School of Public Health
KIIT UNIVERSITY
Bhubaneswar, Odisha, India
(Declared U/S 3 of UGC Act, 1956)

National Symposium on Universal Health Coverage in India

Theme: Bridging the Knowledge and Implementation Gap

Summary Report

Organised by: KIIT School of Public Health (KSPH)

Date: 12th December, 2016

Time: 9 am to 5 pm

Venue: Seminar Hall, Campus- 6

Convention Centre, KIIT University, Bhubaneswar

Summary Report

National Symposium on Universal Health Coverage in India

Theme: Bridging the knowledge and implementation gap

Occasion: Universal Health Coverage Day 12th December

Date: 12th December, 2016: Time: 9 am to 5 pm

Venue: Seminar Hall, Campus- 6 convention Center, KIIT University, Bhubaneswar

Organiser: KIIT **School of Public Health, KIIT University, Bhubaneswar.**

Acknowledgement:

We, the organizers of the "National Symposium on Universal Health Coverage", would like to express our gratitude to Dr. Achyuta Samanta, Honourable Founder of KIIT and KISS, Prof. P. P. Mathur, Vice Chancellor, and Prof Sasmita Samanta, Registrar of KIIT University, Bhubaneswar for their inspiration, help and support for this activity.

We sincerely acknowledge with thanks, the professional contribution, encouragement and active participation of all our invited guests, speakers and panellists from various organizations:

- Dr. Sunil Khaparde, DDG (TB) and Dr. Ajaya Khera, Dy. Commissioner (MCH) of MOH&FW, Government of India,
- Dr. Binod Kumar Mishra, Director FW, and Dr. Gyanindra Tripathy, Director, Public Health, Govt of Odisha,
- Special invitee Prof. Ranjita Mishra, Director, Public Health Training Centre, School of Public Health, West Virginia University, USA
- Dr. Sanghamitra Pati, Director, RMRC, ICMR, Bhubaneswar.
- Dr. B. K. Swain- General manager, Odisha State Medical Corporation,
- Dr. P. B. Pradhan- Deputy Director, AYUSH, Government of Odisha
- Dr Sarit Kumar Rout, Assoc. Professor, IIPH B, PHFI New Delhi.
- Dr. Manilal Gupta, Consultant RSBY, Dte. HS, GoO – Public Sector Health Insurance
- Mr. Manavendra Sarangi, Vice-President, ICICI Lombard, Mumbai
- Mr. Ramashis Pati – State Head, Max-BUPA Odisha
- Dr. Jugal Kishore (Director-Professor, Dept of Community Medicine, VMMC & Safdarjung Hospital, New Delhi)
- Dr. Deepa Prasad, (State Head, UNFPA, Odisha,
- Dr. Sonu H. Subba, Additional Professor, Department of CM & FM, AIIMS, Bhubaneswar,
- Dr. Sanjukta Sahu, Joint Director TB, Dept. of H & F W, GoO.
- Dr. K. K. Das, Jt. Director, Child Health, GoO
- Dr. Laxmidhar Pradhan, MO TB, Dept. of H & F W, GoO.
- Dr. Rajendra Panigrahi, WHO Consultant, RNTCP, GoO.
- Dr. Surendra Kumar Mishra, MAMTA, New Delhi

We are grateful to Mr. Bimal Kumar Jena, Development Officer, KIIT University and his entire team for their unstinted support and help in arranging the venue of the symposium and other support activities.

Dr. D. N. Nayak, State Project Coordinator, Public Health Implementation, and Faculty of Public Health deserve special thanks for his inputs and active support in organizing the Symposium.

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Last but not the least, we express our sincere thanks to all the participants of the symposium and their sponsoring organizations for their active participation and co-operation.

