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B. PHARMACY — 8th SEMESTER

SOCIAL AND PREVENTIVE PHARMACY

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UNIT - 4

NATIONAL HEALTH INTERVENTION PROGRAMMES

Mother & Child • Family Welfare • Tobacco • Malaria • Elderly • WHO

UNIT 4 — TOPICS COVERED

1. Mother and Child Health Programme (RMNCH+A)
2. National Family Welfare Programme (NFWP)
3. National Tobacco Control Programme (NTCP)
4. National Malaria Prevention Programme (NVBDCP)
5. National Programme for Health Care of the Elderly (NPHCE)
6. Social Health Programmes
7. Role of WHO in Indian National Programmes

UNIT 4 — NATIONAL HEALTH INTERVENTION

★ What is a Health Intervention Programme?

An intervention means action taken to solve a problem. Health intervention programmes are special plans started by the Government of India to fight specific health problems. Examples — vaccinating children, providing free TB drugs, helping pregnant women. The Ministry of Health and Family Welfare (MoHFW) runs these programmes through the National Health Mission (NHM).

► Every Health Programme has these parts:

- **Objectives** — What the programme wants to achieve.
- **Strategies** — How it will be done (vaccination, screening, treatment).
- **Functioning** — Who runs it from centre → state → district → village level.
- **Outcome** — The actual results — reduction in deaths, cases or risk factors.

MOTHER AND CHILD HEALTH PROGRAMME

RMNCH+A — Reproductive, Maternal, Newborn, Child & Adolescent Health

What is RMNCH+A?

RMNCH+A is India's special programme to take care of women and children at every stage of life — from being a teenager → pregnancy → giving birth → newborn baby → child → adolescent. It is run under the National Health Mission (NHM).

RMNCH+A — Five Pillars of Maternal & Child Health

Reproductive • Maternal • Newborn • Child • Adolescent

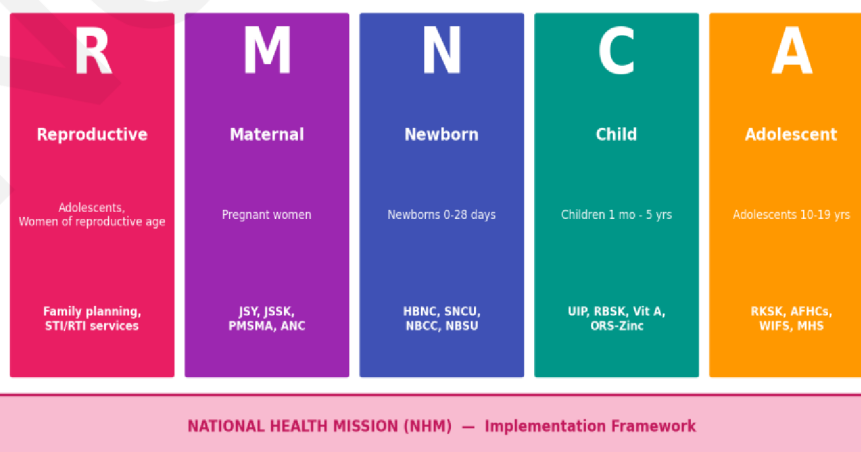


Figure 1.1 — The Five Pillars of RMNCH+A Programme

Background — How the Programme Grew

This programme has changed names over the years to better serve mothers and children:

Phase	Year & Focus
MCH Programme	1952 — Maternal & Child Health under family planning programme.
CSSM	1992 — Child Survival and Safe Motherhood Programme.
RCH-I	1997–2005 — Reproductive and Child Health Programme Phase I.
RCH-II	2005–2014 — Phase II under NRHM.
RMNCH+A	2013 onwards — Now under National Health Mission (NHM).

The 5 Parts of RMNCH+A — Easy Way to Remember

Just remember the word RMNCH+A — each letter stands for one group of people whose health is taken care of:

Letter	Stands For	Who is Covered	Key Schemes
R	Reproductive	Adolescents and women of reproductive age	Family planning, STI/RTI, post-abortion care
M	Maternal	Pregnant women	JSY, JSSK, PMSMA, ANC checkups
N	Newborn	Babies aged 0–28 days	HBNC, SNCU, NBSU, NBCC
C	Child	Children 1 month – 5 years	UIP, RBSK, Vitamin A, ORS-Zinc
A	Adolescent	Adolescents 10–19 years	RKSK, AFHCs, WIFS, MHS

Important Schemes — In Simple Words

► For Pregnant Women & Mothers

- **JSY (Janani Suraksha Yojana, 2005):** Cash money is given to BPL pregnant women if they deliver in a hospital — ₹1,400 in rural areas, ₹600 in cities. This was started to encourage hospital deliveries.
- **JSSK (Janani Shishu Suraksha Karyakram, 2011):** Pregnant women get FREE delivery (even C-section), free medicines, free food, free blood and free transport (ambulance) — also for sick newborns up to 1 year of age.
- **PMSMA (Pradhan Mantri Surakshit Matritva Abhiyan, 2016):** Free check-up for pregnant women on the 9th of every month at government hospitals.
- **PMMVY (Pradhan Mantri Matru Vandana Yojana, 2017):** ₹5,000 cash given in 3 instalments to first-time pregnant women.
- **LaQshya (2017):** Improving the quality of care in labour rooms of government hospitals.

- **Anaemia Mukh Bharat (2018):** Programme to remove anaemia using a 6×6×6 strategy (6 target groups, 6 actions, 6 systems).

► For Children

- **UIP (Universal Immunization Programme):** Free vaccines for all children (covered in Unit 3).
- **RBSK (Rashtriya Bal Swasthya Karyakram, 2013):** Children aged 0–18 years are screened for the 4 D's — Defects at birth, Diseases, Deficiencies, and Developmental delays.
- **HBNC (Home Based Newborn Care):** ASHA workers visit the newborn 6 times at home (days 3, 7, 14, 21, 28, 42) to check the baby's health.
- **NRC (Nutrition Rehabilitation Centres):** For severely malnourished children — admitted and given special care.
- **SAANS (2019):** Programme to fight pneumonia in children.

► For Adolescents (10–19 years)

- **RKSK (Rashtriya Kishor Swasthya Karyakram, 2014):** Covers nutrition, sexual & reproductive health, mental health, injuries, NCDs and substance abuse.
- **AFHC (Adolescent Friendly Health Clinics):** Special clinics where teenagers can talk freely about their health concerns.
- **WIFS (Weekly Iron-Folic Acid Supplementation):** Iron tablets given weekly to school children to prevent anaemia.
- **MHS (Menstrual Hygiene Scheme):** 6 sanitary pads at just ₹6 for adolescent girls in rural areas.

