

प्रशासनिक सुधार और लोक शिकायत
विभाग
DEPARTMENT OF
ADMINISTRATIVE REFORMS &
PUBLIC GRIEVANCES


Azadi Ka
Amrit Mahotsav



NATIONAL GOOD GOVERNANCE WEBINAR SERIES 2022-23

"PM's Award Winning Initiatives in Health Sector"

May 27th 2022

"Sickle Cell Anemia Control Programme"

Government of Gujarat

&

"Making Medicines Affordable - Chittorgarh"

Government of Rajasthan

Organized by

National Centre for Good Governance (NCGG)
Department of Administrative Reforms & Public Grievances
Ministry of Personnel, Public Grievances & Pensions
Government of India

BACKGROUND

To realize the vision of the **Hon'ble Prime Minister of India Shri Narendra Modi** of a self-reliant India, the NCGG under the aegis of the Department of Administrative Reforms and Public Grievances, Government of India is organizing the National Good Governance webinar series for the year 2022-2023. These webinars covering Award Winning Initiatives which will help different stakeholders to broaden their skills, as well as to attain new knowledge that can supplement or complement their work areas.

The thirteen webinars would be on different themes and sectors under the good governance initiative that have been felicitated with the Prime Minister's Award for Excellence in Public Administration. Award winning nominations under the PM Awards since the inception of the scheme which have proved replicable and sustainable will present their experiences.

The purpose of conducting the webinars is to highlight the best practices and award-winning achievements to create a precedence for other states to follow. Doing so would also infuse a new spirit and enthusiasm among administrators and other stakeholders involved in the implementation of different government governance schemes.

As a part of the National Good Governance Webinar Series (NGGWS), NCGG has convened the 2nd Webinar on “PM's Award Winning Initiatives in Health Sector – Sickle Cell Anemia Control Programme of Government of Gujarat and Making Medicines Affordable – Chittorgarh of Government of Rajasthan” on May 27th 2022.

INITIATIVE – “Sickle Cell Anemia Control Programme – Government of Gujarat”

Sickle Cell Disease is a condition in which red blood cells are not shaped as they should be. Red Blood Cells look like round discs. But in Sickle Cell Disease, they are shaped like sickles, or crescent moons, instead. These sickle-shaped cells get stuck together and block small blood vessels. This stops blood from moving as it should, causing pain and organ damage.

India also has a huge population of the tribal community, about 18 crores and is expected to have 1.80 crores sickle cell trait and 14 lakhs of sickle cell disease. These show the big burden on the public health of India. Gujarat has 89.12 lakh tribal population and is expected to have at least 9,00,000 Sickle Cell Trait and 70,000 Sickle Cell Disease patients. In 2011, this society was formed to integrate the various activities among different departments of Government and various NGOs for better implementation of the program under the Chairmanship of Hon'ble Health Minister and Co-chairmanship of Hon'ble Minister of Tribal Development Department.

The Sickle Cell Anemia Control Programme of Gujarat aims for prevention of Sickle Cell Disease Child Birth, Prevention of Death from Sickle Cell Disease and improving health status and quality of life of Sickle Cell Disease patients with an objective of screening, counseling, Information, Education & Communication (IEC) Programme and convergence with other programmes.

INITIATIVE – “Making Medicines Affordable –Chittorgarh – Government of Rajasthan”

To improve the healthcare system in Chittorgarh, Rajasthan, and make medicines affordable for particularly the marginalised sections of citizens, the district administration of Chittorgarh conceptualised a simple yet effective initiative in 2007 for providing low-cost drugs to the people. The initiative involved asking doctors to prescribe cost-effective generic medicines instead of expensive branded ones, procuring good quality generic drugs for government cooperative stores and spreading awareness among patients and their families toward the use of generic medicines and their potential benefits.

These efforts have resulted in the establishment of district-wide low-cost drugs shops (fair price shops), making medicines more affordable and accessible to people and ensuring their complete treatment. Since October 2011, generic medicines have been made available free of cost to citizens at all Government hospitals in the state through the Mukhya Mantri Nishulk Dawa Yojana (Chief Minister’s Free Drug Distribution Scheme).

A new organization, the Rajasthan Medical Service Corporation (RMSC), has been set up as the nodal implementing agency for the scheme and for ensuring its smooth functioning.

PROCEEDINGS – Webinar on “PMs Award Winning Initiatives in Health Sector”

- WELCOME ADDRESS BY **SHRI V. SRINIVAS**, SECRETARY, DEPARTMENT OF ADMINISTRATIVE REFORMS & PUBLIC GRIEVANCES, GOVERNMENT OF INDIA & DIRECTOR GENERAL, NCGG

Shri V. Srinivas, Secretary, Department of Administrative Reforms & Public Grievances, Government of India and Director General, NCGG commenced the inaugural session by extending his warm and hearty welcome to **Dr. Jitendra Singh, Hon'ble Union Minister of State Prime Ministers' Office, Ministry of Personnel, Public Grievances and Pensions, Science & Technology (Independent Charge); Earth Sciences (Independent Charge); Atomic Energy and Space, Government of India**, distinguished lead speakers, State AR Secretaries, District Collectors, Additional Chief Secretaries/Principal Secretaries/Secretaries of Health & Family Welfare, Mission Directors of National Health Mission of States/UTs, Chief Medical & Health Officers, Principal Medical Officers/Community Health Centres of all Districts and Faculties of Indian Institute of Public Administration and its Branches all over India who joined the event virtually.

