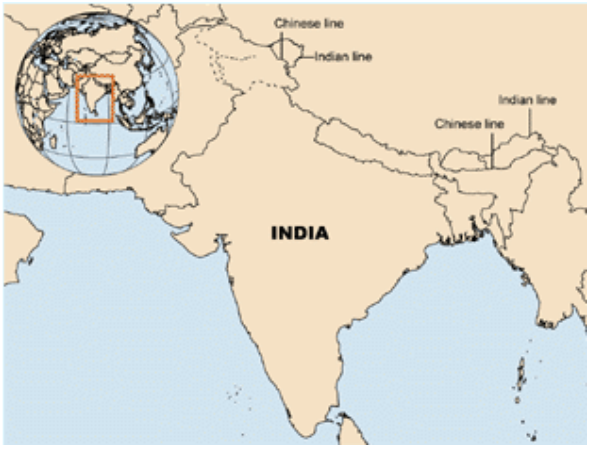
World Health Organization

Country Cooperation Strategy *at a glance*

India



http:// www.who.int/countries/en/

WHO region	South-East Asia
World Bank income group	Lower-middle-income
CURRENT HEALTH INDICATORS	
Total population in thousands (2013)	1252140
% Population under 15 (2013)	29.1
% Population over 60 (2013)	8.3
Life expectancy at birth (2013) Total, Male, Female	66 (Both sexes) 65 (Male) 68 (Female)
Neonatal mortality rate per 1000 live births (2013)	29 [23-37]
Under-five mortality rate per 1000 live births (2013)	53 [48-58]
Maternal mortality ratio per 100 000 live births (2013)	190 [130-300]
% DTP3 Immunization coverage among 1-year-olds (2013)	72
% Births attended by skilled health workers (2011)	66.6
Density of physicians per 1000 population (2012)	0.702
Density of nurses and midwives per 1000 population (2011)	1.711
Total expenditure on health as % of GDP (2013)	4
General government expenditure on health as % of total government expenditure (2013)	4.5
Private expenditure on health as % of total expenditure on health (2013)	67.8
Adult (15+) literacy rate total (2006)	62.8
Population using improved drinking-water sources (%) (2012)	93 (Total) 97 (Urban) 91 (Rural)
Population using improved sanitation facilities (%) (2012)	60 (Urban) 36 (Total) 25 (Rural)
Poverty headcount ratio at $1.25 a day (PPP) (% of population) (2010)	32.7
Gender-related Development Index rank out of 148 countries (2012)	132
Human Development Index rank out of 186 countries (2012)	136

Sources of data:
Global Health Observatory, April 2015
http://apps.who.int/gho/data/node.cco

HEALTH SITUATION

India accounts for 21% of the world's global burden of disease. India has the greatest burden of maternal, newborn and child deaths in the world. Infant mortality rate declined from 83 per 1000 live births in 1990 to 44 per 1000 live births in 2012 and maternal mortality ratio reduced from 570 per 100,000 live births in 1990 to 190in 2013.However, both remain high in comparison to other BRICS countries.

Though impressive advances have occurred in addressing communicable diseases such as achievement of polio free certification of the WHO South-East Asia Region in March 2014, successful halting and reversal of the spread of HIV/ AIDS, remarkable gains in the fight against malaria, tuberculosis and neglected tropical diseases, rapid changes in India's society and lifestyles have led to the emergence of non- communicable diseases, which are already responsible for 67% of the total morbidity burden and about 53% of total deaths.

Gender issues are of great concern. The worrying proportions of selective gender abortion became even more visible with the 2011 census; the female-to-male sex ratio in the 0–6-year age group declined steeply from 0.945 in 1991 to 0.914 in 2011. Key challenges in India's health situation are: (i) The 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; and (ii) Changes in the epidemiological profile, with emergence of cardiovascular and cerebrovascular diseases, metabolic diseases, cancer and mental illnesses as first order problems while tuberculosis, viral hepatitis, acquired immunodeficiency syndrome, water-borne diseases and sexually transmitted diseases remain frequent

Significant advancements have been made to augment preparedness and response at points of entry, with all designated ports and airports having contingency plans. Surveillance and laboratory capacities have been strengthened in view of MERS-CoV and Ebola threats and capacity to respond to IHR-related threats with an all hazard approach is being addressed through multi-sectoral mechanisms. India has requested a two year extension to comply with the IHR(2005) core capacities by 2016.

HEALTH POLICIES AND SYSTEMS

For the past few decades India has made significant efforts in strengthening its health system. One of the major initiatives was the launch of National Rural Health Mission (NRHM) in 2005 aimed at bringing all vertical programmes under one umbrella and to improve federal-state coordination in tackling health and health system challenges. Another major policy initiative was the launch of Rashtriya Swasthya Beema Yojana in 2008 – a health insurance scheme for BPL populations covering hospitalization costs. More recent achievements include launch of national level initiatives to achieve, affordable and good quality care for all, in line with the goal to progress towards Universal Health Coverage (UHC).

