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B. PHARMACY — 8th SEMESTER

SOCIAL AND PREVENTIVE PHARMACY

BP802ET

UNIT - 3

NATIONAL HEALTH PROGRAMMES

Objectives, Functioning and Outcomes of Major Indian Health Programmes

UNIT 3 — NATIONAL HEALTH PROGRAMMES (Topics Covered)

- 1. National AIDS Control Programme (NACP)**
- 2. National TB Elimination Programme (NTEP / formerly RNTCP)**
- 3. Integrated Disease Surveillance Programme (IDSP)**
- 4. National Leprosy Eradication Programme (NLEP)**
- 5. National Mental Health Programme (NMHP)**
- 6. National Programme for Prevention and Control of Deafness (NPPCD)**
- 7. Universal Immunization Programme (UIP)**
- 8. National Programme for Control of Blindness (NPCB&VI)**
- 9. Pulse Polio Immunization (PPI) Programme**

UNIT 3 — NATIONAL HEALTH PROGRAMMES

✦ What are National Health Programmes?

National Health Programmes (NHPs) are organized efforts by the Government of India through the Ministry of Health and Family Welfare (MoHFW) to control or eradicate specific diseases and promote public health. They operate within the framework of the National Health Mission (NHM) and are implemented by central, state and district level health authorities.

► General Components of Any NHP

- **Objectives** — clearly defined goals (control, elimination or eradication).
- **Strategies** — the methods adopted (vaccination, screening, MDA, surveillance).
- **Operational structure** — central → state → district → block → village level.
- **Funding** — largely centrally sponsored under National Health Mission.
- **Monitoring & Evaluation** — performance indicators reviewed periodically.
- **Outcome** — measurable reduction in disease burden.

NATIONAL AIDS CONTROL PROGRAMME

NACP — Combating HIV/AIDS in India

Background and Launch

HIV (Human Immunodeficiency Virus) attacks the immune system, leading to AIDS (Acquired Immune Deficiency Syndrome). India had its first AIDS case detected in Chennai in 1986. To respond, the Government of India formed the National AIDS Control Organization (NACO) under MoHFW in 1992 and launched NACP.

Phase	Period & Focus
NACP — I	1992 – 1999 — Awareness, blood safety, surveillance set-up.
NACP — II	1999 – 2007 — Targeted Interventions for High-Risk Groups (HRGs); decentralization.
NACP — III	2007 – 2012 — Halt and reverse epidemic; ART roll-out; Link Worker Scheme.
NACP — IV	2012 – 2017 — Reduce new infections by 50%; Care, Support & Treatment.

Phase	Period & Focus
NACP — V	2021 – 2026 — Achieve UN 95-95-95 targets; ending AIDS as public health threat by 2030.

Objectives of NACP

1. Reduce new HIV infections by 80% (compared to 2010 baseline).
2. Reduce AIDS-related mortality by 80%.
3. Eliminate stigma, discrimination, vertical (mother-to-child) transmission and HIV-related maternal & paediatric deaths.
4. Achieve the UNAIDS 95-95-95 targets by 2025: 95% of PLHIV know their status; 95% of diagnosed on ART; 95% of those on ART achieve viral suppression.

Strategies / Components

- **Targeted Interventions (TI)** — Female Sex Workers (FSW), Men who have Sex with Men (MSM), Injecting Drug Users (IDU), transgender, migrants, truckers.
- **Integrated Counselling & Testing Centres (ICTC)** — free HIV testing at PHC, hospitals.
- **Free ART (Antiretroviral Therapy)** — first-line drugs Tenofovir + Lamivudine + Dolutegravir (TLD).
- **Prevention of Parent-to-Child Transmission (PPTCT)** — testing every pregnant woman.
- **Blood Safety** — mandatory HIV screening of donated blood.
- **Condom Programming** — social marketing, free distribution.
- **Information, Education & Communication (IEC)** — Red Ribbon Clubs in colleges; mass-media campaigns.
- **Link Worker Scheme** — outreach in rural areas.
- **Care, Support & Treatment (CST)** — ART centres, opportunistic infection management.

Functioning

The programme is implemented through NACO at the centre, State AIDS Control Societies (SACS) at the state level, and District AIDS Prevention and Control Units (DAPCU) at the district level.

Outcomes / Achievements

- New HIV infections in India have declined by ~46% (2010 to 2023).
- AIDS-related deaths declined by ~76% during the same period.
- Adult HIV prevalence reduced to ~0.20% (2023).
- Over 1.7 million PLHIV (People Living with HIV) on free ART (2023).