Outcomes — How India Has Improved

Maternal & Child Mortality — Steady Decline in India

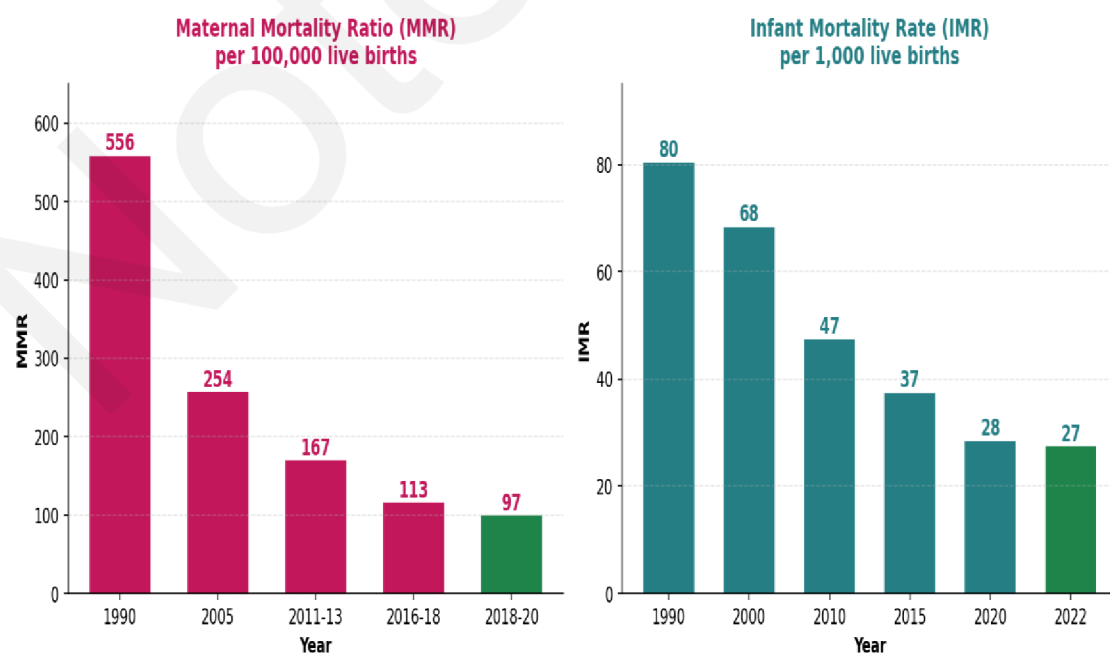


Figure 1.2 — MMR and IMR Decline in India (1990–2022)

- **MMR (Maternal Mortality Ratio):** Reduced from 167 (2011–13) to 97 per 1 lakh live births (2018–20).
- **IMR (Infant Mortality Rate):** Reduced from 39 (2014) to 27 per 1,000 live births (2022).
- **Under-5 Mortality:** Reduced from 45 (2014) to 31 per 1,000 (2022).
- **Hospital Deliveries:** Increased from 38.7% (NFHS-3) to 88.6% (NFHS-5) — a huge jump!

SDG Targets — India is on track

- MMR target: Less than 70 per 1 lakh live births by 2030.
- Under-5 mortality target: Less than 25 per 1,000 by 2030.
- Neonatal mortality target: Less than 12 per 1,000 by 2030.

NATIONAL FAMILY WELFARE PROGRAMME

NFWP — World's First Family Planning Programme

Why is this Programme Important?

India was the **FIRST** country in the world to start a national family planning programme — way back in 1952! Family planning means helping couples decide how many children they want and when. This is important because:

- Too many pregnancies harm the mother's health.
- Smaller families can give better food, education and care to each child.
- It helps control population growth.
- It reduces deaths of mothers and babies.

Brief History

Year	Milestone
1952	National Family Planning Programme started — FIRST in the world!
1966	Department of Family Planning created in Health Ministry.
1977	Renamed National Family Welfare Programme — broader approach.
2000	National Population Policy (NPP) launched.
2017	Mission Parivar Vikas launched in 7 high-fertility states.

Objectives — What the Programme Aims For

- Make a stable population — neither growing too fast nor shrinking.
- Provide free family planning services to everyone.
- Reduce mother and baby deaths.
- Reach a TFR of 2.1 (replacement level) — already done! TFR is 2.0 now.
- Promote small family slogan — 'Hum Do, Hamare Do' (We two, our two).

📖 What is TFR?

TFR (Total Fertility Rate) is the average number of children a woman has during her lifetime. Replacement level = 2.1 (means each generation just replaces itself — population becomes stable). India's TFR is now 2.0!

Methods of Family Planning

There are 3 types of methods — spacing methods (delay pregnancy), limiting methods (permanent — no more children), and natural methods.

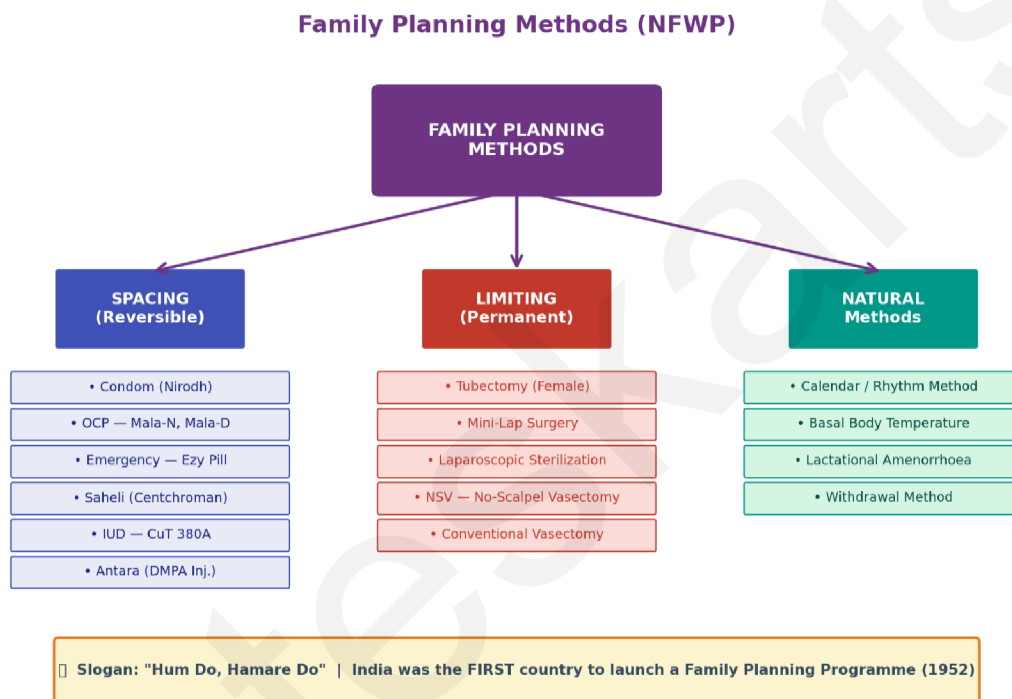


Figure 2.1 — Methods of Family Planning under NFWP

▶ (a) Spacing Methods — Reversible (Stop and Start Anytime)

