## BASIC INFORMATION

<table>
<thead>
<tr>
<th></th>
<th>Value</th>
<th>Year</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total population (million)</td>
<td>1276</td>
<td>2013</td>
<td>(1)</td>
</tr>
<tr>
<td>Area (sq.km.)</td>
<td>3,287,263</td>
<td></td>
<td>(2)</td>
</tr>
<tr>
<td>Area as percent of world's total</td>
<td>2.4</td>
<td></td>
<td>(2)</td>
</tr>
<tr>
<td>Density of population (per sq.km.)</td>
<td>388</td>
<td>2013</td>
<td>(3)</td>
</tr>
<tr>
<td>Administrative divisions</td>
<td>29 States, 6 Union Territories and 640 Districts in 2011</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## DEVELOPMENT

<table>
<thead>
<tr>
<th></th>
<th>Value</th>
<th>Year</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gross national income(GNI) per capita (US$)</td>
<td>1,530</td>
<td>2012</td>
<td>(4)</td>
</tr>
<tr>
<td>Highest in the world - Norway</td>
<td>98,860</td>
<td>2012</td>
<td>(4)</td>
</tr>
<tr>
<td>Population below poverty line - Intl.$1.25 per day (%)</td>
<td>32.7</td>
<td>2010</td>
<td>(4)</td>
</tr>
<tr>
<td>Lowest in the Region - Thailand</td>
<td>&lt;1</td>
<td>2010</td>
<td></td>
</tr>
<tr>
<td>Population below national poverty line (%)</td>
<td>29.8</td>
<td>2010</td>
<td>(4)</td>
</tr>
<tr>
<td>Lowest in the Region - Sri Lanka</td>
<td>8.9</td>
<td>2010</td>
<td></td>
</tr>
<tr>
<td>Adult literacy rate &gt;15 years (%)</td>
<td>62.8</td>
<td>2010</td>
<td>(5)</td>
</tr>
<tr>
<td>Highest in the Region - DPR Korea</td>
<td>100</td>
<td>2010</td>
<td></td>
</tr>
<tr>
<td>Net enrolment rate—primary (%)</td>
<td>93</td>
<td>2010</td>
<td>(6)</td>
</tr>
<tr>
<td>Highest in the Region - Indonesia</td>
<td>96</td>
<td>2010</td>
<td></td>
</tr>
<tr>
<td>Human Development Index</td>
<td>0.554</td>
<td>2012</td>
<td>(6)</td>
</tr>
<tr>
<td>Highest in the Region - Sri Lanka</td>
<td>0.715</td>
<td>2012</td>
<td></td>
</tr>
<tr>
<td>Population in multidimensional Poverty (%)</td>
<td>53.7</td>
<td>2012</td>
<td>(8)</td>
</tr>
<tr>
<td>Lowest in the Region - Thailand</td>
<td>1.6</td>
<td>2012</td>
<td></td>
</tr>
<tr>
<td>Gender Inequality Index</td>
<td>0.610</td>
<td>2012</td>
<td>(8)</td>
</tr>
<tr>
<td>Lowest in the Region - Maldives</td>
<td>0.357</td>
<td>2012</td>
<td></td>
</tr>
</tbody>
</table>

### Salient basics
- India is a pluralistic, multi-lingual and multi-ethnic nation.
- It is home to 18% of the world’s population occupying less than 3% of the world’s area.
- It has shown rapid overall development in recent years.
- The population below the poverty line is declining rapidly.
- Over 80% youth (15-24 years of age) is now literate and aspiring to absorb the fast technological changes taking place around so that the country reap the demographic dividend for some years on account of the rising youth population.
Q.1 What are the basic demographic features?

