



Ministry of Health & Family Welfare  
Government of India



# National Workshop on Non-Communicable Diseases



Ministry of Health and Family Welfare,  
Govt. of India



**National Workshop on  
Non-Communicable Diseases**

Ministry of Health and Family Welfare,  
Government of India





**जगत प्रकाश नड्डा**  
**JAGAT PRAKASH NADDA**



**Foreword**

**मंत्री**  
**स्वास्थ्य एवं परिवार कल्याण**  
**व रसायन एवं उर्वरक**  
**भारत सरकार**  
**Minister**  
**Health & Family Welfare**  
**and Chemicals & Fertilizers**  
**Government of India**

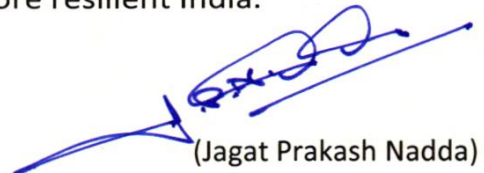
Non-Communicable Diseases (NCDs) pose a formidable public health challenge, accounting for over 66% of deaths in India. The growing prevalence of conditions like hypertension, diabetes, cancer, chronic kidney disease, and non-alcoholic fatty liver disease (NAFLD) demand urgent, coordinated, and sustained action to protect the health and well-being of our people.

2. The National Workshop on Non-Communicable Diseases, jointly organised by the Union Ministry of Health & Family Welfare and the Government of Telangana, served as a crucial platform for policymakers, health experts, and state officials to explore innovative strategies for NCD prevention, early detection, and effective management. The insights shared reinforced our unwavering commitment to strengthening the National Programme for Prevention and Control of Non-Communicable Diseases (NP-NCD).

3. Discussions underscored the significance of community-driven interventions, digital health solutions, and integrated healthcare models, ensuring holistic NCD management across all levels. The success of Assam and Rajasthan's community screening models, Tamil Nadu's home-based care initiative, and Kerala's HPV vaccination program highlight the power of localized and scalable solutions in combating NCDs.

4. The Government of India remains resolute in its vision of providing accessible, affordable, and high-quality healthcare for all. Through Ayushman Arogya Mandirs, we are fortifying primary healthcare, expanding cancer care, integrating AYUSH for holistic wellness and leveraging digital technologies to enhance service delivery.

5. I convey my appreciation to all participants, experts, and stakeholders for their invaluable contributions to this workshop. Let us continue working together to build a stronger, healthier, and more resilient India.

  
(Jagat Prakash Nadra)





**प्रतापराव जाधव**  
**PRATAPRAO JADHAV**



सत्यमेव जयते



राज्य मंत्री (स्वतंत्र प्रभार)  
आयुष मंत्रालय  
व  
राज्य मंत्री  
स्वास्थ्य एवं परिवार कल्याण मंत्रालय  
भारत सरकार

MINISTER OF STATE  
(INDEPENDENT CHARGE) OF  
MINISTRY OF AYUSH AND  
MINISTER OF STATE OF  
MINISTRY OF HEALTH & FAMILY WELFARE  
GOVERNMENT OF INDIA

### MESSAGE

India is undergoing rapid demographic and epidemiological transitions, leading to a sharp rise in the burden of Non-Communicable Diseases (NCDs), which are estimated to account for 63% of all deaths in the country. Individuals over the age of 30 are particularly at risk, as NCDs emerge as a major public health challenge in India.

The National Health Policy recognizes the need to halt and reverse the growing incidence of chronic diseases. It advocates for an integrated approach where screening for the most prevalent NCDs, along with secondary prevention, will have a significant impact on reducing morbidity and mortality. This strategy will be incorporated into comprehensive primary healthcare, with strong linkages to specialist consultation and follow-up at the primary level. Comprehensive Primary Health Care (CPHC) plays a crucial role in both primary and secondary prevention of various disease conditions, including NCDs. The provision of primary healthcare helps reduce morbidity, disability, and mortality at much lower costs, significantly reducing the need for secondary and tertiary care

Government of India under the visionary leadership of Hon'ble Prime Minister Shri Narendra Modi ji and able guidance of Hon'ble Union Minister of Health and Family Welfare, Shri Jagat Prakash Nadda ji, is committed to ensure the safety and well-being of citizens in India. The National Programme for Prevention and Control of Non-Communicable Diseases (NP-NCD) is being implemented up to Ayushman Arogya Mandir under the umbrella of the National Health Mission. Population-level interventions for prevention, control, screening, and management of common NCDs are key components of the program, with NCD services forming an integral part of the services delivered at Ayushman Arogya Mandir.

This National Workshop on Non-Communicable Diseases provided us an opportunity to share best practices from our States/UTs and prioritize NCD interventions for the future. This will ensure effective implementation and supportive supervision of program activities related to health promotion, early diagnosis, treatment, and referral through NCD Clinics at District Hospitals and Community Health Centres. Outreach activities by frontline health workers at Ayushman Arogya Mandir will also serve as a focal point for monitoring and reporting the performance of NP-NCD activities. The program has expanded significantly, now screening all individuals aged 30 years and above in the community.

I am confident that the insights gained from this workshop will reflect on the ground in the coming days. This workshop will undoubtedly enhance the capacity of all stakeholders for better implementation, ultimately leading to improved management of NCDs across the country.

सर्वे भवन्तु सुखिनः। सर्वे सन्तु निरामयाः।

(Prataprao Jadhav)







अनुप्रिया पटेल  
ANUPRIYA PATEL



Message

राज्य मंत्री  
स्वास्थ्य एवं परिवार कल्याण  
व रसायन एवं उर्वरक  
भारत सरकार  
MINISTER OF STATE  
HEALTH & FAMILY WELFARE  
AND CHEMICALS & FERTILIZERS  
GOVERNMENT OF INDIA



Non-communicable diseases are the leading causes of death in the country and amount to considerable loss in potentially productive years of life. India is undergoing rapid demographic and epidemiological transitions, leading to a sharp rise in the burden of Non-Communicable Diseases (NCDs). NCDs emerge as a major public health challenge in India.

In order to prevent and control major NCDs, Government of India has implemented National Programme for Prevention and Control of Non-Communicable Diseases (NP-NCD) under the umbrella of National Health Mission in all States/UTs across the country since 2010 with the focus on strengthening infrastructure, human resource development, health promotion, early diagnosis, management and referral.

Comprehensive Primary Health Care (CPHC) plays a crucial role in both primary and secondary prevention of various disease conditions, including NCDs. The provision of primary healthcare helps reduce morbidity, disability, and mortality at much lower costs, significantly reducing the need for secondary and tertiary care.

The Ministry of Health & Family Welfare, in collaboration with the Government of Telangana successfully hosted a two-days National Workshop on Non-Communicable Diseases during January 8-9, 2025. The workshop brought together key stakeholders including policymakers, health experts, and state officials from across the country, focussed on strengthening strategies for the prevention, screening, management and treatment of NCDs.

The National Workshop on NCDs in India marked a significant step toward addressing the growing burden of non-communicable diseases. By focusing on state-specific practices, expert recommendations, and a collaborative roadmap, the workshop has laid the groundwork for a unified and effective national strategy. The emphasis on multi-sectoral collaboration, technological integration, and sustainable financing reflects a holistic approach to NCD management, aligning with global best practices and the urgent need for comprehensive action.

The collective efforts and insights shared during this workshop are instrumental in strengthening the nation's capacity to manage NCDs effectively. The commitment of all stakeholders is commendable, and it is anticipated that these collaborative endeavours will lead to improved health outcomes across the country.

(Anupriya Patel)

February 25, 2025  
New Delhi

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पुण्य सलिला श्रीवास्तव, भा.प्र.से.  
सचिव

**PUNYA SALILA SRIVASTAVA, IAS**  
Secretary



सत्यमेव जयते



भारत सरकार  
स्वास्थ्य एवं परिवार कल्याण विभाग  
स्वास्थ्य एवं परिवार कल्याण मंत्रालय  
Government of India  
Department of Health and Family Welfare  
Ministry of Health and Family Welfare



## **MESSAGE**

The National Workshop on Non-Communicable Diseases (NCDs), held on 8<sup>th</sup> – 9<sup>th</sup> January 2025, was a pivotal platform for knowledge exchange and strategic collaboration in the fight against the growing burden of NCDs in India. Organized by the Ministry of Health & Family Welfare in partnership with the Government of Telangana, the workshop brought together policymakers, experts, and healthcare leaders to discuss innovative approaches for prevention, early detection, and management of conditions such as hypertension, diabetes, chronic kidney disease, cancer, and Non-Alcoholic Fatty Liver Disease.

The deliberations emphasized the critical role of community-led interventions, digital health solutions, and integrated care models in strengthening the National Programme for Prevention and Control of Non-Communicable Diseases (NP-NCD).

Despite commendable progress, challenges remain in ensuring equitable healthcare access, strengthening primary prevention, and integrating behavioural change interventions into NCD programs. Moving forward, a multi-sectoral, technology-driven, and patient-centric approach will be essential in tackling these pressing health concerns.

I extend my appreciation to all stakeholders who contributed to the workshop's success. By leveraging collective expertise, fostering collaboration, and implementing evidence-based solutions, we can build a stronger, healthier future for all.

Date : 25.2.2025  
Place : New Delhi

*Punya Salila*  
(Punya Salila Srivastava)

टीबी हारेगा देश जीतेगा / TB Harega Desh Jeetega





आराधना पटनायक, भा.प्र.से.  
अपर सचिव एवं मिशन निदेशक (रा.स्वा.मि.)  
**Aradhana Patnaik, IAS**  
Additional Secretary & Mission Director (NHM)



सत्यमेव जयते

75  
आज़ादी का  
अमृत महोत्सव



भारत सरकार  
स्वास्थ्य एवं परिवार कल्याण मंत्रालय  
निर्माण भवन, नई दिल्ली-110011

Government of India  
Ministry of Health and Family Welfare  
Nirman Bhawan, New Delhi-110011

## MESSAGE

To strengthen India's response to the growing burden of Non-Communicable Diseases (NCDs), a National Workshop was convened to foster collaboration, innovation, and policy dialogue. Held on 8th-9th January 2025, the event was jointly organized by the Ministry of Health & Family Welfare and the Government of Telangana, bringing together policymakers, healthcare professionals, and state representatives. Discussions focused on strategies for prevention, early detection, and management of key NCDs, including hypertension, diabetes, cancer, chronic kidney disease (CKD), and non-alcoholic fatty liver disease (NAFLD).

The workshop emphasized scalable and high-impact solutions under the National Programme for Prevention and Control of NCDs (NP-NCD), highlighting digital health integration, community-led interventions, and state-driven innovations. Successful models such as Tamil Nadu's home-based care program, Kerala's HPV vaccination initiative, and Rajasthan's large-scale screening efforts were showcased. Additionally, initiatives like Nagaland's tobacco-free campaigns and the Fit India Movement reinforced the role of behavioural change and holistic wellness through AYUSH and integrative health approaches.

Despite commendable advancements, gaps remain in bridging healthcare disparities, enhancing primary prevention, and embedding lifestyle modifications into public health frameworks. The workshop underscored the importance of multi-sectoral collaboration, equitable access to diagnostics, and sustainable investments in healthcare infrastructure and workforce development.

I extend my gratitude to all stakeholders for their contributions to this vital initiative. By leveraging technology, adopting patient-centric strategies, and scaling state-led best practices, we can collectively reduce the NCD burden and pave the way for a healthier, more resilient India.

Dated: 25 Feb, 2025

  
(Aradhana Patnaik)



प्रो.(डॉ.) अतुल गोयल

**Prof. (Dr.) Atul Goel**

MD (Med.)

स्वास्थ्य सेवा महानिदेशक

**DIRECTOR GENERAL OF HEALTH SERVICES**



सत्यमेव जयते

भारत सरकार  
स्वास्थ्य एवं परिवार कल्याण मंत्रालय  
स्वास्थ्य सेवा महानिदेशालय

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



### Message

The National NCD Conference held on 8th 9th January 2025 provided a valuable forum for technical deliberations on the current challenges, emerging evidence, and innovative strategies required to combat non-communicable diseases (NCDs). Organized by the Ministry of Health and Family Welfare in association with the Government of Telangana, the event facilitated an in-depth exchange of insights between leading expert and policymakers from across the country.

The discussions at the conference underscored the urgent need for comprehensive action across the spectrum of NCDs, with a specific focus on hypertension, diabetes, chronic kidney disease, chronic respiratory diseases, and cancer. The deliberations emphasized early screening, standardized treatment pathways, technological integration, and strengthening primary healthcare infrastructure to enable timely interventions and improved patient outcomes. State representatives shared best practices, particularly in community-driven models, technology-assisted screening, and cost-effective interventions, offering a repository of scalable approaches for national adoption.

However, despite significant advancements, gaps remain in lifestyle modification interventions, which are critical for both prevention and management of NCDs. While several states showcased structured screening and referral mechanisms, there remains a pressing need to mainstream behavioural change strategies such as nutritional literacy, physical activity promotion, and tobacco and alcohol cessation programs into existing public health frameworks. Strengthening these components through multisectoral collaboration, digital interventions, and localized community engagement is imperative for achieving long-term impact.

The Report encapsulates the key findings from the conference, detailing policy insights, state-led interventions, and a forward-looking strategy for enhancing India's response to NCDs. I urge all stakeholders to study the recommendations, contextualize them within their state programs, and implement actionable reforms to accelerate progress toward sustainable and inclusive healthcare solutions.

Through evidence-based and patient-centric approaches, we can collectively address the rising burden of NCDs and work towards a healthier, more resilient India.

  
(Atul Goel)







सौरभ जैन, भा.प्र.से.  
संयुक्त सचिव

**SAURABH JAIN, IAS**  
JOINT SECRETARY



भारत सरकार  
स्वास्थ्य एवं परिवार कल्याण मंत्रालय  
निर्माण भवन, नई दिल्ली-110011  
Government of India  
Ministry of Health & Family Welfare  
Nirman Bhawan, New Delhi-110011



### Message

The National NCD Conference held on 8<sup>th</sup> – 9<sup>th</sup> January 2025 served as an essential platform for knowledge sharing, collaboration, and strategic planning in the fight against non-communicable diseases (NCDs). Organized by the Ministry of Health and Family Welfare in association with the Government of Telangana, the conference brought together esteemed experts, policymakers, and healthcare professionals from across the country.

The deliberations at the conference highlighted key priorities, best practices, and the challenges in screening, diagnosis, treatment, and management of NCDs such as Hypertension, Diabetes, Cancer, Chronic Kidney Disease, Chronic Respiratory Diseases and Non Alcoholic Fatty Liver Disease. Experts shared their valuable insights on innovative approaches and policy interventions aimed at strengthening early detection, digital health solutions, and community-based preventive care. These discussions became an arena for all states to understand existing gaps, opportunities, and successful models of implementation.