- **Condom (Nirodh)** — Most common; also protects from STIs.
- **Oral Contraceptive Pills (OCP)** — Brand names: Mala-N (free at PHC), Mala-D (subsidized).
- **Emergency Contraceptive Pill** — Ezy Pill (Levonorgestrel 1.5 mg) — taken within 72 hours after unprotected sex.
- **Saheli (Centchroman)** — India's own non-hormonal weekly pill — very safe!
- **IUD (Intrauterine Device)** — CuT 380A — works for 10 years; CuT 200B — works for 5 years.
- **Antara** — DMPA injection given every 3 months.

▶ (b) Limiting Methods — Permanent (No More Children After This)

- **Female Sterilization (Tubectomy)** — Cutting and tying fallopian tubes. Methods: mini-lap or laparoscopic.

- **Male Sterilization (Vasectomy)** — NSV (No-Scalpel Vasectomy) is preferred — no cuts, just a small puncture; 5-minute procedure.

▶ (c) Natural Methods — No Drugs/Devices

- **Calendar/Rhythm method** — Avoid sex during fertile days.
- **BBT (Basal Body Temperature)** — Tracking temperature changes.
- **LAM (Lactational Amenorrhoea)** — Breastfeeding acts as natural contraception for first 6 months.
- **Withdrawal** — Less reliable; not recommended alone.

Recent Initiatives

- **Mission Parivar Vikas (2017):** Special focus on 7 states with high birth rates — UP, Bihar, Rajasthan, MP, Chhattisgarh, Jharkhand, Assam.
- **New choices added (2016):** Antara injection and Chhaya pill (Centchroman).
- **Compensation for sterilization:** Money given to person who undergoes sterilization and to ASHA who motivated them.
- **Home delivery of contraceptives** — by ASHA workers.
- **FPIS (Family Planning Indemnity Scheme)** — Insurance for any complications from sterilization.

Outcomes — The Big Achievements

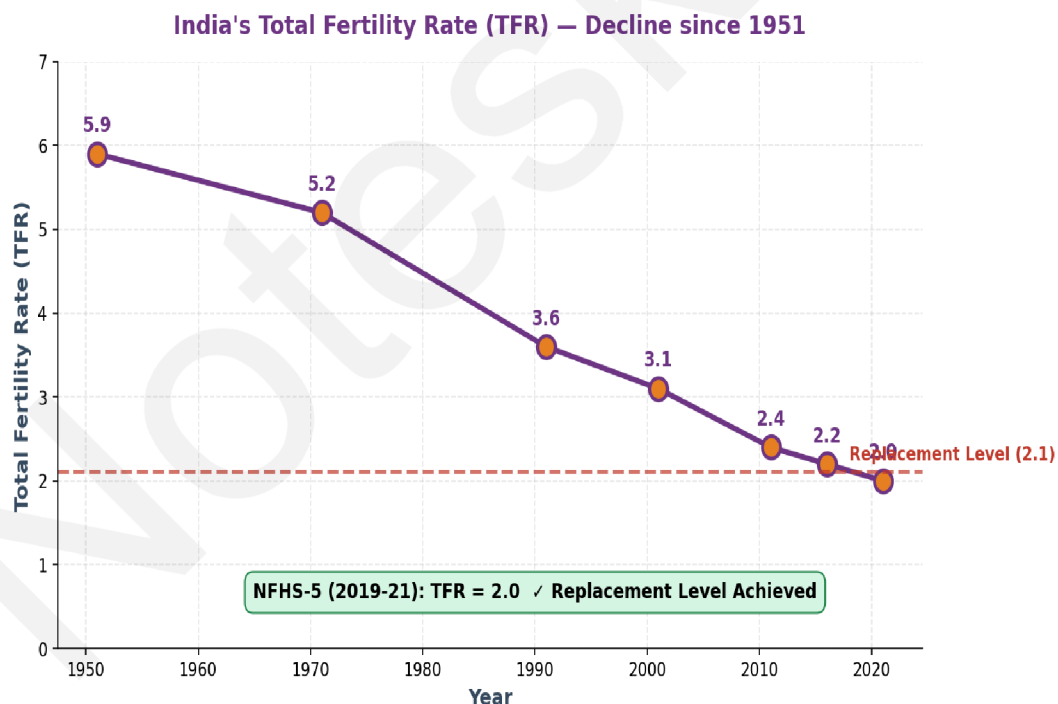


Figure 2.2 — TFR Decline in India (1951–2021)

- **TFR** reduced from 5.9 (1951) to 2.0 (NFHS-5, 2021) — replacement level achieved!
- **CPR (Couple Protection Rate)** increased from 10% (1970) to 67% (NFHS-5).
- **CBR (Crude Birth Rate)** declined from 40 (1951) to 19.3 (2022).
- **Unmet need** for family planning fell from 12.9% to 9.4% (NFHS-5).

📅 Important Day

World Population Day — 11th July every year. Theme 2024: 'Embracing the power of inclusive data toward a resilient and equitable future for all.'

NATIONAL TOBACCO CONTROL PROGRAMME

NTCP — Towards a Tobacco-Free India

Why is Tobacco a Big Problem in India?

India is the second-largest tobacco consumer in the world. Tobacco is the leading preventable cause of death — it kills about 13 lakh (1.3 million) Indians every year! That's almost 3,500 people every single day.

★ Tobacco Burden in India (GATS-2 Survey, 2016–17)

28.6% of adults use tobacco (about 26 crore people!) — 10.7% smoke (cigarette, bidi) and 21.4% use smokeless tobacco (gutkha, khaini, pan masala). Many use both. Tobacco causes lung cancer, oral cancer, heart attack, stroke, COPD and many more diseases.

About the Programme

NTCP was launched in 2007–08 in 21 districts as a pilot project. Now it covers all states/UTs in India. The goal is to make India tobacco-free by reducing the use of tobacco in all forms.