Dr. Sudhir Kumar Satpathy

Director, KSPH, KIIT University, Bhubaneswar

CONTENTS

List of Abbreviations and Acronyms

AIIMS	All India Institute of Medical Sciences
AFR	Age-specific Fertility Rate
ANM	Auxiliary Nurse Midwife
ARI	Acute Respiratory Infection
ATD&TC	Anti TB Demonstration & Training Centre
AU	University of Aarhus (Denmark)
AYUSH	Ayurveda, Yoga, Unani, Siddha and Homeopathy
BPL	Below Poverty Line
CBO	Community-based Organisations
CBNAAT	Cartridge Based Nucleic Acid Amplification Test
CME	Continued Medical Education
CM&FM	Community Medicine and Family Medicine
DDG (TB)	Deputy Director General (Tuberculosis)
DHH	District Headquarter Hospital
DHS	District Health Services/System
DRG	Diagnostic Related Group
DTO	District TB Control Officer
DRTB	Drug-resistant TB
Dte. HS	Directorate of Health Services
GDP	Gross Domestic Product
GHE	Gross Health Expense
GoI	Government of India
GoO	Government of Odisha
HLEG	High Level Expert Group
HE	Health Expenses
H & FW	Health and Family Welfare
HIV	Human Immunodeficiency Virus
IEC	Information, Education and Communication
IMR	Infant Mortality Rate
ICMR	Indian Council of Medical Research
IIPHB	Indian Institute of Public Health, Bhubaneswar
KIIT	Kalinga Institute of Industrial Technology
KSPH	KIIT School of Public Health
M and E	Monitoring and Evaluation
MCH	Maternal and Child Health
MCI	Medical Council of India
MoHFW	Ministry of Health and Family Welfare (India)

MOU	Memorandum of Understanding
MKCG	Maharaja Krishna Chandra Gajapati Medical College
MMR	Maternal Mortality Ratio
MBBS	Bachelor of Medicine and Bachelor of Surgery
NAM	National AYUSH Mission
NCD	Non-Communicable Disease
NGO	Non-Governmental Organisation
NHM	National Health Mission (India)
NREGS	National Rural Employment Guarantee Scheme
NUHM	National Urban Health Mission
OOPE	Out of Pocket Expense
PHC	Primary Health Care/Centre
PHFI	Public Health Foundation of India
PNC	Prenatal Care
PP	Private Practitioner
PPP	Public-Private Partnership
PPM	Public-Private Mix (or Public-Private-People Mix)
PRI	Panchayati Raj Institution (local self government, India)
QMP	Qualified Medical Practitioner
RNTCP	Revised National Tuberculosis Control Program
RSBY	Rashtriya Swasthya Bima Yozana (National Health Insurance Plan)
RMP	Registered Medical Practitioner
RMNCH+A	Reproductive, Maternal, Newborn, Child, and Adolescent Health
RMRC	Regional Medical Research Centre
SC	Sub Centre
SCB	Sriram Chandra Bhanja Medical College
SVP	Sardar Vallabhai Patel Sishu Bhawan
SHRMU	State Health Resource Management Unit
TFR	Total Fertility Rate
TB	Tuberculosis
UC	Universal Coverage Scheme (Thailand)
UHC	Universal Health Coverage
UN	United Nations
UNFPA	United Nations Population Fund
VMMC	Vardhaman Mahavir Medical College
VSS	Veer Surendra Sai Medical College (Veer Surendra Sai Institute of Medical Sciences and Research)
WHO	World Health Organization

Executive Summary-

On 12th December, 2016(UHC Day), KIIT School of Public Health, KIIT University, Bhubaneswar, organized a "National Symposium on Universal Health Coverage with the theme of bridging the knowledge and implementation gap" at Bhubaneswar. The objectives of the Symposium were to highlight the knowledge and implementation gaps, share the experiences, and stimulate a thought process on way forward to achieve UHC. A total of 112 participants- (40 males and 72 females) from 24 different organisations (Govt departments, academia, universities, public health institutions, international organisations, medical colleges and hospitals, school of public health and school of nursing took part in the symposium. Resource persons and panellists were policy makers, administrators, Program Managers, Academia and researchers from Government, Private and NGO sectors. Questions in the mind of the intending participants were elicited prior to the Symposium day through e-registration process. Program on the day of the symposium included the inaugural session, two Guest lectures and 4 Panel discussion sessions, and audience participation through Q&A.