The inputs provided by state representatives and technical experts will significantly aid in shaping evidence-based strategies to enhance the effectiveness of NP-NCD and improve healthcare accessibility at the grassroots level. The conference also reinforced the importance of multi-sectoral collaboration, technological integration, and sustainable healthcare financing to tackle the growing burden of NCDs in India.

The Report encapsulates the key takeaways from the conference, including state-specific practices, expert recommendations, and the roadmap for strengthening NCD services across the country. I encourage all stakeholders to go through the document and leverage the learnings to drive impactful policy decisions and programmatic advancements in their respective states.

Together, through coordinated efforts and a unified vision, we can accelerate progress toward reducing the burden of NCDs and ensuring a healthier future for all citizens.

  
(Saurabh Jain)

# Table of Contents

<b>Executive Summary</b> . . . . .	<b>1</b>
<b>Agenda of the Workshop</b> . . . . .	<b>3</b>
<b>Inaugural Session</b> . . . . .	<b>7</b>
<b>Day 1 (8<sup>th</sup> January 2025)</b> . . . . .	<b>10</b>
<b>(Session – I)</b> . . . . .	<b>10</b>
<b>Non-Communicable Diseases: Priorities &amp; Achievements</b> . . . . .	<b>10</b>
Topic - National Programme for Prevention & Control of Non-Communicable Diseases (NP-NCD): Key Priorities, Achievements & Targets . . . . .	10
Topic: Challenges in Screening, Diagnosis, Treatment and Management of Diabetes . . . . .	11
Topic: Challenges in Screening, Diagnosis, Treatment and Management of Hypertension and Diabetes . . . . .	11
State-specific Practices: Control and Referral Pathways on Hypertension by Assam . . . . .	12
State-specific Practices: Control and Referral Pathways on Diabetes by Rajasthan . . . . .	13
<b>(Session – II)</b> . . . . .	<b>14</b>
<b>Health Promotion &amp; Communication Activities: Role of Community-based Interventions in Prevention and Control of NCDs</b> . . . . .	<b>14</b>
Topic: Eat Right India Movement . . . . .	14
Topic: Eat Right India Movement . . . . .	15
Topic: Tobacco-Free Youth Campaign . . . . .	15
Topic: Yoga and Wellness for NCD Prevention . . . . .	16
Topic: Tobacco, Alcohol, and Substance Abuse Prevention . . . . .	16
State Specific: Tobacco Cessation and De-addiction Centres in Nagaland . . . . .	17
<b>(Session – III)</b> . . . . .	<b>18</b>
<b>Research Priorities in NCDs</b> . . . . .	<b>18</b>
Topic: Research Priorities & Implementation Research in NCDs . . . . .	18
Topic: Research Agenda in Prevention and Control of NCDs . . . . .	19

<b>Day 2 (9<sup>th</sup> January 2025)</b> . . . . .	<b>20</b>
<b>(Session - I)</b> . . . . .	<b>20</b>
<b>Expansion in NP-NCD: NCDs Beyond Five Common Conditions: Focus on Prevention, Screening, Early Detection and Management</b> . . . . .	<b>20</b>
Topic: ST-Elevated Myocardial Infarction . . . . .	20
Topic: Chronic Kidney Disease: Prevention, Screening, Early Detection and Management . . . . .	20
Topic: Chronic Respiratory Disease (CRD): Chronic Obstructive Pulmonary Disease (COPD) & Asthma: Prevention, Screening, Early Detection and Management . . . . .	21
Topic: Non-Alcoholic Fatty Liver Diseases (NAFLD)-Reducing Fatty Liver to Decrease NCD Deaths . . . . .	21
Topic: Stroke: Prevention, Screening, Early Detection and Management . . . . .	22
Topic: State-specific Practices: STEMI Himachal Pradesh: Scaling-Up Acute Cardiac Care . . . . .	22
Topic: CKD in Uttarakhand: Implementation of Pradhan Mantri National Dialysis Programme (PMNDP) . . . . .	23
Topic: COPD Management in Karnataka . . . . .	23
Topic: Stroke Management in West Bengal . . . . .	23
Topic: NAFLD in Madhya Pradesh . . . . .	24
<b>(Session - II)</b> . . . . .	<b>25</b>
<b>Cancer Care Infrastructure – the Status and the Roadmap to Assured Care &amp; Linkages</b> . . . . .	<b>25</b>
Topic: Augmenting the Cancer care . . . . .	25
Topic: Role of Tertiary Care Centres in Cancer Care for Commission on Cancer (CoC) . . . . .	26
Topic: Cancer Care Registry – Hospital Based and Population-Based Registries: Statistics and Way Forward . . . . .	27
Topic: Cancer Care in Public Health Facilities & Linkages: Andhra Pradesh . . . . .	28
Topic: District Cancer Care Programme under Odisha Comprehensive Cancer Care Plan (OCCP): Day Care Cancer Chemotherapy Centres . . . . .	29
<b>(Session - III)</b> . . . . .	<b>31</b>
<b>Strengthening of NCD services</b> . . . . .	<b>31</b>
Topic: Strengthening of NCD Clinics at Secondary Level @CHC/SDH/DH, Telangana . . . . .	31
Topic: - Comprehensive NCD Screenings-Makkalai Thedi Maruthuvam (MTM), Tamil Nadu . . . . .	31
Programme . . . . .	32
Topic: Cancer Care under NP-NCD: Oral Cancer . . . . .	33

Topic: Cancer Care under NP-NCD: Breast Cancer . . . . .	34
Topic: Cancer Care under NP-NCD: Cervical Cancer . . . . .	34
Topic: State-specific Practices: Breast Cancer, Chhattisgarh . . . . .	35
Topic: State-specific Practices: Cervical Cancer, Kerala. . . . .	35

**Field Visit Report . . . . . 36**

**Field Visit Report: Siddipet District . . . . . 36**

**Field Visit Report: Hyderabad District . . . . . 44**

**Field Visit Report: Sangareddy District . . . . . 47**



The National Workshop on Non-Communicable Diseases (NCDs), organised by the Ministry of Health and Family Welfare in collaboration with the Government of Telangana, addressed the urgent need to combat the rising burden of NCDs in India. The workshop covered key topics, including programmatic achievements, challenges, and state-specific best Practices in prevention, early detection, treatment, and management of NCDs such as diabetes, hypertension, cancer, chronic kidney disease (CKD), and non-alcoholic fatty liver disease (NAFLD).

## **Session I: Non-Communicable Diseases - Priorities and Achievements**

This session highlighted the key priorities and achievements under the National Programme for Prevention and Control of Non-Communicable Diseases (NP-NCD). Presentations emphasised the growing burden of NCDs, accounting for 66% of deaths in India, and the programme's focus on diseases such as hypertension, diabetes, cancer, COPD, and NAFLD. Initiatives like the India Hypertension Control Initiative (IHCI) and the National NCD Portal have improved service delivery and monitoring. However, challenges such as infrastructure gaps and limited human resources remain. State-specific Practices from Assam and Rajasthan showcased innovative strategies in managing hypertension and diabetes, including community-based screenings and targeted interventions.

## **Session II: Health Promotion and Communication Activities**

This session focused on the role of community-based interventions in preventing and managing NCDs. Key initiatives such as the Fit India Movement, Eat Right India, and Tobacco-Free Youth Campaign were highlighted for promoting healthy lifestyles and reducing risk factors. The session also showcased innovative state Practices like Nagaland's "Tobacco-Free School to Home" campaign and Nagaland's Tobacco-Free App for tracking compliance. Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homeopathy (AYUSH's) integration of yoga for wellness and prevention of NCDs was also discussed, underscoring its role in holistic health management.

## **Session III: Research Priorities in NCDs**

Research priorities and implementation strategies were addressed to strengthen evidence-based approaches to NCD prevention and management. Presentations emphasised the need for longitudinal studies, digital health integration, and community-based care models. The session also highlighted the importance of advanced diagnostics, Artificial Intelligence (AI) applications, and sustainable funding for effective implementation.

## **Session IV: Expanding NP-NCD - Beyond Common Conditions**

This session explored strategies for managing conditions like ST-segment elevation myocardial infarction (STEMI), chronic kidney disease (CKD), and non-alcoholic fatty liver disease (NAFLD). Key recommendations included enhancing primary prevention through awareness campaigns, improving screening technologies, and expanding access to tertiary care facilities. Examples of

state-specific initiatives, such as Himachal Pradesh's acute cardiac care and Uttarakhand's free dialysis services under Pradhan Mantri National Dialysis Programme (PMNDP), demonstrated scalable solutions for addressing critical gaps in care.

### **Session V: Cancer Care Infrastructure and Linkages**

The session addressed India's cancer care challenges, highlighting the disparities in access between urban and rural areas. Presentations from states such as Andhra Pradesh and Odisha showcased their cancer care roadmaps, which focus on infrastructure development, universal screening, and palliative care integration. Kerala's Human Papilloma Virus (HPV) vaccination pilot and Chhattisgarh's breast cancer care initiatives were also presented as models for strengthening cancer management under the NP-NCD framework.

### **Session VI: Strengthening NCD Services**

The final session focused on innovative approaches for strengthening NCD services at secondary and tertiary levels. Telangana's hub-and-spoke diagnostic model and Tamil Nadu's "Makkalai Thedi Maruthuvam" home-based care scheme were highlighted as transformative interventions to ensure continuity of care. Comprehensive screenings and advanced diagnostics were emphasised as crucial for improving outcomes in managing NCD complications.

# Agenda of the Workshop

# 02

**National Workshop on Non-Communicable Diseases held on 8<sup>th</sup> – 9<sup>th</sup> January, 2025, under the chairpersonship of Secretary, Ministry of Health and Family Welfare**

TIMINGS	SESSION	SPEAKER
DAY 1: 8 <sup>th</sup> January 2025		
07:30 – 8:00 am	Registration	
08:00 – 01:00 pm	Field Visits	
01:00 – 02:00 pm	Lunch Break	
02:00 – 02:50 pm: Non-Communicable Diseases: Priorities & Achievements		
02:00 – 02:10 pm	National Programme for Prevention & Control of Non-Communicable Diseases (NP-NCD): <i>Key Priorities; Achievements &amp; Targets</i>	Dr. L Swasticharan, Addl. DDG & Director (EMR), MoHFW
02:10 – 02:20 pm	<b>NP-NCD: Challenges in Screening, Diagnosis, Treatment and Management of <u>Diabetes</u></b>	Prof. Rakesh Sahay, Prof of Endocrinology, Osmania Medical College, Superintendent, Osmania General Hospital
02:20 – 02:30 pm	<b>NP-NCD: Challenges in Screening, Diagnosis, Treatment and Management of <u>Hypertension</u> and Diabetes</b>	Dr. Anshuman Srivastava, Associate Professor, Department of Medicine University College of Medical Sciences, Delhi
02:30 – 02:50 pm	<b>State-specific Practices: Control and Referral Pathways</b> <b>Hypertension: Assam</b> <b>Diabetes: Rajasthan</b>	(5 minutes each State) Discussion
02:50 – 03:50 pm: Health Promotion & Communication Activities: Role of Community-based Interventions in Prevention and Control of NCDs		
02:50 – 03:00 pm	<b>Fit India Movement</b>	Shri Narendra K Yadav, IRS National Ambassador – Fit India Movement

TIMINGS	SESSION	SPEAKER
03:00 – 03:10 pm	<b>Eat Right India Movement</b>	Shri Balu Naik Food Safety and Standards Authority of India (FSSAI)
03:10 – 03:20 pm	<b>Tobacco-Free Youth Campaign/ Cessation Centres</b>	Dr. Parul Mrigpuri, Associate Professor, VPCI
03:20 – 03:30 pm	<b>Yoga &amp; Wellness Activities and Prevention of NCDs</b>	Dr. A. Raghu, DDG, AYUSH
03:30 – 03:40 pm	<b>Tobacco Deaddiction/ Alcohol &amp; Substance Abuse</b>	Dr. Sumit Rana, Prof. Psychiatry LHMC
03:40 – 03:50 pm	State-specific Practices: Tobacco cessation centres and de-addiction centres: Nagaland	10 Minutes Discussion
03:50 – 04:10 pm	<i>Tea Break</i>	
<b>04:10 – 04:40 pm: Research Priorities in NCDs</b>		
04:10 – 04:25 pm	Research Priorities & Implementation Research in NCDs	Maj Gen (Prof) Dr. Atul Kotwal, Executive Director, NHSRC
04:25 – 04:40 pm	Research agenda in prevention and control of NCDs	Dr. Pallavi Shukla, Associate Professor, Preventive Oncology, IRCH, AIIMS

<b>DAY 2: 9<sup>th</sup> January 2025</b>		
10:00 – 10:30 am	<i>Inaugural Session</i> <i>Felicitation of Dignitaries</i> <i>Lamp Lighting</i> <b>Welcome Address:</b> ACS / PS Health, Telangana <b>Context setting:</b> Smt. Aradhana Patnaik, AS & MD (NHM), MoHFW <b>Keynote Address:</b> Smt. Punya Salila Srivastava, Secretary, HFW, Gol	
10:30 – 10:45 am	<i>Tea Break</i>	
<b>10:45 – 12:25 pm: Expansion in NP-NCD: NCDs Beyond Five Common Conditions: Focus on Prevention, Screening, Early detection and management</b>		
10:45 – 10:55 am	<b>ST-Elevated Myocardial Infarction</b>	Dr. G Karthikeyan, Prof Cardiology, AIIMS Delhi
10:55 – 11:05 am	<b>Chronic Kidney Disease:</b> Prevention, Screening, Early Detection and Management	Dr. Gangadhar Taduri, Prof & Head – Nephrology, NIMS, Telangana
11:05 – 11:15 am	<b>Chronic Respiratory Disease (CRD): Chronic Obstructive Pulmonary Disease (COPD) &amp; Asthma:</b> Prevention, Screening, Early Detection and Management	Dr. Neeraj Gupta, HOD, Department of Pulmonary Medicine, VMMC



