World Health Organization

Country Cooperation Strategy *at a glance*

India

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

(Disclaimer: This map is an approximation of actual country borders. The boundaries and names shown on this map do not imply official endorsement or acceptance by the World Health Organization)

Key indicators: India	
WHO region	South-East Asia
Child health	
Infants exclusively breastfed for the first six months of life (%) (2013)	64.9
Diphtheria tetanus toxoid and pertussis (DTP3) immunization coverage among 1-year-olds (%) (2016)	88
Demographic and socioeconomic statistics	
Poverty headcount ratio at $1.25 a day (PPP) (% of population) (2010)	32.7
Gender inequality index rank (2014)	130
Human development index rank (2014)	130
Health financing	
Total expenditure on health as a percentage of gross domestic product (2014)	4.69 (India note)
Private expenditure on health as a percentage of total expenditure on health (2014)	69.96 (India note)
General government expenditure on health as a percentage of total government expenditure (2014)	5.05 (India note)
Health systems	
Physicians density (per 1000 population) (2014)	0.725
Nursing and midwifery personnel density (per 1000 population) (2013)	2.049
Mortality and global health estimates	
Neonatal mortality rate (per 1000 live births) (2016)	25.4 [22.6-28.4]
Under-five mortality rate (probability of dying by age 5 per 1000 live births) (2016)	43.0 [38.8-47.3]
Maternal mortality ratio (per 100 000 live births) (2015)	174 [139 - 217]
Sustainable development goals	
Life expectancy at birth (years) (2015)	69.9 (Female)
	66.9 (Male)
	68.3 (Both sexes)
Births attended by skilled health personnel (%) (2013)	81.1
World Health Statistics	
Population (in thousands) total (2015)	1.30E+06
Population proportion under 15 (%) (2015)	28.8
Population proportion over 60 (%) (2015)	8.9

Sources of data:
Global Health Observatory May 2017
http://apps.who.int/gho/data/node.cco

HEALTH SITUATION

- Polio has been eliminated. Yaws, guinea worm and maternal and neonatal tetanus have been eliminated. Leprosy stands eliminated at the national level and the country is rapidly moving ahead to eliminate kala-azar, lymphatic filariasis, leprosy and malaria.
- India has a high burden of communicable, including NTDs, maternal and neonatal conditions and a rising burden of NCDs, mental health and injuries.
- Premature mortality from NCDs accounts for 57% of total mortality among 30-69 years old.
- While India recorded an impressive 70% reduction in maternal deaths and 66% reduction in deaths of children under-five years of age between 1990 and 2015, the maternal mortality ratio (MMR) of 167 and infant mortality rate (IMR) of 43 is still high.
- Immunization coverage in 2015 was 62% among 12-23 months old, (NFHS-4).Coverage rates have improved in 2016 and are further improving with Intensified Mission Indradanush, which aims to reach 90% by end of 2018.
- Revised TB incidence from 2.2 to 2.8 million/year and TB mortality from 220 000 to 480 000 per year indicate that India has 27% of global TB burden and 34% of TB mortality.
- India has the third highest malaria burden in the world with 1.16 million cases in 2015.
- Wide health inequity exists within and among states. For example, MMR in Kerala was 61 compared to 300 in Assam (2013), and girls in India have higher prevalence of undernourishment than boys.
- The country has a high proportion of sex selective abortion. In 2016, India ranked 125th in gender equality, with a Gender Equality Index of 0.530