He further said that 13 webinars would be conducted on different themes under the good governance initiatives that have been felicitated the Prime Minister's Award for Excellence in Public Administration in the past years since its inception in 2006. He said, the themes selected for the National Webinars are proposed to cover multiple sectors like health, education, environment, disaster management, priority programmes, Jal/water management etc. The awarded States/Districts will present their exemplary work in these National Webinars, the purpose being to highlight the best practices and award-winning initiatives for replication by other States/Districts.

The first webinar in the series was held on 28th April, 2022 on the theme 'PM's Award-Winning Initiatives in Improving Service Delivery'.

- INAUGURAL ADDRESS BY **DR. JITENDRA SINGH**, HON'BLE UNION MINISTER OF STATE PRIME MINISTERS' OFFICE, MINISTRY OF PERSONNEL, PUBLIC GRIEVANCES AND PENSIONS, SCIENCE & TECHNOLOGY (INDEPENDENT CHARGE); EARTH SCIENCES (INDEPENDENT CHARGE); ATOMIC ENERGY AND SPACE, GOVERNMENT OF INDIA

Union Minister of State (Independent Charge) Ministry of Science and Technology; Minister of State (Independent Charge) Ministry of Earth Science; Minister of State of Prime Minister's Office and Ministry of Personnel, Public Grievances & Pensions, Atomic Energy and Space, Dr Jitendra Singh said that best governance practices come from innovative ideas. He said, civil servants need to focus on innovative ideas having replicability and sustainability which can be used as best governance practices.

Addressing the 2nd National Good Governance Webinar Series on Health, Dr Jitendra Singh said, in the run up to Civil Services Day on April 21, 2022, the Hon'ble Prime Minister of India, Shri Narendra Modi has mandated DARPG to hold virtual conferences with District Collectors and Other Officers over the next 12-months from April 2022 to March 2023.

Speaking on the current Webinar on Health and mainly on the subject of "Sickle Cell Anemia Control Programme" among tribal population in Gujarat, Dr Jitendra Singh said that it is a genetic blood disorder for which there is a general lack of awareness in society and he called for comprehensive screening to detect it. The Minister said, this is an example of good governance initiative of integrating the various activities among different Departments of Government and various NGOs for better implementation of the programme for reducing burden of Sickle Cell Anaemia, and thereby increasing productivity, longevity and quality of life through

Screening, Early Diagnosis, Prompt Treatment and Counselling for preventing transmission of disease to next generation and minimise the morbidity and mortality.

Referring to another PM's Award-Winning Initiatives in Health Sector for Making Medicine Affordable, Chittorgarh, Government of Rajasthan, the Minister said this is also an example of good governance initiative for establishment of district-wise low-cost drugs shops (fair price shops), making medicines more affordable and accessible to people and ensuring their complete treatment.

- **“Sickle Cell Anemia Control Programme” – Government of Gujarat**

Lead Speaker – **Dr. Amarjeet Singh**, Chairman, Gujarat Real Estate Regulatory Authority and Former Commissioner & Principal Secretary (Family Welfare), Government of Gujarat.

- **“Making Medicines Affordable – Chittorgarh” – Government of Rajasthan**

Lead Speaker – **Dr. Samit Sharma**, Secretary, Department of Social Justice and Empowerment, Government of Rajasthan

Prof. Poonam Singh from the National Centre for Good Governance (NCGG) proposed Vote of Thanks at the Webinar. She threw light on how these innovative initiatives led to become an example and serve as an opportunity for the officers to connect with and serve the poor people.

Before concluding she expressed her sincere gratitude to Dr. Jitendra Singh Ji, Hon'ble Union Minister of State Prime Ministers' Office, Ministry of Personnel, Public Grievances and Pensions, Science & Technology (Independent Charge); Earth Sciences (Independent Charge); Atomic Energy and Space, Government of India for sparing time from his busiest schedule to grace this auspicious programme. Also, the eminent speakers who presented their views on “Sickle Cell Anemia Control Programme of Government of Gujarat” and “Making Medicines Affordable – Chittorgarh of Government of Rajasthan” at the webinar. On behalf of NCGG,

NGGWS – Webinar Report

she thanked all the participants of the webinar comprising of State AR Secretaries, District Collectors, Additional Chief Secretaries/Principal Secretaries/Secretaries of Health & Family Welfare, Mission Directors of National Health Mission of States/UTs, Chief Medical & Health Officers, Principal Medical Officers/Community Health Centres of all Districts and Faculties of Indian Institute of Public Administration and its Branches all over India, Sr. Officials from DARPG and NCGG Team who joined the event virtually.