TIMINGS	SESSION	SPEAKER
11:15 – 11:25 am	<b>Non-Alcoholic Fatty Liver Diseases (NAFLD):</b> Reducing Fatty Liver to Decrease NCD Deaths	Dr. S K Sarin, Director – Institute of Liver and Biliary Sciences, New Delhi
11:25 – 11:35 am	<b>Stroke:</b> Prevention, Screening, Early Detection and Management	Dr. Kameshwar Prasad, Ex-Professor & Head, Neurology, AIIMS, New Delhi
11:35 – 12.25 pm	<b>State-specific Practices:</b> STEMI: Himachal Pradesh CKD/ PMNDP: Uttarakhand CRD (COPD & Asthma): Karnataka Stroke: West Bengal NAFLD: Madhya Pradesh	(10 minutes each State)
<b>12:25 – 1:25 pm: Cancer Care Infrastructure – the Status and the Road Map to Assured Care &amp; Linkages</b>		
12:25 – 12:35 pm	<b>Augmenting the Cancer care</b>	Dr. Umesh Mahantshetty, Director, Homi Bhabha Cancer Hospital - Visakhapatnam
12:35 – 12:45 pm	<b>Cancer care at DH level (incl Day care centres) Learnings so far and Way Forward</b>	Dr. Sunny Swarnkar, Dy. Asstt. Director General (DADG), NCD, MoHFW
12:45 – 12:55 pm	<b>Role of Tertiary Care Centres in Cancer Care for CoC</b>	Dr. Ashish Gulia, Director, Homi Bhabha Cancer Hospital, Chandigarh
12:55 – 01:05 pm	<b>Cancer Care Registry – Hospital Based and Population Based registries: statistics and way forward</b>	Dr. Prashant Mathur, Director NCDIR, ICMR
01:05 – 01:25 pm	<b>Cancer care in public health facilities &amp; Linkages: Andhra Pradesh Cancer Care at DH level: Odisha</b>	(10 Minutes each State) Discussion
01:25 – 02:40 pm	<i>Lunch Break</i>	
<b>02:40 – 03:00 pm: Strengthening of NCD Services</b>		
02:40 – 02:50 pm	<b>Strengthening of NCD Clinics at Secondary Level @CHC/SDH/DH Telangana</b>	(10 minutes)
02:50 – 03:00 pm	<b>Comprehensive NCD Screenings: Tamil Nadu</b>	(10 minutes)

TIMINGS	SESSION	SPEAKER
<b>03:00 – 04:30 pm: Cancer Care under NP-NCD: Bridging the Cancer Care Gap – From Screening to Diagnosis to Treatment and Follow Up.</b>		
03:00 – 03:10 pm	<b>Cancer Care under NP-NCD: Oral Cancer</b>	Dr. O P Kharbanda, Oral Cancer expert, Pro Vice Chancellor, Ramaiah Univ, Bangalore, Ex Dir-CDER, AIIMS, New Delhi.
03:10 – 03:20 pm	<b>Cancer Care under NP-NCD: Breast Cancer</b>	Dr. Anurag Srivastava, Expert, Professor & Head, Department of Surgery, AIIMS, New Delhi
03:20 – 03:30 pm	<b>Cancer Care under NP-NCD: Cervical Cancer</b>	Dr. Leela Digumarti, President, Indian Society of Colposcopy and Cervical Pathology, Senior Consultant, Gyne Oncology, St. Theresa Hospital, Hyderabad
03:30 – 04:00 pm	<i>Tea Break</i>	
04:00 – 04:30 pm	<b>State specific Practices: Oral Cancer: Punjab Breast Cancer: Chhattisgarh Cervical Cancer: Kerala</b>	(10 minutes each state)
<b>Closing Session</b>		
04:30 – 05:00 pm	Closing Remarks and Way Forward	Smt. Aradhana Patnaik, AS & MD, NHM, MoHFW

Welcome Address	ACS/PS Health, Telangana
Context Setting	Smt. Aradhana Patnaik, AS & MD (NHM), MoHFW
Keynote Address	Smt. Punya Salila Srivastava, Secretary, HFW, GoI

The National Workshop on Non-Communicable Diseases (NCDs), organised by the Ministry of Health and Family Welfare in collaboration with the Government of Telangana, addressed the urgent need to combat the rising burden of NCDs in India. The workshop was held on 8th-9th January, 2025 at Leonia Holistic Destination, Hyderabad. It was chaired by Smt. Punya Salila Srivastava, Secretary, Ministry of Health & Family Welfare, Government of India.



## Welcome Address by Addl. Chief Secretary/Principal Secretary (Health), Telangana

Smt. Christina Z. Chongthu, ACS/PS Health, Telangana was started with opening remarks by welcoming Smt. Punya Salila Srivastava, Secretary, HFW, GoI, Smt. Aradhana Patnaik, AS & MD (NHM), MoHFW, and all the key dignitaries.

The speech emphasises the importance of learning through involvement and highlighted the rising burden of Non-Communicable Diseases (NCDs) in India, particularly in Telangana, where hypertension, diabetes, and cancers are prevalent. It underscored the role of preventive strategies, early detection, and treatment in managing NCDs, citing Telangana's initiatives such as Aarogya Mahila Clinics, population-based screenings, NCD clinics, advanced diagnostic facilities, and dialysis centres operating on a hub-and-



spoke model. The state is also focusing on palliative care and intersectoral coordination to raise awareness about healthy lifestyles, including school health programmes to promote early adoption of healthy habits. Concluding with a call for integration of public health services and collective action, the speaker stressed the preventability of NCDs through lifestyle modifications, quoting Gautam Buddha to remind everyone of their role in safeguarding their health.

### Context Setting by Additional Secretary & Managing Director (NHM), MoHFW

Smt. Aradhana Patnaik, AS & MD (NHM), MoHFW highlighted the significance of the conference on Non-Communicable Diseases (NCDs), emphasising its importance as one of the first of its kind after COVID-19, with high-level participation from state secretaries and mission directors. It underscored the urgent need to address NCDs, the leading cause of mortality, through re-strategised and comprehensive approaches. The speaker focused on the challenges of ensuring 100% screening for the 30+ population, targeting five key NCDs—oral, breast, and cervical cancers, hypertension, and diabetes—under Ayushman Arogya Mandirs. Despite progress in screening 32 crore individuals over six years, 18 crore remain unreached, necessitating innovative state-level models, such as Accredited Social Health Activists (ASHAs) workers and Community Health Officers (CHOs) conducting door-to-door screenings.



Additionally, expanding focus to include five more NCDs—COPD, CKD, STEMI, stroke, and NAFLD—at primary and secondary healthcare levels, alongside strengthening referral systems and continuum of care. The role of experts, state best Practices, and enhanced training for CHOs was emphasised to ensure effective screening, follow-up, and treatment from primary care to tertiary medical college levels. The speaker reiterated the goal of achieving comprehensive NCD screening and management by 2025, urging collaborative efforts and innovative strategies.

### Keynote Address by Secretary, Health & Family Welfare, MoHFW



Smt. Punya Salila Srivastava, Secretary, HFW, Gol in her closing remarks thanked all participants in the landmark workshop on Non-Communicable Diseases (NCDs). She mentioned valuable insights and discussions on expanding the NCD programme will significantly guide our collective efforts. As we prepare for the upcoming 16<sup>th</sup> Finance Commission, the Ministry of Health and Family Welfare would soon engage with stakeholders to chart the path forward for addressing the growing challenge of NCDs. Together, through collaboration and innovation, we can strengthen our fight against NCDs and work towards a healthier nation.



## (Session - I)

### Non-Communicable Diseases: Priorities & Achievements

#### Topic - National Programme for Prevention & Control of Non-Communicable Diseases (NP-NCD): Key Priorities, Achievements & Targets

**Dr. L. Swasticharan, Additional DDG & Director (EMR), Directorate General of Health Services, Ministry of Health & Family Welfare, Government of India**

Dr. L. Swasticharan presented the Key Priorities, Achievements & Targets of NP NCD. The presentation outlined the National Programme for Prevention and Control of Non-Communicable Diseases (NP-NCD) under the Ministry of Health and Family Welfare, India. It highlighted the growing burden of NCDs, which account for 66% of deaths in India as per the WHO-NCD India Profile 2022. The programme addresses 10 major diseases, including Hypertension, Diabetes, Cancer, COPD, Chronic Kidney Disease, Non-Alcoholic Fatty Liver Disease, Stroke, and STEMI. It emphasises achieving the Sustainable Development Goal (SDG) target 3.4, which aims to reduce premature mortality from NCDs by one-third by 2030 through prevention, treatment, and promotion of mental health.

The presentation detailed the key initiatives such as the **India Hypertension Control Initiative (IHCI)**, the **National Multisectoral Action Plan (NMAP)**, and the development of the **National NCD Portal** to streamline data management, service delivery, and monitoring. Significant progress includes capacity-building of Community Health Officers, the introduction of teleconsultation services through e-Sanjeevani, and efforts to screen, diagnose, and manage NCDs comprehensively. The programme also incorporates health promotion strategies such as the Fit India Movement and the Eat Right India campaign to encourage healthier lifestyles.

Despite its achievements, the programme faces challenges such as limited infrastructure, inadequate human resources, gaps in health promotion, and inconsistent utilisation of digital tools like the National NCD Portal. Screening quality, availability of tertiary care facilities, and the robustness of drug supply chains are also cited as critical issues.

The way forward emphasises integrating technology for quality screening, strengthening district-level healthcare infrastructure, and promoting community awareness. It also recommended creating a national pool of trainers, developing digital academies, and fostering collaborations with other sectors. The revised NMAP 2023-2030 envisions a holistic approach to NCD management, focusing on prevention, wellness, and universal coverage of diagnostic and treatment services, ensuring a continuum of care across all levels of the healthcare system.

## **Topic: Challenges in Screening, Diagnosis, Treatment and Management of Diabetes**

**Prof. Rakesh Kumar Sahay, Professor of Endocrinology, Osmania Medical College, Superintendent, Osmania General Hospital, Research Society for Study of Diabetes in India**

Prof. Rakesh Kumar Sahay presented that the National Programme for Prevention and Control of Non-Communicable Diseases (NP-NCD) emphasises the urgent need to combat the growing burden of NCDs, including Diabetes Mellitus (DM), Hypertension, Cancers, and Non-Alcoholic Fatty Liver Disease (NAFLD).

- With India hosting the second-largest number of adults with diabetes globally, the ICMR-INDIAB study highlighted the alarming prevalence of diabetes and its complications, such as cardiovascular diseases and diabetic nephropathy.
- The programme focuses on early detection, intensive glycemic control, and holistic, patient-centered diabetes management to mitigate complications and improve outcomes.
- Technological innovations like the National NCD Portal and teleconsultation platforms (e-Sanjeevani) enhance care delivery, while initiatives such as the “75 by 25” campaign aim to have 75 million individuals on standard care for hypertension and diabetes by 2025.

Key challenges include inadequate health promotion, resource constraints, and limited tertiary care infrastructure. Screening quality, a lack of trained human resources, and the need for integrated IT solutions remain significant hurdles.

Way forward lies in adopting AI-based early detection methods, capacity-building initiatives, and ensuring universal health coverage through platforms like Ayushman Arogya Mandir. Comprehensive strategies involving community engagement, integration with AYUSH, and evidence-based policymaking are critical to reducing NCD prevalence and achieving Sustainable Development Goal 3.4 to reduce premature mortality from NCDs by one-third by 2030.

## **Topic: Challenges in Screening, Diagnosis, Treatment and Management of Hypertension and Diabetes**

**Dr. Anshuman Srivastava, Associate Professor (Medicine), University College of Medical Sciences, Delhi**

The presentation by Dr. Anshuman Srivastava highlighted key challenges in screening, diagnosing, and managing hypertension and diabetes, which are major contributors to NCDs globally.

- Hypertension affects approximately 1.3 billion people worldwide, doubling the risk of severe conditions like coronary artery disease (CAD), chronic kidney disease (CKD), and stroke.
- Early detection is emphasised, recommending opportunistic screening for adults above 18 and targeted screening for high-risk groups such as individuals over 50, diabetics, and smokers.
- The presentation underscored lifestyle modifications, including heart-healthy diets, reduced alcohol intake, regular exercise, and stress management, as critical prevention strategies.
- It also mentioned the importance of timely diagnosis, adherence to treatment, and addressing comorbidities like diabetes, CKD, and cardiovascular diseases to prevent complications.
- It outlined the Government of India’s initiatives under the Ayushman Bharat Health and

Wellness Centres (AB-HWCs), which integrate preventive, promotive, curative, and rehabilitative services. Key features include risk assessment, population-based screenings, and teleconsultation through platforms like the National NCD Portal and Ayushman Bharat Digital Mission (ABDM).

- It highlighted the necessity of clinical decision support systems (CDSS) for informed management.

Challenges such as non-adherence to medications, white-coat hypertension, and suboptimal treatment regimens are discussed alongside the need for continuous patient education. The focus remains on comprehensive strategies to enhance awareness, early intervention, and integrated care to combat the burden of hypertension and diabetes effectively.

## State-specific Practices: Control and Referral Pathways on Hypertension by Assam

**Presenter: Dr. Manoj Kumar Choudhury, Executive Director, NHM, Assam**

The presentation from the Assam National Workshop on Non-Communicable Diseases (NCDs) highlighted the state's efforts in addressing hypertension, with a focus on the National Programme for Prevention and Control of NCDs (NP-NCD). As of October 2024, 38.7% of Assam's adult population has been screened for hypertension, with 20.2% put on treatment and 10% achieving blood pressure control. The presentation detailed-

- Multi-tiered NCD services available at Sub-Health Centres (SHCs), Primary Health Centres (PHCs), Community Health Centres (CHCs), and District Hospitals (DHs). These include opportunistic and population-based screenings, follow-up care, dietary counselling through the Eat Right Toolkit, and diagnostic investigations like blood glucose and serum creatinine tests.
- Government initiatives such as Ayushman Bharat Health and Wellness Centres, eSanjeevani teleconsultations, and the India Hypertension Control Initiative (IHCI) have significantly bolstered hypertension screening and management, with a 366% increase in screenings in 2024 compared to 2023.

Key challenges include linking tertiary hospitals to NCD reporting systems, issues with the NCD portal's dashboard, and geographical barriers in health block mapping. However, Assam is working toward its 75 by 25 target through innovative Practices, such as the **Sampoornata Abhiyan**, which saturates hypertension screenings in aspirational blocks, and the pilot home-delivery of drugs in Golaghat district, ensuring consistent treatment and follow-ups. Outreach efforts, including mobile medical units, village health programmes, and boat clinics, aim to serve remote areas. Village Health, Sanitation, and Nutrition Days (VHSNDs) are leveraged for patient follow-ups and drug refills. These initiatives underscore Assam's commitment to comprehensive NCD management and reaching underserved populations.



## State-specific Practices: Control and Referral Pathways on Diabetes by Rajasthan

**Presenter: Dr. Bharti Dixit IAS, MD NHM, Rajasthan**

The presentation on “Mission Madhuhaari: Type 1 Diabetes (T1D) Programme” in Rajasthan highlighted the state’s efforts to improve T1D care through strategic interventions. A scoping exercise conducted across primary, secondary, and tertiary healthcare facilities revealed gaps such as a lack of standardized treatment guidelines, insufficient supplies for treatment adherence, weak monitoring and referral systems, and low community awareness leading to late diagnoses. Based on these findings, a roadmap was developed to establish standardised care protocols, strengthen the supply chain of essential commodities like insulin and glucometers, and implement robust monitoring and evaluation mechanisms. The programme also emphasised enhanced diabetes education for patients and caregivers, alongside a comprehensive communication strategy to raise awareness about T1D and available services.

Key interventions under Mission Madhuhaari include

- The establishment of dedicated T1D clinics across Rajasthan, offering clinical consultations, treatment management, education, and counselling for patients living with T1D (PLT1Ds).
- The state provides free monthly supplies, including insulin, syringes, glucometers, and test strips, to ensure treatment continuity.
- The programme’s progress involves mapping and enrolling more PLT1Ds, capacity-building healthcare providers, and linking T1D care with existing health initiatives like RBSK and RKSK.