The salient points that emerged from the deliberations are:

1. In spite of several strategies being adopted in India to achieve UHC, there remain a number of gaps in our knowledge of UHC and the way India implements it.
2. Evidence based data still not well documented, analysed and disseminated for advocacy and influencing policy on UHC.
3. All the three major pillars for UHC are to be strategized in a coordinated way– (1) Health Financing (2) Financial security for seeking health care and (2) Health Systems strengthening to make quality health services available, accessible, and affordable with equity, governance and accountability provisions. There are a lot of scope to use digital communication and other simple diagnostic tools, medical technologies at the point of care, health facilities and at community level to improve service delivery. Efforts made in this regard under RNTCP are worth mentioning. Involvement of private sector is also necessary.
4. Human Resources for Health especially MBBS doctors in rural and difficult areas continues to be a problem. Innovative alternatives like Nurse practitioners, AYUSH doctors and more efficient and skilled community level functionaries (ASHA, SEVAKs etc) should be tried. Providing an enabling work environment for the health service providers is a necessity. Public sector health services should gain the trust of people especially in Odisha State as majority of poor, tribal and other disadvantaged people depend largely on public sector.
5. The efforts initiated to create public health cadre by some states including Odisha should be encouraged and supported for better program management.
6. A list of medical, preventive and promotive health care services and list of essential drugs to be made available under UHC should be reviewed and revised taking in to consideration the epidemiological transition in the disease pattern such as diabetes, obesity, cancer, CVD, other NCDs and several health problems related to changing lifestyle.

7. Proportion of GDP allocated to Health Sector must improve from the current very low level of 1.3% to 4 – 5 % which will help the country to bring down the OOP from a very high level of 62% to a level of 20%.
8. Besides increasing coverage and the content of RSBY(National Health Insurance Plan)), more medical/health insurance schemes should be initiated in Public sector to provide the benefits to poor and other deprived sections of society. Innovations are needed to make private medical insurance more affordable and consumer friendly.
9. Innovations, collaboration, partnership, coordination, translational and implementation research is the key to the success of the UHC. Medical colleges and hospitals, Public Health and other research organizations in public as well as in private sector can contribute to a great extent in achieving UHC by providing evidence through research to influence policy and advocacy.
10. The consensus was that Universal Health Coverage is achievable. Each country including India, however has to plan and design UHC strategies that suits them well.

Rationale and Background

Health is a right for every individual and not a privilege. Lack of affordable and quality health care traps families and nations to poverty. Worldwide, 400 million people lack the most basic life saving health care. 17% of people in Low and Middle income countries are pushed further in to poverty (US $ 2 / day) because of health spending. Most countries in the world are making efforts to address the issues through Universal Health Coverage. **Universal health coverage** (UHC) means that all people receive the health services they need without suffering financial hardship when paying for them. The 65th World Health Assembly meeting in Geneva identified universal health coverage (UHC) as a key imperative for all countries to consolidate the public health advances. UN Member States including India are expected to try to achieve UHC by 2030. Every year, Universal Health Coverage Day (UHC Day) is observed on 12th December to highlight the progress, issues and challenges.

One-sixth of world's population resides in India. Thus, India has a larger stake in Global Health by ensuring access to quality health care to its citizens. Indians currently spend about $120 per capita on healthcare each year, of which only a quarter comes from the government. In spite of the efforts made since independence, the achievements have been far below expectations.

The high level expert group (HLEG) on UHC constituted by the then Planning Commission of India with the mandate of developing a frame-work for providing easily accessible and affordable health-care to all Indians, submitted its report in November 2011. Limited prepayment mechanisms and safety nets (health insurance), low public sector expenditure on health, an overreliance on out-of-pocket expenditures to finance the costs of health care, lack of evidence based advocacy due to gaps in knowledge and implementation as well, have been cited as reasons for poor achievement in Universal Health Coverage,

Utilizing the opportunity of UHC Day, KSPH (KIIT School of Public Health) organised a one day "National symposium on Universal Health coverage" on 12th December, 2016 with the theme of "bridging the knowledge and implementation gap". The aim of the Symposium was to disseminate these gaps to the current and would be public health professionals from multiple disciplines and other stakeholders, and to stimulate a thought process for action including research in UHC.