- HIV/AIDS (Prevention and Control) Act, 2017 enacted to prohibit discrimination.

Symbol — Red Ribbon

The Red Ribbon is the international symbol of HIV/AIDS awareness. World AIDS Day is observed every year on 1st December.

NATIONAL TUBERCULOSIS ELIMINATION PROGRAMME

NTEP (formerly RNTCP) — Eliminating TB by 2025

Background

TB caused by *Mycobacterium tuberculosis* is one of the oldest known diseases. India has the highest TB burden in the world. National TB Programme (NTP) was launched in 1962 → revamped as Revised National TB Control Programme (RNTCP) in 1997 → renamed National TB Elimination Programme (NTEP) in 2020.

Vision and Goal of NTEP

TB-free India: end the TB epidemic by reducing incidence, mortality and catastrophic costs. India committed to ending TB by 2025 — five years ahead of the global SDG target of 2030.

Objectives

1. Reduce TB incidence to less than 44 per lakh population by 2025.
2. Reduce TB mortality to less than 3 per lakh population by 2025.
3. Reduce catastrophic costs for TB-affected households to zero.
4. Detect at least 90% of new TB cases and treat at least 90% successfully.

Strategies — Four Pillars (DTPB)

Pillar	Description
D — Detect	Active case finding; molecular diagnostics like CB-NAAT (CBNAAT/GeneXpert) and TrueNat; private sector engagement (Nikshay portal).
T — Treat	Free quality drugs under Daily Fixed Dose Combination (FDC); Treatment under DOTS (Directly Observed Treatment, Short course).
P — Prevent	BCG vaccination at birth; TB Preventive Treatment (TPT) for contacts and PLHIV; airborne infection control.

Pillar	Description
B — Build	Health system strengthening; multi-sectoral response; research and innovation.

DOTS Strategy

DOTS — Directly Observed Treatment, Short course — is the WHO-recommended strategy. The patient takes anti-TB drugs in the presence of a trained DOT provider (health worker, ASHA or treatment supporter) on every dose to ensure compliance.

Treatment Regimens (Daily FDC)

- **New TB cases:** 2HRZE / 4HRE — 2 months Isoniazid (H), Rifampicin (R), Pyrazinamide (Z), Ethambutol (E) → 4 months HRE.
- **MDR-TB:** Bedaquiline + Linezolid + Pretomanid (BPaL) regimen — 6 months.
- **XDR-TB:** individualised regimen with newer drugs.

Recent Initiatives

- **Ni-kshay portal** — online TB notification & patient management system.
- **Ni-kshay Poshan Yojana** — ₹500/month nutritional support for every TB patient.
- **Pradhan Mantri TB Mukh Bharat Abhiyaan (2022)** — Ni-kshay Mitra (community support) initiative.
- **Active case finding** — door-to-door screening of high-risk groups.

Outcomes

- TB incidence in India reduced from 237/lakh (2015) to 195/lakh (2023) — ~17% decline.
- Treatment success rate ~85% under NTEP.
- Over 27 lakh TB cases notified annually (2023).
- More than 1 crore Ni-kshay Mitras and PLHIV monitored.

World TB Day

Observed on 24th March every year — to commemorate the discovery of M. tuberculosis by Robert Koch in 1882.

INTEGRATED DISEASE SURVEILLANCE PROGRAMME

IDSP — Early Warning System for Outbreaks

Background

Launched in November 2004, IDSP is a decentralized, district-based surveillance system to detect and respond to disease outbreaks early. It is supported by the World Bank and implemented under National Health Mission. Now operates as Integrated Health Information Platform (IHIP) — a real-time, web-enabled portal.

Objectives

1. Strengthen surveillance for infectious diseases.
2. Detect early warning signals of impending outbreaks.
3. Respond rapidly with containment measures.
4. Improve laboratory networks at central, state, and district levels.
5. Generate evidence-based public health action.

Diseases under Surveillance

Category	Diseases / Conditions
Regular Surveillance	Vector-borne (malaria, dengue, chikungunya, Japanese Encephalitis), Water-borne (cholera, typhoid, viral hepatitis), Vaccine-preventable (measles, diphtheria, polio).
Outbreak-prone diseases	Avian flu, swine flu, plague, Nipah, COVID-19, leptospirosis, anthrax.
Other Conditions	Acute Encephalitis Syndrome (AES), Acute Diarrhoeal Disease (ADD), Acute Flaccid Paralysis (AFP).