ANNEXURE – I – PRESENTATION – “Sickle Cell Anemia Control Programme – Government of Gujarat”



GREETINGS
from
Gujarat

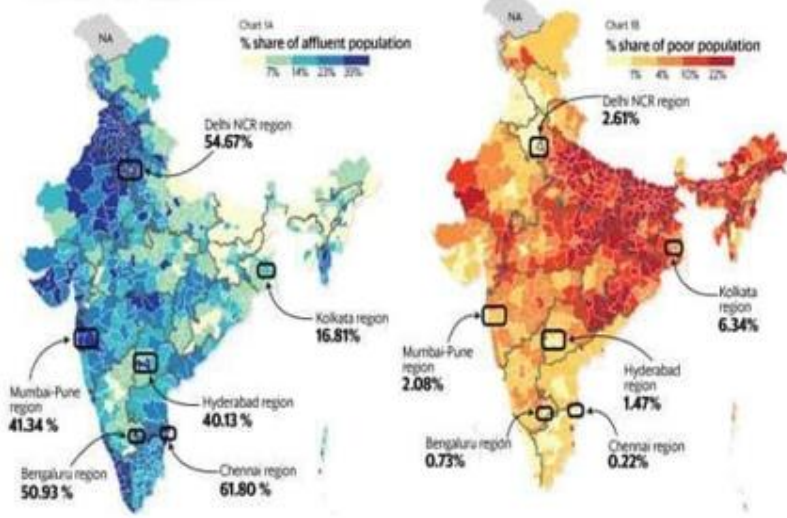


Vignettes from
Sickle Cell Anemia Control Program

Dr Amarjit Singh IAS (R)
Chairman GujRERA
then Commissioner of Health & Principal Secretary, Family
Welfare, GoG

Background

RICH WEST, POOR EAST



14% population tribal in Gujarat; 45% below the poverty line.

Poor, illiterate tribals residing in underserved remote areas will never visit a pathological lab for their blood tests by spending their own money and

Since they are not tested for Sickle Cell, they are **misdiagnosed and mis-treated** as the clinicians unaware of the existence of Sickle gene amongst them.

Hence the need for a public health programme for control

Clinical Presentation

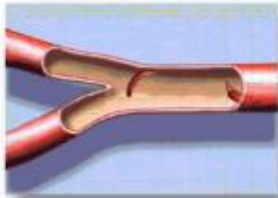
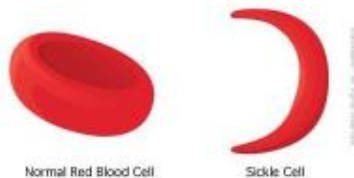
Acute chest syndrome	Aplastic crisis
Hand-foot syndrome	Infection
Priapism	Stroke
Splenic sequestration crises	
leg ulcers, bone or joint damage , gallstones, kidney damage , eye damage, and delayed growth .	

Symptoms	%
Painful crisis	90%
Severe anemia	83%
Fever	37.5%
Hematuria	5.0%
Neurological complain	5.2%

Signs	%
Pallor	100%
Splenomegaly	78%
Hepatomegaly	70%
Joint swelling and bony tenderness	55%
Gall stones	10%
Osteomyelitis	5%
Avascular necrosis of hip	3%
Retinopathy	38%
Transient visual loss	2.5%
Stroke	4.5%

What Is Sickle Cell Disease?

Shape of cells



- Sickle cell disease is a condition in which red blood cells are not shaped as they should be. Red blood cells look like round discs. But in sickle cell disease, they're shaped like sickles, or crescent moons, instead.
- These sickle shaped cells get stuck together and block small blood vessels. This stops blood from moving as it should, causing pain and organ damage.

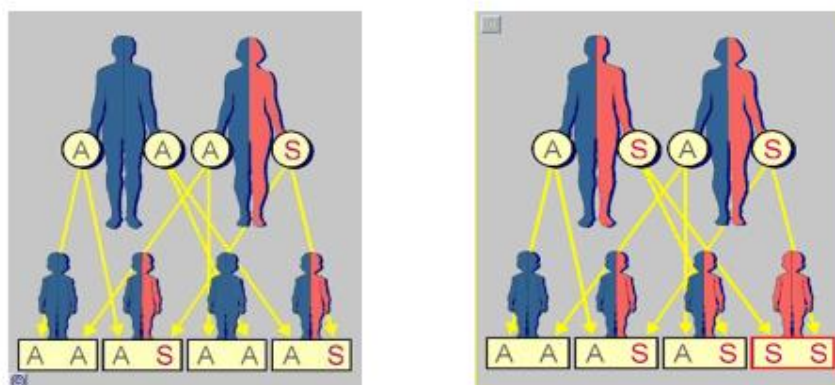
Malaria and sickle cell disease connected?

- **How does sickle cell trait protect against malaria?**
- Malarial parasites invade normal red blood cells and rearrange their content. The parasites breed and produce proteins that make red blood cells sticky. These blood cells explode, releasing parasites capable of infecting other red blood cells.
- The misshapen hemoglobin of SCT affects a parasite's ability to complete this cycle. The parasite triggers the SCT hemoglobin to sickle. The immune system then clears the infected red blood cells before the parasite can complete its life cycle and infect other red blood cells. This means fewer parasites and milder illness.
- People with SCT are not as affected by malaria compared to those with normal hemoglobin. During infection, those with SCT have 50 to 90 percent fewer parasites in their blood than people with normal hemoglobin. People with SCT also get rid of the parasites faster.
- People SCT have:
 - milder cases of malaria –
 - lower hospital admissions
 - Have lower rates of blood transfusions
 - Are less likely to die from malaria

What Causes Sickle Cell Disease?