(Ref: www.who.int/universal_health_coverage/en/, www.universalhealthcoverageday.org

http://www.hhp.gov.in/universal-health-coverage-pg ,

Objectives of the Symposium:

- To sensitize the stakeholders on what we know, what we do not know , what we need to know and what we need to do for Universal Health coverage
- Highlight the gaps in knowledge and implementation of UHC in India and Odisha State relating to equity in access to health services, existing capacity of health systems to deliver quality health services and protection against financial risks.
- Discuss the way forward to address these gaps including UHC Research, taking examples of success stories of other countries in achieving UHC.

Topics covered:

Knowledge and implementation gaps in:

- Health systems,
- Health financing,
- Health Insurance: public and private,
- Reaching the unreached: strategy to deliver quality services under RNTCP,
- Access to essential medicines and technologies,
- Health manpower
- Research in UHC,
- Lessons learnt from other countries, and
- Actions required in Indian/Odisha context.

Methodology:

1. Pre symposium assessment: Eliciting the questions in the mind of intending participants before the symposium that helped in shaping the agenda.
2. Background paper
3. Lecture-discussion, Power-point presentation, Videos, Posters, Panel Discussion,
4. Hand outs and other reference material
5. Preparation of symposium Report, dissemination and Follow-up

Pre-symposium Activity-

As a pre symposium activity all the interested participants were asked to raise questions they have in their mind related to UHC and other health aspects. In response, about 113 queries were been asked by the participants relating to 17 health aspects such as; improvement and reinforcement of healthcare, importance and functions of RNTCP, high no of IMR and &MMR despite of many programmes, health insurance for all and reduction of OOP, status of MCH programmes, UHC services and financing UHC and Chronic diseases, competency of health worker and public awareness, screening of diseases, accessibility to healthcare facilities, government's strength on meeting UCH and programmes related to Mental health. These queries are later on answered by the resources persons in the symposium.

Participants and Resource persons of the Symposium:

A total of 112 participants- 40 males and 72 females from 24 different organisations (Govt departments, academia, universities, public health institutions, international organisations, medical colleges and hospitals, school of public health and school of nursing), with 28 versatile qualifications (MBBS, MD, AYUSH, Nursing, public health, pharmacy, bio-technology, physiotherapy, social work, engineering and PhD Scholars etc.) participated in the symposium.

Resource Persons and Panellists comprised of policy makers, administrators, Program Managers, Academia and researchers from Government, Private and NGO sectors took part in the deliberations.

A. Inaugural Session Programme

The National Symposium was inaugurated by Prof. P. P. Mathur – Honourable Vice Chancellor, KIIT University with Invocation & Lighting of Lamp followed by welcome address by Dr. S. K. Satpathy, Director, School of Public Health, KIIT University, Bhubaneswar and felicitation of guests.

The inaugural session was addressed by the Guest of honours:

- Dr. Sunil Khaparde, Deputy Director General, MOH&FW. Govt. of India,
- Dr. Ajay Khera, Deputy Commissioner (MCH),MOH&FW, Government of India ,
- Dr. Binod Kumar Mishra, Director, Family Welfare , Govt of Odisha,
- Dr. Gyanindra Tripathy, Director, Public Health, Govt of Odisha,
- Special invitee Prof. Ranjita Mishra, Director, Public Health Training Centre, School of Public Health, West Virginia University, USA and
- The Chief Guest Prof. P. P. Mathur, Vice Chancellor of KIIT University.

