

# News from here and there

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## **New ministers for health in India**

Mr Jagat Prakash Nadda took over as the Union Minister for Health in the Government of India on 10 November 2014. He succeeded Dr Harsh Vardhan, who has been made Union Minister of Science and Technology and Earth Sciences. Dr Vardhan had served as minister since May 2014. Dr Vardhan has been known for his strong anti-tobacco stance.

The 55-year-old Mr Nadda, who is also the national general secretary of the Bharatiya Janata Party, has earlier been Health Minister of Himachal Pradesh, the state that he represents in the Rajya Sabha. In addition to this change, Mr Shripad Yesso Naik has been made Minister of State for AYUSH and health and welfare.

SANJAY A. PAI, *Bengaluru, Karnataka*

## **Increase in number of medical colleges, undergraduate seats and postgraduate seats in medicine in India**

There has been an increase in the number of medical colleges and consequently of undergraduate and postgraduate seats in India. While there were 387 medical colleges in India in 2013–14, the number has risen to 404 in 2014–15. The states with the maximum number of colleges are Karnataka (47), Andhra Pradesh (46), and Tamil Nadu and Maharashtra (45 each). The corresponding numbers of undergraduate and postgraduate seats in these states are 6905/3548; 6900/2875; 5915/2552 and 6195/3218, respectively. Tamil Nadu has had a decline in the number of undergraduate seats compared to the previous year.

There are a total of 54 352 undergraduate and 25 416 postgraduate seats annually now.

SANJAY A. PAI, *Bengaluru, Karnataka*

## **Improvement in mortality indices in India, though National Rural Health Mission (NRHM) goal yet not achieved**

There has been a steady decline in the infant mortality rate (IMR), maternal mortality ratio (MMR) and total fertility rate (TFR) after the launch of the NRHM though the goals that were set for 2012 have not yet been achieved. This was stated by the Health Minister of India, Shri J.P. Nadda in a written reply in the Rajya Sabha. He also stated that the achievements on many key indicators had not been as per the goals mainly on account of inadequate funding and governance challenges in certain states. Instances of misuse of NRHM funds such as misappropriation, diversion of funds from one pool to another without authorization, infructuous purchases, etc. have been pointed out through audit and remedial actions are sought.

The percentage annual compound rate of decline in TFR has risen from 1.8% in 1990–2005 to 2.7% during 2005–12. The percentage annual compound rate of decline in IMR rose from 2.1% observed during 1990–2005 to 4.5% during 2005–13. The percentage annual compound rate of decline in MMR has increased from 5.1% during 1990–2005 to 5.8% during 2005–11.

Low budgetary spending on health, poverty, lower literacy rate, rural–urban divide and lack of trained health workers at the ground level have been the reasons for a high MMR and IMR. The NRHM was launched on 12 April 2005 to provide accessible, affordable and quality healthcare to the rural population of India. Since the launch of NRHM, rural health statistics have shown substantial improvement in the allocation of funds and availability of healthcare providers. Household surveys have indicated that institutional delivery rates have increased steadily. The coverage of child survival interventions such as immunization has also improved. Though the goals of NRHM are yet to be achieved, the data from the Sample Registration System show that at the national level, MMR per 100 000 live-births has declined from 254 in 2004–06 to 167 in 2011–13 (target was 100/100 000 live-births by 2012). The decline has been most noticeable in the 8 Empowered Action Group States (Bihar, Jharkhand, Madhya Pradesh, Chhattisgarh, Uttar Pradesh, Uttaranchal, Orissa and Rajasthan), and Assam from 308 to 246.