### POPULATION

<table>
<thead>
<tr>
<th>Value</th>
<th>Year</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total population (million)</td>
<td>1276</td>
<td>2013 (1)</td>
</tr>
<tr>
<td>Percent of world’s total</td>
<td>17.8</td>
<td>2013 (9, c)</td>
</tr>
<tr>
<td>Average annual Population growth rate (%)</td>
<td>1.63</td>
<td>2001-11 (17)</td>
</tr>
<tr>
<td>Urban population (%)</td>
<td>31</td>
<td>2011 (9)</td>
</tr>
</tbody>
</table>

### AGE-SEX STRUCTURE

<table>
<thead>
<tr>
<th>Value</th>
<th>Year</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sex ratio (Females per 1000 Males)</td>
<td>943</td>
<td>2011 (17)</td>
</tr>
<tr>
<td>Children &lt;15 years (%)</td>
<td>29.5</td>
<td>2011 (12)</td>
</tr>
<tr>
<td>Elderly ≥60 years (%)</td>
<td>8.0</td>
<td>2011 (12)</td>
</tr>
</tbody>
</table>

#### Highest in the world
- Sex ratio - Japan: 30.7, 2010 (13)
- Elderly ≥60 years - DPR Korea: 13, 2010

#### Lowest in the world/Region
- Total Dependency Ratio (Age 0-14 + Age 65+) / Age 15-64 (%) | 53 | 2011 (12, c)
- Children <15 years - UAE: 17, 2010 (13)
- Elderly ≥60 years - Thailand: 39, 2010

### FERTILITY

<table>
<thead>
<tr>
<th>Value</th>
<th>Year</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crude birth rate (per 1000 population)</td>
<td>21.8</td>
<td>2011 (12)</td>
</tr>
<tr>
<td>Total fertility rate (TFR) (per woman)</td>
<td>2.4</td>
<td>2011 (12)</td>
</tr>
<tr>
<td>Contraceptive prevalence rate (any modern method) (%)</td>
<td>47.1</td>
<td>2007-08 (14)</td>
</tr>
</tbody>
</table>

#### Lowest in the world/Region
- Crude birth rate - Germany: 8.4, 2005-10 (13)
- Total fertility rate - Thailand: 2.4, 2005-10
- Contraceptive prevalence rate - Thailand: 1.5, 2005-10

### GROSS MORTALITY

<table>
<thead>
<tr>
<th>Value</th>
<th>Year</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crude death rate (per 1000 population)</td>
<td>7.1</td>
<td>2011 (12)</td>
</tr>
</tbody>
</table>

#### Lowest in the world/Region
- Crude death rate - UAE: 1.0, 2005-10 (13)
- Crude death rate - Maldives: 4.0, 2005-10

### Salient demographic features

- The percentage of children under 15 is slowly declining.
- Although sex ratio (females per 1000 males) in India over last two decades is on rising trend from lowest ever at 926 in 1991 to 943 in 2011 census, it is still well below the world average of 984 in 2010 (UN, WPP2012).
- Both the birth rate and death rate are showing a steady decline.
Q.2 What is the progress regarding some health-related MDGs?

MDG Progress

- MDG target of access to improved sources for safe drinking water has already been achieved but the progress on sanitation front is slow.
- Spread of HIV in India is stabilizing and since 2002, it is tending to have a downward trend in general with a dramatic decrease of more than 50% among pregnant women.
- Progress on TB target is on track.
- Although Malaria incidence is declining and death rate is stabilizing, the progress is slow.
- The progress on other MDG indicators is slow and need special attention to accelerate the process in order to meet the 2015 targets.
  - Main focus of India to achieve MDG 4 of reduction in under-five mortality rate is obviously on reduction of deaths occurring during first months of the newborns.
  - Especially after launch of NRHM in 2005, Improvements in level of maternal care indicators (the major determinant of maternal mortality) India has succeeded in bringing down rapidly the MMR from 301 in 2002 to 178 in 2010, but it still remains high and needs further acceleration to meet the target of 109 by 2015.
Q.3 What are the major health problems?

**IN CHILDREN UNDER FIVE YEARS**

<table>
<thead>
<tr>
<th>Low birth weight (%)</th>
<th>Value</th>
<th>Year</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lowest in the Region - DPR Korea</td>
<td>6</td>
<td>2009</td>
<td>(10)</td>
</tr>
<tr>
<td>Stunted children (%)</td>
<td>48</td>
<td>2005-06</td>
<td>(15)</td>
</tr>
<tr>
<td>Lowest in the world - Germany</td>
<td>1.3</td>
<td>2005-12</td>
<td>(16)</td>
</tr>
<tr>
<td>Lowest in the Region - Thailand</td>
<td>15.7</td>
<td>2005-12</td>
<td></td>
</tr>
<tr>
<td>Under-weight children (%)</td>
<td>42.5</td>
<td>2005-06</td>
<td>(15)</td>
</tr>
<tr>
<td>Lowest in the world - Australia</td>
<td>0.2</td>
<td>2005-12</td>
<td>(16)</td>
</tr>
<tr>
<td>Lowest in the Region - Thailand</td>
<td>7</td>
<td>2005-12</td>
<td></td>
</tr>
</tbody>
</table>

