



Role of Medical Institutions in National Health Programs under National Health Mission

- Dr. Pawan Kumar, Additional Commissioner, MoHFW, GOI

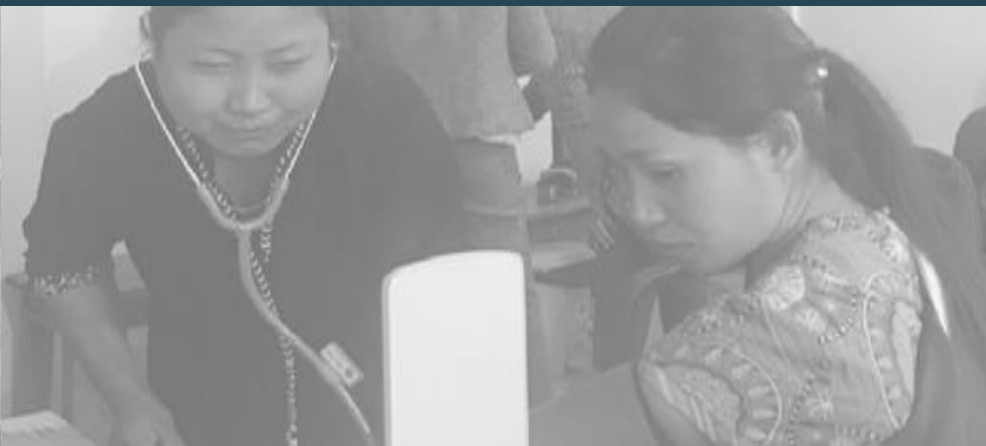




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National Health Mission

*To support the States/UTs towards the provision of **universal access to Equitable, Affordable and Quality healthcare services, accountable and responsive to people's needs, with effective inter-sectoral convergent action to address the wider social determinants of health.***

To provide technical and financial support to States to strengthen health systems

To bring sharper focus on high focus States and rural population, particularly marginalized and vulnerable population

Architectural correction through integration of vertical programmes, decentralization and communitization

NHM Objectives and goals are aligned with National Health Policy (NHP) and Sustainable Development Goals (SDG₃)



NHM over the years...



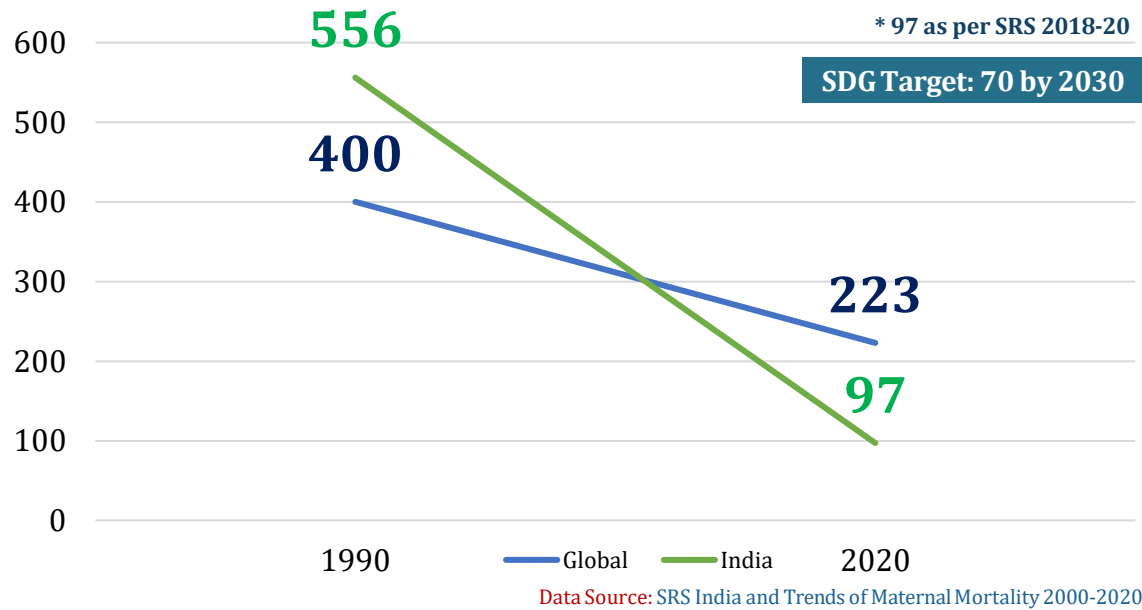
**Source SRS 2014 (for MMR - SRS 2014-16), ** Source SRS 2020 (for MMR- SRS 2018-20)*

| Indicator | Status 2014* | Current Status** | SDG Target 2030 |
|--------------------------|--------------|----------------------------|--------------------------------------|
| Maternal Mortality Ratio | 130 | 97 per 100,000 live births | Less than 70 per 100,000 live births |
| Neonatal Mortality Rate | 26 | 20 per 1000 live births | 12 per 1000 live births |
| Infant Mortality Rate | 39 | 28 per 1000 live births | |
| Under 5 Mortality Rate | 45 | 32 per 1000 live births | 25 per 1000 live births |