Reporting Forms (Three Types)

Form	Reporter	Information Captured
S Form	ANM / Health Worker (Sub-centre)	Syndromic — based on symptoms; weekly reporting.
P Form	Medical Officer / Doctor (PHC)	Presumptive (provisional clinical diagnosis); weekly.
L Form	Laboratory Personnel	Laboratory-confirmed diagnosis; weekly.

Functioning

- Three-tier structure: Central Surveillance Unit (CSU) → State Surveillance Unit (SSU) → District Surveillance Unit (DSU).
- Integrated Health Information Platform (IHIP) for real-time, geo-tagged reporting (launched 2018).
- Rapid Response Teams (RRT) at district and state levels for outbreak investigation.
- Weekly outbreak alerts published every Thursday on IDSP portal.
- Network of >100 laboratories and 11 referral labs.

Outcomes

- Detected & investigated >1,500 outbreaks per year on average.
- Played a critical role in COVID-19 surveillance through IHIP.
- Detected unusual outbreaks like Nipah (Kerala 2018, 2021, 2023), Zika, monkeypox.
- All districts in India connected via IHIP.

NATIONAL LEPROSY ERADICATION PROGRAMME

NLEP — Eliminating Leprosy in India

Background

Leprosy (Hansen's disease) is a chronic infectious disease caused by *Mycobacterium leprae*. It mainly affects the skin, peripheral nerves, mucosa of upper respiratory tract and eyes. India launched the National Leprosy Control Programme in 1955 → renamed NLEP in 1983 with the introduction of Multi-Drug Therapy (MDT).

✦ Important Milestone

India eliminated leprosy as a public health problem in December 2005 (achieved prevalence of <1 per 10,000 population at the national level).

Objectives

- Eliminate leprosy at sub-national (state and district) level.
- Reduce Grade-II disability (visible deformity) to less than 1 per million population.
- Detect new cases early before disability sets in.
- Reduce stigma and discrimination against leprosy-affected persons.

Strategies

- **Free MDT** — Multi-Drug Therapy provided free at all health facilities. Donated by Novartis through WHO.
- **Active Case Detection (LCDC):** Leprosy Case Detection Campaign — house-to-house screening in high-burden districts.
- **SPARSH Leprosy Awareness Campaign** — observed every year (Jan 30 – Feb 13).
- **Disability prevention & management** — reconstructive surgeries, footwear, physiotherapy.
- **Contact tracing & SDR-PEP:** Single Dose Rifampicin as Post-Exposure Prophylaxis to contacts.
- **IEC:** messages to remove stigma — “Leprosy is curable, free treatment available.”

MDT Regimen

Type	Regimen	Duration
Paucibacillary (PB)	Rifampicin + Dapsone + Clofazimine	6 months
Multibacillary (MB)	Rifampicin + Dapsone + Clofazimine	12 months

Outcomes

- Prevalence rate reduced from 57.6 per 10,000 (1981) to 0.40 per 10,000 (2023) — over 99% reduction.
- India eliminated leprosy as public health problem nationally in 2005.
- Annual New Case Detection Rate (ANCDR) ~5–7 per lakh.
- Aim: Zero new cases by 2027 and ZERO disability.

World Leprosy Day

Observed on the last Sunday of January. Anti-Leprosy Day in India: 30th January (death anniversary of Mahatma Gandhi).

NATIONAL MENTAL HEALTH PROGRAMME

NMHP — Mental Health Care for All

Background

Launched in 1982 by the Government of India. Mental disorders affect ~10.6% of the Indian population (NMHS 2015–16). NMHP aims to bring affordable, accessible mental health

services to the community level. The Mental Healthcare Act, 2017 provides legal backing — Right to Mental Healthcare for every person.

Objectives

- Ensure availability and accessibility of minimum mental healthcare for all.
- Encourage application of mental health knowledge in general healthcare and social development.
- Promote community participation in mental health services and self-help.

Strategies / Components

Component	Description
District Mental Health Programme (DMHP)	Decentralized mental healthcare at the district level — implemented in 743 districts (2024).
Manpower Development Schemes	Centres of Excellence (CoE) — 25 institutions; PG training in psychiatry, clinical psychology, psychiatric nursing & social work.
Modernization of State-run Mental Hospitals	Upgrading infrastructure of state mental hospitals.
Strengthening Medical Colleges	Setting up of Departments of Psychiatry in government medical colleges.
IEC Activities	Reduce stigma; mental health literacy programmes in schools and workplaces.
Tele-MANAS (2022)	Tele Mental Health Assistance and Networking Across States — 24x7 toll-free helpline 14416/1800-91-4416.