**CHILDHOOD DISEASES**

| Diarrhoeas - incidence (per 1000 total population) | 8   | 2011 | (4) |
| Acute respiratory infections - incidence (per 1000 total population) | 22  | 2011 | (4) |
| Anaemia prevalence (6-35 months) (per 1000 total population) | 791 | 2005-06 | (13) |

**OTHER DISEASES**

| Tuberculosis prevalence (pulmonary) - reported cases (per 100,000 population) | 125 | 2011 | (9) |
| Malaria incidence (per 100,000 population) | 136 | 2010 | (9) |
| Enteric Fever (Typhoid) prevalence (per 100,000 population) | 88  | 2011 | (9) |
| Leprosy (per 100,000 adult population) | 6.9 | 2010-11 | (9) |
| HIV prevalence (per 100,000 total population) in 15-49 years | 310 | 2009 | (10) |
| Cardio-vascular diseases prevalence (per 100,000 population) | 3991 | 2010 | (9) |
| Diabetes prevalence (per 100,000 population) | 3201 | 2010 | (9) |
| Cancer prevalence (per 100,000 population) | 83  | 2010 | (9) |
| Blindness prevalence (per 100,000 population) | 1120 | (latest) | (9) |

**COMPREHENSIVE INDICES**

| Healthy life lost (in years) | 9   | 2010 | (21) |
| Healthy life lost as % of expected life at birth (ELB) | 13.8 | 2010 | (c) |

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**Major health problems**

- In spite of unprecedented economic growth, improvements in nutritional status of population in India over the last two decades have been slow.
- Though malnutrition in children has had a declining trend since 1990, in real terms the figures would still be high even if 2015 target is met. Although Severe anaemia, which is of particular concern because of its close relationship to children’s health, decreased from 5 percent in 1998-99 to 4 percent in 2005-06, the percentage of children with any anaemia however increased from 74 percent to 79 percent during this period.
- A rather high prevalence of nutritional deficiency in adult population
- India has succeeded in controlling HIV. There has been consistent decline in number of people living with HIV/AIDS (PLHA) as a result of greater decline in new infections, despite increased survival of PLHA due to ART
- Over one-tenth of equivalent life years continue to be lost due to various diseases.
- Country is in midst of epidemiological transition with double burden of communicable and noncommunicable diseases continuing. On top of it the triple burden of injuries and accidents is rising.
**Q.4 What is the mortality profile?**

**Mortality profile**

- Although mortality rates in children (under-five years of age) are declining, 16.7% of about 10 million total annual deaths that occur in the country occur in this age group and most (over 50%) of under-five deaths occur in neonatal period of the first month of life.
- Infectious diseases continue to be a burden while noncommunicable diseases are showing upward trends.
### Q.5 What resources are available for the health sector?

#### EXPENDITURE ON HEALTH

<table>
<thead>
<tr>
<th>Value</th>
<th>Year</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.13</td>
<td>2008-09</td>
<td>27 (27)</td>
</tr>
<tr>
<td>3.7</td>
<td>2010</td>
<td>18</td>
</tr>
<tr>
<td>20.8</td>
<td>2010</td>
<td>18 (18)</td>
</tr>
<tr>
<td>6.2</td>
<td>2010</td>
<td></td>
</tr>
<tr>
<td>51</td>
<td>2010</td>
<td>18 (18)</td>
</tr>
<tr>
<td>126</td>
<td>2010</td>
<td></td>
</tr>
<tr>
<td>8233</td>
<td>2010</td>
<td>18 (18)</td>
</tr>
<tr>
<td>510</td>
<td>2010</td>
<td></td>
</tr>
</tbody>
</table>

#### FOOD

- **Dietary Energy Supply (DES) as a percentage of the Average Dietary Energy Requirement (ADER)**
  - Value: 105
  - Year: 2010-12
  - Source: 28