Looking ahead, Rajasthan aims to scale-up the operationalization of T1D clinics across all districts, ensuring equitable access to quality diabetes care for its population.

## (Session – II)

### Health Promotion & Communication Activities: Role of Community-based Interventions in Prevention and Control of NCDs

#### Topic: Eat Right India Movement

#### Presenter: Shri Narendra K Yadav, IRS National Ambassador

Shri Narendra K Yadav highlighted the importance of **Fit India Movement**. He mentioned that the Fit India Movement is a nationwide initiative aimed at promoting a culture of fitness among citizens. Its primary objectives include raising awareness about the importance of staying active and fit, encouraging daily physical activities like walking, yoga, and sports, and engaging communities by collaborating with schools, workplaces, and local bodies to implement fitness initiatives effectively. Interactive challenges are a hallmark of the movement, designed to inspire citizens to embrace active lifestyles.

Key initiatives under the movement cater to promoting fitness across all demographics.

- The Fit India School Certification programme motivates schools to adopt fitness-focused activities, while the Workplace Fitness Challenge promotes healthy habits in corporate environments.
- Community engagement events such as Cyclothons and Walkathons further inspire citizens to incorporate fitness into their daily lives.
- The Fit India mobile app serves as a digital platform to track fitness activities, participate in challenges, and stay motivated.
- The Fit India Freedom Run encourages regular physical activity, while the Fit India Cyclothon promotes cycling as a sustainable and healthy exercise.
- The 30-Day Fitness Challenge offers a structured approach to building fitness habits and fostering long-term behavioural changes.

It was highlighted that community engagement plays a significant role in the movement's success. By organising local sports competitions, fitness clubs, and group walks, the initiative fosters a sense of shared responsibility and community spirit. These activities make fitness more accessible and enjoyable, encouraging wider participation.

The Fit India Movement faces challenges such as limited awareness in rural areas, inadequate infrastructure for fitness activities, and difficulty in motivating individuals to adopt long-term healthy habits. Addressing these obstacles is critical to ensuring the movement's success and sustainability.

To overcome these challenges, it was presented that the future plans will include expanding infrastructure in remote areas, collaborating with the private sector to design innovative fitness programmes, and integrating fitness goals into wellness policies. Offering incentives, subsidies, and tax benefits will further encourage participation and make fitness a priority for individuals and communities alike.

By addressing these challenges and building on its initiatives, the Fit India Movement aims to create a healthier, more active nation, making fitness an integral part of daily life for all citizens.

## Topic: Eat Right India Movement

### Presenter: Shri Balunaik, FSSAI

Shri Balunaik highlighted the critical role of the **Eat Right India Movement** in addressing NCDs through a focus on nutrition and food safety. The presentation emphasised “Safe Eating,” which involves training food handlers, introducing Food Safety Display Boards, and ensuring hygiene standards.

- “Healthy Eating” was promoted through initiatives like mandatory front-of-pack labeling and the “Aaj Se Thoda Kam” campaign, which aims to reduce the intake of salt, sugar, and fat.
- “Sustainable Eating” was encouraged by advocating for food fortification, reducing food waste, and supporting eco-friendly Practices.
- The impact of the efforts was showcased through global recognition of the “Trans Fat Free India Campaign,” which significantly reduced cardiovascular disease risk.
- Over 500 “Eat Right Campuses” have been certified, fostering healthy food Practices in schools, workplaces, and hospitals.
- The nationwide food safety outreach programme “Food Safety on Wheels” was highlighted as a key component of these efforts.
- “Clean Street Food Hub” initiative was presented as a transformative programme designed to improve the safety and quality of street food. Covering 100 districts, this initiative focuses on vendor training, hygiene standards, and the use of healthier ingredients, ultimately reducing foodborne illnesses and promoting long-term health.
- The “Repurposed Used Cooking Oil” (RUCO) initiative was also showcased, which converts used cooking oil into biodiesel to prevent its harmful reuse. This programme minimises risks of cardiovascular diseases while promoting environmental sustainability.

## Topic: Tobacco-Free Youth Campaign

### Presenter: Dr. Parul Mrigpuri, Associate Professor, VPCI

Dr. Parul Mrigpuri emphasised the alarming impact of tobacco use, particularly among youth, and presented critical public health interventions and strategies for tobacco cessation. She highlighted staggering global and national statistics, including 1.3 billion smokers worldwide and 267 million tobacco users in India, with tobacco consumption leading to over 8 million deaths annually.

The significant steps that have been taken in India to curb tobacco use include-

- The 2012 ban on smokeless tobacco products (Gutkha) and the 2019 ban on e-cigarettes.
- Landmark laws like the Cigarettes and Other Tobacco Products Act (COTPA) 2003 prohibit smoking in public places, advertising, and the sale of tobacco near educational institutions, while pictorial health warnings are mandated on packaging.
- The campaign, launched in 2023, focused on raising awareness about the dangers of tobacco, creating tobacco-free educational institutions (ToFEI), and promoting tobacco-free villages. Dr. Mrigpuri shared the campaign's success, with over 1,42,000 schools and 12,000 villages declared tobacco-free. A second phase prioritised social media outreach, stricter enforcement

of tobacco control laws, and increased public awareness.

- She emphasised the importance of cessation clinics and initiatives like the **mCessation Programme**, launched in 2016 under Digital India, which uses mobile technology for quitting smoking using a personalised approach.
- **National Tobacco Quit Line Services (NTQLS)** offers toll-free, multilingual assistance, providing educational kits and connecting individuals to the nearest cessation centres.

Dr. Mrigpuri outlined the immense benefits of quitting tobacco, which reduces the risks of life-threatening diseases and improves overall health. Counselling, combined with telephone support and medications, was presented as the best approach to smoking cessation. The presentation reinforced the urgency of tackling tobacco use through comprehensive policies, awareness campaigns, and robust cessation support, particularly for youth who are vulnerable to nicotine addiction. These efforts are critical for achieving a tobacco-free future.

### **Topic: Yoga and Wellness for NCD Prevention**

**Presenter: Dr. A. Raghu, Deputy Director General, AYUSH**

Dr. Raghu drew attention to the importance integrating yoga and traditional wellness Practices within modern healthcare systems to effectively address NCDs. The presentation highlighted how unhealthy lifestyles contribute to the growing burden of NCDs and how yoga can play a pivotal role in reversing these trends.

It was stressed that yoga improves quality of life (QoL) for individuals with chronic illnesses by reducing stress, enhancing physical activity, and promoting overall well-being. Dr. Raghu outlined initiatives under Ayushman Arogya Mandir, which delivers comprehensive primary health care services combining traditional AYUSH Practices with modern medicine. He also highlighted collaborations with the NP-NCD programme to expand wellness interventions in underserved regions.

Moving forward, leveraging AYUSH principles for holistic health promotion and scaling-up wellness programmes to remote and rural areas were identified as critical steps. The session concluded with a call for integrating yoga into mainstream healthcare policies for broader impact.

### **Topic: Tobacco, Alcohol, and Substance Abuse Prevention**

**Presenter: Dr. Sumit Rana, Professor Psychiatry LHMC**

Dr. Sumit Rana highlighted the significant behavioural and physiological impacts of tobacco, alcohol, and substance abuse on individuals and communities. He explained that these substances directly damage brain function, impair decision-making processes, and increase the risk of NCDs.

The presentation delved into how substance use alters neural pathways, leading to unhealthy behaviours such as poor diet, physical inactivity, and increased stress. Dr. Rana underscored the importance of early prevention, timely treatment, and behaviour change communication to mitigate these effects. The behavioural and physiological impacts of tobacco, alcohol, and substance abuse on NCDs were addressed.

Key national initiatives include:

- The Nasha Mukta Bharat Abhiyan and Ayushman Arogya Mandir which are effective programmes for addressing addiction and promoting healthy lifestyles.
- Comprehensive de-addiction programmes that combine medical, psychological, and community-based support were identified as essential components for long-term success.

Actionable solutions were-

- Expanding public awareness campaigns
- Fostering intersectoral collaborations
- Strengthening mental health
- Setting up Rehabilitation services to prevent and treat substance abuse effectively.

## **State Specific: Tobacco Cessation and De-addiction Centres in Nagaland**

**Presenter: Shri Anoop Khinchi, IAS, Secretary-Health, Nagaland**

The session showcased Nagaland's innovative approaches to tobacco cessation, highlighting how the state has become a model for others. Key strategies adopted were-

- The establishment of 11 Tobacco Cessation Centres under the NTCP, with a Centre of Excellence located in Dimapur.
- The "Tobacco Free Nagaland" app was introduced as a pioneering tool for monitoring compliance with Tobacco-Free Educational Institution (ToFEI) guidelines. This app has facilitated better engagement and tracking of anti-tobacco initiatives in the state.
- The community engagement through the "Tobacco-Free School to Tobacco-Free Home" campaign was also discussed, showcasing how students are actively taking anti-tobacco messages to their families and communities, reducing second-hand smoke exposure.
- Training healthcare providers to deliver brief advice and referrals has been an integral part of the programme.

Challenges, including the limited availability of psychologists in TCCs and the need for stronger inter-agency coordination, were acknowledged. The session concluded with lessons on how collaborative efforts between government, civil society, and local communities can significantly enhance the success of tobacco cessation initiatives.

## (Session – III)

### Research Priorities in NCDs

#### Topic: Research Priorities & Implementation Research in NCDs

**Presenter: Maj Gen (Prof) Atul Kotwal, SM, VSM, MBBS, MD (PSM), PDF (Epidemiology), FRCP Edin, FAMS, FIPHA, FIAPSM, Executive Director, NHSRC, MoHFW, GoI**

Maj Gen (Prof) Atul Kotwal presented the evolving priorities in research and implementation for addressing non-communicable diseases (NCDs). He emphasised the importance of evidence generation, translational research, and sustainable frameworks to address the growing burden of NCDs in India. He highlighted India's leadership among low- and middle-income countries in digital health and integration, while identifying gaps in policy and research frameworks. He also discussed the role of health system strengthening and innovative technologies in advancing NCD care.

Highlights of the presentation were:

- **Evolution of NCD Research Focus Areas:** The research priorities have transitioned from focusing on individual diseases to adopting integrated approaches that address socio-economic determinants and risk factors comprehensively.
- **Global Trends in NCD Research:** While India leads among low- and middle-income countries in digital health integration, it continues to face challenges in developing and implementing comprehensive research frameworks comparable to those in high-income countries.
- **Implementation Roadmap 2023 - 2030:** The roadmap emphasises the need for increased investment in health systems research and innovation, focusing on strengthening health system capabilities and fostering evidence-based interventions.
- **Research Priorities in NCDs:** Conducting longitudinal studies to understand the socio-economic determinants of behavioural and physiological risk factors remains a critical area of focus for addressing the NCD burden effectively.
- **Community-Based NCD Care:** Community health workers play a pivotal role in improving treatment adherence and ensuring the integration of care provision into local health systems. There is significant need to evaluate the feasibility and scalability of community-based care packages, particularly in resource-limited settings. The use of mobile health (mHealth) technologies and digital interventions can enhance treatment adherence and improve health outcomes by enabling timely communication and better management of chronic conditions.
- **Future Directions:** The integration of advanced diagnostics and therapies, such as liquid biopsies and artificial intelligence, offers promising opportunities for early detection and precision treatment of NCDs, paving the way for more personalised healthcare solutions.

## Topic: Research Agenda in Prevention and Control of NCDs

**Presenter: Dr. Pallavi Shukla, Associate Professor, Preventive Oncology, IRCH, AIIMS**

Dr. Pallavi Shukla delivered a presentation on the research agenda for the prevention and control of non-communicable diseases (NCDs). Her talk emphasised the significant burden posed by NCDs globally and in India, underscoring the need for a robust and comprehensive research approach to address gaps in prevention, detection, and management.

Highlights of the presentation were:

- **Gaps in NCD Prevention and Control Research:** National and regional data on NCD risk factors remain inadequate. There is limited focus on primary prevention, early detection programmes, and community-based intervention models. Research translation into practice also needs improvement.
- **Research Priorities and Strategic Areas:** Primary prevention should target key risk factors, including tobacco use and unhealthy diets, while evaluating community-based physical activity programmes. Early detection requires affordable tools and strategies to improve screening uptake. Management priorities include innovative care models and better integration into health systems. Policy research should focus on the economic burden of NCDs and sustainable financing. Technologies like AI and big data should support risk prediction and trend monitoring, and efforts must address disparities in care access.
- **Challenges and the Way Forward:** Key challenges include limited funding, inadequate awareness, and lack of capacity at the grassroots level. Strengthening intersectoral coordination and fostering partnerships will enhance NCD research and implementation.

## (Session – I)

### Expansion in NP–NCD: NCDs Beyond Five Common Conditions: Focus on Prevention, Screening, Early Detection and Management

#### Topic: ST-Elevated Myocardial Infarction

**Presenter: Dr. G Karthikeyan, Professor, Cardiology, AIIMS Delhi**

Dr. Karthikeyan highlighted the critical aspects of managing STEMI, focusing on the importance of timely reperfusion therapy. He emphasised the need to open blocked arteries promptly, using either primary angioplasty (PCI) or thrombolytic therapy.

**Treatment Approaches:** Primary angioplasty, when performed within a critical timeframe, is more effective than thrombolytic therapy, saving more lives. However, delays in treatment often undermine its efficacy, making the “Golden Hour” crucial.

**Challenges in India:** He noted that low awareness, transportation delays, and limited access to cath labs—mostly concentrated in urban areas—are significant barriers. Currently, only about 10% of patients receive timely PCI in India.

**Recommendations:** To address these gaps, Dr. Karthikeyan suggested improving ambulance services, promoting thrombolytic therapy in peripheral hospitals, and implementing pre-hospital thrombolysis programmes such as **Mission DELHI**.

**Key Takeaway:** Reducing pre-hospital delays and adopting a combination of thrombolysis and PCI tailored to local needs are essential for improving STEMI outcomes in low-resource settings.

#### Topic: Chronic Kidney Disease: Prevention, Screening, Early Detection and Management

**Presenter: Dr. Gangadhar Taduri, Professor & Head – Nephrology, NIMS, Telangana**

Dr. Gangadhar Taduri highlighted CKD as a critical public health issue requiring systemic actions and interdepartmental cooperation. He emphasised the importance of prevention, early detection, and comprehensive management.

#### Prevention Strategies:

- **Primary:** Managing risk factors like diabetes, hypertension, and obesity; promoting a healthy diet, exercise, and smoking cessation.



- **Secondary:** Slowing CKD progression through diabetes control, dietary interventions, and medication (ACEi, SGLT2i).
- **Tertiary:** Managing complications like anaemia, cardiovascular disease, and bone disorders in advanced CKD.

