



एक कदम स्वच्छता की ओर



सत्यमेव जयते



डी.जी.एच.एस. संचारिका

DGHS NEWSLETTER



संदेश

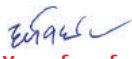
स्वास्थ्य एवं परिवार कल्याण मंत्री

मुझे यह जानकर अत्यंत प्रसन्नता हो रही है कि स्वास्थ्य सेवा महानिदेशालय और स्वास्थ्य एवं परिवार कल्याण मंत्रालय द्वारा स्वास्थ्य के क्षेत्र में कार्यान्वित नवीनतम उपलब्धियों और प्रगति से रूबरू कराने के लिए स्वास्थ्य सेवा महानिदेशालय द्वारा तिमाही ई-संचारिका का द्वितीय संस्करण लाया जा रहा है।

मुझे बताया गया है कि ई-संचारिका का द्वितीय संस्करण, प्रशामक देखभाल के क्षेत्र में विभिन्न जन-स्वास्थ्य पहलों और अग्रणी अंतर्राष्ट्रीय जन स्वास्थ्य एजेंसियों के साथ भागीदारी के माध्यम से वैश्विक स्वास्थ्य सुरक्षा सुनिश्चित करने के प्रयासों पर केन्द्रित है।

मुझे उम्मीद है कि यह संचारिका जन स्वास्थ्य विशेषज्ञों, नीति निर्धारकों और अन्य संबंधित हितधारकों के लिए अत्यंत लाभदायी होगी।

मैं संचारिका में महानिदेशालय के नवीनतम विकासों और उपलब्धियों के सृजनात्मक प्रस्तुतीकरण के लिए स्वास्थ्य सेवा महानिदेशालय की संपादकीय टीम द्वारा किए गए अथक प्रयासों की सराहना करता हूँ। जन स्वास्थ्य, चिकित्सा शिक्षा और स्वास्थ्य देखभाल के क्षेत्र में उत्कृष्टता हेतु प्रयासों के लिए मैं उनकी सफलता की कामना करता हूँ।


(डॉ. हर्ष वर्धन)



संदेश

राज्य स्वास्थ्य मंत्री

मुझे यह जानकर अत्यंत प्रसन्नता हुई है कि स्वास्थ्य सेवा महानिदेशालय अपने त्रैमासिक ई-न्यूजलेटर का दूसरा अंक प्रकाशित कर रहा है। यह न्यूजलेटर महानिदेशालय के विभिन्न प्रभागों के महत्वपूर्ण घटनाक्रमों और उससे जुड़े क्रियाकलापों को स्थान देता है। स्वास्थ्य सेवा महानिदेशालय, स्वास्थ्य एवं परिवार कल्याण मंत्रालय का संबद्ध कार्यालय है तथा यह स्वास्थ्य एवं परिवार कल्याण मंत्रालय द्वारा बनाई गई नीतियों के क्रियान्वयन के लिए तकनीकी दिशानिर्देश उपलब्ध कराने के लिए जिम्मेदार है। स्वास्थ्य सेवा महानिदेशालय राष्ट्रीय स्वास्थ्य कार्यक्रम, आपातकालीन चिकित्सा राहत, स्वास्थ्य संबंधी अंतर्राष्ट्रीय क्रियाकलापों जैसी विभिन्न जन स्वास्थ्य क्रियाकलापों के नियोजन, क्रियान्वयन तथा समन्वयन के लिए उत्तरदायी है।

मैं समझता हूँ कि अपने प्रथम अंक की तरह न्यूजलेटर का दूसरा अंक भी जन स्वास्थ्य की वर्तमान महत्ता के चयनित विषयों पर तकनीकी सूचनाओं को साझा करेगा जो भारतीय जनसंख्या के स्वास्थ्य स्तर को सुधारने में सम्मिलित विभिन्न हितधारकों और साझेदारों के लिए उपयोगी होगा।

मैं महानिदेशालय को बधाई देता हूँ तथा इस शिक्षाप्रद न्यूजलेटर की संपादकीय टीम को अपनी शुभकामनाएं देता हूँ।