#### SERVICES

- **Primary health centres (per 100,000 rural population)**
  - Value: 2.9
  - Year: 2011

- **Antenatal care coverage (at least three visits) (%)**
  - Value: 68.7
  - Year: 2009

- **Deliveries by qualified attendant (%)**
  - Value: 76.2
  - Year: 2009

- **Pregnant women immunized with TT (%)**
  - Value: 73.4
  - Year: 2007-08

- **Children immunized (%)**
  - **BCG**
    - Value: 86.7
    - Year: 2007-08
  - **DPT-3**
    - Value: 63.5
    - Year: 2007-08
  - **Polio-3**
    - Value: 66.0
    - Year: 2007-08
  - **Measles**
    - Value: 69.5
    - Year: 2007-08

- **Hospital beds (per 10,000 population)**
  - Value: 6.6
  - Year: 2011

#### HUMAN RESOURCES

- **Doctors of modern system (per 10,000 population)**
  - Value: 7.6
  - Year: 2011

- **Doctors of alternative systems (per 10,000 population)**
  - Value: 5.9
  - Year: 2011

- **Nurses (per 10,000 population)**
  - Value: 15.7
  - Year: 2011

- **Dentists (per 10,000 population)**
  - Value: 1.0
  - Year: 2011

- **Pharmacists (per 10,000 population)**
  - Value: 5.4
  - Year: 2011

---

**Health resources**

- Although public expenditure on health as share to GDP is slowly rising, the total expenditure on health expected to be around 5% of GDP seems to be going down.

- Inspite of adequate food supply in the country, relatively high prevalence of undernourishment in population is attributed to the ineffective distribution system.

- Human resources for health care are improving.

- Alternative systems of medicine such as Ayurveda and Homeopathy are being encouraged.
Q.6 What is the system of health governance?

**ORGANIZATION OF HEALTH SERVICES**

The Ministry of Health & Family Welfare comprises four departments:
- Department of Health & Family Welfare
- Department of AYUSH (Ayurvedic, Unani, Siddha and Homeopathic Medicines)
- Department of Health Research
- Department of AIDS control

The Department of Health & Family Welfare gets technical support from the Directorate-General of Health Services. The other departments do not have such a wing. These four departments oversee health at the central level. Otherwise the state governments have jurisdiction over public health, sanitation and hospitals, while the Central Government is responsible for medical education. Food, drug administration and family welfare are in the concurrent list. Each state has a Ministry of Health & Family Welfare but the organization differs from state to state. Generally, there is a Directorate of Health Services providing technical assistance. Some states have a separate Directorate of Medical Education & Research, and some have a separate Director of Ayurveda or Director of Homoeopathy.

District health officers have varying designations in different states. But (s)he is responsible for all government activities for health and family welfare.

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**RURAL COMMUNITY HEALTH CENTRES FOR 10,000 POPULATION**

- District Health Officer
- Rural Primary Health Centres
- One Medical Officer
- One Health Assistant - M
- One Health Assistant - F
- One Multipurpose Health Worker - M
- One Multipurpose Health Workers - F
- 30-Bed Hospital
- One Basic Speciality Services (4 Specialists)
- Sub-Centre
- 5000 Population
- One Health Assistant - M
- One Health Assistant - F
- One Multipurpose Health Worker - M
- One Multipurpose Health Workers - F

Rural areas have 7347 government hospitals including CHCs. The Community Health Centre (CHC) serves a population of nearly 100,000 and provides specialty services in general medicine, paediatrics, surgery and obstetrics & gynaecology. There is a shortfall in the number of CHCs. A Primary Health Centre (PHC) covers nearly 30,000 population (20,000 in hilly, desert or difficult terrain) and is staffed by a medical officer, and one male and one female health assistant besides supporting staff. A sub-centre caters to nearly 5,000 population (3000 in difficult terrain) and is manned by one male and one female multipurpose health worker. These workers and health assistants have different designations in different states.

Urban areas have 4146 hospitals in the public sector but some medical care needs are met by private sector hospitals, nursing homes and private practitioners. District hospitals and medical college hospitals provide referral care.