**Screening and Early Detection:** Screening involves testing at-risk individuals (e.g., those with hypertension, diabetes) using eGFR and urine albumin levels. Early detection and stratified treatment help slow disease progression and manage comorbidities effectively.

**Innovative Approaches:** Dr. Taduri introduced Point-of-Care testing with a single finger prick for creatinine, glucose, and hemoglobin, alongside hub-and-spoke screening models that have shown a CKD prevalence of 8–18% in high-risk populations.

**Way Forward:** He called for a dedicated Kidney Care and Disease Control Programme under NCDs, emphasising the need for better diagnostics, medication availability, and telemedicine integration. Proposed measures include free dialysis, transplant support, and recognising organ failure as a disability.

## **Topic: Chronic Respiratory Disease (CRD): Chronic Obstructive Pulmonary Disease (COPD) & Asthma: Prevention, Screening, Early Detection and Management**

**Presenter: Dr. Neeraj Gupta, HOD, Department of Pulmonary Medicine, VMMC**

Dr. Gupta highlighted the immense burden of COPD and asthma globally and in India, stressing the importance of prevention, early detection, and effective management. COPD is the fourth leading cause of death globally, with India contributing to 27.3% of global COPD deaths. Asthma also significantly affects public health, with 38 million cases reported in India.

He recommended tobacco control, promoting cleaner fuels (e.g., LPG under the Ujjwala Yojana), and reducing indoor air pollution. For asthma, he emphasised avoiding tobacco smoke exposure, encouraging breastfeeding, and maintaining a healthy weight. Community-based programmes and spirometry as the diagnostic gold standard were highlighted as crucial for early detection. He stressed targeting high-risk populations. Dr. Gupta advocated GOLD and GINA guidelines for managing COPD and asthma. Patient education, multidisciplinary approaches, and leveraging telemedicine were noted as integral to improving outcomes.

## **Topic: Non-Alcoholic Fatty Liver Diseases (NAFLD)–Reducing Fatty Liver to Decrease NCD Deaths**

**Presenter: Dr. S K Sarin, Director, Institute of Liver and Biliary Sciences, New Delhi**

Dr. S.K. Sarin highlighted the significant role of NAFLD in driving the burden of non-communicable diseases (NCDs) and outlined a roadmap for prevention and management. He stressed that addressing fatty liver disease is crucial for reducing deaths and disabilities associated with NCDs. NAFLD is a widespread issue in India, affecting 1 in 3 individuals (24.5 crore people). It serves as a precursor to various NCDs, including diabetes, cardiovascular diseases, liver cancer, and stroke. The global burden of NAFLD is projected to increase dramatically by 2030, highlighting its growing public health significance.

Dr. Sarin explained how excess fat in the liver leads to inflammation, insulin resistance, and

metabolic complications. Over time, NAFLD can progress to advanced liver diseases such as fibrosis, cirrhosis, and hepatocellular carcinoma, significantly increasing morbidity and mortality. He emphasised the immense economic burden posed by NAFLD. In Europe, for instance, managing the disease costs €19.5 billion annually. In India, the impact is exacerbated by overlapping risk factors like obesity, diabetes, and poor lifestyle choices.

India has taken a pioneering step by integrating Non-Alcoholic Fatty Liver Disease (NAFLD) management into NP-NCD, making it the first country globally to do so. Screening for fatty liver in individuals with diabetes and hypertension, along with standard management protocols, is now a key focus. He mentioned the progress of the National Fatty Liver Reduction Initiative (NAFRI). It aims to screen and manage fatty liver among 75 million individuals by 2025. The programme emphasises early detection through tools like the Fatty Liver Index (FLI) and elastography and strengthens healthcare at the community and primary levels. Dr. Sarin advocated for a paradigm shift from reactive to preventive healthcare. He called for increased awareness, early screening, and a focus on lifestyle changes to reverse fatty liver and its associated complications.

### **Topic: Stroke: Prevention, Screening, Early Detection and Management**

**Presenter: Dr. Kameshwar Prasad, Ex-Professor & Head, Neurology, AIIMS, New Delhi**

Dr. Prasad highlighted the heavy global and national burden of stroke, particularly in low- and middle-income countries (LMICs). He underlined the importance of prevention, early detection, and effective management. LMICs account for over 85% of the global stroke burden. He noted the direct and indirect costs of stroke, which will escalate substantially by 2050 without intervention. He emphasised key risk factors, including hypertension, diabetes, dyslipidemia, and smoking. He distinguished between ischemic strokes (70–80%) and haemorrhagic strokes (20–30%).

#### **Management Strategies:**

- For acute stroke, he highlighted the effectiveness of thrombolysis, thrombectomy, and specialised stroke units. He also noted that primary prevention through healthy lifestyles could reduce the risk of first-time strokes by 80%.
- Dr. Prasad advocated for population-based screening and emphasised controlling hypertension and smoking as top priorities for prevention.
- Stroke management must focus on primary prevention, timely acute care, and the establishment of stroke units to mitigate the growing burden in LMICs.

### **Topic: State-specific Practices: STEMI Himachal Pradesh: Scaling-Up Acute Cardiac Care**

**Presenter: Smt. M. Sudha Devi, Secretary-Health, Himachal Pradesh**

#### **Key Highlights:**

- STEMI is a life-threatening condition caused by the complete occlusion of coronary arteries. Himachal Pradesh faces unique challenges due to its difficult terrain and limited access to cath labs.

- Piloted in Shimla district with IGMSC Shimla as the hub and 20 spokes in district and community hospitals. Expanded statewide with ECG machines and defibrillators deployed.
- Issues with Tenecteplase availability, network issues in tribal areas, and limited confidence among medical officers to perform thrombolysis.
- Strengthen **Adarsh Swasthya Sansthan**s, procure additional equipment, and include more cardiologists for quicker responses.

### **Topic: CKD in Uttarakhand: Implementation of Pradhan Mantri National Dialysis Programme (PMNDP)**

**Presenter: Ms. Swati S Bhadouria, Mission Director, Uttarakhand**

#### **Key Highlights:**

- **Disease Burden:** CKD affects 800 per million population in India, with Uttarakhand seeing a high demand for dialysis due to limited resources.
- **Programme Implementation:** PMNDP provides free hemodialysis in all districts and has expanded to peritoneal dialysis in 13 districts.
- **Achievements:** 19 dialysis units with 159 machines have conducted over 68,500 sessions in FY 2024 - 2025.
- **Way Forward:** Expand dialysis centres, improve efficiency, and promote peritoneal dialysis to address increasing demand.

### **Topic: COPD Management in Karnataka**

**Presenter: Shri Harsha Gupta, Principal Secretary Health, Karnataka**

#### **Key Highlights:**

- **Disease Burden:** India contributes 17.8% of the global COPD burden, with Karnataka showing a prevalence of 4.36%.
- **Diagnosis and Management:** Spirometry is the gold standard. Inhaled medications like LABA and LAMA are preferred for treatment.
- **Integration at HWCs:** Continuum of care involves promotion, diagnosis, and management at PHCs, CHCs, and DHs.

**Achievements:** Spirometers have been approved under NHM for district hospitals and PHCs to enhance diagnosis.

### **Topic: Stroke Management in West Bengal**

**Presenter: Shri Narayan Swaroop Nigam, Principal Secretary Health, West Bengal**

#### **Key Highlights:**

- **Tele-Stroke Management:** SWASTHYA INGIT programme operates through a hub-and-spoke

model with BIN and IPGMER as hubs, linking 40 hospitals for tele-neurology consultations.

- **Achievements:** Over one lakh ischemic stroke cases annually are managed, with timely thrombolysis reducing disability and deaths.
- **Recognition:** Awarded by FICCI for excellence in service and patient safety.
- **Way Forward:** Address pre-hospital delays, establish more hubs, and increase access to mechanical thrombectomy facilities.

## **Topic: NAFLD in Madhya Pradesh**

**Presenter: Dr. Saloni Sidana, Mission Director, NHM, Madhya Pradesh**

### **Key Highlights:**

- **Disease Burden:** High prevalence of NAFLD among obese (90%) and diabetic (80%) individuals. Madhya Pradesh reported over 6,500 cases in FY 2024 - 2025.
- **Initiatives:** Screening camps conducted using portable elastography machines detected high fatty liver prevalence.
- **Community Awareness:** NAFLD awareness campaigns integrated with Fit India and Eat Right movements. IEC activities organised at public places and health facilities.
- **Challenges:** Limited hepatologists and offline record-keeping hamper efforts.
- **Way Forward:** Strengthen lifestyle counselling, provide modular training for medical officers, and use cultural dietary Practices for prevention.

## (Session – II)

### **Cancer Care Infrastructure – the Status and the Roadmap to Assured Care & Linkages**

#### **Topic: Augmenting the Cancer care**

**Presenter: Dr. Umesh Mahantshetty, Director, Homi Bhabha Cancer Hospital, Visakhapatnam**

Dr. Umesh Mahantshetty drew attention to the pressing need to augment cancer care in India, considering the increasing burden of cancer cases and the challenges posed by inadequate infrastructure. He highlighted the disparities in cancer incidence between urban and rural populations and the regional variations in leading cancer types. The session emphasised the importance of preventive, curative, and palliative approaches to improving cancer care delivery in India.

Highlights of the presentation were:

- **Cancer Burden and Infrastructure:** India's cancer incidence is projected to rise from 1.3 million to 1.7 million by 2035, with infrastructure remaining insufficient to meet the growing demand. Approximately two-thirds of cancer care is provided by the private sector, indicating a need for public sector strengthening.
- **National Programme for Prevention and Control of Non-Communicable Diseases (NP-NCD):** The programme aims to enhance integrated care, data-driven decision-making using AI and machine learning, multisectoral collaboration, and research to improve cancer prevention and management.
- **Hub and Spoke Model:** The Tata Memorial Centre's Hub and Spoke model demonstrates a scalable approach, with hubs catering to 50 million people and spokes supporting 10 - 15 million. This ensures access to specialised and standardized cancer treatment.
- **Preventive Oncology Programmes:** A pilot programme in Andhra Pradesh showcased the training of over 18,000 healthcare providers in screening and health education for common cancers, emphasising early detection and referral pathways.
- **Palliative Care:** Integrated palliative care services provide symptom management, psychological support, and end-of-life care at the community level. The Homi Bhabha Cancer Hospital has successfully incorporated palliative care into its multi-modality treatment approach.
- **Data-Driven Cancer Care:** The use of AI-enabled tools for second opinions, evidence-based guidelines, and digital health interventions was piloted in Andhra Pradesh, offering a blueprint for scalable, technology-driven cancer care.
- **Future Opportunities:** Comprehensive rehabilitation programmes, accreditation and quality assurance initiatives, and research into novel therapies and integrative medicine were identified as key areas for advancing cancer care in India.

## Topic: Role of Tertiary Care Centres in Cancer Care for Commission on Cancer (CoC)

**Presenter: Dr. Ashish Gulia, Director, Homi Bhabha Cancer Hospital, Chandigarh**

Dr. Ashish Gulia provided an in-depth overview of the role of tertiary care centres in enhancing cancer care across India. The session highlighted Tata Memorial Centre's contributions to affordable, accessible, and standardized cancer treatment through innovative models and initiatives.

Highlights of the presentation were:

### **Affordable Cancer Care Model:**

- **Tata Trust Model for Cancer Care:**
  - Disaggregation for better access.
  - Technology-driven integration for seamless operations.
  - Standardised care delivery across centres.
  - Focus on personnel training and development.
- **Hub-and-Spoke Model:**
  - Hubs serve a population of 50 million with comprehensive care (300 beds).
  - Spokes cater to 10–15 million people with common cancer treatments (100 beds).
  - Currently, 9 hubs and 3 spokes are operational.
- **National Cancer Grid (NCG):**
  - A network of 300 centres ensure affordable cancer care.
  - Facilitates group negotiations for chemotherapy drugs.
  - Promotes education, training, and networking among healthcare professionals.
- **Hospital Information Systems:**
  - Paperless operations since 2013.
  - Comprehensive systems for patient administration, electronic medical records (EMR), diagnostics, treatment planning, and follow-up.
  - Integration of telemedicine and teleradiology for remote consultations.
- **Tata Memorial Centre's Infrastructure:**
  - Operates multiple facilities across India with varying capacities (100–930 beds). Treats approximately 130,000 cancer patients annually, accounting for 10% of India's new cancer cases.
- **Community-Based Initiatives:**
  - Programmes targeting early detection and screening for oral, breast, and cervical cancers in rural areas.
  - Training programmes for ASHAs and ANMs to improve community outreach.
  - Tobacco Quit Line initiative with over 100,000 calls received and significant success in

cessation efforts.

- **Education and Training:**

- Specialised programmes including DM, MCh, MD, nursing fellowships, and post-graduate courses.

- **Cutting-Edge Research:**

- Emphasis on impactful and implementable research to address public health challenges.
- Landmark randomised trials leading to global practice changes in cancer treatment protocols.
- **Conclusion:** Dr. Gulia emphasised the importance of collaboration between state and central governments to expand the hub-and-spoke model nationwide. Tata Memorial Centre's pioneering efforts in affordable cancer care delivery, community outreach programmes, education, and research serve as a benchmark for low- and middle-income countries (LMICs).

## **Topic: Cancer Care Registry – Hospital Based and Population-Based Registries: Statistics and Way Forward**

### **Presenter: Dr. Prashant Mathur, Director NCDIR, ICMR**

The session focused on the critical role of cancer registries in India, emphasising both hospital and population-based approaches to cancer data collection and analysis. Dr. Mathur highlighted the significance of these registries in cancer prevention, control, and research.

Highlights of the presentation were:

#### **Role of Cancer Registries:**

- Serve as the “Eyes and Ears” of cancer prevention and control.
- Collect primary data from patient records in hospitals.
- Create linkages with various databases (insurance, pharmacy, death records).

#### **Types of Cancer Registries:**

- Population-Based Cancer Registries (PBCRs): Provide comprehensive information on cancer occurrence, trends, survival rates, and programmatic impacts.
- Hospital-Based Cancer Registries (HBCRs): Offer detailed insights into cancer care Practices, including treatment modalities and delays.

#### **National Cancer Registry Programme (NCRP) in India:**

- Initiated to address the growing cancer burden.
- Established a network of PBCRs and HBCRs across India.
- Published comprehensive reports detailing cancer statistics and trends.

#### **Cancer Incidence Trends:**

- Significant disparities in cancer incidence rates across different regions in India.
- The lifetime risk of developing cancer is estimated at 1 in 9 for Indians.

**Leading Cancers in India (2024 estimates):**

- Males: Mouth cancer is most common and lung cancer has highest mortality.
- Females: Breast cancer leads in both incidence and mortality.

**Survival Rates:**

- Five-year survival rates vary significantly by stage at diagnosis for breast and cervical cancers.

**Future Directions:**

- Advocated for declaring cancer as a notifiable disease at the national level.
- Suggested strengthening linkages among all cancer-related databases to enhance data utility for prevention and control efforts.
- This session provided valuable insights into the state of cancer registries in India, underscoring their importance in shaping public health strategies and improving patient outcomes.