HEALTH POLICIES AND SYSTEMS

- India is a fast growing economy. GDP doubled between 2000 to 2014 with a projected growth of over 7% for this fiscal year.
- Rural population is 67% (2015), urbanization is fast increasing with 2.4% annual growth.
- A 'demographic dividend' of 65% of under 35 years is challenged by a growing population of elderly – 8% of total population.
- India has made great progress in health. It became polio free in 2014, eliminated guinea worm (2000), yaws and maternal and neonatal tetanus in 2016. Life expectancy is now 68 years; it was 33 in 1947
- Government expenditure on health is around 1% of GDP. This has resulted in:
  i. Inadequate financial protection in health and high out of pocket (OOP) - more than 62% of spending on health by Indians represents OOP and around 60 million people are pushed into poverty due to OOP.
  ii. Relative low health outcomes with high burden of communicable diseases, including neglected tropical diseases, TB and a high risk of premature death due to NCDs.
  iii. Weak public health system and sub-optimal capacities in surveillance and infection control.
- Inequity in socioeconomic dimensions is a challenge to India's development.
- Air pollution is a rising concern.
- Health is now higher on the political agenda.
- India has become the "pharmacy of the world", contributing to access to good quality and affordable medical products for India itself and beyond its borders. It is consistent with the PM initiative "Make in India".
- The National Health Policy 2017, approved by Cabinet and Prime Minister, aims for health expenditure by government to 2.5% by 2025 and achieve universal access to good quality health care services.
- Union Budget 2018-19 brought health centre-stage. The Ayushman* Bharat programme, a landmark initiative, has two components (1) the National Health Protection Scheme, providing financial protection to 0.5 billion and (2) Health & Wellness Centres, which brings health services closer to people

COOPERATION FOR HEALTH

- A multisectoral approach is key to effective CCS implementation. As the lead UN agency for health, one of WHO's important role is to lead collaborations and partnerships with a range of health and non-health partners to maximize synergies and ensure health goals are at the forefront.
- WHO works closely with UN agencies within and outside the country such as UNAIDS, UNICEF, United Nations Development Programme,and United Nations Population Fund.
- WHO will use its convening power to promote the coordination of partners with the Government
- WHO will actively seek new partnerships to leverage the health agenda and will work with civil society to ensure public participation.
- WHO will continue to support the government on the health agenda and effectively build partnerships with other UN agencies, educational and research institutes, WHO CC and the private sector

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WHO COUNTRY COOPERATION STRATEGIC AGENDA (2018–2021)	
Strategic Priorities	**Main Focus Areas for WHO Cooperation**
STRATEGIC PRIORITY 1: Advance UHC and SDGs agenda through improved health service delivery, financial protection, population coverage	1. Strengthen initiatives to equitably improve social and economic access to health services 2. Enhance equitable coverage of person centric services through public and private systems 3. Strengthen governance and regulation, human resources for health, essential drugs and other medical products, health information systems
STRATEGIC PRIORITY 2: Respond to the challenge of NCDs, including mental health and road traffic injuries, and mitigate health impacts of environmental risks	1. Promote multi-sectoral approach to prevent risk factors of NCDs and road traffic injuries 2. Strengthen quality of service delivery for NCDs, mental health and related comorbidities at primary care level 3. Strengthen evidence generation, institutional framework and capacity building to mitigate the health impacts of air pollution, unsafe water and sanitation and climate change
STRATEGIC PRIORITY 3: End epidemics of key communicable diseases and accelerate reduction of maternal and newborn deaths improve health of women and children and end epidemics of key communicable diseases	1. Accelerate actions for ending epidemics of NTDs, TB, AIDS, malaria and combating hepatitis, water-borne and other communicable and vaccine preventable diseases with enhanced disease surveillance system and response plans 2. Implement polio end game strategies and successfully transition to National Public Health Surveillance Project to address public health agenda 3. Promote maternal, newborn, child and adolescent health through quality facility and community care
STRATEGIC PRIORITY 4: Enhance systems strengthening to address global health security threats	1. Implement and monitor IHR (2005) and strengthen disease surveillance to prevent, detect and respond to emerging public health threats 2. Scale-up capacity for disaster risk reduction, and health emergency preparedness and response 3. Prevent and control AMR through surveillance, anti-microbial stewardship, and infection prevention and control
STRATEGIC PRIORITY 5: Advance India's leadership in health globally, by leveraging its strengths in medical products, health technologies and services	1. Strengthen country regulatory capacity and quality assurance in pharmaceuticals, vaccines, medical devices, diagnostics and laboratories 2. Advance bilateral and multilateral cooperation including South-South cooperation and other collaborations for promoting access to medical product 3. Promote research and innovation in health and share best practices.

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