- Sickle cell disease is a **genetic** condition. **People who have it inherited certain hemoglobin genes from their parents.** Hemoglobin is the protein inside of red blood cells that carries oxygen. **Abnormal hemoglobin makes the red blood cells sickle shaped.**
- Someone who inherits a sickle cell gene from each parent has **sickle cell disease.**
- Someone who inherits a sickle cell gene from one parent and a normal hemoglobin gene from the other has **a sickle cell trait**, rather than sickle cell disease. Most people with sickle cell trait don't have symptoms, but can pass the gene to their children.
- Someone who inherits a sickle cell gene from one parent and another kind of abnormal gene from the other parent may have a different form of sickle cell disease, such as hemoglobin SC disease or **sickle beta thalassemia.**

Inheritance



Why is it critical for us to understand this condition?

Estimated Total Population of India (2021)	Total Tribal Population of India @ 8.6%	Suspected Sickle Cell Trait -Carriers @ 7.46 %	Suspected Sickle Cell Disease Patients @ 0.30 %
139 Cr.	11.95 Cr.	89.70 Lakhs	3.58 Lakhs
Approx. New Births Every year in India @17.64 % decadal growth			
	New Tribal Births 21.08 Lakhs	New Sickle Cell Trait Birth 1.57 Lakhs	New Sickle Cell Disease Births 6,324

Estimated Prevalence of SCA in India considering Mass Sickle Cell Screening data of Gujarat

How Is Sickle Cell Disease Treated?

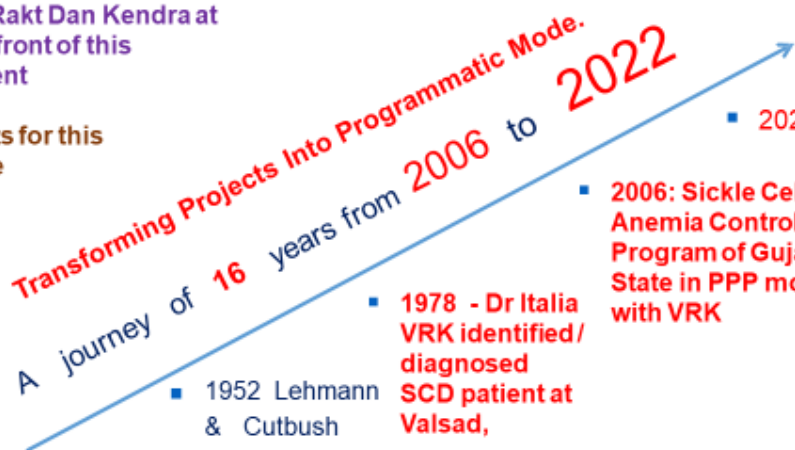
- People with sickle cell disease can lead fairly normal lives if they follow their treatment plan, which involves;
- [Immunizations](#) and daily doses of penicillin to help prevent infection. Kids with sickle cell disease should get all recommended vaccinations, including the [pneumococcal](#), [flu](#), and [meningococcal](#) vaccines.
- Folic acid supplements, which can help kids make new red blood cells.
- Hydroxyurea, a medicine that makes the cells less sticky. This helps decrease the frequency and intensity of painful episodes and other complications. Hydroxyurea is taken every day.
- L-glutamine, another medicine. It's used if hydroxyurea isn't working well or someone still has pain crises even with hydroxyurea.
- Medicines to help manage pain when it does happen.
- Blood transfusions for severe anemia & other complications.
- [Stem cell transplant](#) (also called bone marrow transplant) is the only known cure for sickle cell disease. Transplants are complex and risky, and for now are an option only for some patients.
- Scientists are studying [gene therapy](#) for sickle cell anemia. One day, it's hoped that doctors can stop the disease by changing or replacing the abnormal gene that causes it.

The Government of Gujarat initiative

Sickle Cell Anemia – Gujarat Model

Valsad Rakt Dan Kendra at the forefront of this Movement

Catalysts for this initiative



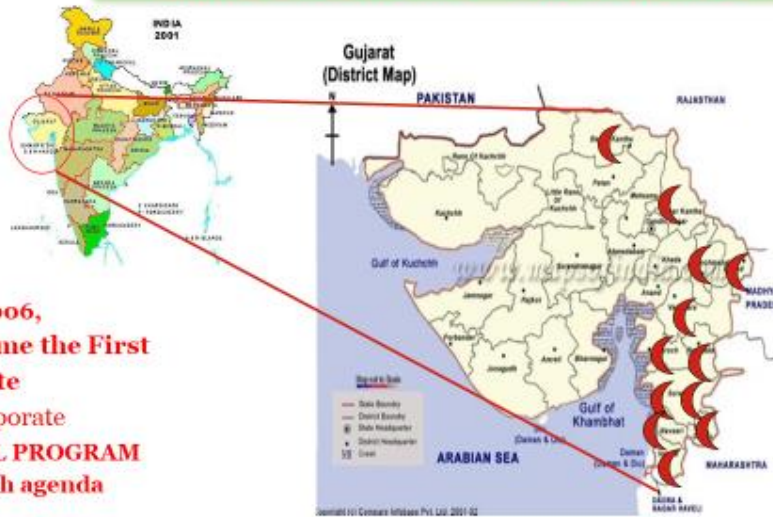
Bringing Science to the Door Step of Tribal Community.....