As on first April 2011, there were 3193 hospitals of AYUSH in the country. A large number of health facilities are run by industry for their employees. For example, the railways have their own network of hospitals. Workers in the organized sector are covered by Employees State Insurance, which also run their own hospitals and dispensaries. Central government staff are covered under the Central Government Health Service Scheme. In addition, perhaps more than 7000 voluntary organizations work in the area of health care.

While drugs and pharmaceuticals are regulated by the Ministry of Chemicals and Fertilizers, the standards for new drugs are enforced by the Central Drug Standard Control Organization under the Ministry of Health & Family Welfare.

**INTEGRATED CHILD DEVELOPMENT SERVICES**

- The Integrated Child Development Services (ICDS) programme is implemented by the Ministry of Women and Child Development with the Aanganwadi (child centre) as the focal point for its activities. Each Aanganwadi center covers a population of 400-800 and all states are covered although in some states the coverage is <90%. Nonetheless, the number of beneficiaries as of March 2013 exceeded 77 million children between 0-6 years and 18 million mothers from vulnerable groups, mostly by way of nutritional supplementation.

**HEALTH INFORMATION SYSTEM**

- The census held during the first year of each decade provides not merely a head count but also a snap shot of the socio-economic, demographic and cultural profile of the country. The latest census was carried out in 2011.
- Registration of births and deaths is legally obligatory but the Civil Registration System does not catch a large percentage of deaths and births—varying from state to state.
- The Sample Registration System covers a statistically representative sample across the country and provides state-specific estimates of birth rate, age-specific fertility rate, births attended by various functionaries, age-specific death rates, infant mortality rate, etc.
- National Sample Surveys are regularly conducted for social, economic and agricultural sectors and occasionally collect information on specific aspects of health such as morbidity and disability.
- Periodic all-India surveys such as National Family Health Surveys conducted by the Ministry of Health & Family Welfare provide useful information.
- Each National programmes such as on tuberculosis, malaria, and AIDS have a system reaching the family level to collect information pertaining to their area of activity.
- The Integrated Disease Surveillance Project (IDSP) was launched in 2004 with 800 satellite-based SITs in the country for health information and surveillance. This is institutionalized in National Institute of Communicable Diseases (NICD), Delhi, with functional linkages with the Central Bureau of Health Intelligence (CBHI).

**PRIVATE SECTOR**

- The private sector plays an important role in urban areas for curative care. A large number of private practitioners exist and there are many large and small hospitals and nursing homes. In addition, there are the large number of voluntary organizations providing health care.
- The pharmaceutical sector is almost exclusively in the private sector and drug stores are mostly run by pharmacy-qualified individuals.

**TRADITIONAL SYSTEM**

- Ayurveda, Unani, Siddha and Homeopathy (AYUSH) systems are encouraged and run parallelly. Many PHCs have one doctor of one of these systems, in addition to an allopath doctor. AYUSH doctors are professionally trained and are qualified practitioners.
- By first January 2011, the total number of registered practitioners of these systems was 712,121. More than 50% of these are Ayurvedic practitioners.
- In addition, there are a large number of less qualified practitioners and traditional birth attendants.
Q.7 Who pays for health care?

**TOTAL EXPENDITURE ON HEALTH**

<table>
<thead>
<tr>
<th>Value</th>
<th>Year</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Per capita (US$)</td>
<td>51</td>
<td>2010 (18)</td>
</tr>
<tr>
<td>Per capita (Intl.$)</td>
<td>126</td>
<td>2010 (18)</td>
</tr>
<tr>
<td>Highest in the world - U.S.A (Intl.$)</td>
<td>8233</td>
<td>2010 (18)</td>
</tr>
<tr>
<td>Highest in the Region - Maldives (Intl.$)</td>
<td>510</td>
<td>2010</td>
</tr>
</tbody>
</table>

**GENERAL GOVERNMENT EXPENDITURE ON HEALTH**

<table>
<thead>
<tr>
<th>Value</th>
<th>Year</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Out of total health expenditure (%)</td>
<td>26.7</td>
<td>2008-09 (27,c)</td>
</tr>
<tr>
<td>Per capita (US$)</td>
<td>14</td>
<td>2010 (18)</td>
</tr>
<tr>
<td>Per capita (Intl.$)</td>
<td>36</td>
<td>2010 (18)</td>
</tr>
<tr>
<td>Highest in the world - Luxembourg (Intl.$)</td>
<td>5660</td>
<td>2010 (18)</td>
</tr>
<tr>
<td>Highest in the Region - Maldives (Intl.$)</td>
<td>310</td>
<td>2010</td>
</tr>
</tbody>
</table>

