

**Task Group on Health and Medical Education**  
**Proceedings of the 3<sup>rd</sup> Meeting**

The meeting was held under the Chairmanship of Prof. K. K. Talwar, in the Committee Room of Punjab Governance Reforms Commission from 10.30 AM to 3 PM on 11.11.2012.

Following members were present in the meeting:

- 1) Ms. Vini Mahajan, IAS, Principal Secretary to Government of Punjab, Department of Health & Family Welfare, Punjab and Member Secretary Task Group on Health & Medical Education
- 2) Ms. Anjali Bhawra, IAS, Secretary to Government of Punjab, Department of Medical Education and Research.
- 3) Dr. V. K. Paul, Prof & Head, Department of Pediatrics, AIIMS, New Delhi
- 4) Dr. Rajesh Kumar, Prof & Head, School of Public Health, PGIMER, Chandigarh
- 5) Dr. Meenu Singh, Professor, Department of Pediatrics, PGIMER, Chandigarh
- 6) Dr. Deepak Bhasin, Professor, Department of Gastroenterology, PGIMER, Chandigarh
- 7) Dr. Ajit Avasthi, Professor, Department of Psychiatry, PGIMER, Chandigarh
- 8) Dr. Ashok Nayyar, Director, Health Services, Punjab
- 9) Dr. Karanjit Singh, Director, Health Services (Family Welfare)
- 10) Ms. Raji P. Shrivastava, Secretary Health/ Managing Director Punjab Health System Corporation.
- 11) Dr Sonia Trikha Khullar, C II/6, Bapa Nagar, Dr Zakir Hussain Marg, New Delhi-110003.
- 12) Dr. Navpreet, Consultant, PGRC Chandigarh
- 13) Dr. Jasbir Singh, OSD DRME
- 14) Mr. Jaspal Singh Kapil, Research Officer, PGRC Chandigarh
- 15) Mr. Madhresh Kumar, Research Associate, PGRC Chandigarh

At the start of the meeting, Chairman observed that the minutes of the last meeting (held on 9.9.2012) had not been drafted properly. Prof. Rajesh Kumar and Dr Ajit Avasthi were requested to provide a revised draft to Ms. Vini Mahajan which would then be circulated with the approval of Chairman.

### **Agenda 1: Clinical Establishment Act**

The approach towards regulation of healthcare in the state was discussed in the context of the Clinical Establishment Act 2010. It was agreed that the regulation although essential should be light-touch, avoiding ‘inspector raj’ and onerous enforcement requirements, affording adequate opportunities to small and charitable facilities.

It was suggested that there is urgent need to know the number of clinical establishments in Punjab; what should be the minimum standards; and how to check whether minimal standards are implemented.

The committee decided to constitute a Group to draft the Punjab Clinical Establishment Act. The members of the group would be Prof. Rajesh Kumar from PGIMER, Chandigarh; Representative from IMA; Dr R. S. Parmar; Representative from CMC Ludhiana; Dr P. L. Garg, ED, SHSRC; DHS/ his representative (Member Secretary); Others may be included as per decision by the Group. The Group was requested to give its recommendations within 45 days.

### **Agenda 2: Presentation on ‘Improving Child Survival in Punjab’**

Prof. V. K. Paul made an elaborate presentation on ‘Improving Child Survival in Punjab’. He stated that Infant Mortality Rate in Punjab at present is 30 per 1000 live births. It is likely that Punjab will achieve the target IMR as per Millennium Development Goal 4. The target IMR for Punjab for MDG-4 is 20 per 1000 live births. The state will move close to it by 2015 (projected IMR in 2015 is 23 per 1000 live births). He highlighted that Punjab has achieved expenditure level of 82% of approved allocation under NRHM.

On further analysis by age at death, he emphasized that early neonatal period (first 7 days of life) is very crucial for child survival. Birth asphyxia, low birth weight and neonatal

infections are the leading causes of neonatal deaths. He discussed about prevention of these causes and their treatment in community and in facility. Some members felt that there is some role of prevention in birth asphyxia and low birth weight. Dr. Paul suggested to allow use of injection gentamicin by ANM in management of neonatal infections.

He highlighted that Integrated MNCH packages, Integrated Management of Neonatal and Childhood Illnesses (IMNCI) guidelines, *Janani Suraksha Yojna*, *Janani Shishu Suraksha Karyama* are available but their coverage is the key. However, in *Rashtriya Suraksha Bima Yojna* (RSBY), no services are provided for child illnesses. He mentioned that there is no Special Newborn Care Unit (SNCU) in Punjab. In the end, he summarized the principal approaches for improving child survival. He stressed upon the need for preparing Punjab Child Health Strategy which would provide a road map.

Dr. Karanjeet Singh informed the members that SNCUs will be started in the State within next 1-2 months since the process is going on. Prof. Rajesh Kumar mentioned that maternal health component should also be included in the strategy. The role of general doctors (M.B.B.S.) in child health should also be properly defined. Prof. Meenu Singh suggested for inclusion of the idea about 'child tracking system' for the girl children who are born in Punjab.

It was agreed that DHS (FW) Punjab would draft a Punjab Child Health Strategy paper with the support of Dr Paul which would be presented to the Task Group within a month.

### **Agenda 3: Health Facility Review**

Prof. Rajesh Kumar made a presentation on 'Health Facility Review of Fatehgarh Sahib & Mansa Districts'. The data presented in last meeting was updated. The comparison of the number of Specialists and General Duty Doctors posted at District Hospital, Sub-Divisional Hospital and Community Health Centers in the two study districts shows deficiency of doctors at all of these levels. The availability of other health personnel like nurses, pharmacists, lab technicians and ANMs also shows deficiency as per the norms. The number of beds available according to population was approximately equal to norms. The percentage of ailments attended by health services in public institutions was only 18% of the expected; however the percentage of hospitalization was 1% more than the expected.

Ms Vini Mahajan informed the members that State had already initiated a new recruitment policy for medical officers (Specialists) in which monthly walk-in interview and campus placement are being done to overcome shortage of specialist doctors in the State. However, appointment of MBBS doctors, where supply is more than the demand, would therefore require written examination also. She also mentioned about the difficulty in placing doctors in remote areas where they are reluctant to join. It was suggested that there should be a system in Government Sector for placement of volunteers (e.g. retired doctors) who are willing to work in rural areas. She also stated that the Punjab Government has decided to follow a single rate contract for the procurement of essential medicines, consumables and material by the State Head Quarter as well as for purchases being made at the Hospital level to tackle the problem of irregular and inadequate drug supply.

After discussions, it was suggested that an in-depth study of government health facilities should be done at least in one district.

In the next meeting, recommendations would be made for optimum utilization of the existing health care facilities available in the government sector at different levels.

Discussion regarding medical education was postponed to 4 pm on November 24, 2012.

The meeting concluded with thanks to all present.