Indian health care system has a mix of public and private providers with nearly two-third of healthcare services provided by the latter. There are some good examples of Public-Private Partnerships implemented within the frames of several vertical programmes. Public sector is marred by shortfalls in infrastructure, medical technology and medicines as well as insufficiency and uneven distribution of staff (70-80% of doctors and health workers in private sector and 3-4 times higher in urban areas) contribute to low and often unmeasured service quality and high out-of-pocket (OOP) expenditures. Clinical Establishment Act was enacted by the Government in 2010 to regulate vast and heterogeneous private sector, although its adoption and implementation remain sub-optimal at state level. Total expenditure on health is currently 4% of GDP; of this, public expenditure is only 1.2% of GDP while nearly 60% of healthcare expenditure is OOP pushing millions into poverty every year. Since the new Union Government came to the power in May 2014, there is renewed attention on strengthening the health systems and improving financial protection. The new National Health Policy 2015 is being developed and novel approach for Primary Health Care is being considered over the next five years. All these policy initiatives corroborate the vision on advancing UHC agenda although the conversion of policy intent into implementation is likely to be challenging.

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.

COOPERATION FOR HEALTH

The Government of India re-strategized development cooperation and partnership in 2004–2005, accepting direct development assistance from restricted donors under specific conditions only for socially important projects. Key bilateral support is provided by the UK Department for International Development (DFID), the US Agency for International Development , the US Centers for Disease Control (US-CDC), the European Commission (EC) and the Japan International Cooperation Agency (JICA). The United Nations Country Team (UNCT) undertakes joint work within a Development Action Framework (UNDAF). The World Bank and the United Nations Children's Fund (UNICEF) and UNFPA have significant involvement in the health sector. Other stakeholders are the Global Fund to Fight AIDS, Tuberculosis and Malaria , Global Alliance for Vaccines and Immunization [GAVI], Roll Back Malaria and Stop TB, international private sector development partners (e.g. the Bill & Melinda Gates Foundation, Bloomberg Philanthropies, Sasakawa/Nippon Foundation among others) and international and national civil society organizations (e.g. Rotary International, Oxfam, Action Aid, World Vision and the Red Cross).WCO works with the World Bank, UNICEF, UNFPA, DFID,USAID, GIZ, and BMGF for coordinated technical assistance at the national and state levels to strengthen and advance the UHC agenda in India. WCO will implement a project supported by EC to study out-migration of health personnel from India and advocate for implementation of the WHO Global Code of Practice on Recruitment of International Health Personnel.

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WHO COUNTRY COOPERATION STRATEGIC AGENDA (2012–2017)	
Strategic Priorities	**Country Cooperation Strategy Focus Areas**
STRATEGIC PRIORITY 1: Supporting an improved role of the Government of India in global Health	• 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
STRATEGIC PRIORITY 2: Promoting access to and utilization of affordable, efficiently networked and sustainable quality services by the entire population	• 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
STRATEGIC PRIORITY 3: Helping India to confront its new epidemiological reality	• 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.
STRATEGIC PRIORITY 4 Effective implementation and strategic partnership	WHO-India works to implement the CCS through transparently and collectively developed operational work plans with clear goals, deliverables, products, activities, resources and appropriate follow up mechanisms supported by specific, measurable, attainable, realistic and timely (SMART) indicators for measuring progress. The CCS 2012-2017 also promotes a critical culture of quality and performance assessment, so that outcomes are achieved and assessed by implementing specific health system functional enhancements towards Universal Health Coverage. The WHO CCS India (2012-2017) 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 infrastructures and regulations with an impact on health as well as reform of the provision of (personal and population) health services. The scope of work undertaken with MoH&FW in the current CCS has been reinvigorated with focus on high level policy dialogue, multisectoral engagement, delivery of high quality services, independent review and assessment of programmes and relevant capacity building. External implications of the CCS for the WHO secretariat that are being addressed are: (a) Shift from budgetary support to health policy dialogue and technical advice, and shift from replacing government services to strengthening the country's own capacity; (b) Setting up mechanisms for periodic joint progress review of CCS-implementation; (c) Disengaging from high-labour, low-impact activities and small-dose cash transfers. Shift to impact-ensuring practices in line with WHO's role as a specialized health agency of the United Nations; (d) Strengthening interlocution with the states and presence across the country, with emphasis on establishing a network of regional hubs in support of states needing particular help in the areas agreed with the Government of India; (e) Fostering WHO-led technical activities to promote the corporate label championing health among the United Nations agencies as well as with other stakeholders in India; and (f) Taking inter-sectoral action more seriously and engaging with various stakeholders in fostering health actions. Prioritized actions plans developed by the health ministry and other ministries and departments for implementing India's 12th Five-Year Plan on an ongoing basis are being reviewed and the biennial work-plans are being developed and deployed to implement the CCS in consonance with the objectives of the government in the health sector. Special attention is being paid to the reforms in strategic prioritization and programme budgeting that has been ushered in through the 12th General Programme of Work of WHO while planning and implementing the biennium work plans. Other developments such as the political declaration on the prevention and control of NCDs following the high level meeting of the UN; the emerging post-2015 development agenda etc are also being reviewed and the implementation plans for the CCS are aligned with these developments.