Objectives

- Make people aware of the harmful effects of tobacco.
- Implement and monitor tobacco control laws — especially COTPA 2003.
- Set up Tobacco Cessation Centres (TCCs) at District Hospitals to help people quit.
- Reduce overall tobacco use in line with WHO FCTC.
- Train health workers in counselling tobacco users to quit.

COTPA Act, 2003 — India's Tobacco Law

COTPA stands for 'Cigarettes and Other Tobacco Products Act'. This is the main law that controls tobacco in India. It has 5 important sections:

COTPA Act 2003 — Cigarettes & Other Tobacco Products Act

Major Sections of India's Tobacco Control Law

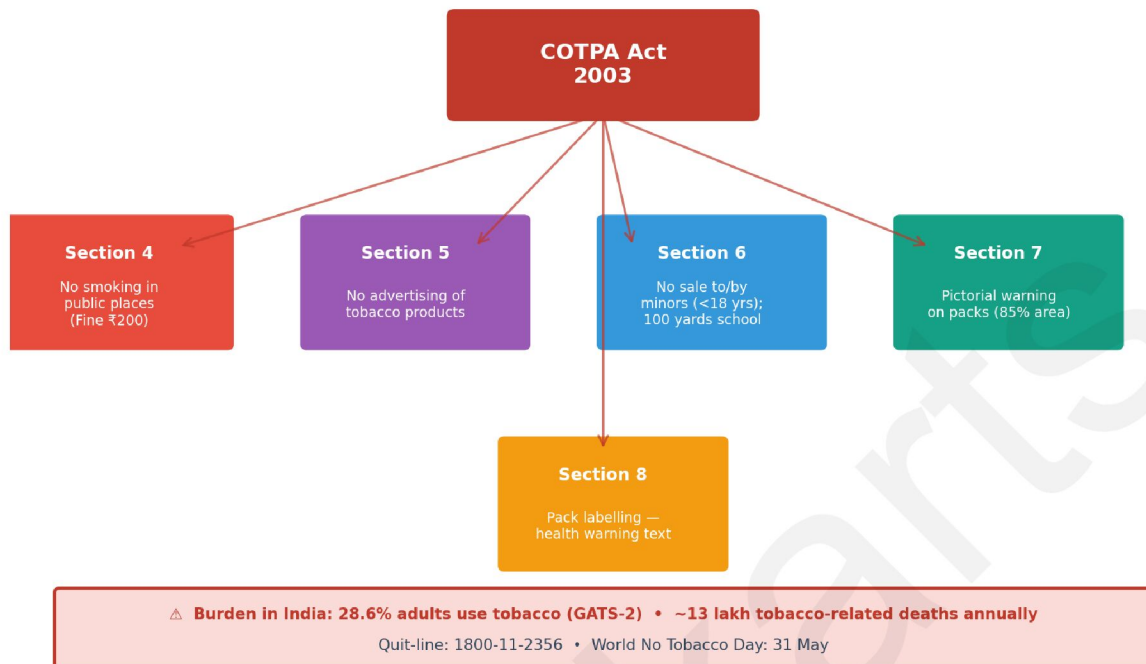


Figure 3.1 — Major Sections of COTPA Act 2003

- **Section 4:** NO smoking in public places (offices, restaurants, buses, hospitals etc.) — fine ₹200.
- **Section 5:** NO advertising of tobacco products (TV, newspapers, hoardings, sports sponsorships).
- **Section 6:** NO sale to or by minors (under 18 years); also NO sale within 100 yards of schools/colleges.
- **Section 7:** Pictorial health warnings MUST cover at least 85% of the front and back of tobacco packs.
- **Section 8:** Specifies the warning text to be printed on packs.

How NTCP Works (Functioning)

Level	Activities
National Level (NTCC)	Mass-media campaigns; mCessation (SMS-based); enforcement of COTPA; National Tobacco Quit-line 1800-11-2356.
State Level (STCC)	State Tobacco Control Cell — training; monitoring; school awareness programmes (ToFEI).
District Level (DTCC)	District Tobacco Control Cell; enforcement squads; coordination with NGOs and police.

How to Help People Quit Tobacco

- **Behavioural Counselling** — 5 A's approach — Ask, Advise, Assess, Assist, Arrange follow-up.
- **Nicotine Replacement Therapy (NRT)** — Nicotine gum, patch, lozenge — gives small doses of nicotine to reduce craving.
- **Pharmacotherapy:** Bupropion SR, Varenicline (Champix®) — prescription drugs to help quit.
- **Tobacco Cessation Centres (TCCs):** More than 900 TCCs operational in district hospitals.

Outcomes / Achievements

- **Tobacco use** declined from 34.6% (GATS-1, 2010) to 28.6% (GATS-2, 2017) — 17.3% reduction.
- **Pictorial warnings** now cover 85% of pack area (one of the largest in the world).
- **E-cigarettes BANNED** under PECA Act, 2019.
- **Smoking** declined faster than smokeless tobacco use.

World No Tobacco Day

Observed on 31st May every year. Quit India Tobacco Day — 30 January.

NATIONAL MALARIA PREVENTION PROGRAMME

Under NVBDCP — Eliminate Malaria by 2030

About Malaria

Malaria is caused by tiny parasites called Plasmodium that enter our blood through the bite of infected female Anopheles mosquitoes. The mosquito bites at night. Malaria can cause high fever with chills, sweating, headache and, in severe cases, can lead to death.