**PRIVATE EXPENDITURE ON HEALTH**

<table>
<thead>
<tr>
<th>Value</th>
<th>Year</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Out of total health expenditure (%)</td>
<td>71.6</td>
<td>2008-09 (21,c)</td>
</tr>
<tr>
<td></td>
<td>71.8</td>
<td>2010 (18)</td>
</tr>
<tr>
<td>Lowest in the Region - DPR Korea (as % of total expenditure on health)</td>
<td>0.4</td>
<td>2010 CC</td>
</tr>
<tr>
<td>Out-of-pocket expenditure (as % of total expenditure on health)</td>
<td>61.7</td>
<td>2010 (18,c)</td>
</tr>
<tr>
<td>Lowest in the Region - DPR Korea (as % of total expenditure on health)</td>
<td>0.04</td>
<td>2010 CC</td>
</tr>
<tr>
<td>Social Security expenditure on health (as % of total expenditure on health)</td>
<td>5.4</td>
<td>2010 (18,c)</td>
</tr>
<tr>
<td>Private prepaid plan (as % of total expenditure on health)</td>
<td>3.4</td>
<td>2010 (18,c)</td>
</tr>
<tr>
<td>Other (as % of total expenditure on health)</td>
<td>1.3</td>
<td>2010 (18,c)</td>
</tr>
</tbody>
</table>

**Health expenditure**

- Per capita total expenditure on health has more than doubled from US$ 20 in 2000 to US$ 51 in 2010. It is above the US$ 44 which the WHO estimates should be to provide everyone access to a set of essential health services.

- The share of General Government Expenditure to total health expenditure has also increased from 26% in 2000 to 28.2% in 2010 but 75% of this small share by government is borne by State governments.

- Nearly 72% of the total health expenditure is met by private sources of which about 62% (way above the 15 - 20% of general norm) is direct out-of-pocket at the time of purchasing health services. The remaining by way of social security, private insurance which instead should be high is only 10%.

- Because of low insurance coverage (the main reason for which may be that Indian economy is still predominantly informal) and because of not enough government share, people end up to pay high share from out-of-pocket for expenses on health. As per some studies over 40% of hospitalized Indians borrow heavily or sell assets to cover health expenses.
What are the recent reforms and achievements of the health system?

HEALTH SECTOR REFORMS
For the past 30 years India has made remarkable efforts in the field of health. The list of initiatives include:

- The adoption of a National Health Policy in 1983
- The 73rd and 74th Constitutional Amendments devolving power to local institutions in 1992
- The National Nutrition Policy in 1993
- The introduction of simple health insurance schemes for the poor in 2003
- The inclusion of health in the Common Minimum Programme of Government in 2004
- To accelerate the decline in infant mortality, essential newborn care has been included in the reproductive and child health (RCH) programme. Training for this has been conducted, and operational research in this area is encouraged.
- Instead of the campaign mode, routine immunization is being strengthened. A project on Hepatitis B immunization and injection safety has also been initiated.
- The government launched a National Rural Health Mission in 2005 to improve the availability of and access to quality health care by the people, especially those residing in rural areas, the poor, women, and children. Under this scheme, each village will have a female Accredited Social Health Activist (ASHA) who will be the interface between the community and the public health system.
- The Ministry has constituted a task force under the Chairmanship of the Director-General of Health Services to review and streamline the health information with feedback mechanism keeping in view the objectives of the National Rural Health Mission.
- Recognizing the need for evidence-based information about various initiatives undertaken and their assessment as part of the health sector reform process, the Ministry of Health & Family Welfare, in collaboration with the WHO Country Office, India, has undertaken a review and documentation of health sector reform initiatives.
- The government has created and is maintaining a web-based Health Sector Policy Reform Option Database (HS-PROD), which shares information about Indian good practices, innovations and reform know-how to tackle common management problems in the health services. This website has already documented more than 200 reform options.
- In 2004, the Central Bureau of Health Intelligence, the agency for health information in India, made recommendations in consultation with the States and Union Territories for improving and strengthening health information in the country.