**Topic: Cancer Care in Public Health Facilities & Linkages: Andhra Pradesh****Presenter: Shri M.T. Krishna Babu, Spl. Chief Secretary to Govt., Health, Medical & Family Welfare Dept., Andhra Pradesh**

Shri M.T. Krishna Babu briefed about “**Cancer Care Infrastructure in Andhra Pradesh – The Status and Roadmap to Assured Care & Linkages.**” He provided an overview of the state’s efforts to strengthen cancer care, the challenges faced, and the roadmap for future improvements.

Highlights of the presentation were:

- **Cancer Burden in Andhra Pradesh:** Andhra Pradesh has an annual cancer incidence of 73,500 cases, with 29,547 deaths reported each year. The state shows a higher annual growth in cases (1.8%) compared to the national average of 1.4%.
- **Comprehensive Cancer Care Strategy:** The state developed a cancer care roadmap after extensive consultations. Policy initiatives include declaring cancer a notifiable disease and joining the National Cancer Grid to enhance care coordination.
- **Cancer Care Infrastructure:** Infrastructure improvements include the establishment of the State Cancer Institute in Kurnool and upgrades to facilities at GGHs in Visakhapatnam, Guntur, and Kadapa. Additional centres are planned in Kakinada and Anantapur to further expand accessibility.
- **Universal Cancer Screening:** Pilot projects in Anakapalle and Chittoor districts focus on early detection. The target population includes individuals 18 years and older for oral and breast cancer and 30 years and older for cervical cancer. Awareness programmes and physical examinations have been conducted, supported by CBAC assessments.
- **Referral Pathway for Cancer Care:** Screening efforts involve CHOs, ANMs, and ASHAs, with suspected cases undergoing comprehensive evaluations at Preventive Oncology Units (POUs) in medical colleges to ensure timely diagnosis and care.
- **Palliative Care:** The integration of palliative care services into cancer treatment ensures support for patients and caregivers. Home and hospice care services are also provided as part of a holistic approach to care.



- **Technology and Data Management:** Andhra Pradesh uses AP Health Apps for tracking cases and maintaining data quality. The state collaborates with NCDIR, Bangalore, to develop a Cancer Atlas that strengthens research and planning efforts.
- **Financial Support for Cancer Care:** The Dr. NTR Vaidya Seva scheme offers comprehensive coverage for cancer care, including dietary allowances and transportation support, to alleviate financial burdens on patients.

## **Topic: District Cancer Care Programme under Odisha Comprehensive Cancer Care Plan (OCCP): Day Care Cancer Chemotherapy Centres**

**Presenter: Dr. Brundha D, IAS, Mission Director, NHM, Odisha**

The session focused on the implementation and progress of the District Cancer Care Programme in Odisha, aimed at improving cancer treatment accessibility and reducing the financial burden on patients. The session highlighted various initiatives under the **Odisha Comprehensive Cancer Care Plan (OCCP)** designed to enhance cancer care at the district level.

Highlights of the presentation were:

### **Current Cancer Scenario in Odisha:**

- Approximately 50,000 new cancer cases are reported annually.
- The state faces challenges such as a limited number of tertiary care facilities and oncologists, along with a shortage of cancer care beds.

### **Objective of the District Cancer Care Programme:**

- To provide comprehensive services including consultation, chemotherapy, palliative care, and post-treatment follow-up.
- Aims to reduce travel distance for treatment and minimize out-of-pocket expenses for patients.

### **Services Offered:**

- Day Care Cancer Chemotherapy Centres operational since 2017, featuring:
  - Free anti-cancer drugs under the **NIRAMAYA scheme**.
  - In-house investigations (CBC, liver function tests, etc.) provided free of cost.
  - Tele-consultation services with specialists for enhanced patient support.

### **Progress and Achievements:**

- Procurement of **121 essential anti-cancer drugs**, with significant cost savings achieved through bulk procurement.
- Monthly progress reports submitted to the State NCD Cell to track activities related to chemotherapy and screening camps.

### **Challenges Identified:**

- Shortage of trained oncologists and technicians.
- Limited availability of targeted therapy drugs and point-of-care diagnostics for early detection.

**Future Directions:**

- Plans to establish **11 more satellite cancer hospitals** across the state with an estimated budget of Rs. 1025 crores.
- Initiatives to extend population-based cancer registries (PBCR) and expand HPV screening for cervical cancer prevention.

## (Session - III)

### Strengthening of NCD services

#### **Topic: Strengthening of NCD Clinics at Secondary Level @CHC/SDH/DH, Telangana**

##### **Presenter: Shri R.V. Karnan, Mission Director-NHM, Telangana**

Shri R.V. Karnan presented key features of NCD clinics at secondary level in Telangana which included-

- **Dedicated NCD Clinics-**
  - Dedicated space with branding and near to the OPD of the hospital to enhance the visibility of the clinic and to streamlined flow of patients.
- In Telangana, there is Colposcopy, Cryotherapy, Mammogram, 2DECHO, and Electrocardiogram to provide advanced diagnostics in the same premises to serve as a one- stop solution for NCD care.
- Access to the specialist, care is present to encourage patients to continue follow-up treatment and further screening for complications.
- Telangana **Hub and spoke model** was launched in 2018 with a Central Hub location in IPM Campus, Hyderabad. The diagnostic services are available at 31 district hubs, 1 tribal, and 1518 spokes covering 33 district public health facilities. Blood samples are collected from all UPHCs/UHCs/BDKs and tests are done at Central Hubs.
- **Telangana-Diagnostics package** enables the care for NCD patients through
  - Digital reports via through SMS within 24 hours
  - Easy retrieval of records

#### **Topic: - Comprehensive NCD Screenings-Makkalai Thedi Maruthuvam (MTM), Tamil Nadu**

##### **Presenter: Dr. A. Arun Thamburaj, Mission Director, NHM, Tamilnadu**

Dr. A. Arun Thamburaj informed that **Makkalai Thedi Maruthuvam (MTM)** means “**Health Services at the Doorstep of the People**”

##### **Key Features:**

- The scheme was launched as a means to offer a holistic and comprehensive set of “Home-Based Health Care Services” to ensure a continuum of care for patients with chronic NCDs. The scheme includes both community-based and institutional-based services which are mutually linked.
- A key feature of the scheme is to look at the needs of a household as a whole. Another robust feature is the increased accountability through field functionaries.

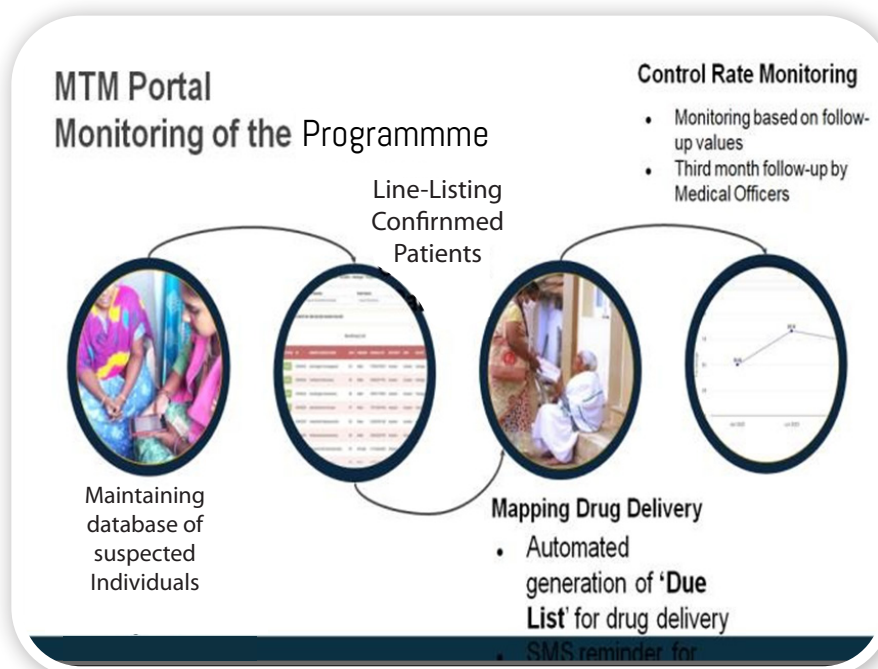
### Expanded services offered through the scheme are:

- Community-Based Hypertension/Diabetes and Cancer screening- Woman Health Volunteers (WHVs) from the Self-Help Group network of Tamil Nadu Corporation for Development of Women (TNCDW) conduct Home-based screenings
- Home-Based Palliative Care Services- Community-based Palliative Care Staff Nurses offer services like wound dressing, stoma care, and catheterisation alleviating emotional and financial burden on families.
- Home-Based Physiotherapy Services- Community-based Physiotherapists provide essential services for various diseases like Cerebral Palsy, Stroke, and Muscular Dystrophy, reducing out-of-pocket expenses.
- Home-Based Medication Delivery and Follow-up
- Home-based CAPD Provision for Chronic Kidney Disease (CKD) Patients- delivery of CAPD bags by visiting Community Nurses.

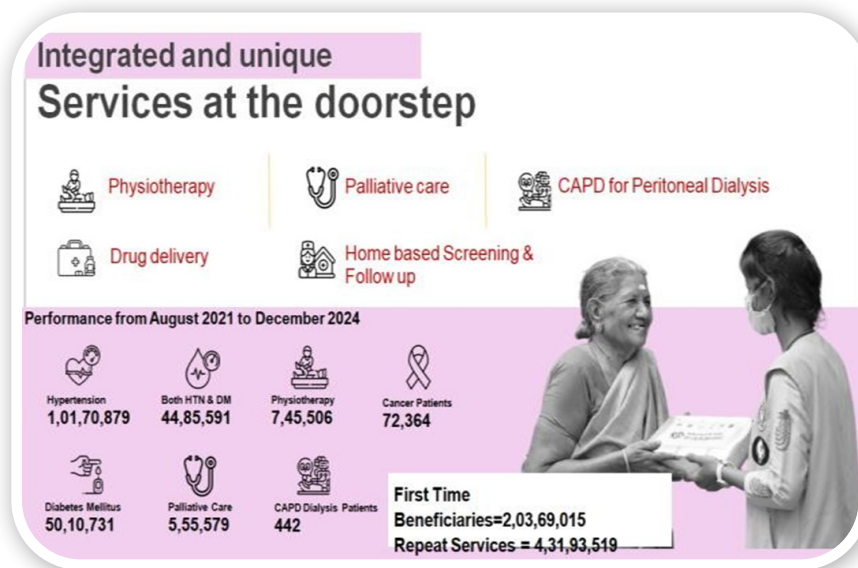
**MTM vehicle** - Mobile outreach vehicles with branding are hired and allotted one per Block-level team consisting of a Palliative Nurse and a Physiotherapist. The existing Institution-based NCD services provided at public health facilities in the State will be brought under the umbrella of MTM and the NCD corner at each facility will be designated as 'MTM Clinics' and the Staff Nurse providing comprehensive NCD services will be designated as 'MTM Nurses'.

**MTM Line List portal** - This portal serves as an all-encompassing and integrated solution, streamlining the input of critical data related to both Institutional and Community-based MTM services. It efficiently generates the necessary follow-up reports throughout an individual's course of treatment.

**Organised Cancer Screening**- In Tamil Nadu, to improve screening coverage and early diagnosis rate for Breast, Cervical, and Oral cancers at the community level, individuals aged 18+ are screened for oral cancer screening, and women aged 30+ are screened for cervical and breast cancer screening.



## MTM scheme – Progress so far



### Key features

- **Personal Invitations:** Target beneficiaries receive personalised invitations for cancer screening.
- **Decentralised Services:** Screening is conducted closer to the community in Health Sub-Centres (HWC)

### Progress

- As of December 2024, over 10 Lakh invites were distributed, and six Lakh of which 127 individuals were identified.

**NCD Complication Screening:** – Screening for early detection and prevention of Non-Communicable Disease (NCD) complications, particularly among hypertensive (HT) and diabetic (DM) patients who are not adequately controlled, is a key focus. Screening data is captured in the MTM portal, and Artificial Intelligence (AI) is utilised for foot image analysis. This initiative has resulted in the creation of the world's first State-owned Digital Database of Diabetic Foot.

## Topic: Cancer Care under NP-NCD: Oral Cancer

**Presenter:** Dr. O P Kharbanda, Pro Vice Chancellor, Ramaiah University, Bangalore, Ex Dir – CDER, AIIMS, New Delhi.

Dr. O P Kharbanda spoke on Oral Cancer. During his presentation, he discussed many important points on oral cancers regarding:

- Burden of oral cancer
- Oral cancer is preceded by a Potentially Malignant Oral Lesion in 80% of the cases
- Risk factors for oral cancer

- Visual oral examination
- Oral cancer screening in India
- Registry for Potentially Premalignant Oral Epithelial Lesions (POELS)

He underscored the significance of mouth self-examination, highlighting that areca nut chewing is a major risk factor for oral cancer. Acknowledging India's substantial burden of oral cancer, contributing to roughly one-third of global cases, he pointed out regional disparities and low participation rates in oral cancer screening. He emphasised that a significant proportion of head and neck cancer patients are diagnosed at advanced stages, resulting in poor five-year survival rates. To address this, he advocated for greater involvement of dental professionals and deaddiction clinics in identifying high-risk groups. He also expressed interest in the potential of robotic intraoral cameras for improving oral cancer detection.

### **Topic: Cancer Care under NP-NCD: Breast Cancer**

**Presenter: Dr. Anurag Srivastava, Expert, Professor & Head, Department of Surgery, AIIMS, New Delhi)**

Dr. Anurag Srivastava presented on bridging the cancer care gap from screening to diagnosis and treatment for breast cancer. During his talk on breast cancer, he paid special emphasis on enhancing breast cancer care under NP-NCD through awareness, early detection via screening initiatives, timely treatment, and improved access to multidisciplinary care to reduce mortality and morbidity. He also highlighted many issues such as:

- Awareness Enhancement with yogathon, public seminars, radio, malls, screening camps
- Personal motivation for screening
- Intersectoral coordination between private health organisations and government machinery
- Cancer Mukht Bharat echo-based education of doctors and nurses, ANM, school teachers and students
- Strengthen Primary & Secondary level Centres with trained manpower and equipment
- Strengthen tertiary care through medical colleges
- Conduct regular programme evaluation and outcome audits

He also mentioned that increasing incidence, low awareness among health care professionals and women, and late presentation are some important issues for breast cancer screening in India. He especially mentioned the Strengthening of Cancer Screening Programme for Common Cancers by **Swasthya Awakening & Research towards Healthy India (SARTHI)**.