(अश्विनी कुमार चौबे)

Directorate General of Health Services
Ministry of Health and Family Welfare
Government of India



संदेश

सचिव

स्वास्थ्य एवं परिवार कल्याण मंत्रालय

मुझे यह जानकर हार्दिक प्रसन्नता है की स्वास्थ्य सेवा महानिदेशालय ई-संचारिका की कड़ी को आगे बढ़ाते हुए दूसरा अंक प्रकाशित कर रहा है।

इस अंक में कुछ ऐसे स्वास्थ्य कार्यक्रमों की जानकारी दी जा रही है जिनके विषय में सम्पूर्ण जानकारी बहुत कम लोगों को है। जैसे की राष्ट्रीय प्रशामक देखभाल कार्यक्रम (National Palliative Care Programme) तथा वैश्विक स्वास्थ्य सुरक्षा एजेंडा (Global Health Security Agenda)

मुझे पूरी उम्मीद है की महानिदेशालय का यह प्रयास आगे भी जारी रहेगा और महानिदेशालय अपनी गतिविधियों को इस माध्यम से सभी लोगों तक पहुंचाता रहेगा।

आने वाले अंक के लिए शुभकामनाओं सहित।

प्रीति सुदन

(प्रीति सुदन)



संदेश

स्वास्थ्य सेवा महानिदेशक

स्वास्थ्य सेवा महानिदेशालय के न्यूजलेटर के आरंभिक अंक की सभी हितधारकों द्वारा अत्याधिक प्रशंसा की गयी है। इस प्रयास को जारी रखने तथा महानिदेशालय के क्रियाकलापों को चिन्हांकित करने के लिए न्यूजलेटर के दूसरे अंक में देश में क्रियान्वित प्रशामक देखभाल कार्यक्रम पर फोकस किया गया है। मेडिकल काउंसलिंग पर अतिथि संपादकीय को शामिल किया गया है। इस अंक में वैश्विक स्वास्थ्य सुरक्षा एजेंडा के अंतर्गत क्रियाकलापों का एक संक्षिप्त सिंहावलोकन भी दिया गया है।

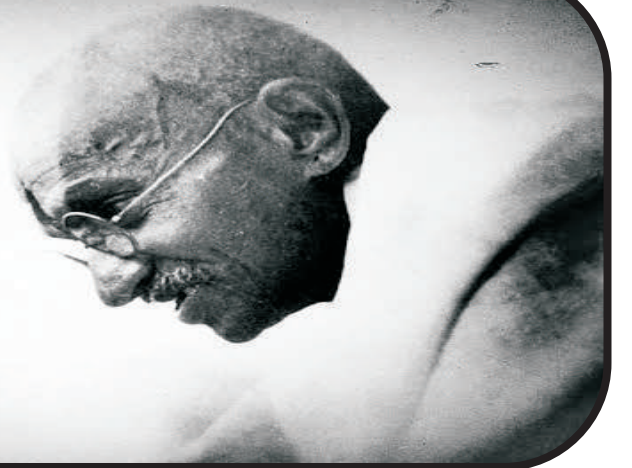
निदेशालय द्वारा निर्माण भवन में कार्यरत अधिकारियों तथा कर्मचारियों के लिए हर सप्ताह होने वाली स्वास्थ्य संबंधी "थीम बेस्ड टॉक्स" की छवियों को भी दर्शाया है।

अशोक सम्मेलन

(डा. अशोक कुमार सक्सेना)

You must be the change
you wish to see in the
world.

Mahatma Gandhi



Guest Editorial



Counselling for allotment of UG and PG Seats by Dte.GHS

One of the critical functions being performed by the Dte.GHS since the year 1993, is counselling of the students for admission to Under Graduate and Post Graduate courses in medical colleges across India. The counselling process was initially on offline mode but since the year 2012 has been switched to online mode with technical assistance from NIC.

On the direction of Hon'ble Supreme Court (Daruslamvs Govt. of India, 2017), counselling is now being conducted for allotment of seats even for deemed universities, central universities and central institutions in all states except J&K. The scope of Medical Counselling Committee is since been further expanded to include counselling for admission to super specialty courses for all institutes in India including Armed Forces Medical Colleges, ESI Medical Colleges, private organizations and hospitals conducting DNB super specialty.