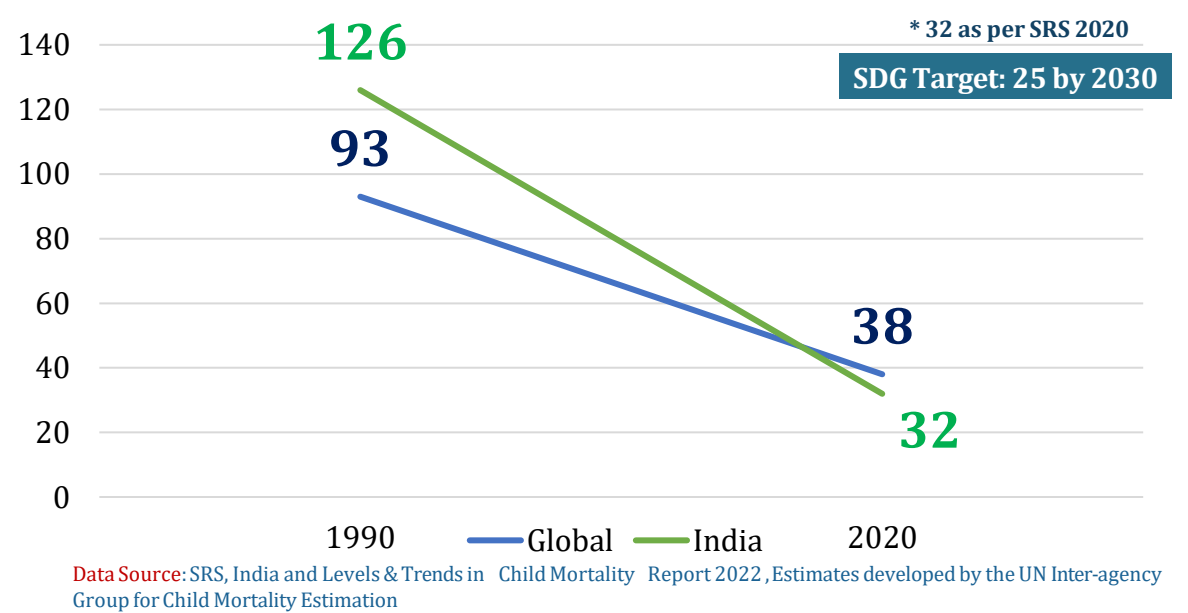


Performance of Key Performance Indicators

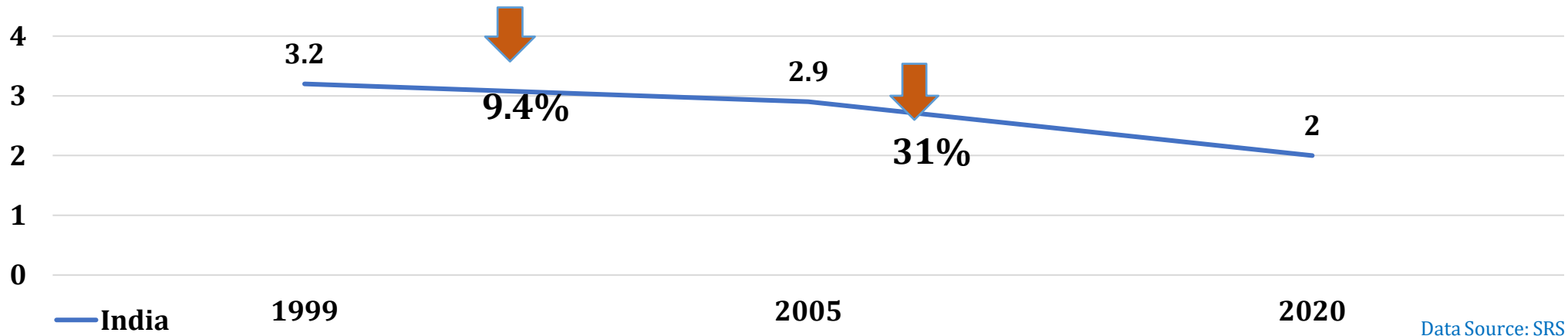
Maternal Mortality Ratio (MMR)



Under 5 Mortality Rate (U5MR)



Total Fertility Rate (TFR)





Components of National Health Mission (NHM)

NRHM & NUHM- Health System Strengthening (HSS)

**Ayushman
Bharat- Health &
Wellness Centre
(AB-HWCs)**

**Free
Essential
Drugs**

**Free
Essential
Diagnostics**

**Quality
Assurance**

**Untied
Fund**

**Human
Resource
for
Health**

**National
Ambulance
Service (NAS) &
Mobile Medical
Units (MMUs)**

Reproductive Maternal Newborn Child Adolescent Health & Nutrition (RMNCAH+N)

- Maternal Health
- Family Planning
- Universal Immunization Program
- Child Health- Rashtriya Bal Swasthya Karyakram (RBSK)
- Rashtriya Kishor Swasthya Karyakram (RKSK)
- Aspirational District Program

Communicable Disease (CD) Programme

- TB Elimination Programme
- Vector Borne Disease Control Programme
- Leprosy Elimination Prog.
- Integrated Disease Surveillance Programme
- Viral Hepatitis Control Programme

Non Communicable Disease (NCDs) programmes

- Prevention & Control of Cancer, Diabetes, Cardiovascular Diseases & Stroke
- Control of Blindness and Deafness
- Mental Health Programme
- Oral Health Programme
- Tobacco Control
- Care of Elderly and Palliative Care
- Pradhan Mantri National Dialysis Programme