### **Topic: Cancer Care under NP-NCD: Cervical Cancer**

**Presenter: Dr. Leela Digumarti, President, Indian Society of Colposcopy and Cervical Pathology, Senior Consultant, Gyne Oncology, St. Theresa Hospital, Hyderabad**

Dr. Leela Digumarti presented on Cervical Cancer Care Under NP-NCD. She started her talk with high motivation stating that the world has decided to eliminate Cervical Cancer. She highlighted

many important points like

- Cervical Cancer is the second leading cause of cancer deaths in women
- Twenty-five percent of global deaths are in India
- Strategy for HPV Vaccine introduction in India
- Role of AAM for cervical cancer screening

She emphasised advocating behaviour and lifestyle changes through health promotion and highlighted the role of auxiliary nurse midwife (ANM) in training to do VIA screening and follow-up of patients on treatment. She encouraged a School-based HPV Vaccination Plan and a one-time campaign for a multi-age cohort of all girls aged 9-14 years, followed by a routine introduction for the new cohort of all girls aged 9 years.

### **Topic: State-specific Practices: Breast Cancer, Chhattisgarh**

**Presenter: Shri Vijay Dayaram K, Mission Director, National Health Mission, Chhattisgarh**

Shri Vijay Dayaram K. presented on Breast Cancer Care in Chhattisgarh “DEERGHAYU”. He discussed Chhattisgarh – NP-NCD Indicators and special emphasis on Day Care Chemotherapy Unit known as “DEERGHAYU Ward”.

He briefly described the Chhattisgarh Cancer Care Programme- DEERGHAYU and the Objectives of DEERGHAYU Ward. Basic services provided in DEERGHAYU Ward are Counselling, support in the diagnosis of cancer, advice on the referral system and initiation of chemotherapy (based on tumor board suggestion), follow-up care, and palliative care.

In Chhattisgarh, a strong emphasis is placed on awareness and screening as crucial pillars in the fight against breast cancer. To address the same, the National Health Mission (NHM) Chhattisgarh launched a pilot programme in Durg District, utilising a Point-of-Care Device for breast cancer screening. Furthermore, a large-scale breast cancer screening camp was organised at the District Hospital in Durg to raise awareness about the disease and its prevention.

### **Topic: State-specific Practices: Cervical Cancer, Kerala.**

**Presenter: Dr. Vinay Goyal, Mission Director, Kerala**

Dr. Vinay Goyal presented on Cervical Cancer Management “Kerala”. He emphasised that Kerala was- as The Wheel of Change for Cervical cancer. Challenges for cervical cancer are inequities in terms of affordability, accessibility & acceptability. To close this gap, the following approach is adopted

Decentralized care, insurance, financial assistance schemes, cancer grid, and most importantly cancer awareness.

He highlighted that district cancer care centres have been established in all districts in 25 hospitals in Kerala. Population-based screening also needs technology-based solutions such as the mobile Android (SHAILI) app developed by E Health.

Additionally, he stated that basic preparations have been finished for the **HPV vaccination** pilot project in the districts of Alappuzha and Wayanad.

## Field Visit Report: Siddipet District

Four teams visited Siddipet district, each comprising 8 to 10 members, including senior officials from the Ministry of Health and Family Welfare (MoHFW), representatives from various States and Union Territories, health professionals, policymakers, and experts from the National Health Systems Resource Centre (NHSRC).

### Team - 3

1. Smt. M. Sudha Devi Secretary, Health, Himachal Pradesh
2. Dr. L Swasticharan, Addl. DDG & Director EMR, Dte. GHS, MoHFW
3. Mr. Abhishek Srivastava, Advisor IT, NHSRC
4. Dr. Rahul Kumar Sarmah, SNO, Assam
5. Dr. Gagandeep Singh Grover, SNO, Punjab
6. Dr. Sanjay Singh, SNO, Delhi
7. Mr. Waikhom Sheirangba Mangang, SPC, Manipur
8. Dr. Jugal Lachhwani, State Consultant NCD, MP
9. Mr. Naiyar Azam, National Consultant, MoHFW

### Team - 4

1. Shri Partha Sarthi Sen Sharma, Principal Secretary- Medical Health and Family Welfare, UP
2. Shri Marge Sora, MD- NHM, Arunachal Pradesh
3. Dr. Tarannum Ahmed, Senior Consultant, KMD, NHSRC
4. Dr. N K Sinha, SNO, Bihar
5. Dr. Catherine Lalmuanawmi, SNO, Mizoram
6. Mr. Yugesh Kumar Ray, SPM-(CPP), Punjab
7. Dr. Urgan Sherpa, Principal Chief Consultant, Sikkim
8. Mr. Ahanthem Victor Singh, State NCD Data Manager, Manipur
9. Dr. Namita Neelkanth, DD NCD MP
10. Dr. Ashish Bhatt, Senior Concultant, WHO, NCD Division, MoHFW



**Team - 5**

1. Smt. Aradhana Patnaik, AS & MD -NHM, MoHFW
2. Dr. Bharti Dixit IAS, MD NHM, Rajasthan
3. Dr. Manoj Kumar Chaudhary , ED - NHM , Assam
4. Dr. Bipin K Gopal, SNO, Kerala
5. Dr. Nidhi Sharma, SNO, Chandigarh
6. Dr. Alka Sharma, SPO- NPNCD, UP
7. Dr. Martin Chawngsailova, SPC, Mizoram
8. Dr. Valentina Ningombam, WHO NCD Consultant, Manipur
9. Dr. Savita, MP SPM PHFI
10. Dr. Nivedita Panwar, Medical Consultant, Dte.GHS, MoHFW

**Team - 6**

1. Smt. Indrani Kaushal, Senior Economic Advisor, MoHFW
2. Dr. Gopal Beri, Deputy MD, HP
3. Dr. Kamlesh Jain, SNO, CG
4. Ms. Chhemet Lamo, SPO, Ladakh
5. Dr. Jerard Maria Selvam, Additional Director - NHM, Tamil Nadu
6. Dr. Mereninla Senlem, SPO - NHM, Nagaland
7. Dr. Mohanrao P Dessai, State Nodal Officer and Chief Medical Officer NCDC
8. Dr. Tenneychell Khongrangjem, State Programme Officer Cum Epidemiologist, Meghalaya
9. Dr. Abhinav Kadia, WHO Consultant
10. Dr. Shefali Sharma, Medical Consultant, Dte. GHS, MoHFW

The following facilities were visited by the four teams-

- SHC-AAM Mamidiyal, Yerravally and Nemtoor
- PHC Mulugu, Markook and Kukunurpally
- General Hospital/ District Hospital- Siddipet

**Focus Areas of Field Vsist**

- Continuum of Care: Illness & Wellness focus
- Facilities and their Service Provision
- Supply Chain Management
- Documentation and Technology Adoption – NCD Portal , E-Seejavini
- Team Coordination and Intersectoral Convergence
- Community Engagement

**OFFICERS VISITED:**

Smt. Aradhana Patnaik, AS CMD, MoHFW

Shri R.V Karnan IAS, CHFW, MD NHM, Telangana

**Facilities visited**

GGH Siddipet, UPHC Nasarpur, BDK Kalakunta colony, AAM Erravalli, PHC Markook

**Observations at GGH Siddipet Telangana Diagnostic Hub:**

- Observed how the hub & spoke model works.
- Interacted with the staff to know about the way the samples are collected, time that takes to reach the hub, the way they are processed and the turnaround time.
- Observed the online system of report dispatch directly to the beneficiary through SMS to the health facility.

**Dialysis centre at GGH Siddipet**

- Interacted with the staff of dialysis centre to know the functioning of hub & spoke model of dialysis centres.
- Dialysis centre runs in public private partnership mode wherein government allocates the place in hospital, service provider arranges for machines, disposables and manpower.
- Dialysis procedure is covered under Arogyasri (Health insurance scheme)

**Non-Communicable Disease clinic**

- Interacted with the staff to know about the services provided at the NCD clinic.
- Observed the patient flow in the NCD clinic
- Interacted with the staff to know about the drugs available at the NCD clinic
- Cancer screening process was observed

- Follow-up of uncontrolled hypertension & diabetes patients, investigations for any complications, drug dispensing is done at the same place which is convenient to patient with NCDs.

### Visit to UPHC Nasarpura

- Visited the urban primary health centre to observe the services provided to the beneficiaries
- Interacted with the medical officer about the outpatient load
- Observed about the diagnostic services and asked about the point of care tests which are done at PHC.
- The UPHC visited is one of the spokes for diagnostic services.
- Observed the drug dispensary and interacted with staff to know the way they segregate drugs
- Appreciated the availability of combination drugs for hypertension & diabetes
- Enquired about the availability of drugs in EML
- Suggestion given to display the list of drugs available in EML



### Visit to Basti Dawakhana (Urban AAM) Kalakunta Colony

- It was observed that beneficiaries were being vaccinated during the visit as it is Immunization day
- Enquired about the availability of drugs for NCDs
- Interacted with ANMs about the usage of various portals including Uwin portal for Immunization.



### Visit to Sub-center AAM Erravalli

- Interacted with MLHP about their timings & services offered
- Asked about the field visits by the MLHP after the OPD hours
- Interacted with MLHP about the services provided for NCD patients and emphasised that MLHP are appointed for NCD services.
- Observed the availability of drugs in the EML list

- Sub-centre was running in the school building as the building construction was in progress.
- Observed & interacted with ANMs about the vaccines' availability at the sub-centres
- Suggested to the MLHP to go to the field visits.
- Appreciated the chart used for indicating drug availability but found that it needs to be regularly updated.



### Visit to PHC Sub-centre, Markook

- Interacted with the medical officer about services provided and availability of essential drugs.
- Asked the NCD screening process, progress of NCD screening, methods of screening population-based & opportunistic screening.
- Asked about the display of essential drug list at the PHC.
- Observed the NCD screening process and requested the ANM to show the process of screening and data entry in the NCD portal.
- It was emphasised that an option should be there in the NCD portal to check month-wise progress of screening diagnosis & follow-up in MO & ANM login.
- State team also conveyed that the ANMs were provided with professional BP monitors to ease their screening process.
- Observed the availability of combination drugs for hypertension and diabetes.



### Key observations of the teams that visited Siddipet district is as follows:

- **Adequate Drug Availability:** Medicines for hypertension and diabetes are being dispensed as per the State Protocol, ensuring uninterrupted treatment for patients.
- **Telemedicine Services:** Teleconsultations are actively conducted through the e-Sanjeevani telemedicine platform, enhancing access to specialist care.
- **Diagnostic Infrastructure:** A robust diagnostic ecosystem is operational under a Public-Private Partnership (PPP) model, functioning efficiently on a Hub-and-Spoke system.
- **Screening and Data Management:** Line-listing for individuals aged 30 and above is consistently updated on the NP-NCD portal, supporting effective monitoring and management.
- **Service Provision at the DH Hospital:** The District Hospital delivers most of the services as

per the NP-NCD programme, ensuring comprehensive care for non-communicable diseases.

- **Cancer Care Services:** Cancer treatment is provided through a dedicated daycare center offering chemotherapy and palliative care, with a referral system in place for advanced care at super-specialty cancer institutes. Confirmatory tests conducted include:
  - \* Mammogram– Used for breast cancer screening
  - \* PAP Smear– For cervical cancer screening
  - \* Colposcopy– A follow-up test for abnormal PAP smear results
- **Training and Capacity-Building:** Medical Officer/ Staff Nurse were trained in cancer screening and three of them were referred to the District for biopsy and further management. CHO was found to be trained in VIA examination but was not conducting the same due to community hesitancy and reluctance. ANM was not trained in VIA examination and ASHA not trained in NCD Module at AAM.
- **Standard Treatment Protocol:** State government has developed Standard Treatment Protocols for Diabetes and Hypertension. These were placed at both CHC and AAM.
- **Amrit Pharmacy:** is available in General Hospital Siddipet to provide affordable medicines for treatment of cancer, cardiovascular and other diseases. It was found to be selling more than 6,500 drugs (including cardiovascular, cancer, diabetes, stents, etc), implants, surgical disposables and other consumables at a significant discount of up to 50% on market rates.
- **Diet Counselling:** services are offered, likely focusing on patients with NCDs, helping them manage their conditions through better nutrition and lifestyle changes. Posters on diet management were installed at health facilities.
- **Functional Dialysis Services:** The dialysis unit operates 24/7 providing dialysis services to all patients. Dialysis services are also covered under the Pradhan Mantri Jan Arogya Yojana (PM-JAY) scheme.
- **Dedicated NCD Staff:** - A dedicated NCD staff including Medical Officers, Staff Nurses were found to be in place for ensuring specialised focus on the management of non-communicable diseases, which were becoming increasingly prevalent at all health facilities.

### Good Practices

- **Free Diagnostic Services:** All the services for diagnostics were being provided free of cost to the patients.
- **Advanced Cervical Cancer Screening and Treatment:** PAP smear, colposcopy and cryosurgery services were found to be operational at the NCD Clinic, GGH Siddipet, improving early detection and management of cervical cancer.
- **Community-Based Awareness on ABHA IDs:** Gram Panchayats were disseminating information through public announcements to enhance citizen enrollment for ABHA IDs.
- **Integration of ABHA ID in OPD Registration:** ABHA IDs were being utilized at the outpatient registration counters in GGH, Siddipet, facilitating streamlined patient registration processes.
- **IEC Materials** on diabetes, hypertension, and healthy eating habits and strategically placed on boards and posters in high-visibility areas for maximum outreach. However, additional efforts are needed to effectively reach the last mile.

## Recommendations

- **Integration of ABHA ID:** Facilitate streamlined patient registration processes by integrating the ABHA ID system at the Primary Health Centre (PHC) level for better accessibility and efficiency.
- **Patient Follow-up:** Ensure regular follow-up of patients through the NP-NCD portal to enhance continuity of care.
- **Yoga Services:** Includes Yoga facilities/lifestyle modifications at all the AAM facilities to ensure holistic care.
- **Strengthening IT Infrastructure:** Enhance the IT infrastructure to support tele-medicine services effectively.
- **Display of IEC Materials:** Display relevant and contextually appropriate IEC materials at healthcare facilities to enhance patient awareness and community engagement.
- **Equipment Calibration:** Conduct regular calibration of medical equipment for ensuring accuracy and reliability in diagnostics.