MCC allots 15% of All India Quota for approximately 9000 seats for UG admissions, 50% PG seats approximately 13000-14000 seats and 100% Super Speciality approximately 2000 seats based on merit of NEET Examinations.

The counselling process involves scheduling of three rounds as per MCI guidelines and stray vacancy round at the end in order to provide ample scope for aspiring candidates to exercise options for all colleges as per their choice and also for upgrade in the second round. The MCC prepares the All India Matrix of seats after getting the details of seats contributed by each college and after cross verification of authenticity of the same with MCI seats are allotted in each category including reservation seats [SC, ST, PH, OBC& EWS].

Admissions for Under graduate and Super Speciality courses will have to be completed by 31st August and that of Post Graduate admissions by 31st May, which the MCC has been strictly adhering to till now.

A large number of students aspire to get admission to the medical colleges as evinced by 14-15 lakh students appearing for NEET UG Examination of which 7-8 lakh students qualify and approximately 2 lakh candidates register on MCC Website for competing for 65000 seats.

To facilitate candidates, MCC has established a Call Centre at NOIDA for addressing instantly any of the queries from the students and their parents by all modes of communications. The grievances, during and on conclusion of the counselling, are dealt to the satisfaction of the students. So far the counselling process has been going on very smoothly, without any complaint from any corner as even acknowledged by the Hon'ble Health Minister received applause in Parliament for the work done by MCC during the discussion on National Medical Commission during the discussion.

The exhaustive information about the MCC, including functions, can be seen by visiting the website: <http://mcc.nic.in>.

Dr. B.D. Athani, Principal Consultant
Chairman, Medical Counselling Committee

Brief of National Programme under Dte.GHS National Program for Palliative Care

Series – 2A

Palliative care is also known as supportive care which is required in the terminal cases of Cancer, AIDS etc. and can be provided relatively simply and inexpensively. Effective palliative care requires a broad multidisciplinary approach that includes the family and makes use of available community resources. It can be provided in tertiary care facilities, in community health centres and even in patients' homes. It improves the quality of life of patients and families who face life-threatening illness, by providing pain and symptom relief, spiritual and psychosocial support from diagnosis to the end of life and bereavement.

The need for palliative care is increasing at a rapid pace due to the world's ageing population and increases in chronic diseases. Despite this need, palliative care is underdeveloped in most parts of the world, and India is no exception. A large proportion of people in need of palliative care at the end of life, live in low-and middle-income countries.

The Ministry of Health and Family Welfare has been making efforts to address the growing need for palliative care in the country. The National Cancer Control Program was launched in India in 1975, wherein palliative care was provided as a part of the cancer care. Subsequently, National Program for Palliative Care (NPPC) was launched in 2013-14, which is now a part of the National Health Mission, with the objectives of providing basic palliative care services at all levels of public healthcare system, building capacity for delivery of palliative care services in terms of infrastructure, equipment and human resource, promoting community awareness and participation in the delivery of palliative care services and integrating palliative care into other related programs. Under NPPC, there is a provision for establishing state palliative care cell for program management. Besides, to provide pain and palliative care services, including Home-based palliative care, Palliative Care Units are being set up at the district hospitals and healthcare workers and volunteers/care-givers are being trained at all levels. Community awareness is also being generated about the services made available under the program.

Moreover, certain amendments were also made in Narcotic Drugs and Psychotropic Substances (NDPS) Act, 1985 in 2014 by the Department of Revenue, which allow a single regulation for morphine & other Essential Narcotic Drugs (ENDs) across the country, a single license to hold and use ENDs and a single agency (the State Drugs Controller) to issue licenses and monitor it.



Global Health Security Agenda

GHSA Background

The Global Health Security Agenda (GHSA) is an international partnership by like-minded countries across the world. GHSA envisions a world safe and secure from global health threats posed by infectious diseases, where it is possible to prevent or mitigate the impact of naturally occurring outbreaks, and intentional or accidental releases of dangerous pathogens, rapidly detect and transparently report outbreaks when they occur, and employ an interconnected global network that can respond effectively to limit the spread of infectious disease outbreaks in humans and animals, mitigate human suffering and the loss of human life, and reduce economic impact.