Sickle Cell Anemia is a major tribal health issue in tribal areas of Gujarat.

14 Tribal districts are affected by the Sickle Cell Anemia issue

On 30th July 2006, Gujarat became the First State to incorporate SCA CONTROL PROGRAM in the health agenda

Sickle Cell Anemia – Gujarat Model



GOAL:

- Prevention of Sickle Cell Disease Child Birth
- Prevention of Death from Sickle Cell Crises
- Improve Health Status and Quality of Life of Sickle Cell Disease patients

OBJECTIVES: Screening; Counseling; IEC program & Convergence with other programmes

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The Gujarat Model of Sickle Cell Anemia Control Programme

Gujarat State SCA Control Society formed

- Every district EMO is a Nodal Officer for SCA Control Program.
- 180 Sickle Cell Counselors: (Almost one counsellor amongst two Primary Health Centers) in tribal districts.
- Telephonic contact with each SCD patients and monthly visits by counsellors.

Good rapport between the patients and counselors

During hospital visits & crises situations



- Training and re-training of health care personnel.
- IEC in targeted population.
- PPP and NGO involvement.
- Free Mass Screening of Population - Diagnosis, Counseling & treatment.
- Routine medicines like Folic Acid, Analgesics and Hydroxyurea are provided at the door steps through MPHWS in the field.
- Routine investigations are carried out at CHCs and General Hospitals free of cost
- Marriage Counseling and prevention by PND.
- 108 Free Ambulance services made available.

Progress of Sickle Cell Anemia Control Program - Gujarat



2006	• Program started in 5 districts of South Gujarat on PPP basis (Surat, Tapi, Navsari, Valsad and Dang)
2008	• Extended to remaining 9 tribal districts of Gujarat (Dahod, Narnada, Chhotaudepur , Panchmahal ,Bharuch, Sabarkantha, Banaskantha, Aravalli, Mahisagar)
2011	• Gujarat Sickle Cell Anemia Control Society formed to integrate efforts by different departments
2012	• Screening outsourced to 7 qualified, competent & dedicated competitive agencies – VRK, Red Cross, Indu blood bank*
2015	• Prenatal Diagnosis initiated
2017	• Pneumococcal Vaccine given to all SCD patients
2021	• Treatment care center started at Surat & Valsad
2022	• Sickle Cell Day Care Center Started at Valsad, Navsari & Dang

* 2015-2016 entire tribal population screened

Journey of SCACP- Gujarat over Decade

(Facilities made available)

No.	Facilities available	2007-08	2010	2022
1	Primary Screening for Sickle Cell (DTT*) test, Counseling and Treatment	78	419	2771
2	HPLC based Hb Variant system for quantitative estimation of different hemoglobin	2	3	7
3	Day Care Center (Dedicated Treatment Centers)	0	0	3
4	Molecular Lab for prenatal diagnosis and Genetic Counseling Center	0	1	3
5	Dedicated Sickle Cell Counselor	0	5	180

- ❖ **Convergence with Tribal and other line department... Training of teachers and students in Ashram Shalas and College in tribal blocks**
- ❖ **Rs 500 PM for each SCD patient and disability certificate issued; all complications treated under PMJAY along with free blood transfusion**

All services at Comprehensive Sickle Cell Clinic (CSCC) provide free of cost to tribal/rural patients at 4 CHCs.



- Primary Screening
- Marriage counseling,
- Counseling of Diseased patients,
- Treatment
- Routine follow up
- Clinical Evaluation by MOs
- High end management of Sickle cell crisis and chronic complications.
- Referral Services
- Pre Natal Diagnosis (PND)
- New Born Screening (NBS) Collection
- Free Blood Transfusion
- Expert doctors & yearly Medical Camps for SCD patients.
- **Monthly Visit of Hematologist at each center.**

Awareness generation

Posters on Common Symptoms of Sickle Cell Anemia



- Pallor
- Frequent jaundice
- Bone & Body ache
- Enlarged Spleen
- Retarded Growth
- Frequent Infections
- Dactylitis



સિકલ સેલના દર્દીએ લેવાની કાળજી

શું કરવું જોઈએ ?

ખુબ પાણી પીવું

નિયમિત ફોલીક એસીડ અને જરૂરી દવા લેવી

લીલા શાકભાજી/ફળોનો ઉપયોગ કરવો,

સમતોલ આહાર લેવો

વધુ ઠંડીમાં મફલર સ્વેટર પહેરવા

નિયમિત ડોક્ટરી તપાસ કરાવવી

શું ન કરવું જોઈએ ?

વધુ શારીરિક શ્રમવાળી કસરતો ન કરવી

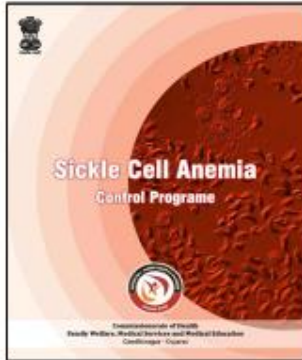
વધુ ઉંચાઈવાળી જગ્યાએ ન જવું,

વધુ ગરમીમાં બહાર ન ફરવું.

વરસાદમાં કે ઠંડા પાણીમાં પલળવું નહીં.