ACHIEVEMENTS
More recent achievements are:

- The commitments to implement the National Rural Health Mission (NRHM)
- The proposals to achieve universal health coverage (UHC). The High Level Expert Group (HLEG) on UHC constituted by the Planning Commission of India in October 2010, with the mandate of developing the UHC framework for the 12th Five-Year Plan of the Government of India submitted its detailed report in October 2011 – the salient recommendations of which have been accepted by the Steering Committee of the Commission and communicated to the parliament.
- Impressive progress towards Polio Eradication and in addressing other communicable diseases
  - The literacy rate has shown a marked improvement and gender-disparity has narrowed.
  - There has been a decline in the under-five mortality rate but neonatal mortality continues to be high.
  - Guinea-worm disease has been eradicated and leprosy has been virtually eliminated at the national level.
  - The Public Health Foundation of India was launched in 2006 to focus on management of health rather than of disease, and try to fill-up the gap in human resources appropriate for the health problems India is facing. This Foundation is an example of public-private partnership.

RECENT HEALTH LEGISLATIONS
- The government has notified The Cigarettes and Other Tobacco Products Act 2003 (No, 34 of 2003) that prohibits advertisement of tobacco products, and regulates their trade, commerce, production, supply and distribution.
- Food Safety and Standards (Contaminants, Toxins and Residues) Regulations, 2011
- New Mental Health bill 2013
- Food security bill 2013
Q.9 What are the constraints and challenges of the health system?

CONSTRAINTS

Some major constraints having bearing on health care system are:

- Rapid changes in India’s society and lifestyles have led to the emergence of noncommunicable diseases
- Preventable illnesses and premature deaths due to NCDs
- Increasing road traffic injuries and accidents and what is worse, new risks are being confronted without necessarily having addressed the old ones.
- Low public health expenditure accompanied by very few health insurance schemes
- Gender issues are of great concern. selective gender abortion resulting in steep decline in female-to-male sex ratio are worrisome trends
- Large scale poverty and unemployment resulting from gross development disparities
- Demographic transition with “growing” and “greying” population subject to whether it would be demographic bonus to the country or burden to the health system.

CHALLENGES

The most important challenges are:

- The “unfinished agenda” of health system modernization including high out-of-pocket expenditures, insufficiency and uneven distribution of staff, service provision (overwhelmingly in private hands) and its quality, and a better alignment of regulation with present day needs
- Need for expediting progress toward achieving Millennium Development Goals (MDGs) 4 and 5 (child health, under-nutrition and gender equity problems)
- High burden of disease (BoD), even though important progress has been achieved with some diseases
- Change in the epidemiological profile, with emergence of cardiovascular and cerebrovascular diseases, metabolic diseases, cancer and mental illnesses as first order problems while tuberculosis, acquired immunodeficiency syndrome, water-borne diseases and sexually transmitted diseases remain frequent
Q.10 What does the country hope to achieve in the near future in health?

- An improved role of India in global health
- Promoting access to and utilization of affordable, efficiently networked and sustainable quality services by the entire population
- Confronting its new epidemiological reality

Advancing the role of India in the global health scene requires:
- Using economic development to pull millions of people out of poverty by creation of employment, providing water and sanitation, etc.
- Supporting countries that see India as a reference through South–South cooperation
- Facing the emergence of “consumerism” by opening a new era of service responsiveness

For within-country health achievements, MOH&FW in collaboration with WHO and other partners will focus specifically on the following 8 areas:
- Ensuring the implementation of International Health Regulations and similar commitments
- Strengthening the pharmaceutical sector including drug regulatory capacity and trade and health
- Improving the stewardship of the entire Indian health system
- Promoting universal health service coverage so that every individual would achieve health gain from a health intervention when needed
- Properly accrediting service delivery institutions (primary health care facilities and hospitals) to deliver the agreed service package
- Scaling up reproductive, maternal, newborn, child and adolescent health services
- Addressing increased combinations of communicable and non-communicable diseases
- Gradual, phased ‘transfer strategy’ of WHO services to the national, state and local authorities with the sine qua non condition that no erosion of effectiveness occurs during the transition period
Q.11 How is WHO collaborating with the country?