Among the southern states, the decline has been from 127 to 93 and in the other states from 149 to 115. IMR per 1000 live-births has declined from 58 in 2004 to 40 in 2013 (target was 30/1000 live-births by 2012). Currently, it varies from 44 in rural areas to 27 in urban areas. Among the bigger states, it varies from 12 in Kerala to 54 in Assam and Madhya Pradesh. Female infants experienced a higher mortality than male infants in all states. The TFR for India in 2006 was 2.8 per woman and in 2013 was 2.3 per woman (target was to reduce TFR to 2.1 by 2012) and varies from 2.5 in rural areas to 1.8 in urban areas. Among the bigger states, it varies from 1.6 in West Bengal to 3.4 in Bihar. For rural areas, it varies from 1.7 in Himachal Pradesh, Punjab and Tamil Nadu to 3.5 in Bihar. For urban areas, such variation is from 1.2 in Himachal Pradesh and West Bengal to 2.5 in Bihar and Uttar Pradesh. The TFR in rural areas has declined from 5.4 to 2.5 from 1971 to 2013 whereas the corresponding decline in urban areas has been from 4.1 to 1.8.

Large inequities still exist between and within the states. Periodic evaluation of programme inputs, processes, outputs, outcomes and impact at the district and subdistrict level are required to identify programme constraints; at the same time, financial allocations need to be increased further along with strengthening of the public health infrastructure to achieve the goals.

PRITAM ROY, *Chandigarh*

## **Professor K. Srinath Reddy awarded honorary Doctor of Science (Medicine) degree by the University of London**

Dr K. Srinath Reddy, President of the Public Health Foundation of India (PHFI), which he has headed since its inception in 2006, was conferred the title of Doctor of Science (Medicine) *honoris causa* by the University of London on 26 November 2014. The ceremony, which was conducted at the Buckingham Palace, saw Dr Reddy being felicitated by HRH Princess Anne, of Britain, Chancellor of the University of London. The award is in recognition of Dr Reddy's contributions to cardiology and the public health sector.

Dr Reddy is currently President of the World Heart Federation (2013–15) and is the first Indian to hold this position. He has been the Head of the Department of Cardiology at the prestigious All India Institute of Medical Sciences (AIIMS), New Delhi as well as President of the National Board of Examinations (2009–14). Readers of this *Journal* will also be aware that he was editor of the *NMJI* from 1997 to 2005. In addition, he chaired the High Level Expert Group on Universal Health Coverage, which was instituted by the Planning Commission of India during the planning stage of India's 12th Five-Year Plan. He is also the first Bernard Lown Visiting Professor of Cardiovascular Health at the Harvard School of Public Health. Dr Reddy was awarded the Padma Bhushan by the President of India in 2005 and was involved in the formulation of WHO's Framework Convention on Tobacco Control.

With Dr Reddy at its helm, PHFI has set up five Indian Institutes of Public Health in various parts of the country and is involved in public education and research programmes directed towards creation of affordable technologies to strengthen primary health services. Dr Reddy has published research papers and best

practice guidelines related to trends in heart diseases in various international journals. He has promoted work- and school-based programmes for prevention of heart disease and diabetes through a voluntary organization (HRIDAY-SHAN).

Dr Reddy, who has been a member of several global committees of the WHO, World Bank and World Economic Forum among others, told this correspondent: 'This is an honour that highlights the growing importance of global health in an increasingly inter-connected and inter-dependent world. International academic partnerships are now even more pivotal for raising the profile and performance of global health research. I merely happen to represent India's public health and medical communities which have a major leadership role to play in shaping global health in this century. While I am happy to receive recognition of my personal contributions in several areas of health research and policy, the award really reflects the importance of the collective contribution that Indian health professionals are making to advance global health to higher levels of effectiveness and equity.'

MAHARRA HUSSAIN, *Dubai, United Arab Emirates*

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*The National Medical Journal of India* is looking for correspondents for the 'News from here and there' section. We are particularly interested in getting newswriters from the north and northeast regions of India as well as from other countries. By news, we refer to anything that might have happened in your region which will impact on the practice of medicine or will be of interest to physicians in India. The emphasis of the news items in this column, which are usually from 200 to 450 words, is on factual reporting. Comments and personal opinions should be kept to a minimum if at all. Interested correspondents should contact SANJAY A. PAI at [sanjayapai@gmail.com](mailto:sanjayapai@gmail.com) or [nmji@nmji.in](mailto:nmji@nmji.in)