. 340-B, 'A' Wing, Shastri Bhawan, New Delhi- 110003
22. Shri Raj Kumar, Deputy Secretary Ministry of Health & Family Welfare, Government of India, Nirman Bhawan, New Delhi-110008
23. Dr. Jayashree Gupta, President, Consumers India E-7/16, Vasant Vihar, New Delhi-110057
24. Dr. Enna Dogra Gupta, Scientist-B, Indian Council of Medical Research, Post Box No. 4911, Ansari Nagar, New Delhi-110029

## Minutes of the Meeting of Advisory Core Group on Health

The meeting of the Core Advisory Group on Health was held on 31 March 2017 at 11 a.m in NHRC. The meeting was chaired by Shri S.C Sinha, Member, NHRC and was attended by Shri J.S Kochher, Joint Secretary (T & R), NHRC and Dr. Savita Bhakhry, Joint Director (Research), NHRC. The list of participants is annexed (**Annex-I**).

2. To begin with, Shri J.S Kochher, Joint Secretary (T&R) welcomed all the participants. He stated that the National Health Policy 2017 aims to bring down the out of pocket expenditure which has a devastating effect on the vulnerable families. The Policy aims to raise the public funding on health and there is need to find out what other things may be added to it. He further outlined other important issues such as fixing and regulating the prices of essential drugs.
3. Shri S.C Sinha, Member, NHRC requested the participants to give their suggestions on the agenda points.

### **Agenda I – National Health Policy 2017**

4. Prof. Jayanta K. Das, Director, National Institute of Health and Family Welfare, GOI, New Delhi initiated the discussion and stated that the National Health Policy (NHP) 2017 is the third in the series and covers many aspects which were not there earlier. It lays more emphasis on the Sustainable Development Goals (SDGs). Besides, the Policy focuses on the universal health coverage and thus gives more coverage to different types of diseases. He further suggested the capacity building of the human resource needs to be strengthened and this should be both evidence and training based. He elaborated on this point by citing an instance that as life expectancy in the country is increasing, 10 % of the population will soon be above the age of 60 years and suffer from incurable diseases, it is important to find out what type of medical services are required for this section of the population. This would be termed as evidence based assessment and accordingly there is need to provide appropriate medical services and trained staff. He concluded by suggesting that there is a need to identify the challenges in the field of health care, identify the gaps in the present availability of manpower, the future requirement of manpower and then take steps to bridge these gaps.

Dr. T. Jacob John, Former Professor, CMC stated that the NHP 2017 focuses on diseases and not on public health. He suggested that there is a need to position health within human rights so that the gaps in the said Policy are addressed. The social and environmental determinants of diseases, according to him, are not addressed by the doctors but by the different cadre structure. He further stated that if this idea gets expanded then the entire health policy would come under health care. Therefore, he suggested that section 11.8 of the NHP 2017 is not adequately dwelled upon and thus needs to be further elaborated being an

important aspect of health care. He also suggested the creation of public health modalities (separate department/divisions) both at the Union and the State level. In other words, there should be a separate Directorate of Public Health inside the Ministry of Health and Family Welfare which would function as a health protection agency. He suggested that there is a need for substantial expansion of public health infrastructure. And, there is a need to cut the channel of spread of communicable diseases. Hence, disease surveillance should be district based.

5. Shri S.C Sinha, Member, NHRC enquired from Dr. T. Jacob John whether there exists a public health set up all over the country that takes care of the identification of the incidence of diseases and its prevention and control. Dr. John stated that a public health set up exists for Malaria in some places and for Tuberculosis, it exists everywhere. But, there is no such set up for cholera and typhoid. Thus, Dr. John suggested that there should be substantial strengthening of existing public health infrastructure wherever it exists and creation of public health infrastructure where it does not. It should be entrusted with the responsibility of investigation of incidence of such communicable diseases and to take steps to prevent its spread.

6. Dr. John stated that the elements of its activity are spread in the Policy wherein one of the paragraphs says that the 'Disease Surveillance' should be district based so that quick action could be taken. He opined that one officer should be made responsible for all the communicable diseases. While referring to the synopsis of NHP 2017, he stated that the Policy is meant for guidance and must aim at achieving cent per cent targets. As against this, one of the quantitative goals and objectives in the Policy reads that '90 per cent of all the people diagnosed with HIV infection receive sustained antiretroviral therapy'. He was of the view that it would not be the proper way to mention in the Policy that only 90 per cent of HIV diagnosed people would receive antiretroviral therapy and such benchmarking is appropriate in case of programme but not for Policy.