Activities under DMHP

- Outpatient services for common mental disorders.
- School Mental Health Services — “Manodarpan” programme.
- Workplace mental health interventions.
- Suicide prevention services.
- Targeted interventions for elderly mental health.
- De-addiction services.

Outcomes

- DMHP rolled out in 743 of 766 districts.
- Tele-MANAS — handled over 18 lakh calls since launch (Oct 2022).
- Mental Healthcare Act 2017 — decriminalized suicide; rights-based approach.
- Increased budget allocation for mental health in National Health Mission.

📞 Tele-MANAS Helpline

14416 or 1800-91-4416 — Toll-free, 24x7 mental health support available in 20+ Indian languages.

NATIONAL PROGRAMME FOR PREVENTION AND CONTROL OF DEAFNESS

NPPCD — Hearing for All

Background

Launched as a Pilot in 2006 (XI Five-Year Plan), NPPCD was rolled out across India in a phased manner. The programme addresses preventable causes of hearing loss. According to WHO, ~6.3% of Indians have significant hearing loss; ear infections (especially CSOM) and occupational noise are major preventable causes.

Objectives

- Prevent avoidable hearing impairment due to disease or injury.
- Detect early diagnosis, treatment and rehabilitation of all types of hearing impairment.
- Strengthen the existing infrastructure with manpower for ear care services.
- Develop institutional capacity for ear care services through training.
- Reduce magnitude of avoidable hearing loss by 25% by 2030.

Strategies

- **Awareness generation** — World Hearing Day (3 March); IEC about ear care.
- **Newborn Hearing Screening** — using OAE (Otoacoustic Emission) and BERA tests.
- **School Health screening** — detection of hearing impairment in school children.
- **Capacity building** — training ENT specialists, audiologists, speech therapists.
- **Provision of hearing aids and cochlear implants** — under ADIP scheme of Ministry of Social Justice.
- **Surgical correction** — free tympanoplasty, mastoidectomy, ossicular reconstruction.

Causes of Hearing Loss Targeted by NPPCD

- **Congenital** — genetic disorders, intrauterine infections (TORCH).
- **Infections** — chronic suppurative otitis media (CSOM), measles, mumps, meningitis.
- **Trauma & noise** — head injury, occupational noise, loud music.
- **Ototoxic drugs** — aminoglycosides (gentamicin), streptomycin, cisplatin, furosemide.

- **Age-related** — presbycusis.

Functioning

- Implemented at District Hospitals → CHCs → PHCs → Sub-centres.
- ENT cell at District Hospital with ENT specialist, audiologist & audiometric assistant.
- Cochlear Implant programme covered under Ayushman Bharat for children <5 yrs.

Outcomes

- Implemented in 700+ districts of India.
- Increased availability of audiologic & speech therapy services in district hospitals.
- Cochlear implants provided free to thousands of profoundly deaf children.

World Hearing Day

Observed on 3rd March every year by WHO. 2024 theme: 'Changing mindsets: Let's make ear and hearing care a reality for all!'

UNIVERSAL IMMUNIZATION PROGRAMME

UIP — Vaccinating Every Child

Background

Launched as Expanded Programme on Immunization (EPI) in 1978. Renamed Universal Immunization Programme (UIP) in 1985 with a goal to cover all eligible children & pregnant women in the country. UIP is one of the largest public health programmes in the world — covering ~2.7 crore newborns and ~3 crore pregnant women annually.

Objectives

- Provide free vaccination against vaccine-preventable diseases (VPDs).
- Reduce morbidity, mortality and disability due to VPDs in infants and children.
- Achieve and sustain >90% full immunization coverage.
- Eliminate measles and rubella, eradicate polio.

Vaccines Provided FREE under UIP (12 Vaccines)

Vaccine	Disease Prevented	When Given
BCG	Tuberculosis (childhood TB)	At birth (within 1 year if missed).
OPV	Poliomyelitis	At birth, 6, 10, 14 weeks; booster 16–24 mo.