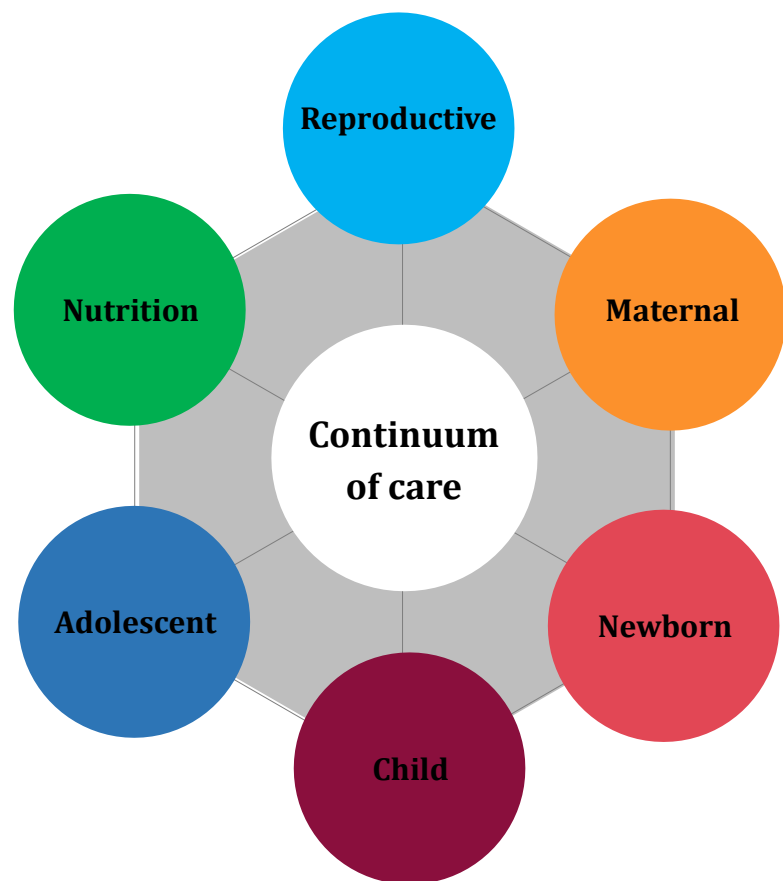


Reproductive, Maternal, Neonatal, Child, Adolescent Health+ Nutrition



Strategic Interventions under RMNCAH+N

RMNCAH+N strategy is built upon the continuum of care concept, encompassing all interventions aimed at **reproductive, maternal, newborn, child, adolescent health and Nutrition** under a broad umbrella, and focusing on the strategic lifecycle approach.



- R** Basket of Choices, Home Delivery of Contraceptives, Enhanced Compensation Scheme , MPV etc.
- M** SUMAN, JSY, JSSK, LaQshya, PMSMA, Midwifery, FRUs, MCH Wings, etc.
- N** FBNC, HBNC, HBYC, Immunization, Promotion of Breast Feeding etc.
- C** Immunization RBSK, Diarrhoea control, SAANS, NDD etc.
- AH** RKSK, WIFS, AFHS, MHS , School Health & Wellness Ambassador Initiative etc.
- N** MAA,CLMC, AMB, Poshan Abhiyan, NDD, HBYC, NRC, Vit A etc.



Key Interventions under Maternal Health

Under National Health Mission (NHM), India has made a concerted effort to provide accessible quality maternal health services and minimize preventable maternal deaths.

| | | | |
|--|--|---|---|
|  <p>Surakshit Matritva Aashwasan (SUMAN)</p> |  <p>Janani Suraksha Yojana (JSY)</p> |  <p>Janani Shishu Suraksha Karyakram (JSSK)</p> |  <p>Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA)</p> |
| <p>Universal screening for GDM, HIV and Syphilis</p> | <p>Strengthening First Referral Units (FRUs) & Delivery Points (DP)</p> | <p>MCH Wings and Obstetric HDUs/ ICUs</p> |  <p>LaQshya – Labor Room & Maternity OT</p> |
| <p>Capacity Building of Human Resource: Dakshata, CEmONC, LSAS, SBA etc.</p> | <p>Midwifery Initiative</p> | <p>Comprehensive Abortion Care Services (CAC)</p> | <p>Maternal Perinatal and Child Death Surveillance & Response (MPCDSR)</p> |

Janani Shishu Suraksha Karyakram (JSSK)

Entitlement to all pregnant women delivering in public health institutions & all sick infants up to 1 year of age:

- Free and Zero Expense delivery including C-section,
- Free drugs, diagnostics, blood and consumables
- Free diet during stay in facilities
- Free transport home to health institution, between health institutions in case of referral and drop back home
- No user charges
- Free entitlements for sick Infants (up to 1 year of age)

Achievement:

- More than 1 crore beneficiaries benefitted every year under JSSK.
- Total no. of beneficiaries under JSSK is 1.22 Cr.
(Source: HMIS 2022-23)

Service delivery for entitlement provision, capacity building, mentoring, SOPs, evaluation, diagnostic services





Surakshit Matritva Aashwasan (SUMAN)

Initiative for Zero Preventable Maternal and Newborn Deaths



- Provides assured, dignified, respectful and quality healthcare at no cost and zero tolerance for denial of services for every woman and newborn visiting public health facilities to end all preventable maternal and newborn deaths.



Ambulance services (102 or 108)



Minimum 4 antenatal checkups



Normal delivery or C-section delivery



Medicines, lab tests for pregnant mother & baby upto 1 year



Proper care with respect and dignity



Grievance redressal mechanism (Toll-free no. 104)

Role of Medical colleges in SUMAN:

- **Service package of CEmONC level/** medical college hospital lagging behind
- Members of **National, State & District level Committees** for SUMAN.
- Members of Quality team for **NQAS and LaQshya** at the State, District and facility level/ peer assessment
- **One Centre of Excellence (CoE)** – Faculty of OBGY and paediatrics department/ one CoE per State
- Mentoring by **national mentors**.

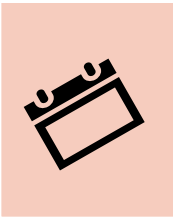


Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA)



Provides pregnant women a fixed day, free of cost assured and quality antenatal check up by a Specialist/Medical Officer on the 9th day of every month.

Extended PMSMA- To ensure quality ANC to pregnant women, especially to high-risk pregnancy (HRP) women and individual HRP tracking by means of financial incentivization for the identified HRP women and accompanying ASHA for extra 3 visits.