7. Dr. John further suggested that public health objectives should receive adequate attention and be emphasized separately in the policy which would help in designing programmes on public health. It should also be monitored as to what extent they have been implemented and whether any success has been achieved in public health objective.

8. Dr. Abhay Shukla, Public Health Specialist, Jan Swasthya Abhiyan referred to the section 27 of the draft NHP which was put on the website of Ministry of Health and Family Welfare in 2015. This section was called right to health and now has been transformed to 'Legal Framework for Healthcare and Health Pathway' in the NHP 2017. He stated that atleast in the draft there was a consideration of making health a fundamental right but this has been diluted in

the policy. He stated that General observation 14 of the Committee on International Covenant on Economic, Social and Cultural Rights clearly mentions that financial constraints should not come in way of right to health. Citing Supreme Court orders in *Khet Mazdoor Samity v State of West Bengal* AIR 1996 SC 2426, (1996) 4 SCC 37 wherein Apex Court directed that no economic constraint or lack of fund should restrict the enjoyment of Right to Health of a person. He cited example of the South African Model for the same. Shri Sinha requested him to provide the copy of the South African Model.

9. Dr. Shukla referring to the Section 14.2 of the NHP 2017 on 'Regulation of Clinical Establishment' stated that though this has come under the policy but there is a need for it to be translated to patients' rights /entitlements and thus there is a need to draft a patients' rights charter in which NHRC could take a lead role. Shri S.C Sinha agreed with the suggestion and stated that a Sub-committee could be constituted that would draft a Bill on the Patients' Rights. The Sub-committee would look into similar Patient's Rights and utilizing upon the knowledge which is already available on this issue worldwide would prepare a draft. The recommendation would be sent to the Government on the behalf of the Commission in this regard. The Sub-committee will be chaired by Shri J.S Kochher, Joint Secretary, NHRC and will comprises Dr. Jayashree Gupta, President, Consumers India, Dr. T. Jacob John, Former Professor, CMC, Dr. Abhay Shukla, Public Health Specialist and Shri V.R Raman, Head of Policy, Water Aid India as members.

10. Dr. Shukla stating that public health entitlements should be defined clearly, referred to the section 26.2 of the NHP 2017 on 'Role of Panchayati Raj Institutions'. He suggested that the role of the Panchayati Raj Institutions (PRIs) needs to be elaborated and public health entitlements at PHC, CHC level could be defined along with mechanism or the process for monitoring the delivery of these entitlements. He quoted the experiment carried out in this regard in Maharashtra. Shri V.R Raman, Head of Policy, Water Aid India agreed with his comment and stated that the policy has made a brief mention about PRIs and has not defined their role clearly. He suggested that there should be elaboration on the role of PRIs by a separate document. The role of PRIs in ensuring quality health service delivery at PHC, CHC level should be delineated in detail in the said document. He also mentioned about the role of community based monitoring on the basis of his experience in Chattisgarh. It was decided to constitute a Sub-committee on Health Rights for both Public and Private sector. The Sub-committee will prepare an exhaustive list of Health Rights Entitlements. The Sub-committee will be chaired by Shri J.S Kochher, Joint Secretary, NHRC and comprise Prof. Jayanta K. Das, Dr. Vinod K. Paul, Dr. Abhay Shukla, Dr. Abhijit Das, Prof. Prathima Murthy and Ms. Jashodhara Dasgupta as members. Dr. Jacob stated that not only the role of PRIs but also the role of centre and state needs to be defined clearly. For instance, an

outbreak of a disease is a central subject while the health care is a state subject. Solution needs to be found as to how both the state and centre could perform their roles in well coordinated manner.

11. Dr. Shukla apprised the meeting about the Public Health Bill, which is under consideration and has some issues as well. He stated that there is a need to add human rights angle and thus a separate discussion is needed on the same. Shri Sinha stated that a separate meeting would be held on Public Health Bill shortly.

12. Dr. Jayashree Gupta, President, Consumers India stated that one of the major concern is that how to translate policy into action since whatever money had been given under various health schemes had not been able to change the ground reality. The country has so many PHCs and CHCs on paper but 80 percent of the people go to the private sector for treatment. She suggested that a Committee should be formed which could make surprise visits to the PHCs, CHCs and see whether the services which are funded by the government are available, whether doctors are there and proper care is given to the patients etc.