Malaria Transmission Cycle & NVBDCP Control Strategies

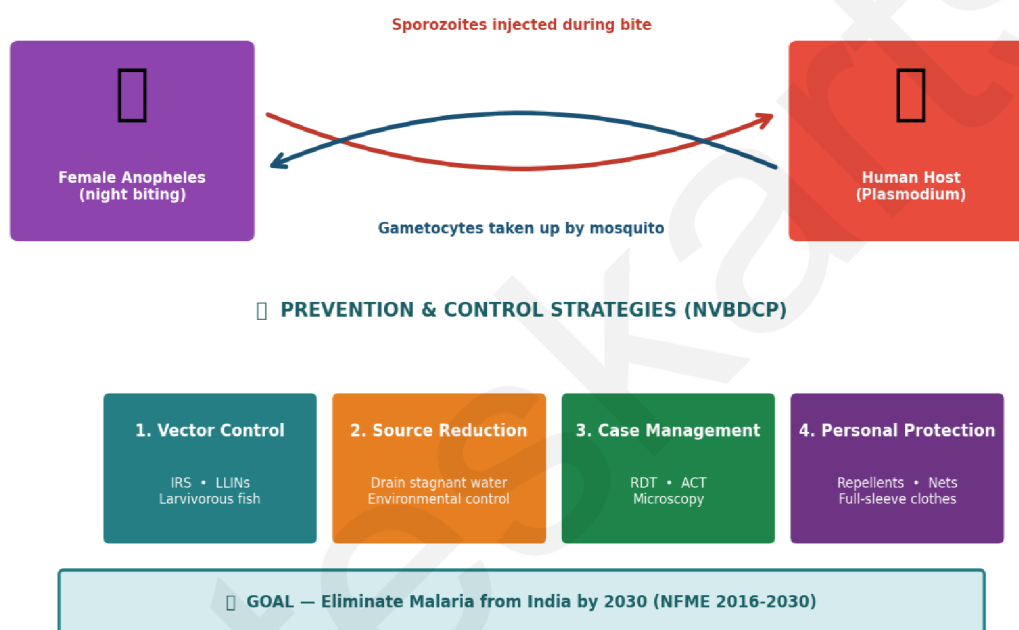


Figure 4.1 — Malaria Transmission Cycle and NVBDCP Control Strategies

Brief History of Malaria Control in India

Year	Programme
1953	National Malaria Control Programme (NMCP).
1958	National Malaria Eradication Programme (NMEP) — biggest success in 1965.
1977	Modified Plan of Operation (MPO) — after malaria came back.
1997	Enhanced Malaria Control Project (EMCP) — World Bank assisted.
2003	NVBDCP — combined malaria, dengue, filariasis, kala-azar, JE, chikungunya.
2016	NFME (National Framework for Malaria Elimination) 2016–2030.

Objectives of NFME 2016–2030

- Eliminate malaria from all 26 states and 3 UTs by 2030.
- Maintain malaria-free status where transmission has been stopped.
- Reduce malaria incidence to less than 1 case per 1,000 people at risk.
- Phased elimination — categorize districts by API (Annual Parasite Incidence).

What is API?

API (Annual Parasite Incidence) = (Confirmed malaria cases × 1,000) ÷ Population. It shows how many people per 1,000 got malaria in a year. Lower API = less malaria.

District Categorization (Based on API)

Category	API	Status / Action
Category 0	0	Prevention of re-introduction phase (no cases for 3+ years).
Category 1	Less than 1	Elimination phase — actively cutting down to zero.
Category 2	1 to 2	Pre-elimination phase — getting ready for elimination.
Category 3	More than 2	Intensified control phase — high burden; needs strong action.

Two Main Strategies — Easy to Remember

► (a) Prevention — Stop Mosquitoes from Biting

- **IRS (Indoor Residual Spraying):** Spraying insecticide (DDT, malathion, synthetic pyrethroids) on inside walls of houses.
- **LLINs (Long-Lasting Insecticidal Nets):** Mosquito nets treated with insecticide; given free in high-risk areas.
- **Anti-larval measures:** Killing mosquito larvae using temephos chemical, kerosene oil, or larvivorous fish (*Gambusia*, *Poecilia*).
- **Source reduction:** Drain stagnant water; clean water tanks, coolers, gutters.
- **Personal protection:** Use repellents (Odomos), wear full-sleeve clothes, sleep under nets.

► (b) Case Management — Treat Sick People Quickly

- **Test, Treat, Track strategy:** Every fever case is tested by RDT (Rapid Diagnostic Test) or microscopy.
- **ACT (first-line for *P. falciparum*):** Artemether + Lumefantrine (AL) or Artesunate + Sulfadoxine-Pyrimethamine.
- **Chloroquine + Primaquine** — For *P. vivax* (Primaquine for 14 days for radical cure to prevent relapse).
- **IV Artesunate** — For severe / cerebral malaria — life-saving.
- **ASHA workers** — Carry RDT and ACT to give treatment at the village level itself.

Outcomes — Big Wins for India

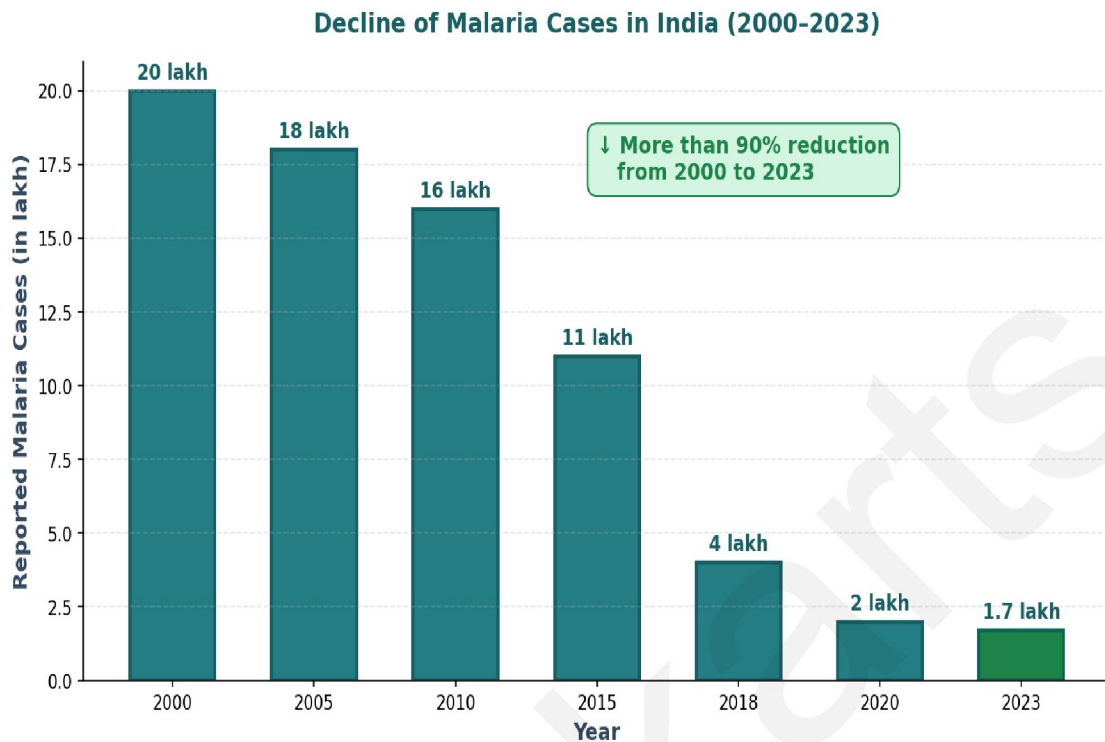


Figure 4.2 — Decline of Malaria Cases in India (2000–2023)

- **Malaria cases** reduced from 20 lakh (2000) to ~1.7 lakh (2023) — over 90% decline!
- **Malaria deaths** reduced from ~1,000/year to less than 100 (2023).
- **API** reduced from 2.12 (2001) to 0.10 (2023).
- **122 districts** entered elimination phase by 2023.
- **WHO recognized India** in 2023 for moving out of HBHI (High Burden, High Impact) group.