Fixed day ANC services on 9th of every month at designated facilities



ASHAS/ANMs to prepare a line list of eligible women and mobilize them



Special ANC check-ups by Obstetricians/Medical Officers



Focus on women in 2nd/3rd trimesters of pregnancy

Role of Medical colleges in PMSMA/ E PMSMA

- **Delivery of services/ 9th of every month by obs/gynae/ FOGSI/ Volunteers/ PHC/CHC/ tagging with MC/HRP**
- **State & District level Committee to review and monitor the progress of PMSMA-** Departments of OBGY & PSM.
- **Supportive supervision-** Departments of Preventive and Social Medicine

- Aims at improving the quality of care provided in labor rooms and maternity operation theatres.

Target Areas (190 MC identified)-70 are certified for LaQSHYA

- Government Medical Colleges, District Hospitals, Sub divisional Hospitals, FRU, high case load CHC.

Role of Medical colleges in LaQshya:

- **Training Healthcare Providers:** In labor room management, obstetric care, neonatal resuscitation, and infection control practices;
- **Implementation of Quality Improvement Initiatives:** Standardizing protocols, and implementing evidence-based practices
- **Infrastructure and Equipment Upgradation:** Renovating facilities, procuring essential medical equipment and supplies, infection control practices
- **Clinical Audits & Feedback Mechanisms:** To review & monitor the quality of care in labor rooms & maternity OTs.
- **Community Engagement & Advocacy**
- **Centre of Excellence – showcasing best practices/ Best practices in Respectful maternity care**

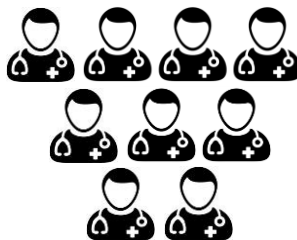




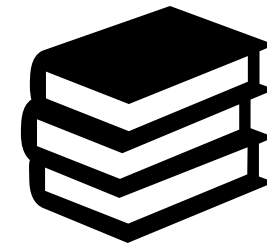
Comprehensive Abortion Care (CAC)



Health Facility Preparedness
(i.e availability of Drugs, Equipments & Trained Providers)



Pool of MTP Trained Providers
{through certificate trainings of MBBS doctors (for 12 days) & certified trainings for OBGYNs & MTP trained doctors (for 3-6 days)}



Developing manuals, training packages, booklets and other IEC materials

Role of Medical colleges:

- Offer USG-guided procedures and a blood storage facility, with OBGs authorized for terminations beyond 24 weeks following approval by the Medical Board for substantial foetal abnormalities.
- **'Model CAC Training and Service Delivery Centres'** to exemplify standardized quality norms for CAC training and service delivery.

To achieve population stabilization goals & also promote reproductive health and reduce maternal, infant & child mortality and morbidity.

Quality Assurance Committees at State and District levels

Scheme for Home delivery of contraceptives by ASHAs.

Mission Parivar Vikas

New Contraceptive Choices:
Injectable contraceptives (Antara programme)
Subdermal Contraceptive Implant (Single Rod) and Centchroman (Chhaya)

National Family Planning Indemnity Scheme (NFPIS)

Vasectomy Fortnight

Family Planning Logistics Management Information System (FP-LMIS)

Enhanced Compensation scheme

World Population Day campaign



Role of Medical colleges:

- **Training Healthcare Providers:** In family planning counseling, methods, and techniques. (Newer Sub dermal implant, SubQ injection)/ NSV surgeons/ Mini Lap
- **Service Delivery:** Family planning clinics or centers where a wide range of contraceptive methods- OCPs, intrauterine devices (IUDs), condoms, sterilization procedures, and emergency contraception can be accessed.
- **Community Outreach and Education/ Gynae department/ PSM/ Community medicine/ public health programme**
- **Policy Advocacy and Collaboration/ SOPs/ Manual development/ Master trainers**
- **Monitoring and Evaluation**

In 2023:

15.6 CRORE

Married Women are using modern contraception in India



+3.5

CRORE additional women and girls are using modern contraception compared to 2012



AS A RESULT OF MODERN CONTRACEPTIVE USE, INDIA IS AVERTING

6.1 CRORES
Unintended pregnancies

20.2 LAKHS
Unsafe abortions

21 THOUSANDS
Maternal deaths

Source - TRACK 20 Estimates

- Aims to holistically develop India's adolescent population aged 10-19 years, addressing health, nutrition, education, & development needs.
- Covers various aspects beyond sexual and reproductive health, including nutrition, injuries & violence, NCDs, mental health, and substance misuse.

Role of Medical colleges:

- **Training Healthcare Providers:** In adolescent-friendly health services (AFHS), address physical, mental, & social health needs of adolescents & provide counseling on sexual and reproductive health, mental health, substance abuse, and nutrition.
- **Establishing Adolescent Health Clinics:** services like preventive health check-ups, counseling, and referrals/ Out reach clinics
- **Promoting Peer Education.**
- **Community Outreach and Education**
- **Research and Evaluation.**
- **Policy Advocacy and Collaboration**

FACILITY BASED APPROACH



Adolescent Friendly Health Clinics

Provide counselling and clinical services

SCHOOL BASED APPROACH



Weekly IFA Supplementation Programme

Menstrual Hygiene Scheme



COMMUNITY BASED APPROACH

Convergence for Out of School Children



Peer Educator Programme



Adolescent Health Day



Child Health

The child health programme under NHM comprehensively integrates interventions that improve child survival and addresses factors contributing to infant and under-five mortality.

Newborn & Child Health

Essential Newborn Care
Facility Based Newborn
Care-SNCU/NBSU/NBCC

Paediatric Care
(Paediatric Ward, HDU)

HBNC & HBYC

Newer Interventions –
KMC

MUSQAN

Nutrition related intervention

Nutrition Rehabilitation
Centres (NRCs)

IYCF promotion / MAA
Program/ CLMCs

Anaemia Mukh Bharat
(AMB) and Vitamin A
suppl.