13. Shri V.R Raman referred to the sections 24 and 25 of the NHP 2017 and stated there is need for greater strengthening of the overall health information system (HIS). This aspect is missing and health surveys and health research have not received due emphasis in the NHP 2017. As a result it will not be possible to have an overall health information system. This aspect needs further elaboration in NHP 2017. He said that despite Central Bureau of Health Intelligence (CBHI), there is no reliable database and sometimes the data provided by them is either under reported or over reported. Thus, he suggested that there should be a proper system for capturing the data and ensuring their reliability. Shri T. Jacob John stated that whenever there is non-availability of reliable data through the system, health surveys are required to be conducted so that we could strengthen the existing system. Shri Das added that the data could be used to modify the policies and the existing programmes. Shri Sinha requested Shri V.R Raman and Dr. T. Jacob John to provide a detailed note on the issue.

14. Shri Abhay Shukla stated the health survey should include information regarding cost of health care. He further stated that 70-80 per cent of the people go to the private sector. Therefore, it would not be adequate to record the information on cost and quality of care from only the public sector. Shri Sinha suggested that there should be setting up of some benchmarks for the private sector in terms of patients' rights, quality of health service delivery and most importantly, the cost of health care in private sector. Shri Sinha requested Shri V.R Raman and Dr. T. Jacob John to provide a detailed note on the issue.



15. Dr. Prathima Murthy, Professor of Psychiatry, Centre for Addiction Medicine pointed out that it is only the private sector which has good emergency medical service. She suggested that the statement in the policy document regarding emergency medical service should be supplemented by a detailed document which may lay down as to what shall be the standards of emergency medical care and once those goals /standards have been laid down, then the next step would be to establish an enabling infrastructure both in the private and public health care sector to achieve these standards.

16. Dr. Vinod K. Paul, Professor, Division of Neonatology stated that the public health spending has been increased which is step in right direction. He stated that now atleast there is a commitment towards strengthening the public health system. He stated that the provision of two third of the public health spending being devoted to primary health care is a positive step.

He stated that the issue of equity has been mentioned in the policy but the pathways towards equity are not mentioned especially for people residing at remote locations such as the tribals. He stated that the policy should have paid specific attention towards the health care needs of the people in the tribal areas, people in conflict zones and people in other inaccessible and remote areas.

17. Dr. Vinod K. Paul stated that there is deficit of human resource at macro level. He pointed out the deficiency of obstetrician/anesthetist/surgeons which is 5.3/lakh for India and for United Kingdom, United States and Brazil the figures are 58/lakh, 61/lakh and 56/lakh respectively. Shri S.C Sinha requested Dr. Vinod K. Paul to provide a detailed note on the issue of shortage of manpower in health sector which may give a comparison of different states within the country as far as availability of manpower is concerned also give a comparison with the developed countries. Note may also give a roadmap suggesting as to how within a reasonable time frame, laid down standards of manpower could be achieved.

18. Shri Abhay Shukla suggested that in order to deal with the shortage of manpower, that there should be a referral protocol, so that specialist would not get over burdened. Secondly, there should be a compulsory rural posting of 2-3 years for Post Graduates. Thirdly, there should be up-gradation of skills of MBBS doctors in public health care system. Dr T. Jacob John again emphasized the need for a strong public health Department. He also referred to the Tamil Nadu model in this regard.

#### **Agenda II- Drug Pricing**

19. Shri Sudhansh Pant, Joint Secretary, Department of Chemical and Petrochemicals stated that after 2013 Drug Price Control Order, prices of 900

medicines had come down and the Government doesn't want to go back to the earlier system of fixing the prices. He also apprised the meeting that an affidavit has been filed in the Supreme Court by the Department of Chemical and Petrochemicals on this issue. Member, NHRC requested Shri Sudhansh Pant to send a copy of the affidavit to the Commission.

20. Shri Abhay Shukla opined that between cost based pricing of drugs and calculation of the prices of essential drugs on simple average formula there is a huge difference leading to benefit to the manufacturers. Shri S.C Sinha requested him to provide a note on capping of the prices of essential drugs and medicines.

21. Shri S.C Sinha also pointed out that the note submitted by Shri V.R Raman on 'Need of fixing and regulating the prices of the essential medicines and supplies, from a human rights perspective' needs detailing in some parts and he requested him to provide a detailed note on the same to the Commission. It was decided that a meeting would take place in the Commission on 10 April 2017 at 3 p.m to undertake further discussions on the Agenda II on 'Drug Pricing'.