સિકલ સેલ ધરાવનાર વ્યક્તિ પણ લાંબુ આયુષ્ય ભોગવી શકે છે.

પ્રકાશક : કમિશનર, આરોગ્ય અને પરિવાર કલ્યાણ વિભાગ, ગાંધીનગર



Program Manuals

- ❖ Treatment Guideline for Medical Officers at different levels PHC/ CHC and DH.
- ❖ Manuals for HCWs/ ASHA in vernacular language, for home management.
- ❖ Management of perinatal care of SCA pregnant women



Sickle Cell Anemia – Gujarat Model



Normal Haemoglobin

Sickle Cell Trait

Sickle Disease

Laminated color coded cards were given to all screened persons.

These color coded cards are further used for marriage counseling that the two yellow card people should avoid marriage. Even priests advise this

Pink colored card given for Thalassemia



Genetic Counseling

- Any family, who had come across with Sickle Cell Disease Child, does not wish to have another such child in their family.
- They do come forward for marriage counseling for other family members.
- The majority of population in South Gujarat, i.e. Dhodia Patel, Gamit & Choudhary ***understand the gravity of the Sickle Cell Disease*** and if explained in friendly manner, willing to improve their health status.
- Willingly follow advice.

Programme achievements

Sickle Cell Anemia – Gujarat Model

Results of **Mass Sickle Cell Screening** in 14 Tribal Districts of Gujarat up to March 2022

Total Tribal Population	Population Screened	Sickle Cell Trait	%	Sickle Cell Disease	%
1,40,26,563	96,81,695	7,22,645	7.46	29,555	0.3

Overall Sickle gene incidence in tribal population is 7.76 % down from 10-12% 2010-11.

Severity of the disease reduced down from 1 – 0.3%

Screening Output- 2 Screening of Antenatal Mothers



	2011	2021- 2022
No. of Antenatal Mothers Screened for Sickle Cell Anemia	2,13,779	1,50,581
No. of Antenatal Mothers found Sickle Cell Trait	15367 (7.18%)	2545 (1.69%)
No. of Antenatal Mothers found Sickle Cell Disease	848 (0.44%)	169 (0.11%)

Screening Output- 3 Counselling

	Upto March- 2022
No. Prenatal Diagnosis Done	4008
No. Antenatal eligible for MTP after PND	1227
No. of MTP done (SCD child birth prevented)	613

Sickle cell Pneumococcal Vaccine (Up to March – 22)

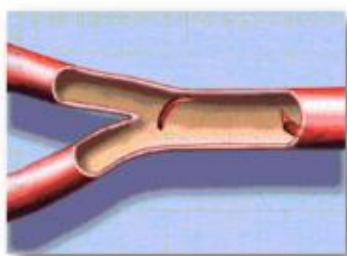
Sr.No.	District	Total Disease Patient	Vaccine Given
1	Surat	2507	2159
2	Dahod	4878	4693
3	Narmada	1565	1411
4	Tapi	3271	2617
5	Valsad	2519	2415
6	Navsari	1761	1761
7	Chhotaudepur	6090	5960
8	Panchmahal	2771	2671
9	Dang	385	361
10	Bharuch	1276	1091
11	Sabarkantha	973	725
12	Banaskantha	386	323
13	Arvalli	272	271
14	Mahisagar	339	334
	Total	28993	26792

Lessons from the SCA program

- ❖ Intensive IEC
- ❖ Active involvement of NGOs.
- ❖ Community involvement.
- ❖ Need to reach the most vulnerable tribal population
- ❖ Lifecycle approach.
- ❖ Capacity building of both Government and NGO staff
- ❖ Key role of counsellors
- ❖ Integration with Van Bandhu programme.

Way forward: Centre of excellence for SCA at GMC Surat; Comprehensive day care center in each taluka under Van Bandhu Yojna – 1000 crore set aside;

NHM has adopted Gujarat model



Our Sicklers are
Born with Pain
Live with Pain
&
Die with Pain.
But they hardly Complain.

Thank you
for paying attention to them.

What Problems Can Happen?

- **Acute chest syndrome:** Caused by **inflammation**, infection, and blockages of small blood vessels of the lung. Signs include chest pain, coughing, trouble breathing, and fever.
- **Aplastic crisis:** This is when the body temporarily does not make enough red blood cells, and can cause **severe anemia**. Signs include paleness, extreme tiredness, and a fast heartbeat.
- **Hand-foot syndrome:** This painful swelling of the fingers and toes (also called **dactylitis**) is the first sign of sickle cell anemia in some infants.
- **Infection:** Kids with sickle cell disease **are at risk for some bacterial infections**. It's important to watch for fevers of 101°F (38°C) or higher, which can be signs of an infection.
- **Priapism:** Males with sickle cell disease can have painful, long-lasting erections. If it's not treated quickly, damage can cause problems with getting erections later on.
- **Splenic sequestration crises:** The **spleen** traps the abnormal red blood cells and gets very large. This can lead to a **serious, quick drop in the number of red blood cells in the bloodstream**. Signs include paleness, weakness or extreme tiredness, an enlarged spleen, and belly pain.
- **Stroke:** Sickle-shaped cells can block small blood vessels in the brain, causing a **stroke**. Signs include headache, seizures, weakness in the arms and legs, speech problems, a facial droop, or loss of consciousness.
- People with sickle cell disease are also at risk for problems such as **leg ulcers, bone or joint damage, gallstones, kidney damage, eye damage, and delayed growth**.