Deworming

Pneumonia and diarrhea related intervention

IMNCI and F-IMNCI

IDCF/ D2 Campaign

Promotion of ORS and
Zinc use by ASHA

SAANS (Social
awareness & action to
neutralize Pneumonia)

RBSK

Screening at delivery
points for birth
defects

Screening at AWC
and Schools for 4 Ds

DEICs
establishment

ECD Call Centre

Child Death & Still Birth Reviews



Facility Based Newborn Care – A Level Care System

When indicated, referred to the appropriate level

Apex Institute/ Medical College

District Hospital / SDH

First Referral Unit /CHCs

Tertiary Care– NICU

Special Newborn Care Unit (SNCUs)

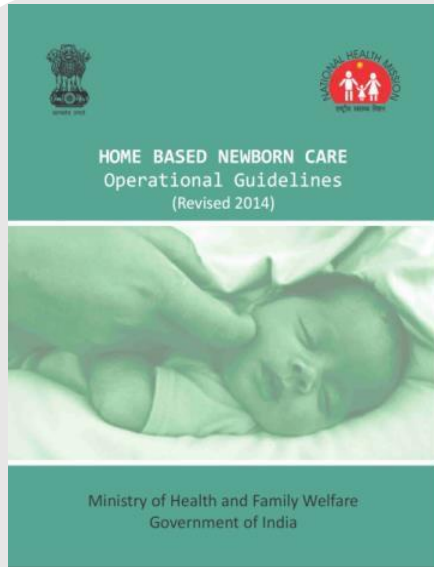
Newborn Stabilization Unit (NBSU)

NBCCs at all Delivery rooms & Obstetric OTs



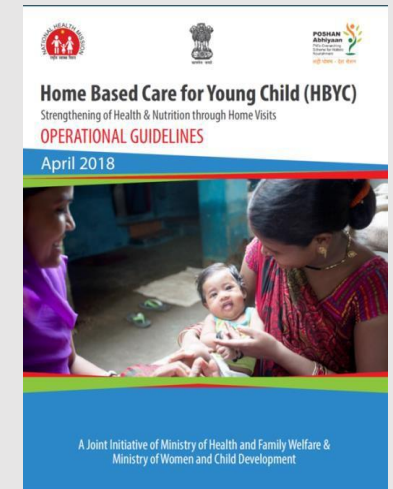


Home Based Newborn Care (HBNC) & Home Based Care of Young Child (HBYC)



- Community based newborn care practices through frontline workers (ASHAs) for Early identification of illness and prompt referral
- Counsel care givers, examine the newborn (for feeding, skin, cord or eye infection), weigh the baby, check temperature and respiratory rate, check for signs of illness
- Targets home + institutional deliveries (6 / 7 home visits by ASHAs within 42 days of birth)

- Community based child care practices through frontline workers (ASHAs) as an extension of HBNC Program
- Improve nutrition status, growth and early childhood development of young children, reduce child mortality and morbidity





Rashtriya Bal Swasthya Karyakram (RBSK)



Involves screening of children from birth to 18 years of age for four **Ds- Defects at birth, Diseases, Deficiencies and Development delays**, spanning 32 common health conditions for early detection and free treatment and management.

Screening

- Newborn Screening for defects at birth
- Screening of children at AWCs and in schools

Referral

Early Intervention Centre (DEIC) at District hospital for confirmation, further assessment and as referral linkage to appropriate health facility

Management

Free of cost management of children identified with ailment in District Early Intervention Centre and referral at pre-identified tertiary level institutions for surgery

Role of Medical colleges :

- **Screening and Early Detection**
- **Referral Services:** For specialized care by pediatricians, specialists, and multidisciplinary teams.
- **Treatment and Follow-up Care:** Medical interventions, surgeries, rehabilitative services, long-term management of chronic conditions.
- **Capacity Building**
- **Health Education and Counseling**
- **Research and Innovation**
- **Policy Support and Advocacy**
- **Monitoring and Evaluation**



Role in other Child Health Initiatives

- **Paediatric Centre of Excellence (P-CoE):** Set-up in Medical Colleges to establish linkage with district and sub-district level facilities and provide hands-on support to strengthen paediatric services. MC function as **HUB** for supporting and building the capacity, guide and mentor the service providers functional in the **SPOKES i.e., DH/SDH/CHC.**
- **SAANS (Social Action and Awareness to Neutralize Pneumonia Successfully) :** To generate awareness around protect, prevent and treatment aspects of Childhood Pneumonia & To enhance early identification and care seeking behaviors among parents and caregivers.
- **Sentinel Stillbirth Surveillance System:** To provide an understanding of the burden and the circumstances, risk factors and leading determinants resulting in a stillborn baby.
- **Hospital based Birth Defect Sentinel Surveillance System** is also established in selected medical colleges / hospitals with high load of deliveries, with Head of Departments of Pediatrics / In-charge Neonatology and Head of Departments Obstetrics & Gynecology as Nodal.

Externally visible major birth defect(s)

1. Neural tube defects including microcephaly
2. Oro-facial clefts: Cleft lip/cleft palate
3. Talipes equinovarus - Club foot
4. Limb reduction defects
5. Hypospadias
6. Exomphalos/Omphalocele
7. Gastroschisis
8. Imperforate anus

Optional birth defect(s)

1. Down syndrome
2. Congenital diaphragmatic hernia
3. Congenital heart disease
4. Tracheo-esophageal fistula
5. Exstrophy of bladder
6. Other defects

Birth Defects Listed For Surveillance



Nutrition

Under the RMNCAH+N strategy initiatives are also undertaken to address various nutritional deficiencies and anaemia among women and children.