#### **Agenda III- Strengthening of Middle Level Community health Care Workers**

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#### **Agenda IV- Community Supervision/ Audit of Public health Centres etc.**

22. Dr. Vinod K. Paul stated that section 11.4 on 'Mid-Level Service Provider' is at the heart of NHP 2017 as it is the core delivery point. It provides that the bridge courses could admit graduates from different clinical and paramedical backgrounds like AYUSH doctors, B.Sc Nurses, Pharmacists, GNMs and would equip them with skills to provide services at the sub centre and other peripheral levels. He suggested that something needs to be done to push it to the final decision and take it to its effective implementation. While referring to the new course on B.Sc (Community Health) prepared by Medical Council of India in 2012 which was to be implemented by the National Board of Examination (NBE) he pointed out that the graduates of B.Sc (Community Health) would be known as Community Health Officers (CHO) and they would not be entitled like doctors to write a prescription for drug/medicines. Against this background, he suggested that for the delivery of core primary health care, some kind of licensing or legal clarity needs to be evolved if this cadre is to be fully utilized. Shri S.C Sinha requested Dr. Paul to submit a note on this issue detecting the problem and the likely solutions.

23. Dr. T. Jacob John disagreed with the above idea and called it a retrograde step. He suggested that there should be a family medicine specialist at the PHC level capable of treating a child, women and elderly person. Dr. Abhay Shukla stated that the CHOs must work in public health system and

should not be let loose after training. These practitioners should act like a rural health cadre working in the district public health system, so that their potential could be utilized and they have a license to practice only at the primary care level. It is suggested that these practitioners should work in the public health system (PHS) in the regulated environment and should have upward mobility after working in the PHS for the next 10 years.

24. After intensive discussion the following was decided in the meeting:

1. As pointed by Dr. Abhay Shukla there have been various Supreme Court Judgements that say that financial constraint could not be a basis for the State to deny medical services. Any civilized country must ensure that certain basic health services are prioritized and provided to every citizen. He cited the example of the South African Model regarding the same. In South Africa, health care had been recognized as a right or entitlement which will become fully available to all the citizens over a predetermined period of time. Dr. Abhay Shukla was requested to provide a copy of the South African Model.
2. It was decided that a Sub-committee may be formed to draft a Bill/paper on the Patients' Rights. The Sub-committee would look into similar Acts/entitlements and utilizing the knowledge which is already available on this issue worldwide would prepare a draft paper/bill. The Sub-committee will be chaired by Shri J.S Kochher, Joint Secretary, NHRC and consists of the following members:
  - Dr. Abhay Shukla, Public Health Specialist, Jan Swasthya Abhiyan
  - Shri V.R Raman, Head of Policy, Water-Aid-India
  - Dr. Jayashree Gupta, President, Consumers India
  - Dr. T. Jacob John, Former Professor, CMC

It shall submit its report within 3 months.

3. A Sub-committee will be formed on Health Rights for both Public and Private sector. The Committee will prepare an exhaustive list of Health Rights/Entitlements. The Committee will be chaired by Shri J.S Kochher, Joint Secretary, NHRC and comprises of the following members:
  - Prof. Jayanta K. Das, Director, National Institute of Health & Family Welfare
  - Dr. Vinod K. Paul, Professor, Department of Pediatrics, AIIMS
  - Dr. Abhay Shukla, Public Health Specialist, Jan Swasthya Abhiyan
  - Dr. Abhijit Das, Director, Centre for Health and Social Justice, New Delhi
  - Prof. Prathima Murthy, Professor of Psychiatry, Centre for Addiction Medicine, NIMHANS

- Ms. Jashodhara Dasgupta, Coordinator, SAHYOG

4. Shri Abhay Shukla apprised the meeting about the Public Health Bill, which is under consideration and has some issues as well. He stated that there is a need to add human rights angle to the same and thus a separate discussion is needed on the same. Therefore, a separate meeting will be held on Public Health Bill in due course. An invitation will also be sent to the Ministry of Health and Family Welfare by the Commission to attend the same.
5. It was pointed out that the strengthening of the overall health information system (HIS) is missing in the NHP 2017 and thus there is a need to have a system in place for capturing the data and ensuring their reliability. Prof. Jayanta K. Das, Shri V.R Raman and Dr. T. Jacob John to provide a detailed note on the suggested health survey which could bridge the information gap in the health sector.
6. Dr. Vinod K. Paul will provide a detailed note on the issue of shortage of manpower at present along with a comparison of different states in terms of availability of health professionals, as also a comparison of availability of manpower with developed countries. He will also give a roadmap suggesting that how within a reasonable time frame, the laid-down manpower standards could be achieved.
7. Shri Sudhanshu Pant will provide a copy of the affidavit submitted to the Supreme Court by the Department of Chemical and Petrochemicals regarding the fixation and regulation of prices of essential drugs and medicines to the Commission.
8. A meeting to discuss the issue of drug pricing will be convened in the Commission on 10 April 2017 at 3 p.m on 'Drug Pricing'.
9. Dr. Vinod Kumar Paul will prepare a note, articulating the legal hurdles which could be faced by Community Health Officers and also suggest a framework to enable this cadre to function and operate at public health care facilities.

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