Vaccine	Disease Prevented	When Given
Hepatitis B	Hepatitis B virus	At birth, 6, 10, 14 weeks.
Pentavalent (DPT-HepB-Hib)	Diphtheria, Pertussis, Tetanus, Hep B, Haemophilus influenzae b	6, 10, 14 weeks.
fIPV (Inj. Polio)	Poliomyelitis (fractional)	6 and 14 weeks.
Rotavirus Vaccine	Rotavirus diarrhoea	6, 10, 14 weeks.
PCV (Pneumococcal)	Pneumococcal pneumonia/meningitis	6 weeks, 14 weeks; booster 9 months.
MR (Measles-Rubella)	Measles, Rubella	9–12 months and 16–24 months.
JE Vaccine	Japanese Encephalitis (in endemic areas)	9–12 mo + 16–24 mo.
DPT Booster	Diphtheria, Pertussis, Tetanus	16–24 mo and 5–6 years.
TT / Td	Tetanus, Diphtheria	10 yrs and 16 yrs.
TT (pregnant)	Maternal & Neonatal Tetanus	Two doses (early + 4 wks later) or one booster.

Strategies

- **Routine Immunization (RI)** — fixed-day, fixed-site sessions at sub-centres, PHCs, Anganwadi centres.
- **Mission Indradhanush (MI) launched 2014** — intensified immunization in poor-coverage districts targeting unvaccinated/partially vaccinated children.
- **Intensified Mission Indradhanush (IMI)** — focused campaigns; latest IMI 5.0 (2023) covered children up to 5 years.
- **U-WIN portal** — digital platform for vaccination tracking (similar to Co-WIN).
- **Cold-Chain logistics** — vaccines stored at 2–8°C; temperature monitoring.

Outcomes

- Full immunization coverage rose from ~62% (NFHS-4, 2015–16) to ~76% (NFHS-5, 2019–21).
- India was certified polio-free by WHO in March 2014.
- India eliminated maternal and neonatal tetanus in 2015.
- Hib disease, JE deaths and Rotavirus diarrhoea cases reduced significantly.

World Immunization Week

Observed every year in the last week of April (24–30 April) to highlight vaccine importance.

NATIONAL PROGRAMME FOR CONTROL OF BLINDNESS & VISUAL IMPAIRMENT

NPCB&VI — Right to Sight

Background

Launched in 1976 (the first 100% centrally sponsored programme), with the goal of reducing blindness prevalence to 0.3% by 2020. Renamed NPCB&VI (Visual Impairment) in 2017. Aligned with VISION 2020 — Right to Sight global initiative of WHO and IAPB.

★ Definition – Blindness (NPCB)

Visual acuity less than 3/60 (10/200) Snellen in better eye OR a visual field of less than 10° from the centre of fixation in the better eye with available correction.

Objectives

- Reduce the prevalence of blindness from 1.99% (1976) to 0.25% by 2025.
- Provide quality, comprehensive and affordable eye care to all sections of society.
- Strengthen infrastructure and human resources for eye care.

Major Causes of Blindness in India

Cause	% of Blindness	Comments
Cataract	~66.2%	Most common; treatable surgically.
Refractive Errors	~18.6%	Correctable with spectacles.
Glaucoma	~5.8%	'Silent thief of sight'.
Corneal Blindness	~0.9%	Trauma, infection; needs corneal transplantation.
Diabetic Retinopathy	~Increasing	Major emerging cause.
Childhood blindness	~1%	Vit A deficiency, ROP, congenital cataract.

Strategies

- **Free Cataract Surgery** — ~66 lakh cataract operations done annually using IOL (intraocular lens).
- **School Eye Health Programme** — refractive errors detected & free spectacles distributed.
- **Tele-Ophthalmology** — remote eye care services.
- **Eye Banks & Corneal transplantation** — eye donation drives; HCRP (Hospital-based Cornea Retrieval Programme).
- **Vision Centres** — primary eye-care service unit at PHC level.
- **Diabetic Retinopathy screening** — in tertiary hospitals and private partners.
- **Vitamin A prophylaxis** — for children to prevent xerophthalmia.

Outcomes

- Blindness prevalence reduced from 1.99% (1974) to 0.36% (NBSS 2015–19).
- India has the largest cataract surgery programme in the world.
- Eye Bank network expanded — over 750 eye banks.

World Sight Day

Observed on the second Thursday of October every year. India observes Eye Donation Fortnight from 25 August to 8 September.

PULSE POLIO IMMUNIZATION PROGRAMME

PPI — Eradicating Polio from India

Background

Pulse Polio Immunization (PPI) Programme was launched in India in 1995 (to align with the Global Polio Eradication Initiative — GPEI of WHO, 1988). Polio is caused by the poliovirus (3 serotypes — WPV1, WPV2, WPV3) and spreads via faecal-oral route. India was once a major polio reservoir — 50% of world's cases in 2009.