They all articulated the need, opportunities, gaps in knowledge and implementation of UHC globally, nationally and locally. Improving health financing, increasing the proportion of GDP for health, competent health workforce, strengthening health systems to improve availability and accessibility of quality health care that are affordable to all , reducing "Out of pocket expenses", rising non-communicable diseases(NCDs) was contextualized. Innovations in making available simple technological developments in diagnosis, management, disease prevention and health promotion at the point of care and community level, partnership with the private sector, other development sectors, and civil society were al emphasized by the invited guests while addressing the audience. The guests also highlighted the importance of Universal Health Coverage as a strategy for achieving Sustainable Development Goals (SDGs) and appreciated the effort of KIIT School Public Health for organising and bringing together the govt., non-govt, academia and research institutions under one platform. The inaugural session was concluded with vote of thanks by Dr. D. N. Nayak, State Project Coordinator, Public Health Implementation, and Faculty of Public Health.

B. Technical Session- (Guest Lectures)

Guest Lecture- 1

The session began with a presentation on **"From Research to Practice: Epidemiology, Prevention and Management of Diabetes"** by Prof. Ranjita Mishra, West Virginia University, USA. She heighted many important points on current global and Indian scenario of diabetics such as:

- Diabetes is a global emergency as 415 million people in the world are with diabetes in 2015 and it will reach to 642 million in 2040. One in two adults with diabetes is undiagnosed.
- High rate of obesity in urban/migrant Asian Indians that leads to diabetics.
- Compared the diabetes prevalence in US, states and cities, gender and cross cultural disparity in India.
- She also described her experience while working in Gujarat and Tamilnadu States.

- Efficiency and effectiveness of the current level of diabetes screenings is unknown.
- Quality, cost and gaps in public health education on diabetes.
- Rural individuals live in resource poor settings
- Improving access for the highest risk groups, especially among those over 35 years of age
- Evidence-based program such as the SEVAK project in Gujarat can be replicated.

Guest Lecture – 2

Best Practices in Other countries in UHC by Dr. Sonu H. Subba, Addl. Professor, Dept. of CM&FM, AIIMS, BBSR

According to Dr. Sonu H. Subba, 62.40% share of health care expenses is Out of Pocket in India. She also narrated the success stories of other courtiers in their effort to achieve UHC.

- Argentina - > 1 million previously uninsured pregnant women and children now have basic health insurance and secure access to services.
- Democratic Republic of Congo - institutional deliveries increased from 49% of estimated births to 88%.
- Mexico - coverage under public health insurance increased from 48% to 72% (2008-2012).
- China - Health Insurance from 50% to 95% during 2005-2011.Rural coverage 97%
- Turkey - Health insurance increased from 64% to 98% during 2000-2012, Four ANC visits increased from 54% to 82% during 2003-2010, Citizen satisfaction increased from 39.5% to 75.9% during 2003-2011.
- Thailand - 98% HI coverage. Out of pocket expenditure only 7.9%.

Lesson to be learnt from the experience of other countries include a sustained political & financial commitment, strengthening primary health care and health insurance schemes, accountability and transparency, manpower strengthening, evidence based care and policies, and, adequate information & feedback. She also emphasized that India's achievements in UHC should be well documented and disseminated widely.

C. Technical Session(Panel Discussions)

Panel Discussion(1):

Topic- Health System improvement for UHC

Chair: Dr. Sanghamitra Pati, Director, RMRC, ICMR, Bhubaneswar.

Panellists: Dr. B. K. Swain- General manager, Odisha State Medical Corporation,
Dr. P. B. Pradhan- Deputy Director, AYUSH, Government of Odisha
Dr. D. N. Nayak - State Project Coordinator, Public Health Implementation, and Faculty of Public Health. Formerly Joint Director and Team Leader SHRMU, Govt. of Odisha

(a) Availability and Accessibility to Essential Drugs

Dr. B. K. Swain- General manager, Odisha State Medical Corporation heighted the points such as;

- Essential Drugs Institution wise,
- strengthening of drug warehouses,
- functions of Drug Distribution Counter,
- quality assurance,
- Niramaya (free drug distribution Centre),
- E- Ausadhi(E-Medicine)
- Logistic management and future plan for "Assured Diagnostics" at all levels of institutions including Sub-centres.