Important Day

World Malaria Day — 25 April every year. Theme 2024: 'Accelerating the fight against malaria for a more equitable world.'

NATIONAL PROGRAMME FOR HEALTH CARE OF THE ELDERLY

NPHCE — Healthy Ageing for All

Why Do We Need This Programme?

India's elderly population (60+ years) is growing fast — from 10.4 crore in 2011 to projected 32 crore by 2050. Older people often have multiple health problems like high BP, diabetes, cataract, hearing loss, joint pain, dementia and depression. They need special care.

To meet these needs, the Government of India launched NPHCE during the 11th Five-Year Plan (2010–11).

Objectives — What the Programme Wants

- Provide easy, affordable and good quality healthcare to senior citizens.
- Ensure dignified, productive and quality life through promotive, preventive, curative and rehabilitative services.
- Train medical and paramedical professionals in geriatric care (care for elderly).
- Promote research in geriatric medicine.
- Connect with other programmes (NPCDCS, NPCB, NMHP) at all levels.

How the Programme Works — 6 Levels of Care

Care is provided at 6 different levels — from the village all the way up to national centres of excellence.

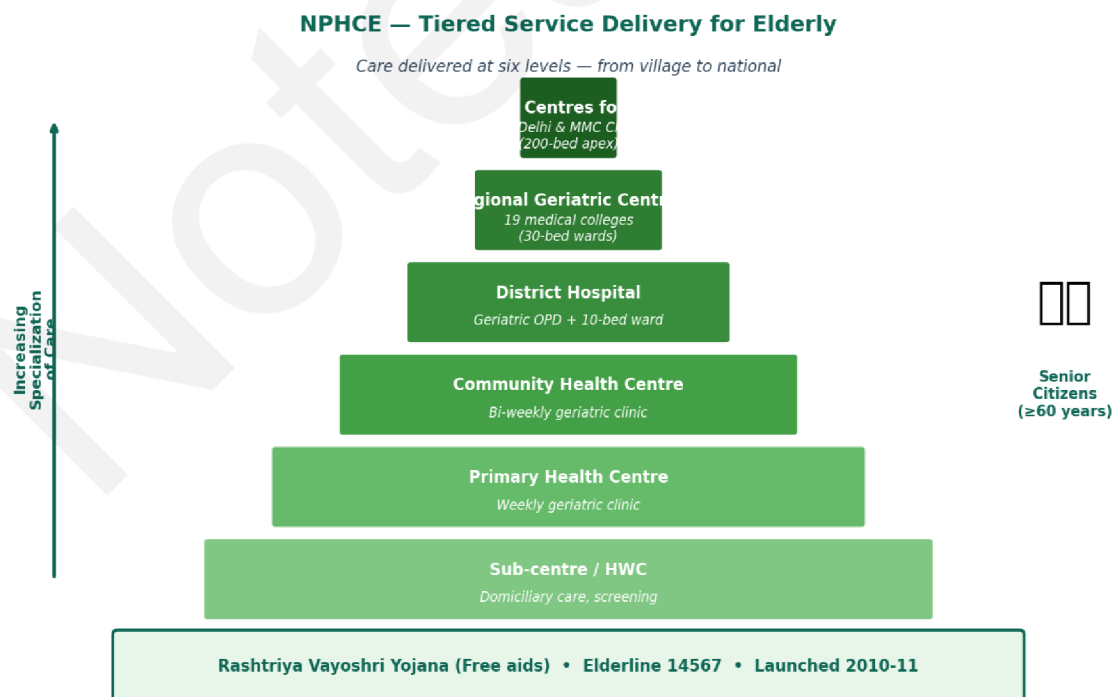


Figure 5.1 — Tiered Service Delivery for Elderly Care

Level	Facility	Services
Village/HWC	Sub-centre / Health & Wellness Centre	Home visits, screening, IEC, referrals.
PHC	Primary Health Centre	Weekly geriatric clinic; common diseases treatment.
CHC	Community Health Centre	Bi-weekly geriatric clinic; rehab, physiotherapy.
District	District Hospital — Geriatric OPD + 10-bed ward	Specialist OPD; daycare; physiotherapy; lab services.
Regional	Regional Geriatric Centres (RGCs) — 19 medical colleges	30-bed wards; specialty clinics; PG training in geriatrics.
National	National Centres for Ageing (NCA) — AIIMS Delhi & MMC Chennai	200-bed apex centres; tertiary care; research.

Schemes for Senior Citizens

- **Rashtriya Vayoshri Yojana (2017):** Free walking sticks, hearing aids, dentures and other aids to BPL senior citizens.
- **SAGE** — Seniorcare Aging Growth Engine — supports startups working in elder care.
- **Elderline (14567)** — Toll-free helpline for senior citizens.
- **Atal Vayo Abhyuday Yojana (AVYAY)** — Umbrella scheme for senior citizen welfare.
- **Maintenance and Welfare of Parents and Senior Citizens Act, 2007** — Legal protection for elderly — children must look after parents.

Outcomes / Achievements

- 19 Regional Geriatric Centres (RGCs) and 2 National Centres for Ageing established.
- Free geriatric services at district and sub-district hospitals across all states.
- More than 5 lakh assistive devices distributed under Rashtriya Vayoshri Yojana.

Important Days

- International Day of Older Persons — 1 October every year.
- National Senior Citizens' Day in India — 21 August.

SOCIAL HEALTH PROGRAMMES

Schemes Addressing the Social Causes of Ill Health

What are Social Health Programmes?

Health is not only about diseases — it depends a lot on social conditions like income, food, water, education, sanitation and housing. A poor person in a slum has more health problems than a rich person in a clean colony — even if both eat the same food!

Social health programmes are schemes started by the government to improve these social conditions and indirectly improve health. They tackle the ROOT causes of ill-health.

