

- Prime Minister gave a clarion call to end TB and Malaria by 2025 and 2030 respectively and launched the National Strategic Plans (NSP) to this end.

Way Forward

1. Mobilize public health action at multiple levels

- Public funding on health should be increased to at least 2.5 per cent of GDP as envisaged in the National Health Policy, 2017.
 - Create an environment, through appropriate policy measures, that encourages healthy choices and behaviours:
 - Make the practice of yoga a regular activity in all schools through certified instructors.
 - Increase taxes on tobacco, alcohol and unhealthy foods such as soda and sugar sweetened beverages.
 - Co-locate AYUSH services in at least 50 per cent of primary health centres, 70 per cent of community health centres and 100 per cent of district hospitals by 2022-23.
- Strengthen the Village Health Sanitation and Nutrition Day platform to cover a broader set of health issues across various population groups instead of only focusing on child health.
- Activate multiple channels (schools, colleges, women's groups, traditional events like fairs, social media platforms, National Cadet Corps etc.) and prepare communication materials for catalysing behavioural change towards greater recognition of preventive health care.
 - Make nutrition, water and sanitation part of the core functions of panchayati raj institutions and municipalities.

2. Institute a public health and management cadre in states: Incentivize state governments to invest in creating a dedicated cadre for public health at the state, district and block levels:

- Characteristics of the cadre
 - Train officials in public health related disciplines including epidemiology, biostatistics, demography and social and behavioural sciences.
 - Provide training in hospital management to suitably equip personnel responsible for managing large facilities.
 - Create a career pathway up to the highest levels within the state health departments for those trained in public health, as well as for those with clinical specialties.
 - Allow mid-level providers responsible for managing health and wellness centres delivering comprehensive primary healthcare to rise to higher-level positions within the cadre. Similarly, allow public health functionaries at the block and district levels to enter the cadre.
 - Mandate a master's level qualification, in addition to specified training, for officials taking on leadership positions.
- Institutional mechanisms
 - Develop a model public health and management cadre by drawing upon best practices and engage with states to adapt, refine and institutionalize the model.
 - Formulate guidelines to create the cadre, primarily by re-aligning the requisite skill sets of existing functionaries with service conditions.

3. Create a focal point for public health at the central level with state counterparts

- Create a designated and autonomous focal agency with the required capacities and linkages to perform the functions of disease surveillance, information gathering on the health impact of policies of key non-health departments, maintenance of national health statistics, enforcement of public health regulations, and dissemination of information to the public. An appropriately