SCA TOTAL SCREENING UPTO MARCH 2022



SR NO	DISTRICT	TRIBAL POPULATION	COVERED POPULATION	COVERED POPULATION %	SCD	SCT
1	SURAT	771813	745674	96.61	2627	19376
2	DAHOD	2355496	2544195	108.01	4878	229055
3	NARMADA	549030	549030	100.00	1562	40811
4	TAPI	810796	750324	92.54	3271	65526
5	VALSAD	999639	956237	95.66	2519	80947
6	NAVASARI	749887	775307	103.39	1761	45391
7	CHHOTAUDEPUR	957938	889792	92.89	6090	92375
8	PANCHMAHAL	762444	790039	103.62	3277	63074
9	DANG	289061	292990	101.36	385	11102
10	BHARUCH	325768	270554	83.05	1276	15795
11	SABARKANTHA	351739	338274	96.17	973	27147
12	BANASKANTHA	191184	214772	112.34	384	17229
13	ARAVALLI	265477	271124	102.13	333	4007
14	MAHISAGAR	394239	238702	60.55	339	10810
	TOTAL	9754511	9681695	99.25	29555	722645

ANNEXURE – II – PRESENTATION – “Making Medicines Affordable – Chittorgarh – Government of Rajasthan”

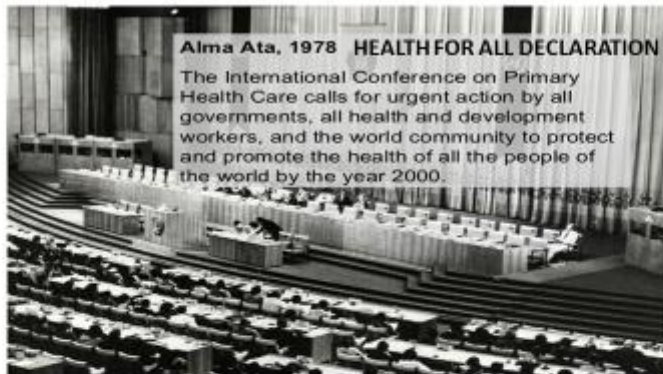


MAKING MEDICINES AFFORDABLE

Reaching the Unreached

An Initiative that received
Prime Minister’s Award for Excellence in Public Administration

Dr. Samit Sharma IAS
Secretary, Social Justice and Empowerment Department,
(Ex- Collector & DM, Chittorgarh)
Govt. of Rajasthan



THE TEEMING MILLIONS OF OUR COUNTRY

The Challenge of Making Medicines Affordable



V/S



THE PHARMACEUTICAL INDUSTRY

STAKEHOLDERS: PLAYERS OF THE GAME



Pharma Industry

- Usually keeps profit before people's health
- Unethical promotion
- Misleading claims



Prescribers

- Some lack updated objective drug information
- Succumb to promotion
- Failure of ethics regulatory body
- Pressure to prescribe
- Misleading beliefs about efficacy



Chemists

- Sale of non essential drugs.
- Over the counter sale of useless drugs
- Nexus with doctors



Drug Regulators

- Overpricing
- Availability of irrational drugs



Patients

- Vulnerable
- Medically illiterate
- Inability to choose

ARTIFICIAL MONOPOLY THROUGH BRANDS & UNETHICAL PROMOTION

The Same with Different Names



Brand Name

Generic Name

PATIENTS ARE AT DISADVANTAGE

Problem: 1 Medicines are overpriced

(COMPARATIVE PRICES OF GENERIC AND BRANDED DRUGS)

Drugs	Name of Drug	Pack size	MRP (Retail price in Rs.)	Equivalent Generic Brand	MRP (Rs.)
ANALGESIC	DICLOFENAC SODIUM TABLET P 50 MG	10 TAB STRIP	0.9	VOVERAN 10 Tab	12
CHOLESTEROL LOWERING	ATORVASTATIN TABLET P 10 MG	10 TAB STRIP	2.5	ATORVA (ZYDUS) 10 Tab	94.00
DIABETES	GLIMEPIRIDE TABLET P 2 MG	10 TAB STRIP	1.5	AMARIL (AVENTIS) 10 Tab	125
BLOOD THINNING DRUGS	CLOPIDOGREL TABLET P 75 MG	10 TAB STRIP	0.5	PLAVIX (SANofi) AVENTIS) 10 Tab	45.50

Problem: 2 Medicines are beyond the reach of our people.

• As per WHO 65% of the Indian population lacks regular access to essential medicines.

• The expenditure on health is the second most common cause for rural indebtedness.

• Over 23% of the sick don't seek treatment because they are not having enough money to spend.

• Over 40% of hospitalized patients have to borrow money or sell their assets to get themselves treated.

Problem : 3 Expenditure on medicines make people poor.