Key Programs

1. Anaemia Mukht Bharat (AMB):

- Aims to reduce anaemia prevalence across age groups.
- Strategy includes interventions like iron folic acid supplementation, deworming, and behavior change campaigns.

2. National Deworming Day (NDD):

- Administration of albendazole tablets biannually to children and adolescents to combat helminth infestation.

3. Mother's Absolute Affection (MAA):

- Focuses on promoting optimal breastfeeding and infant feeding practices.
- Implemented through health worker training and communication campaigns.

4. Lactation Management Centers (LMC):

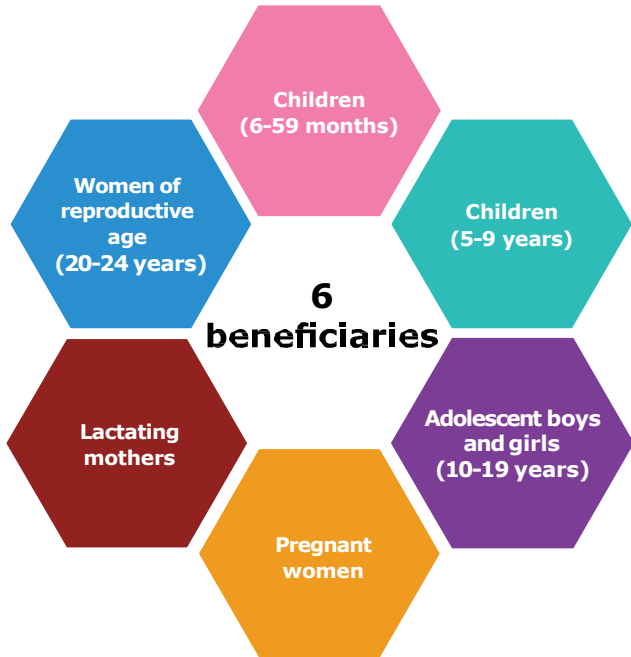
- Provides support for lactation management, ensuring safe milk for sick, preterm, and low birth weight babies.

5. Nutrition Rehabilitation Centers (NRCs):

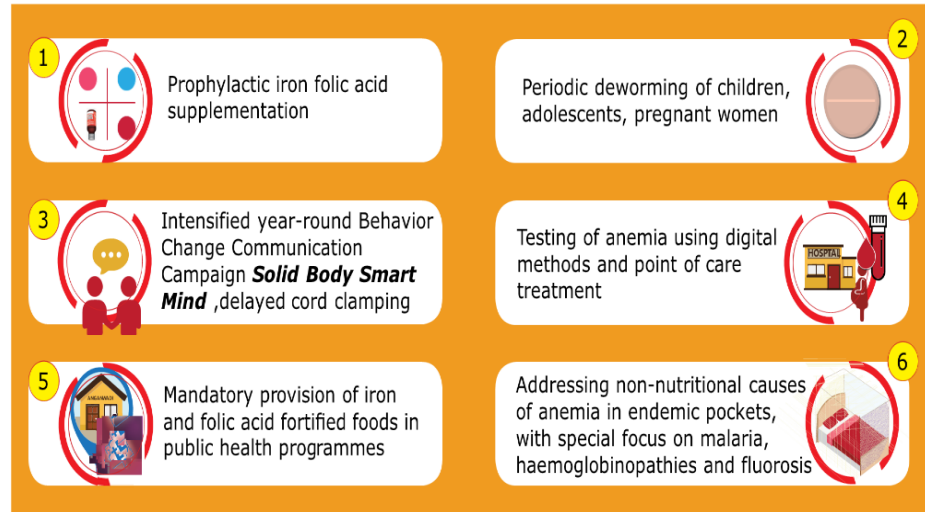
- Offers medical treatment and nutritional support to under-five children with severe acute malnutrition.
- Emphasizes timely and appropriate feeding, caregiver training, and counselling.

Anemia Mukt Bharat (AMB) strategy, launched in 2018 to reduce anaemia prevalence (due to nutritional and non-nutritional causes)

Six target age groups



Six interventions



Six Institutional Mechanisms



Role of Medical colleges:

- AIIMS New Delhi hosts the **National Centre of Excellence and Advanced Research on Anemia Control (NCEAR-A)**, providing technical expertise, conducting research, serving as a national-level reference laboratory for anemia screening and diagnosis, facilitating program reviews and capacity building, supporting supply chain monitoring, and conducting rapid assessments and research.
- At the state level, institutions can be designated as **State Centres for Excellence and Advanced Research for Anemia Control (SCEAR-A)**, aiding in training, monitoring, and acting as apex reference laboratories for anemia screening and diagnosis.

Overview of Universal Immunization Program (UIP)

- One of the largest public health programs.
- Routine Immunization Programme in India started in 1978 as the Expanded Programme of Immunization (EPI)
- Programme gained momentum and was expanded as Universal Immunization Programme (UIP) in 1985



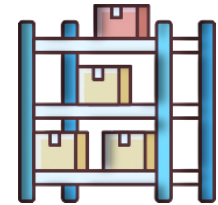
Annual target
2.7 Cr. Newborns;
2.9 Cr. Pregnant
Women



~1.36 Cr. sessions
planned per year



Vaccine against VPDs
11 nation wide;
1 sub-nationally (JE)