(b) Role of AYUSH in UHC

Dr. P. B. Pradhan- Deputy Director, AYUSH, GoO

The key points of the presentation are: The recommendation of HLEG on UHC for AYUSH Doctors, vast AYUSH infrastructures in Odisha, Strengths of AYUSH and Govt. initiative towards AYUSH for UHC like:

- Organizing bridge courses for AYUSH graduates
- legally empower them to practice some essential modern medicines for emergencies,
- Medicinal Plant Conservation, Cultivation and repositions, Local Health Traditions,
- Capacity building of AYUSH Personnel.
- Launching of "National AYUSH Mission" (NAM) with an objective of strengthening of infrastructure, Quality, Enforcement mechanism and Medicinal Plant gardens in the country.

(c) Human Resource issues in UHC

Dr. D. N. Nayak highlighted:

- Important role of Primary Health Care in achieving UHC
- Need for competent health workforce in Universal Health Coverage,
- Non-availability of MBBS doctors at primary health care facilities in rural areas and
- Possible alternatives to address these issues such as AYUSH Doctors, Nurse practitioners.
- Need for strengthening the female community level volunteers (ASHAs) and adding one more such worker (like SEVAK project in Gujarat) and their involvement in screening for infectious and non-communicable diseases(NCDs),Community education and health promotion, and assisting individuals in improving access to health services.
- Innovations in making primary health care facilities fully functional,
- Innovations in more effective Public –Private Partnerships
- Implementation research and
- The need for establishing a Public Health Cadre in all the States

Chair Person Dr. Sangamitra Pati summarised the points raised by the panellists and the questions raised by the audience. She also emphasized to provide an enabling work environment at all health facilities, more Public- Private Partnership, Health systems

Research, community mobilization and participation, use of available simple technologies, implementation research with innovative ideas to make the quality health care services available, accessible and affordable to all across geographical and socio-economic strata.

Panel Discussion (2):

Topic – Health Financing, Financial Security in UHC

Chair: Dr Sarit Kumar Rout, Assoc. Professor, IIPH B, PHFI New Delhi.

Panellists:

Dr.Manilal Gupta, Consultant RSBY, Dte. Health Services, GoO – Public Sector Health Insurance

Mr. Manavendra Sarangi, Vice-President, ICICI Lombard, Mumbai (Private Medical Insurance)

Mr. Ramashis Pati – State Head, Max-BUPA Odisha (Private Medical Insurance)

(a) Health Financing and UHC

Dr. Sarit Kumar, Chair Person gave needful presentation on Financing UHC. He explained

- The financial milestones to achieve UHC,
- Health Expenses and out of pocket expenditure ratio of different countries.
- Difficult to achieve UHC with GHE at less than 4-5% of GDP and at 5 % GHE –GDP ratio will limit the OOP to 20% of health expenses as suggested by the World Health Report 2010.
- Out of Pocket Expense(OOP) is very high(70%) in India
- Govt to spend more on health to achieve UHC,
- Reprioritise the government budgets towards Health,
- Introduce innovative financing mechanism.
- Expand the social insurance coverage and introduce pre-payment mechanisms to reduce OOP.

(b) Universal Health Coverage and Rastriya Swasthya Bima Yozana (RSBY)- Public sector perspective

Dr. Manilal Gupta (Consultant RSBY, Dte. of Health Services, GoO – Public Sector Health Insurance)

In order to achieve UHC in a country there is a need to:

- Describe the services that are available in the Country/region and
- Checking whether it meets the need of the concerned community
- Assessing whether the services are accessible to all sections of the population across geographical and socio-economic strata

- assessing whether these services are affordable to all sections of the populations or only to some sections

If India has to move towards UHC, it is necessary to:

- reduce OOP expenses for health care services, especially for ambulatory care
- identify those population groups that are slipping through the safety nets
- improve the quality of services provided
- Have a strong political will and positive attitude.