- Among the multilateral agencies in the field of health, WHO has been the most prominent partner of India.
- WHO's engagement with India has been long, beginning with smallpox, plague, and malaria programmes in late 1940s.
- WHO is India's strategic partner in health at the level of policy, planning, and programme formulation, and collaborate with the country through the mechanism called the country cooperation strategy (CCS), the latest being for 6 year period 2012-2017.
- The key aim of WHO's country cooperative strategy (CCS) with the Government of India (GoI) is to identify strategic priorities and approaches to support their achievement in its continued pursuit of health improvement.

**POLICY DEVELOPMENT AND PLANNING**

- The Government of India re-strategised development cooperation and partnership in 2004–2005, accepting direct development assistance from restricted donors under specific conditions only for socially important projects. International agencies and partners are now expected to provide only state-of-the-art evidence, methodological inspiration and high-level support.
- To develop the strategic agenda for WHO cooperation with GOI for 2012-2017, experiences gained and lessons learnt during the previous CCS period 2006-2011 were reviewed, and evidence and perceptions were gathered and analyzed in the global and national context. The formulation of new United Nations Development Action Framework (UNDAF 2013-2017) and WHO CCS have run in tandem with frequent exchange of ideas and active involvement of WHO in the UNDAF working groups.

The new CCS 2012-2017 incorporates:

- The valuable recommendations of key stakeholders in the field of health, including UNCT comprising of 17 UN agencies in India.
- Better alignment of WHO's strategic orientations with country priorities in order to contribute optimally in line with its comparative advantage to national health development.
- "Inter-sectoral" actions on infrastructures and regulations which impact health.
- Reform in the provision of (personal and population) health services.

**PAST COLLABORATION**

WHO's technical contribution to GOI in previous CCS (2006-2011) were remarkably effective in the following areas:

**PROMOTION OF HEALTHY LIFESTYLE AND SETTINGS**

- Supported development of guidelines and training manuals for water quality monitoring and surveillance, capacity building and promotion of best practices including a Water Safety Plan in cities and sanitation issues, health hazards of indoor air pollution.
- The epidemic preparedness capacity of states and districts was strengthened and a National Health Sector Disaster Management Plan was developed.
- WHO is also a member of the National Task Force on Climate Change set up by the MoH&FW in 2009 for suggesting health system capacity strengthening measures to address the health issues due to climate change.

**HEALTH SYSTEM DEVELOPMENT**

- Since contributing to the work of the Commission on Macroeconomics and Health in 2005, WHO's collaboration has focused on policy-making for human resources for health, essential drugs, Development and Trade agreements, health-care financing, social protection, and health research and ethics.
- WHO has facilitated the mapping of health-care facilities, provided support for studies on management of human resources and for improving and strengthening the efficient electronic flow of health information from the periphery towards the Central Bureau of Health Intelligence.

**PREVENTION AND CONTROL OF PRIORITY DISEASES**

- Supported better diagnosis of TB, higher immunization coverage, increased prevention of malaria, and help in building the competences of state officers.
- Strengthened the collection, analysis and interpretation of national data under various disease control programmes.
- Technical guidance to the MoH&FW and the donor consortium for conducting polio immunization campaigns and enabling GOI to expand polio immunization coverage with a view to achieving eradication of polio while creating openings for improvements in the implementation of routine immunization.
- Support to the National AIDS Control Project (NACP) in areas of strategic information, care, support and treatment.
- Partnerships have been built for implementing the National Tobacco Control Programme, to increase the Tobacco Cessation Centres network and to improve capacity at sub-national level.
- Supported the MoH&FW and other partners in developing, implementing and evaluating numerous interventions in line with MDGs 4 and 5.
- Technical assistance has been provided for implementing the Integrated Management of Neonatal and Childhood Illnesses (IMNIC) and introducing pre-service IMNIC training in the curriculum of the medical colleges (through state directorates of medical education), universities and ANM training centres (through the Indian Nursing Council).
- WHO facilitated work to augment the country's capacity to implement mitigation measures during the influenza A (H1N1) pandemic.
- Facilitated the launching of a national programme for prevention and control of cancer, diabetes, cardiovascular disease and stroke.
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