The Global Health Security Agenda was launched on February 13, 2014 in partnership with many countries, international organizations and public & private stakeholders to accelerate progress towards a world, safe and secure from threats of infectious diseases and to promote global health security. India was represented by the Union Health Secretary in the launch event through a video conference in which he reiterated India's commitment to implement the IHRs (2005) that is a recognized framework to achieve global health security. The following projects are being implemented across India under Global Health Security Agenda:

GHSA implementing Partners in India

- ♦ **All India Institute of Medical Sciences (AIIMS), Delhi-** Capacity Building and Strengthening of Hospital Infection Control to Detect and Prevent Antimicrobial Resistance in India.
- ♦ **All India Institute of Medical Sciences (AIIMS), Delhi-** India Network of Population Based Surveilla.
- ♦ **Nce Platform for Influenza and Other Respiratory Viruses Among Elderly (RESPIRE).**
- ♦ **National Institute of Health & Family Welfare (NIHFW), Delhi-** Public Health Systems Capacity Building in India.
- ♦ **National Institute of Epidemiology (NIE), Chennai-** Model District for Public Health Preparedness, Surveillance and Response: Multi- Strategic Integrated Approach in Tiruvallur District, Tamil Nadu, India.
- ♦ **National Institute for Research in Tuberculosis (NIRT), Chennai; National Institute of Tuberculosis and Respiratory Diseases (NITRD), Delhi & National Tuberculosis Institute (NTI), Bangalore-** Protecting and Improving Public Health Globally: Building Laboratory, Surveillance and Workforce Capacity to Detect, Respond to and Prevent Drug Resistant Tuberculosis in India.

- ◆ **National Centre for Disease Control (NCDC), Delhi-** Overall Strengthening of Global Health Security in India, including AMR, Zoonotic Disease, Strengthening Public Health Workforce, Strengthening Laboratory Surveillance, Strengthening Hepatitis Surveillance, Strengthening Emergency Operations.
- ◆ **Directorate General of Health Services- International Health (Dte.GHS-IH), Delhi-** Strengthening Global Health Security at Points of Entry through Development of Workforce and Information System.
- ◆ **National Institute of Virology (NIV), Pune-** Enhancing Bio Risk Mitigation Awareness in Public Health Community and Creating Laboratory Networks for Enhanced Diagnostic Capabilities to Deal with Surveillance and Outbreaks of VHF and RI Diseases.
- ◆ **National Institute of Mental Health and Neurosciences (NIMHANS), Bangalore-** Strengthening Laboratory Diagnostics and Surveillance of Acute Encephalitis Syndrome in India.
- ◆ **National Institute of Veterinary Epidemiology And Disease Informatics (NIVEDI), Bangalore-** Countrywide Surveillance for Anthrax in Livestock and Mastitis in Cattle for Protecting and Improving Health Globally: Building and Strengthening Public Health Impact, Systems, Capacity.
- ◆ **Manipal University, Mangalore-** Building Laboratory-Supported Real Time Surveillance: Acute Febrile Illness at the Human-Animal-Environment Interface in India.
- ◆ **Science Health Allied Research Education (SHARE) India, Mumbai-** Strengthening Tuberculosis Surveillance, Airborne Infection Control and MDR TB Management and Control (Mumbai).
- ◆ **Christian Medical Association of India (CMAI), Delhi-** Improving Lab Quality Systems and Safety: A National Approach.
- ◆ **Public Health Institute (PHI), Chennai-** Advancing Detection, Treatment and Prevention of Critical AMR Pathogens in Tamil Nadu, India.
- ◆ **Eco Health Alliance-** Surveillance for Emerging Zoonotic Disease Threats and Behavioural Risk Characterization in High-risk Communities in India.
- ◆ **Food and Agriculture Organization of the United Nation (FAO), Delhi-** Addressing Antimicrobial Usage in Asia's Livestock, Aquaculture and Crop Production Systems.
- ◆ **South East Asia Regional Office (SEARO) World Health Organization (WHO), Delhi-** Strengthening EBOLA Preparedness and Response in the SEA Region.
- ◆ **World Health Organization (WHO) Country Office, Delhi-** Strengthening International Health Regulations Core Capacities to Enhance India's Contribution to Global Health Security.