He also explained about basic element, type and objectives of Health insurance and the status of RSBY in the context of Odisha State. A survey in Odisha shows,

- 88.9% people said that their out of pocket expenditure has come down because of using RSBY smart card.
- 99 % of beneficiaries said that they will keep enrolling under RSBY

Future plan- RSBY is being extended to many other categories such as NREGS Beneficiaries, Building and Construction Workers, Railway Porters, Postmen, Domestic Workers, Street Vendors & all other un-organized sector workers. Some of these categories will be subsidized and some will be self-paid (Contributory).

(c) Private Medical Insurance Prospective: Mr. Manavendra Sarangi, Vice-President, ICICI Lombard, Mumbai and Ramashis Pati, State Head, Max-BUPA Odisha representing the private sector health insurance companies also explained the benefits and the limitations of Private health insurance for reducing OOP expenses.

In his concluding remarks, Chairperson highlighted the immediate need to improve health financing, reduce OOP expenses, increase the awareness, coverage, accessibility and utilization of the public medical insurance like RSBY and innovations in making Private medical insurance more affordable to the people.

Panel Discussion(3):

Topic – Improving Service availability and accessibility: RMNCH+A

Chair: Dr. Ajaya Khera, Deputy Commissioner (MCH), Min. of H & FW, GoI

Panellists:

Dr. Jugal Kishore (Director-Professor, Dept of Community Medicine, VMMC & Safdarjung Hospital, New Delhi)

Dr. Deepa Prasad, State Head, UNFPA, Odisha

Dr. K. K. Das, Jt. Director, Child Health, GoO

Dr. Surendra Kumar Mishra, MAMTA (NGO), New Delhi

(a) Improving Service availability and accessibility: RMNCH+ Adolescents

Dr. Jugal Kishore, Director-Professor, Dept of Community Medicine, VMMC & Safdarjung Hospital, New Delhi explained that:

- World adolescent population is about 1.2 billion where India contributes 20% of it i.e. 253 million
- The need of appropriate services towards RMNCH+A.
- how addiction is a Developmental Disease,
- Behaviours formed in adolescence influence health & morbidity across life. Habits and Behaviors initiated in Adolescents have lifelong impact.
- Functions of Rashtriya Kishor Swasthya Karyakram(National Adolescent Health Program)-2015 onward and the activities being undertaken at different parts of India like:
- Peer education Program (213 districts),
- Weekly Iron Folic Acid Supplementation Program (112 million beneficiaries),
- Scheme for Promotion of Menstrual Hygiene (162 districts with 25 million rural girls),
- Convergence with other departments and Adolescent Friendly Health Clinics.
- The need to target and engage the adolescents in UHC.

.**Reproductive Health / Family Planning Services**

Dr. Deepa Prasad, (State Head, UNFPA, Odisha) explained:

- Reproductive health is a state of complete physical, mental and social well-being in all matters relating to the reproductive system.

- It implies that people are able to have a satisfying and safe sex life, the capability to reproduce, and the freedom to decide if, when, and how often to do so

- To maintain one's sexual and reproductive health, people need access to accurate information and safe, effective, affordable and acceptable contraception method of their choice

- How family planning is related to UHC,
- FP 2020 goal of enabling 120 million women and girls to use modern contraception,
- TFR of Odisha has come down from 2.4 to 2.1 and reached below replacement level however, the AFR is a cause of concern,
- One –fifth girls and one-tenth boys married before legal age and steps taken up by govt. towards this.