Private out of pocket expenditure	79%
State govt.	14%
Central govt.	4%
Private investment	3%
Private insurance	0 – 1%

RESULT OF THIS EXPLOITATION



SUFFERING



POVERTY



LOSS OF HUMAN LIFE

A SITUATION OF POVERTY AMONGST PLENTY

- ON ONE HAND IS A ROBUST PHARMA INDUSTRY
- 3rd LARGEST PRODUCER OF DRUGS IN THE WORLD
- EXPORTS DRUGS WORTH Rs 80,000 CRORES TO MANY COUNTRIES



ARTIFICIAL COST BARRIER

- ON OTHER HAND THERE IS THE HIGHEST DISEASE BURDEN
- MORE THAN HALF OF THE POPULATION DON'T HAVE ACCESS TO ESSENTIAL DRUGS
- THOUSANDS OF PATIENTS CONTINUE TO SUFFER OR DIE AS CANNOT BUY DRUGS



SOLUTION - PROVIDE MEDICINES AT LOW COST / FREE

SUSTAINABILITY OF PHARMACEUTICAL INDUSTRY



TO TAKE CARE OF PEOPLE'S HEALTH BY PROVIDING AFFORDABLE MEDICINES

STRATEGY ADOPTED FOR MAKING MEDICINE AFFORDABLE :

1. DOCTORS SENSITIZED

1. Prescribe drugs by generic (Salt) name
2. Use of essential drug list
3. As per Standard Treatment Guidelines
4. Rational Prescription

2. FAIR PRICE MEDICINE SHOPS

1. Quality Drugs are provided at low prices at Cooperative Generic Medical Stores & life line drugs stores run by RKS.
2. Transparent procurement through open tender system
3. 20% profit for self sustainability.
4. 16 Generic shops to reach CHC/ block level.

3. DEMAND GENERATION

1. Created patient awareness about generic drugs and drug prices.
2. Display of comparative rates outside shops.
3. Adv. on TV, Social Media
4. Hoardings in Hosp.



Different models of "FAIR PRICE MEDICINE SHOPS"

Life Line Drug Stores



Co-operative Medical Stores



Jan Aushadhi Kendra



IN YEAR 2011 SCALED UP AS CHIEF MINISTER'S FREE MEDICINE SCHEME



CHALLENGES FACED

Disagreement by some Doctors

- Refrain from prescribing drugs by generic name.
- To be assured about quality of drugs



Market competition ensures that private medical shops also reduce their prices

Protests by MRs and Chemist's associations.



IMPACT

1. INCREASE IN NUMBER OF PATIENTS IN GOVT. HOSPITALS



निशुल्क दवा से बढ़े 67 प्रतिशत मरीज

राजस्थान सरकार ने 2 अक्टूबर को एक नया कानून लागू किया जिससे निशुल्क दवाओं की लागत कम हो गई है। इससे मरीजों की संख्या में 67 प्रतिशत की वृद्धि हुई है।

अन्य कारणों से बढ़ते मरीज

राजस्थान सरकार ने 2 अक्टूबर को एक नया कानून लागू किया जिससे निशुल्क दवाओं की लागत कम हो गई है। इससे मरीजों की संख्या में 67 प्रतिशत की वृद्धि हुई है।

अन्य भी मिलेगी

राजस्थान सरकार ने 2 अक्टूबर को एक नया कानून लागू किया जिससे निशुल्क दवाओं की लागत कम हो गई है। इससे मरीजों की संख्या में 67 प्रतिशत की वृद्धि हुई है।

Year	Beneficiaries (in Crores)
2011-12	3.78
2012-13	6.59
2013-14	5.81
2014-15	8.23
2015-16	9.31
2016-17	11.46
2017-18	11.51
2018-19	12.63
2019-20	14.16

राजस्थान पत्रिका
जयपुर, 7 अक्टूबर 2019

एसएमएस के ओपीडी में 6 गुना बढ़े मरीज

राजस्थान सरकार ने 2 अक्टूबर को एक नया कानून लागू किया जिससे निशुल्क दवाओं की लागत कम हो गई है। इससे मरीजों की संख्या में 67 प्रतिशत की वृद्धि हुई है।

7

राजस्थान सरकार ने 2 अक्टूबर को एक नया कानून लागू किया जिससे निशुल्क दवाओं की लागत कम हो गई है। इससे मरीजों की संख्या में 67 प्रतिशत की वृद्धि हुई है।

IMPACT

2. DECREASE IN OUT OF POCKET EXPENDITURE

- Everyday we are giving drugs to more than 3 Lac patients
- The average cost per patient is around Rs.30



SMILING PATIENTS & THOUSANDS OF LIVES SAVED

RAJASTHAN IS A ROLE MODEL AND AT RANK NO. 1 IN FREE MEDICINE SCHEME

Teams from many states have visited.



Other Team Visits

- Medicines Procurement Department, Govt. of Nepal
- North Korea Team of Govt. Officials
- Nepal :Centre for Labour and Social Studies
- Students from Tufts University, USA and many Indian Universities
- United Club, Guwahati.
- BPPI Gurgaon
- UNFPA Team
- WHO & PHFI Team
- USAID Team
- Officers of Central Secretariat Services from Institute of Secretariat Training & Management, Department of Personnel & Training, GoI
- Open Society Foundation



JOURNEY SO FAR ..



JOURNEY SO FAR ..



LET'S HOPE THAT NO INDIAN DIES FOR WANT OF MEDICINE

(A dream to be transformed into reality)



THANKS

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