GHSA Governance

- Core Group under the chairmanship of Secretary, Health and Family Welfare to review all the GHSA projects in India, committee meets annually or as on when required.
- Technical Committee under the chairmanship of Director General of Health Services to oversee the technical, administrative and financial matters related to all GHSA projects. This Committee meets every quarter to review all the GHSA projects.
- GHSA Cell was set up under the Directorate General of Health Services to provide support to the Technical Committees and coordinate all GHSA projects activities. Ministry also approved to designate nodal officer from Ministry and CDC Country Office, accordingly nodal officers from the Dte.GHS and CDC India are designated.

Accomplishments:

- GHSA cell has developed workforce development strategy for strengthening and expansion of India EIS program and Ministry has approved the strategy and created WHO and South Hub at NIE, Chennai.
- The approved guidelines relating to sharing and use of data generated under GHSA Projects was shared with all GHSA partners.
- Technical Review Committee (TRC) has been formulated under the chairmanship of Dr. Anil Kumar, DDG(L) & Nodal Officer (GHSA Projects), Dte.GHS to examine all requests received from CDC-GHSA projects for grant of permission for publication/sharing of data and to give its recommendation. Till date around 20 meetings were successfully organized.
- Administrative & financial guidelines for GHSA partners have been developed and shared for implementing GHSA projects activities.



Glimpses of Theme Based Health Talks in Dte.GHS



DGHS Felicitated the guest faculty of
“Theme Based Health Talks”
on the occasion of **Doctor's Day**- 1st July 2019



Glimpses of Activities of the Dte.GHS



CENTRAL LEVEL WORKSHOP FOR SPARSH LEPROSY AWARENESS CAMPAIGN 2019



Sparsh Leprosy Awareness Campaign



Felicitation of Officer of the Month



Workshop on National Guidelines for Patient Safety

इंसानी तलाश

मनन कर सोच रही हूँ मैं
कैसे सुसज्जित करूँ
शब्द व शब्दार्थ का संबंध
की सार्थक हो जाए इसका भेद!
शब्द को सार्थकता देकर ही
अगर परिवर्तन आ जाए मानव में
और फिर करनी न पड़े
इन्सान को इंसानी तलाश

(डॉ. इंदु ग्रेवाल)



Are you sure,
he is just a
friendly photographer ?



A Season of Life

July bids farewell to the yellow laburnums One after the other they start disappearing Solemn and silent in their wheels of life

With panic I contemplate the passing time Oblivious to the messages in the woods

Ride the wheel of life
Enjoy your 'nows'

(Dr. L. Swasticharan)



Workshop on Oral Health and Tobacco Cessation



Regional Workshop to Accelerate Cancer Prevention and Control in South East Asia



Advocacy cum Training Workshop on Clinical Establishments Act 2010 in the state of Jharkhand

Editorial Board

Editor in Chief : **Dr. Ashok Saxena, DGHS**
 Editorial Advisor : **Dr. Promila Gupta, Pr. Consultant**
 Guest Editor : **Dr. B D Athani, Pr. Consultant**

Editorial Panel : **Dr. Bina Sawhney, Addl. DDG**
Dr. Tanu Jain, ADG
Dr. Himanshu Chauhan, DADG
Dr. Chhavi Pant Joshi, DADG
Dr. Manas Pratim Roy, DADG

Design and Layout : **Mr. Sunil Gulia, Admin Asstt.**

Online version of Dte. GHS Newsletter is available at Dte.GHS website <https://dghs.gov.in>

For comments and inputs, write to dghsnewsletter@gmail.com

Directorate General of Health Services

Ministry of Health & Family Welfare, Govt. of India

Nirman Bhawan, Maulana Azad Road, New Delhi – 110108