A SNAPSHOT OF THE
WHO
Country Cooperation Strategy
India
2012 – 2017
This document is dedicated to the people of India…
with the vision of ensuring better health for all Indians
You will find within this strategic endeavour an outline of the challenges, priorities and objectives that are intended to be implemented in the next six years. We are sure that implementing the strategy will make India healthier and more equitable and we call upon everybody to join us in this effort and the noble cause of saving and protecting the most precious possessions we all have - Health and Life!

Shri Ghulam Nabi Azad
Minister of Health & Family Welfare
Government of India
India is crucial to global health not just due to its population numbers and geographic size, but also because of the extraordinary progress it has made in health amongst other areas, which has taken millions out of poverty and is a source of inspiration for many nations. In recent years, India has taken several bold initiatives towards solving challenges that lingered for decades... ... This Country Cooperation Strategy is our contribution towards health progress in this extraordinary country.

— Dr Margaret Chan
Director-General
World Health Organization
“This Country Cooperation Strategy (CCS) has been jointly developed by the Ministry of Health and Family Welfare of the Government of India and the WHO Country Office for India in line with national priorities and health policy. We both see it as a guide for partnership, planning, budgeting and resource allocation.”

Mr PK Pradhan
Secretary, Health & Family Welfare
Ministry of Health & Family Welfare
Through a process of systematic discussion of successive versions of the CCS document and a series of joint consultations with other key stakeholders we have come to propose a number of inter-sectoral actions on the broad determinants of health as well as necessary health system reform for providing better services to individuals and communities.


Dr Nata Menabde
World Health Organization
Representative to India
Special thanks to Dr Samlee Plianbangchang, the WHO Regional Director for South East Asia, for his guidance and support throughout the CCS development process.

Our grateful thanks to Mr Keshav Desiraju, Special Secretary (Health), Government of India, for coordinating the inputs of MoH&FW for the CCS.
This Country Cooperation Strategy (CCS) has been jointly developed by the Ministry of Health and Family Welfare (MoH&FW) of the Government of India (GoI) and the World Health Organization (WHO) Country Office for India (WCO) based on a review of evidence on the causes of health improvement. Its key aim is to contribute to improving health and equity in India by helping to develop inter-sectoral actions on the broad determinants of health while providing the appropriate individual (“personal”) and population services. This aim is consistent with the assignments of government responsibility for health according to India’s Constitution between duties of the central government and the state governments.

The CCS emphasizes the links between first, second and third order causes and effects, identifies crossroads and signals options for key areas of action. It distinguishes between outward-looking challenges to unleashing India’s potential, and inward-looking challenges where the joint work of the GoI and WHO can help solve long-standing problems.

Advancing the role of India in the global health scene requires addressing outward-looking challenges:
(a) using its economic development to pull millions of people out of poverty by the creation of employment, providing water and sanitation, etc.;
(b) supporting countries that see India as a reference through South–South cooperation;
(c) facing the emergence of "consumerism" by opening a new era of service responsiveness.

The most important inward-looking challenges are:
(a) 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;
(b) the need for expediting progress towards achieving Millennium Development Goals 4 and 5 (child health, under-nutrition and gender equity problems);
(c) the high burden of disease, even though important progress has been achieved with some diseases; and
(d) the change in the epidemiological profile (emergence of cardiovascular and cerebrovascular diseases, metabolic diseases, cancer and mental illnesses as first order problems while tuberculosis [TB], acquired immunodeficiency syndrome [AIDS], water-borne diseases and sexually transmitted diseases remain frequent).

The GoI re-strategised development cooperation and partnership in 2004–2005, accepting only direct development assistance from restricted
donors and under specific conditions, and then 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. Key bilateral support is provided by the United Kingdom Department for International Development (DFID), the United States Agency for International Development (USAID), the European Commission (EC) and the Japan International Cooperation Agency (JICA). The United Nations Country Team (UNCT) works within a Development Assistance/Action Framework (UNDAF). The World Bank and the United Nations Children’s Fund (UNICEF) have significant involvement in the health sector. Other stakeholders are Global Health Partnerships (e.g. Global Fund to Fight AIDS, Tuberculosis and Malaria [GFATM], Global Alliance for Vaccines and Immunisation [GAVI], Roll Back Malaria and Stop TB), international private sector development partners (e.g. the Bill & Melinda Gates Foundation, Bloomberg, Clinton, Sasakawa and Norway India Partnership Foundations among others) and international and national civil society organizations (e.g. Oxfam, Action Aid and the Red Cross).

The WCO collaborated during 2006–2011 with the McH&FW and other GoI bodies, United Nations’ agencies and other stakeholder organizations. It responded to requests to share its experiences from other countries, strengthened the collection and analysis of national data, facilitated
mapping of service facilities and supported specific programmes and projects including polio surveillance, management of neonatal and childhood illnesses, TB, immunization, disease surveillance, emergency and humanitarian action, HIV/AIDS, leprosy, vector-borne disease, prevention and control of non-communicable diseases and lymphatic filariasis. It has also worked in health systems area. In the context of a global WHO reform, around five core areas, namely: Communicable Diseases; Noncommunicable Diseases; Health through the Life Course; Health Systems; Preparedness, Surveillance and Response, WCO seeks to reposition itself by fostering health policy dialogue and technical advice in strategic priority areas of collaboration.

The CCS incorporates the valuable recommendations of key stakeholders, balancing country priorities with WHO's strategic orientations in order to contribute optimally in line with its comparative advantage to national health development. It includes "inter-sectoral" actions on infrastructure and regulations with an impact on health as well as reform of the provision of (personal and population) health services.

The strategic priorities are enumerated in the following pages.
Strategic priority 1

Supporting an improved role of the Government of India in global health

International Health Regulations

*Ensuring the implementation of International Health Regulations and similar commitments*

Pharmaceuticals

*Strengthening the pharmaceutical sector including drug regulatory capacity and, trade and health*

Stewardship

*Improving the stewardship of the entire Indian health system*
Strategic priority 2

Promoting access to and utilization of affordable, efficiently networked and sustainable quality services by the entire population

Financial Protection

Providing universal health service coverage so that every individual would achieve health gain from a health intervention when needed

Quality

Properly accrediting service delivery institutions (primary health care facilities and hospitals) to deliver the agreed service package
Strategic priority 3
Helping to confront the new epidemiological reality

Health of Mothers and Children
Scaling up reproductive, maternal, newborn, child and adolescent health services

Combined Morbidity
Addressing increased combinations of communicable and noncommunicable diseases

Transitioning Services
Gradual, phased “transfer strategy” of WHO services to the national, state and local authorities without erosion of effectiveness during the transition period
Achievement of the CCS objectives, in cooperation with the MoH&FW and partners, calls for major adaptations in the way the WCO plans, runs its budgets, works and organizes itself to showcase WHO’s strengths as a valued partner.

The critical challenge for the WCO will be to adjust and scale up its capacity to provide support for the required technical excellence that would enable meaningful contributions to national health policy processes, and the government’s health agenda. The WCO has been privileged to work hand in hand with major, technically excellent, Indian institutions for years. WHO will continue to support the ongoing initiatives of the MoH&FW and will foster new partnerships in India that are critical for the achievement of the CCS objectives.