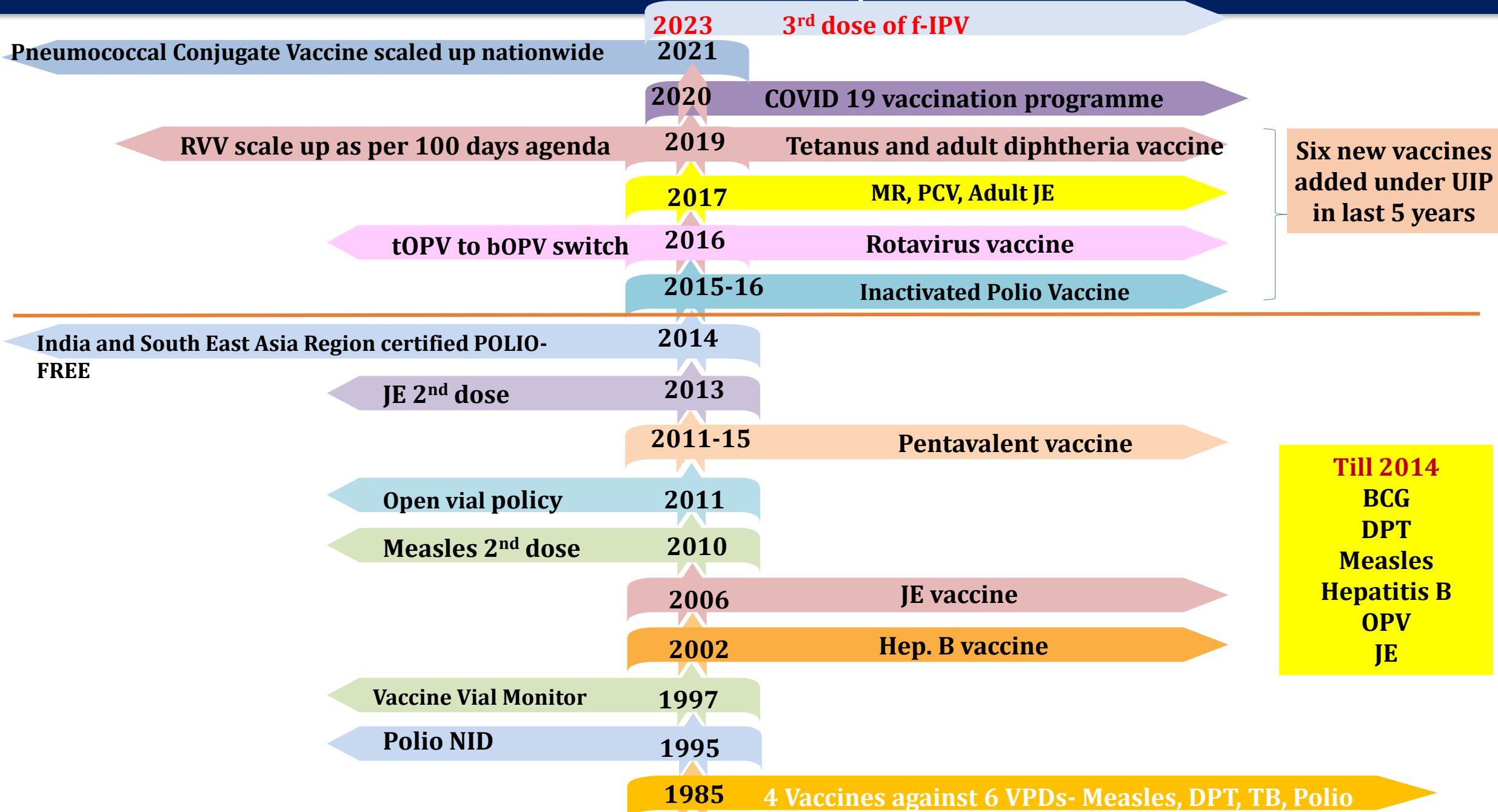
~30,000 cold chain
points for storage and
distribution of
vaccines

Make in India: Largest vaccine manufacturing capacity in the world

On 27th March 2014, South-East Asia Region of WHO, including India, certified POLIO-FREE

On 14th July 2016, WHO certified India for eliminating Maternal and Neonatal Tetanus

UIP Roadmap



Vaccine-Preventable Disease Surveillance

- Managed by **National Public Health Support Network (NPSN)**
 - Acute Flaccid Paralysis (AFP) surveillance for Polio
 - Fever and Rash surveillance for Measles and Rubella
 - DPT surveillance for Diphtheria, Pertussis and Tetanus
 - Typhoid (To be started)
 - HPV
- Managed by **National Centre for Vector Borne Disease Control (NCVBDC)**
 - Japanese Encephalitis Disease Surveillance .
- Managed by **ICMR**
 - Congenital Rubella Syndrome (CRS) Surveillance
 - Pneumo-surveillance

Without adequate surveillance, elimination of vaccine-preventable diseases cannot be achieved and sustained.

Adverse Event Following Immunization (AEFI)

It is any untoward medical occurrence following immunization (Mild, Serious and Severe), which does not necessarily have a causal relationship with the usage of the vaccine.

Reporting of AEFI

SAFEVAC: Online portal.

- For reporting of all AEFI (Minor, Severe and Serious)
- Data entry and uploading of forms (hospital records, post mortem reports at the district level and causality assessment reports state level)

Signal Review Panel: At National Level

- For detecting signals following vaccinations
- Members trained on analysing potential signals and giving appropriate recommendations.