Historic Achievement

India's last case of wild poliovirus was reported on 13 January 2011 (a 2-year-old girl in Howrah, West Bengal). India was officially certified POLIO-FREE by WHO on 27 March 2014, along with 10 other countries of the WHO South-East Asia Region.

Objectives

- Eradicate poliovirus transmission from India.
- Provide every child under 5 years with two extra doses of OPV during National Immunization Days (NIDs) — over and above routine immunization.
- Maintain 'polio-free' status of India by preventing re-importation of poliovirus.
- Conduct surveillance for Acute Flaccid Paralysis (AFP) in all <15 yr children.

Strategies

- **National Immunization Days (NIDs):** single day every year — every child <5 yrs gets two drops of OPV regardless of previous immunization status.
- **Sub-National Immunization Days (SNIDs):** in high-risk states/districts.
- **Mop-up Rounds:** door-to-door immunization in case of detected outbreaks.
- **Booth approach + House-to-house:** on PPI day, booths set up in every village; missed children visited at home days 2 and 3.
- **Acute Flaccid Paralysis (AFP) Surveillance:** any child <15 yrs with sudden weakness investigated; stool sample tested for poliovirus.
- **Use of bivalent OPV (bOPV)** — protects against types 1 and 3 poliovirus.
- **Introduction of Inactivated Polio Vaccine (IPV)** — in routine immunization (since 2015) for added protection.
- **Border Vaccination** — transit teams at India-Pakistan border to prevent imported cases.

Slogan and Mascot

📣 Famous Slogans of PPI

- “Do Boond Zindagi Ki” (Two Drops of Life) — iconic awareness slogan.
- Brand Ambassador: Amitabh Bachchan (since 2002).
- Logo: Polio-free child showing two fingers ‘V’ for Victory.

Functioning

- Implemented by Ministry of Health & Family Welfare with support from WHO, UNICEF, Rotary International, CDC and Bill & Melinda Gates Foundation.
- Every NID covers ~17 crore children under 5 years across India.
- 3.5 million volunteers and vaccinators participate in each round.
- Over 70,000 cold chain points used for vaccine storage.

Outcomes & Achievements

- Reduction from ~1.5 lakh polio cases (1985) to ZERO indigenous cases since 13 Jan 2011.
- WHO certified India POLIO-FREE on 27 March 2014.
- Elimination of WPV2 globally (2015) and WPV3 (2019).

- PPI continues to maintain polio-free status; vaccine-derived poliovirus (VDPV) surveillance remains crucial.

Important Dates

- 13 January 2011 — last wild polio case in India.
- 27 March 2014 — India certified polio-free by WHO.
- World Polio Day — 24 October every year (Jonas Salk's birthday).
- First NID held — 9 December 1995.

Probable Exam Questions — Unit 3

▶ Long Answer Questions (10 marks)

1. Discuss the objectives, strategies and outcomes of the National AIDS Control Programme (NACP).
2. Write a detailed note on NTEP — its objectives, four pillars, DOTS strategy and recent initiatives.
3. Discuss Universal Immunization Programme — its objectives, vaccines provided and outcomes.
4. Write a note on Pulse Polio Immunization Programme and India's journey to becoming polio-free.
5. Explain the National Programme for Control of Blindness — causes of blindness and strategies.
6. Discuss the National Mental Health Programme and the Mental Healthcare Act 2017.

▶ Short Answer Questions (5 marks)

1. Integrated Disease Surveillance Programme (IDSP) — structure and reporting forms.
2. Strategies and outcomes of NLEP.
3. MDT regimen for leprosy.
4. National Programme for Prevention and Control of Deafness.
5. Mission Indradhanush.
6. Tele-MANAS service.
7. AFP surveillance.
8. Ni-kshay Poshan Yojana.
9. DOTS strategy in tuberculosis.

▶ Very Short Answer (2 marks)

1. Expand: NACP, NTEP, NLEP, NMHP, NPPCD, UIP, NPCB, PPI, IDSP.
2. Write the slogan and brand ambassador of Pulse Polio Programme.
3. World AIDS Day, World TB Day and World Polio Day dates.
4. UNAIDS 95-95-95 targets.
5. Define blindness as per NPCB.

6. Tele-MANAS helpline number.
7. Year India became polio-free.

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