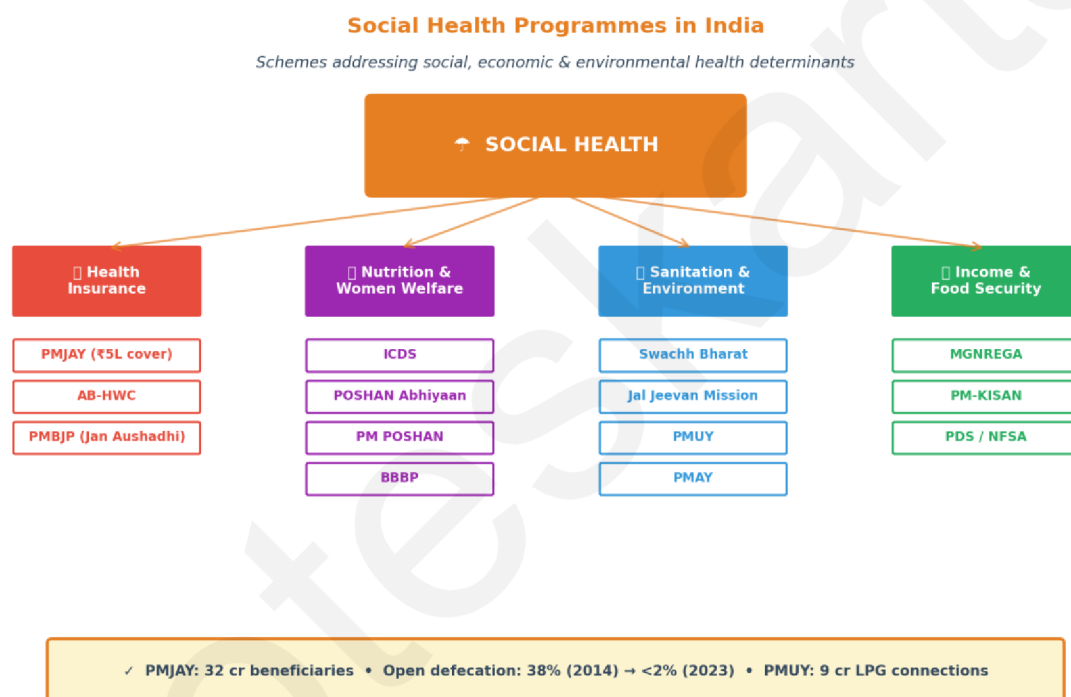


Figure 6.1 — Major Social Health Programmes in India

Major Social Health Programmes

► (a) Health Insurance & Universal Coverage

- **Ayushman Bharat – PMJAY (2018):** Largest health insurance scheme in the world! Provides ₹5 lakh per year per family for hospital expenses to 12 crore poor families.
- **Ayushman Bharat – HWC:** Upgrading 1.5 lakh sub-centres and PHCs into Health & Wellness Centres for free primary care.
- **Ayushman Bharat Digital Mission (ABDM, 2021):** Aadhaar-based digital health ID called ABHA.
- **Pradhan Mantri Bhartiya Janaushadhi Pariyojana (PMBJP, 2008):** Affordable generic medicines at Jan Aushadhi Kendras (over 10,500 stores) — saves up to 90% on medicine bills!

► (b) Nutrition & Women's Welfare

- **ICDS (Integrated Child Development Services, 1975):** Anganwadi centres provide nutrition, immunization, health checkup, pre-school education for children 0–6 years.
- **POSHAN Abhiyaan (2018):** India's largest mission to fight stunting, malnutrition, anaemia and low birth weight.
- **Mid-Day Meal Scheme / PM POSHAN (1995):** Hot cooked meals for school children (classes 1–8) — improves nutrition AND school attendance!
- **Beti Bachao Beti Padhao (2015):** Save the girl child, educate her — improves sex ratio.
- **Sukanya Samridhi Yojana (2015):** Savings scheme for girl child's education and marriage.

► (c) Sanitation & Environment

- **Swachh Bharat Mission (2014):** Clean India campaign — over 11 crore household toilets built! India declared Open Defecation Free (ODF) on 2 October 2019.
- **Jal Jeevan Mission (2019):** Piped water (Har Ghar Jal) to every rural household.
- **Pradhan Mantri Awas Yojana (PMAY, 2015):** Pucca houses for all — 'Housing for All by 2022'.
- **Pradhan Mantri Ujjwala Yojana (PMUY, 2016):** Free LPG (cooking gas) connections to BPL women — reduces indoor smoke pollution and respiratory diseases.

► (d) Employment & Income Security

- **MGNREGA (2005):** Guarantees 100 days of paid wage employment per year for rural families — fights poverty.
- **PM-KISAN (2019):** ₹6,000 per year direct cash to small farmers.
- **Public Distribution System (PDS) / NFSA 2013:** Subsidized rice, wheat and pulses for ~80 crore people through ration shops — food security for the poor.

Achievements (2024)

- **PMJAY:** 32+ crore beneficiaries; ₹76,000 crore worth of treatments authorized.
- **Swachh Bharat:** Open defecation rate fell from 38% (2014) to less than 2% (2023).
- **Jan Aushadhi Kendras:** 10,500+ stores selling medicines at 50–90% cheaper rates.
- **ICDS:** Covers ~10 crore children at 14 lakh Anganwadi centres.
- **PMUY:** 9+ crore LPG connections distributed.

ROLE OF WHO IN INDIAN NATIONAL PROGRAMMES

WHO — World Health Organization — Our Global Health Partner

WHO Introduction

✦ World Health Organization (WHO)

WHO is a special agency of the United Nations that takes care of international public health. It was founded on 7 April 1948 — that's why we celebrate World Health Day every year on 7 April. Its head office (HQ) is in Geneva, Switzerland. India is a founding member of WHO. The world is divided into 6 WHO regions — India belongs to the SEARO (South-East Asia Regional Office) which is in NEW DELHI.

Main Functions of WHO

- Lead on global health matters.
- Set norms, standards and guidelines (e.g., DOTS for TB, ICD-10 disease classification).
- Decide research priorities.
- Suggest evidence-based health policies.
- Give technical support to member countries (like India).
- Track health trends in the world.
- Coordinate response to health emergencies (like COVID-19).

WHO's Role in Indian Programmes

WHO is like a guide and partner for India's national programmes. It helps with technical knowledge, training, money for some programmes, and global standards.