### Glimpses from the visit of health facilities

District NCD Clinic- Cancer Screening room and NCD Pharmacy at GGH Siddipet



Dialysis services

Bar code facility at the facility to avoid long queue

### Glimpse of visit of health facilities



## Field Visit Report: Hyderabad District

### Team composition

1. Maj Gen (Prof) Atul Kotwal, SM, VSM, ED, NHSRC
2. Dr. Aashima, Deputy Secretary, NUHM, MoHFW
3. Dr. Sumit Rana, Prof Psychiatry, LHMC
4. Dr. Lal Majhi, SNO, Jharkhand
5. Dr. Susanta Kumar Swain, SNO, Odisha
6. Dr. Neetu Shukla, DGM, NCD
7. Dr. Erin Hannah, Consultant KMD, NHSRC
8. Dr. Subhankar Pal, ASNO, NP-NCD & PMNDP, Tripura
9. Ms Richa Bharti, Consultant NCD, MoHFW

### Field Visits: District - Hyderabad

Facilities Visited	Location
Tertiary Hospital	Nizam's Institute of Medical Sciences
Diagnostics Hub	Telangana Diagnostics Hub
District Hospital	District Hospital King Koti

### FOCUS

- Continuum of Care: Illness & Wellness focus
- Community Engagement
- Team Coordination and Intersectoral Convergence
- Facilities and their Service Provision
- Supply Chain Management
- Documentation and Technology Adoption – NCD Portal , E-Seejavini

### Focus

#### Key Observations: Nizam's Institute of Medical Sciences

- Established in 1962 – Currently with 38 departments; and 1639 bed strength
- One of three hubs of the Telangana Dialysis Network -linked to 102 spokes
- NIMS dialysis hub has 150 machines – 110 for day care dialysis and 40 for IP and ICU dialysis
- Utilisation rate is 3-4 cycles per machine/ day



- Average number of dialysis sessions per day is 400
- HR ratio is 1 Staff nurse and 1 Lab Technician for 5 machines
- Single use dialysis model - have slightly higher cost and higher plastic waste generation – yet had lower infection rate and good adequacy
- Patient support mechanisms in place includes free bus pass for travel and monthly disability pension



### Key Observations: Telangana Diagnostics Hub

- A PPP initiative to provide free diagnostic, pathological and radiological services
- Hub and spoke model diagnostic services - 31 district hubs, 1 tribal and 1518 spokes covering 33 district public health facilities
- Provides 56 tests under biochemistry, 37 for pathology and 41 for microbiology
- Hub has 60 pooling points under Greater Municipal Corporation, connected by 8 vehicles for sample collection
- Approximately 7000 types of samples tested per day
- Average TAT: 14 hours
- HR includes 26 LTs, 1 Operations Manager, 1 Quality Manager, 6 consultants and 7 support staff
- Reports entered in LIMS, sent to SMS portal and notified patients

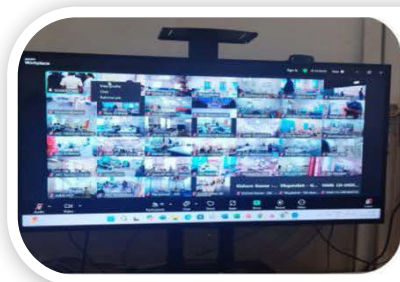


### Key Observations: District Hospital King Koti

- District NCD Clinic – linked to 262 facilities
- Average OP of 50-60 patients at NCD clinic, and 10-15 patients in Mental health clinic
- MCHWing – Midwifery led units functioning well; LDR Concept
- NQAS, LaQshay Muskan Certified
- IPHS Score – 70%
- Availability of HDU, ECG interpretation facility and CT scan services
- All NCD Drugs were available



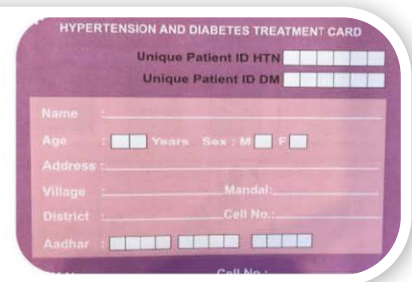
### Good Practices – NIMS



Virtual Monitoring  
of Spoke Centres



NIMS Acute Renal  
Care Unit



NIMS NCD Treatment  
Card – DH King Koti

### Recommendations

#### NIMS

- Referral linkages with secondary and primary level facilities for NCD care may be strengthened
- May provide capacity-building of AAM-MOs in CKD care

#### DH King Koti

- Bi-directional linkages with DH/CHC for strengthening early diagnosis and seamless referral and follow-up
- Linkage with community through ASHA, ANMs, CHOs for follow-ups may be prioritised for improving patient outcomes
- May establish hybrid ICU; dedicated Geriatric Ward; Spirometry for COPD; Day Care Cancer Chemotherapy Centre; fibrinolysis for STEMI/STROKE and CSSD – to strengthen the DH

## Field Visit Report: Sangareddy District

Four teams visited Sangareddy district. Each team consisted of 8-10 team members comprising senior officials of MoHFW, States/Union Territories, NHSRC, health professionals and policymakers from across the country.

### Team - 1

1. Shri Koustoubh Giri, Deputy Secretary, NHM, MOHFW
2. Dr. Anurag Shrivastava, Director, Subharti Institute of Cancer Management & Care Former -HOD, Department of Surgical Disciplines AIIMS, New Delhi
3. Dr. Neha Dumka, Lead Consultant, KMD, NHSRC
4. Smt. K. Syamla, SNO, Andhra Pradesh
5. Dr. J Ramesh, SNO, Puducherry
6. Dr. Chandra Mauli Tripathi, State Cancer Nodal Officer, MP
7. Dr. Kedar Raikar, Nodal Officer, NCDC, Goa
8. Mr Arun Vashishtha, SPO, NP-NCD, Rajasthan
9. Dr. Udita Joshi, Consultant, KMD, NHSRC
10. Dr. Roli Srivastava, National Consultant, MoHFW

### Team - 7

1. Dr. Brundha D , MD NHM Odhisa
2. Dr. Bhanu Pratap Singh Kalyani, Director Health, UP
3. Dr. Jayesh Solanki, SNO, GJ
4. Dr. Nishad Khan, SNO, Lakshadweep
5. Dr. Subhransu Sekhar Datta, ADHS,NCD-II C SPO, NCD, WB
6. Dr. Alemwabang Aier, SPO-NPNCD, Nagaland
7. Shri Subodh Dhar Sharma, State Consultant (NP-NCD), CG
8. Dr. Athira Satisan, NCD Consultant, DteGHS

### Team - 8

1. Dr. Akuo Sorhie, Mission Director, NHM, Nagaland
2. Dr. Sunny Swarnkar, DADG (NCD), Dte. GHS, MoHFW
3. Dr. Manu Jain, Director NHM, UK
4. Dr. Om Pal Saini, SNO, HR
5. Dr. Y Premchandra Singh, SNO, Manipur

6. Dr. Laxman Singh, GM-NCD, UP
7. Dr. Udit Pradhan, DNO (NP-NCD), Sikkim
8. Dr. (Mrs) R. Jahan, Specialist, CCU C NCD Clinic, Meghalaya
9. Dr. Urvin Shah
10. Mr. Praveen Kumar DMC WHO

### Team-9

1. Dr. Eric Zomawia, Mission Director, NHM, Mizoram
2. Dr. Ashish Kumar Saxena, DD, MP
3. Dr. Anadi Gupt, SNO, HP
4. Dr. (Mrs) C. langrai, SNO, Meghalaya
5. Mr. Mahendra Pratap Yadav, GM-MIS, UP
6. Mrs JeyaLydia J, Consultant, NHM, Tamil Nadu
7. Dr. F. Momin, Oncologist, CHS, Meghalaya
8. Dr. Urvin Shah WHO Consultant
9. Dr. Manoj Kumar, Assistant Director, NCD Division, Dte. GHS



Team - 1



Team - 2



Team - 3



Team - 4

The following facilities were visited by four teams-

**Team 1 and Team 9** visited SC Mallepally, PHC Kondapur and GGH Sangareddy

**Team 7** visited AAM Tellapur, PHC RC Puram and GGH Sangareddy

**Team 8** visited AAM Nandikandi, PHC Atmakur and GGH Sangareddy

**Key Observations** of the teams visited to Sangareddy district are as follows:

### **Government General Hospital, Sangareddy**

The healthcare services and processes in place at the facilities mentioned.

- 1. NCD Clinic** – Operates with the Single Window System for enhanced patient care. Non-Communicable Disease (NCD) screening has been carried out at the facilities. This is likely focused on identifying chronic conditions such as diabetes, hypertension, and cardiovascular diseases.
- 2. Confirmatory Tests available and conducted -**
  - Mammogram** - Used for breast cancer screening.
  - PAP Smear** - For cervical cancer screening.
  - Colposcopy** - A follow-up test for abnormal PAP smear results.
  - Fine Needle Aspiration Cytology (FNAC)** - A diagnostic procedure for detecting cancer or other conditions.

These confirmatory tests are offered, ensuring that appropriate follow-up is available for early detection and treatment.
- 3. Chemotherapy and Radiotherapy Referrals**- Referrals for **chemotherapy and radiotherapy** are done at **MNJ Hyderabad**, indicating that this specialised treatment is not available at the current facility, but patients are referred to a more advanced centre for cancer treatment.
- 4. Tele-consultation Services (e-Sanjeevani)** - **e-Sanjeevani** provides tele-consultation services from **PHC (Primary Health Centres)** to **District Hospital (DH)**. However, there is a limitation in that there is no dedicated room for tele-consultations, which could affect privacy and the quality of service.
- 5. Record Keeping** - Medical records are maintained physically, suggesting that digital health records are not yet fully implemented across the facilities.
- 6. Functional Dialysis Unit (24/7)** - A **dialysis unit** is available, operating 24 hours a day, seven days a week, with 10 beds in PPP mode, equipped with telemedicine and nephrologist support as required. Dialysis services are also covered under the Pradhan Mantri Jan Arogya Yojana (**PM-JAY**) scheme, which aims to provide health coverage to economically disadvantaged populations.
- 7. Integrated Public Health Lab (IPHL)---Strong Hub-and-Spoke Model for Diagnostics**- The facilities are using a **hub-and-spoke model** for diagnostics, meaning the District Hospital (the hub) provides specialised diagnostic services, while Primary Health Centres (the spokes) handle basic healthcare and refer more complex cases to the hub.

Observations from GGH, Sangareddy highlighted a robust healthcare delivery system in place at

though there are areas for improvement such as digital record-keeping and tele-consultation infrastructure.

### PHC (NQAS Certified)

1. NQAS Certification- PHC Kondapur and PHC-RC Puram are NQAS (National Quality Assurance Standards) certified. This certification reflects that these centres meet national standards of quality in healthcare, ensuring higher service quality and patient safety.
2. NCD Corner with dedicated essential drugs- PHCs have an NCD corner (Non-Communicable Disease corner) where essential drugs for managing diabetes and hypertension are provided, making it easier for patients to access necessary medications for chronic conditions.
3. Standard Treatment Protocols (STPs) - are displayed in all centres, ensuring that healthcare providers follow evidence-based Practices for the treatment of various conditions, improving care consistency and patient outcomes.
4. Dedicated NCD Staff-There is a dedicated NCD supervisor and NCD Staff Nurse in place, ensuring specialised focus and management of non-communicable diseases, which are becoming more prevalent.
5. NCD Day observed weekly- An NCD day is observed every Thursday at the centres. This could involve awareness programmes, health screenings, or specialised consultations for NCDs such as diabetes, hypertension, and other chronic conditions.
6. Health 'Mela' Every Fortnight -A Health 'Mela' is organised every fortnight. These events likely provide an opportunity for large-scale health screenings, health education, and the distribution of essential health services to the community.
7. Screening records maintained in NCD Portal ensuring that patient data related to screenings for conditions such as diabetes, hypertension, and cancer are digitally stored for better tracking and follow-up.
8. Training of Medical Officers (MO's) on Visual Inspection with Acetic Acid (VIA) is provided which is important for early detection of cervical cancer and prevention.
9. Information, Education, and Communication (IEC) material is displayed at the centres to educate the public about health issues, prevention, and available services.
10. Diet Counselling services are offered, likely focusing on patients with NCDs, helping them manage their conditions through better nutrition and lifestyle changes.

### SHC-AAM

- There is **dedicated space identified** for AAM-SHC
- **Wellness activities like Yoga** are regularly conducted to promote preventive healthcare, raise awareness about healthy lifestyles, and engage the community in activities that enhance their overall well-being.
- **Standard Treatment Protocols** have been prominently displayed across all centres.
- **Community-Based Assessment Checklist (CBAC)** form is being filled out by **ANMs** and **CHOs**. It is noted that **ASHAs** are not yet trained, highlighting an area for potential training and capacity-building among ASHAs.

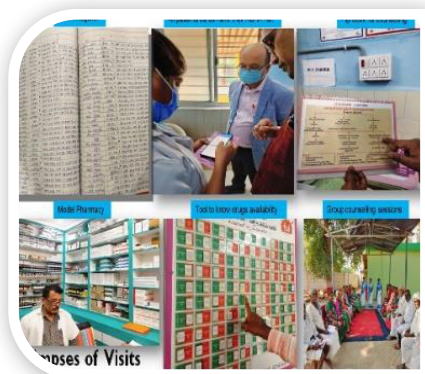
- **NCD Portal –Line-listing Challenges**-The **NCD portal** is used for tracking of non-communicable diseases (NCDs), but there is a delay in generating the **line-list**, which only happens after **one month**. This delay creates challenges in **tracking and following up** with patients in a timely manner, potentially affecting continuity of care and outcomes.
- **Drug Kit containing essential medications for diabetes and hypertension** is being provided for ensuring treatment adherence.
- **Bilateral forward and backward referral** is in place ensuring continuity of care or services.
- **Workplan is being generated** to ensure that the referral process, actions, or follow-ups are well-organised and carried out according to schedule.

### Good Practices

- **Arogya Mahila Clinic** - Weekly special clinic for women – medical services provided every Tuesday at PHC - As part of the initiative screening of three common cancers amongst women is also conducted dedicatedly for early diagnosis. Reporting is being done in State-Specific portal (Telangana Arogya Mahila Portal).
- **Alana Programme for Palliative Care** - The centre is located Alana Palliative Care Centre – located at Government General Hospital, Telangana and Provides free palliative care services to patients with life- threatening conditions.
- **Inventory Management** - Medicines are available at PHCs (3-month stock).
- Well maintained and fully functional **Integrated Public Health Labs** (Telangana Diagnostic Hub). - **Hub and Spoke Model** – streamlined sample transfer from peripheral centres to IPHL with report generation within 24 hours. Patients receive lab reports conveniently via SMS on their mobile phones.
- **Single Window System** – Implemented across all facilities for seamless service delivery including screening, diagnosis/follow-up, counselling and medicine dispensing.
- **Effective Counselling** – Comprehensive lifestyle modification counselling provided using flip charts for patient engagement.

### Recommendations of the Team Members

- **Strengthening of follow-up and referral pathways** to ensure that patients are properly followed-up after screenings or treatments, and referred to the appropriate specialists or higher levels of care as needed.



- Training on Cervical Cancer Screening: Equip female CHOs/MLHPs with VIA training to improve cervical cancer detection.
- Conduct refresher training on NCD Portal (for tracking line listing etc.)
- Scale-up ABHA ID that is generated through linkages.
- Physical copy of Operational guidelines should be readily available
- Patient footfall at all levels should increase.
- Strengthening of Interdepartmental coordination
- Enhance Community awareness on preventive and promotive aspect.



# PHOTO GALLERY

















**NATIONAL HEALTH SYSTEMS RESOURCE CENTRE**  
MINISTRY OF HEALTH AND FAMILY WELFARE  
GOVERNMENT OF INDIA