National Quality Assurance Standards for AEFI Surveillance Programme

- QMS-AEFI is being implemented in 23 states/UTs

Revised AEFI Surveillance & Response Operational Guidelines- 2024

- Release of AEFI Surveillance & Response Operational Guidelines - 2024
- National Dissemination workshop conducted on revised AEFI Surveillance & Response Operational Guidelines - 2024



Universal Immunization Program (UIP)



Role of Medical colleges in UIP:

- **Provision of immunization services:** Dedicated vaccination rooms with provision of daily vaccination services/ MIC
- **Capacity Building/ NID/S-NID/ Monitoring**
- **AEFI surveillance and Management:**
 - (National/ State) AEFI Causality Assessment committee
 - Clinical management of AEFIs
 - Adverse Drug Reaction Monitoring Centers: **Pharmacovigilance Programme of India (PvPI).**
 - Clinical expertise in AEFI Surveillance
- **Review Mechanism:** Mandatory representation in the **STFIs and DTFIs** for review and strategy discussions. Participation as assessors during the Effective Vaccine Management (EVM) assessment carried out nationally.
- **VPD Surveillance/ AFP/ MR elimination/ MR Surveillance/ CRS**

National COVID-19 Vaccination Programme

India's COVID-19 Vaccination program launched on 16th January 2021.



CO+WIN





Overview of Quality Initiatives under NHM



National Quality Assurance Standards:
For DH, CHC, PHC and UPHC



LaQshya:
Ensuring Quality of care during delivery & immediate post- partum



SUMAN: NQAS certification of SUMAN Services



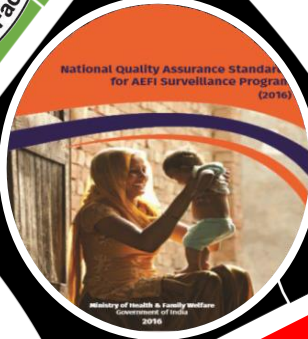
MusQan:
Quality Certification of Pediatrics Services



Kayakalp:
Swachh Bharat Swasth Bharat



AEFI Surveillance:
Ensuring Quality in AEFI Surveillance



Mera-Aspataal:
Platform to Capture voices of Patients for improving Quality Services



National Quality Assurance Program



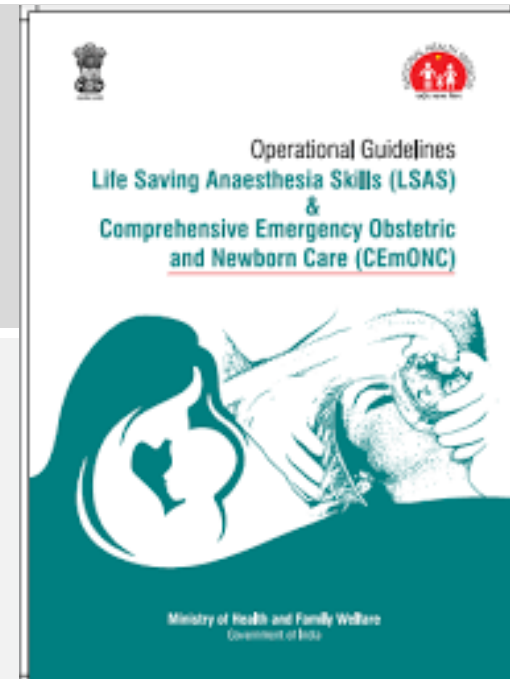


Other HSS Initiatives



Indian Public Health Standards (IPHS): To improve the quality of services and provide a uniform benchmark to assess the functionality of public health facilities, a set of standards known as the IPHS were first developed in 2007 - revised in 2012 and then 2022, to provide guidance on the infrastructural, HR, drugs, diagnostics, equipment, quality & governance requirements for delivering health services.

Lifesaving Anaesthesia skills(LSAS): Training program rolled out in 2003 to train MBBS doctors in providing comprehensive anaesthetic obstetric care services to provide with necessary skills & competencies to manage the cases requiring lifesaving emergency obstetric care at the FRUs.



Comprehensive Emergency Obstetric Care (CEmOC): Training program rolled out in 2003 to train MBBS doctors in providing comprehensive obstetric care services, to enable to manage complications and also undertake C-sections for saving lives.



Role of MCs in NUHM

Centre of Excellence in Urban Health:

Hubs for technical guidance and knowledge enhancement in urban health under the National Urban Health Mission (NUHM), serving as centres of excellence for skill training, research, and health planning.

Enhanced Healthcare Services Provision:

Urban Health Training Centres (UHTCs) within medical colleges, following NMC regulations, broaden their services to match those of Urban Primary Health Centres (UPHCs), thereby improving healthcare access and standards.

Quality Training Hub:

Utilizing UHTCs as training sites, medical colleges can deliver high-quality, skill-based training for diverse healthcare professionals under NUHM, benefiting students and urban communities alike.

Expanded Referral Network:

Medical colleges function as referral centres for various health programs under NUHM, extending beyond existing initiatives like the Revised National Tuberculosis Control Program (RNTCP) to encompass other urban health endeavours.

Research and Innovation Leadership:

Medical colleges lead research endeavours, innovative strategies, and implementation studies in urban healthcare, potentially receiving support under NUHM through the Program Implementation Plan (PIP) approval process.



Thematic Areas for Support

Education

- Impart **medical education to capacitate** healthcare professionals.

Evidence Generation & Research

- **Research**, generate evidence for policy decisions, **Operational research** and **Impact assessment**

Service Delivery

- Delivering healthcare to underserved populations, outreach services

Community Engagement

- Engage with local communities to raise awareness, Provide health education

Policy Support and Advocacy

- Provide **expert input and technical assistance**

Monitoring, Evaluation and Learning

- Monitoring & Evaluation of the nation health programs by undertaking field visits, mentoring the health workforce and providing feedback to the public health managers.

Medical Colleges are part of various expert and advisory committees such as:

- Empowered Program Committee- NHM
- Medical Education Reform Committee
- National Health Policy Advisory Committee
- Hospital Accreditation Advisory Committee
- Health Technology Assessment Advisory Committee
- National Technical Advisory Group on Immunization
- National Mental Health Advisory Committee
- National Tobacco Control Advisory Committee
- National Vaccine Policy Drafting Committee



Thank you