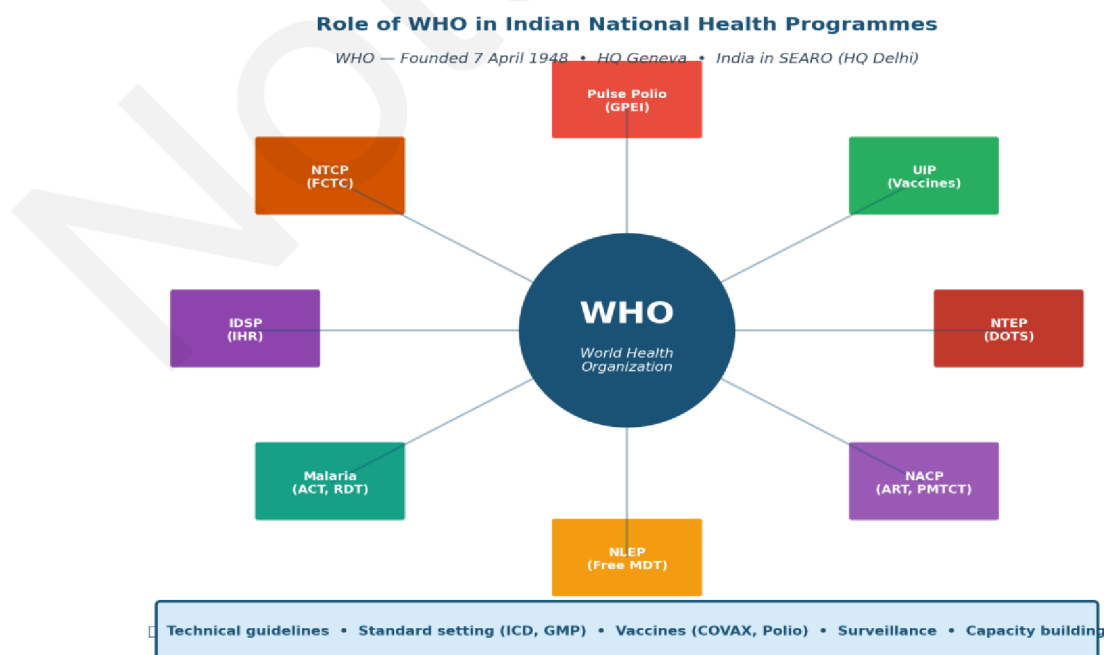


Figure 7.1 — WHO supports many Indian National Health Programmes

Programme	WHO's Role
Pulse Polio (PPI)	WHO co-led the Global Polio Eradication Initiative (GPEI). Provided technical support, surveillance protocols (AFP), and certified India POLIO-FREE on 27 March 2014.
UIP	Supports cold-chain; VPD surveillance; introduction of new vaccines (Rotavirus, PCV, IPV); training of vaccinators.
NTEP (TB)	DOTS strategy was given by WHO. Promotes End TB Strategy 2016–2035; helps with MDR-TB management.
NACP (HIV/AIDS)	Joint UNAIDS-WHO programme; ART guidelines; PMTCT protocols.
NLEP (Leprosy)	Free MDT donated through WHO (made by Novartis); leprosy classification (PB/MB).
Malaria (NVBDCP)	Recommended ACT, RDTs, LLINs and IRS strategy; Mosquirix (RTS,S) vaccine guidelines.
IDSP	Supports International Health Regulations (IHR) compliance; technical assistance for outbreak response and PHEIC reporting.
RMNCH+A	Provides Maternal Death Surveillance and Response (MDSR) framework; IMCI guidelines.
NTCP	WHO FCTC (Framework Convention on Tobacco Control) — first global health treaty (2003); India ratified in 2004; MPOWER strategy.

WHO MPOWER — Tobacco Control Strategy

MPOWER is an easy-to-remember 6-step plan given by WHO in 2008 to control tobacco use globally. India follows this through NTCP and COTPA.

WHO MPOWER — Tobacco Control Strategy

Six evidence-based measures recommended by WHO (2008)



WHO Framework Convention on Tobacco Control (FCTC) — 2003

First global health treaty • Ratified by India in 2004 • COTPA 2003 aligns with WHO FCTC

Figure 7.2 — WHO MPOWER 6 Strategies for Tobacco Control

- **M — Monitor** tobacco use and prevention policies.
- **P — Protect** people from tobacco smoke.
- **O — Offer** help to quit tobacco use.
- **W — Warn** about the dangers of tobacco.
- **E — Enforce** bans on tobacco advertising, promotion and sponsorship.
- **R — Raise** taxes on tobacco.

Other Roles of WHO in India

- **Health Emergencies** — Led global COVID-19 response; provided guidelines, vaccines (COVAX), training.
- **Capacity Building** — Training of health workers, fellowships, scholarships.
- **Disease Eradication** — Smallpox eradicated (India free since 1975, world free 1980); Yaws eradicated from India (2015).
- **Setting Standards** — Pharmacopoeia, GMP guidelines, drug regulations (WHO PQ — Prequalification).
- **Health Information** — World Health Statistics; Global Burden of Disease report.
- **Coordination** — Works with NHM, UNICEF, UNDP, UNFPA, World Bank.

Important WHO-Driven Global Initiatives

Year	Initiative
1948	WHO founded; 'Health for All' as global goal.
1978	Alma-Ata Declaration — Primary Health Care; 'Health for All by 2000'.
1980	Smallpox eradication declared.
1988	Global Polio Eradication Initiative (GPEI).
2000	MDGs (Millennium Development Goals) — 8 goals (3 health-related).
2003	WHO FCTC — first global health treaty for tobacco control.
2005	International Health Regulations (IHR) revised.
2015	SDGs (Sustainable Development Goals) — 17 goals; SDG 3 = Good health and well-being.
2018	Astana Declaration — renewed commitment to PHC.
2020	COVID-19 Pandemic — declared PHEIC (Jan 2020) and Pandemic (Mar 2020).

Probable Exam Questions

► Long Answer Questions (10 marks)

1. Discuss the RMNCH+A strategy — its 5 pillars and major schemes.
2. Write a detailed note on the National Family Welfare Programme.
3. Discuss National Tobacco Control Programme and the COTPA Act 2003.
4. Explain the National Malaria Prevention Programme — strategies and outcomes.
5. Write a note on NPHCE — objectives, tiered service delivery and achievements.
6. Discuss the role of WHO in Indian National Health Programmes with examples.

► Short Answer Questions (5 marks)

1. JSY and JSSK.
2. Rashtriya Bal Swasthya Karyakram (RBSK).
3. Mission Parivar Vikas.
4. Methods of family planning.
5. MPOWER strategies of WHO.
6. Categorization of districts under NFME.
7. Rashtriya Vayoshri Yojana and Elderline.
8. Ayushman Bharat — PMJAY and HWC.
9. Swachh Bharat Mission and PMUY.
10. WHO FCTC and its impact on India.

► Very Short Answer (2 marks)

1. Expand: RMNCH+A, NTCP, NPHCE, NFWP, COTPA, NVBDCP, NFME.
2. Define TFR. Current value in India?
3. Name two contraceptives introduced recently under NFWP.
4. World Health Day, World Malaria Day, World Population Day dates.
5. Tobacco Quit-line and Elderline numbers.
6. WHO HQ and SEARO HQ locations.
7. Year India was declared polio-free.

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