(b) Chairperson Dr. Ajay Khera also briefed the newer strategies being adopted by Government of India and State Governments for improving the availability, accessibility and quality of care to all and emphasized on governance, accountability and the need for capacity building, community mobilization, improving efficiency, involvement of Medical College and Schools of Public Health, PPP, collaborations and partnerships in the RMNCH +A program

Panel Discussion (4):

Topic – Improving Service availability and accessibility: Case of Revised National Tuberculosis Control Program:

Chair: Dr. Sunil Khaparde, DDG (TB), MOH&FW, GoI

Panellists:

Dr. Sanjukta Sahu, Joint Director TB, Dte. of Health Services, Dept, GoO.
Dr. Laxmidhar Pradhan, MO TB, Dte. of Health Services, GoO
Dr. Rajendra Panigrahi, WHO Consultant, RNTCP

(a) RNTCP- Improving knowledge & implementation Gap for Universal Health Coverage

Dr. Sanjukta Sahu (Joint Director TB, H & F W, Dept, GoO) presented the Odisha State profile for TB care institutions, their objectives and functions. She discussed about Rate of TB suspect examined and Total TB case notification rate, New Sputum Positive Treatment Success Rate, vision and strategy adopted by the State Government, Initiatives for Improving Access under Tribal Plan and Urban TB control Initiatives under NUHM. She also explained about their work towards Bridging Knowledge Gap & Improving Access.

(b) Private Practitioner Notification & involvement of Partners

Dr. Laxmidhar Pradhan, Medical Officer, TB, Dte. of Health Services, GoO) presented the status of TB in India which contributed 25% of total global number. Globally every year 9 million people get sick with TB. 3 million don't get the care they need. He also touched upon the objective, mechanism and clinical support services, and future plan taken up by GoO to tackle TB prevalence.

As per orders received from Govt. of India Tuberculosis is now a notifiable disease in our country. It is mandatory for all care providers (diagnostic as well as treatment) to notify TB cases to the Local Health Authority. All DTOs are being designated as the Notification Authority in the districts. Now private bodies are also involved in notification of TB and they have notified 3436 cases in Odisha.

Currently 3 DRTB Centres are functional at SCB, MKCG & VSS Medical colleges. Two CBNAAT sites are functional at VSS Medical College Burla and SVP Sishu Bhawan Cuttack. SCB Medical College is linked to CBNAAT site at ATD& TC Cuttack and MKCG is linked to DHH City Hospital Ganjam.

(c) Universal access to TB care

Dr. Rajendra Panigrahi, (WHO Consultant, RNTCP) stated that 3.5 million additional lives saved since inception but huge burden of death and suffering remains in India. According to him, there were estimated 22lakhs incident TB cases in 2014, with 2.2 lakh (0.22 million) deaths. All TB patients in the community must have access to early, good quality diagnosis and treatment services in a manner that is affordable and convenient to the patient in time, place and person. All affected communities must have full access to

TB prevention, care and treatment, including women, children, elderly, migrants, homeless people, alcohol and other drug users, prison inmates, people living with HIV and other clinical risk factors, and those with other life-threatening diseases.

To reduce OOP, government has made provisions like, incentives for Tribal patients to cater to their needs, reimbursement for travel cost for MDR Suspects, MDR patients and TBHIV Co-infected patients and planning to have a mobile one stop TB-Service.

(d) Chair person Dr. Sunil Khaparde summarized the TB scenario in the country and various new strategies being adopted under RNTCP such as involvement of Medical Colleges and Private Practitioners, use of advocates and change agents from among cured TB patients, private practitioners and from the community. He emphasised on use of quality diagnostics, coverage of mining belts, tribal areas and other pockets given less attention so far and steps to be taken to prevent MDR TB.

Concluding Session-

In this session the salient points that emerged from the panel discussions and presentations were highlighted and it was impressed upon that UHC can be achieved by 2030 with a strong political will and support, and with a collaborative effort, partnership and coordination between all sectors and stakeholders at local, national and international levels, and learning from other country's achievements. Efforts to achieve UHC will also help in achieving Sustainable Development Goals (SDGs). More attention needed to facilitate research in various aspects of UHC to generate evidence to influence policy and advocacy for a strong and sustainable political will. The Symposium was concluded with a vote of thanks by Dr. D. N. Nayak to all the invited guests, resource persons, Panelists, participants organizing team, volunteers, and all those who worked behind the scene in KIIT School of Public Health, KIIT University and outside to make this symposium a success.

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