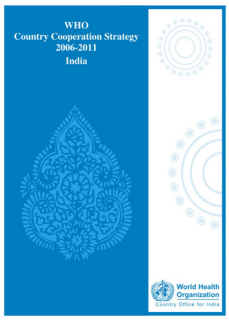
World Health Organization

Country Cooperation Strategy *at a glance*

India



Total population (2005)[1]	**1 103 371 000**
% under 15 (2005)[1]	**32**
Population distribution % rural (2005)[1]	**71**
Life expectancy at birth (2004)[2]	**62**
Under-5 mortality rate per 1000 live births (2004)[2]	**85**
Maternal mortality ratio per 100 000 live births (2001-2003)[3]	**301**
Total expenditure on health as % of GDP (2004)[4]	**4.5**
General government expenditure on health as % of general government expenditure (2004)[4]	**3.6**
Human Development Index Rank, out of 177 countries (2003)[5]	**127**
Gross National Income (GNI) per capita US$ (2005)[6]	**720**
Population living below national poverty line % (1999-2000)[7]	**26.1**
Adult (15+) literacy rate % (2000-2004)[8]	**61.0**
Adult male (15+) literacy rate % (2000-2004)[8]	**73.4**
Adult female (15+) literacy rate % (2000-2004)[8]	**47.8**
% population with access to improved drinking water source (2002)[5]	**86**
% population with sustainable access to improved sanitation (2002)[5]	**30**

With more than one billion people, India is the second most populous country in the world accounting for 17% of the world's population. Following independence, India has pursued a policy of planned economic development until the early 1990s, when it shifted to structural adjustment policies and liberalization. Subsequently, the Indian economy grew at a fast rate though concerns on equity and poverty persist. The country has recently become one of the world's fastest growing economies with an average growth rate of eight percent over the past three years. It has emerged as a global player in several areas, including information technology, business process outsourcing, telecommunications, and pharmaceuticals. The demographic profile of India is changing with an ageing population. The sub-continent is characterized by large diversities in geographical regions, sociocultural groups, and health needs.

While India is being propelled to a position of international eminence, it faces three main groups of health challenges: first, dealing effectively with unfinished agendas of communicable diseases, maternal and child health, and health systems strengthening; second, dealing with new emerging challenges such as the premature burden of noncommunicable diseases (NCDs); and third, dealing with globalization related issues while contributing to the management and shaping of the global policy environment.

HEALTH & DEVELOPMENT

India's health sector is diverse and includes what is known as the modern system of medicine as well as multiple traditional systems. Under the Constitution, health is largely the responsibility of the states, but the Union Government finances national public health programmes which have high social returns, or which are characterized as public goods. The rural health services infrastructure is widespread, starting with community workers, sub-centers, primary health centers, community health centers, secondary level district hospitals, up to medical colleges and their tertiary facilities. The private sector is large and unregulated. Out of pocket expenditures at the point of service account for more than 70% of health expenditures.

Communicable diseases account for about 38% of the disease burden with large variations across states. New or re-emerging diseases have highlighted the importance of strengthening public health systems, including surveillance, rapid response capacity, infection control, and timely health information.

Maternal and child health issues are significant, including high rates of malnutrition. Mixed progress has been made among the states in reproductive, maternal, newborn and child health. Adolescents constitute 22 percent of the total population, and about 70% of adolescent girls are anaemic.

NCDs have evolved as major public health problems and accounted for 53 percent of all deaths in the age group 30-59 years in 2005[a]. It is projected that by 2015, 59 percent of the total deaths in India would be due to NCDs. Tobacco is widely consumed and remains as the single most important preventable risk factor with 47% of men and 15 percent of women being regular consumers of tobacco[b]. Road traffic injuries result in the death of more than 100 000 people every year[c]. While NCDs are usually expected to occur in old age, their peak occurrence in India is a decade earlier than western countries. Hence, the issue is not only the burden, but also its prematurity and the resulting socioeconomic consequences. Effective multisectoral policies and behavioral interventions would enhance the prevention of NCDs and the alleviation of their impact.

Sources:

1 United Nations Population Division
2 World Health Report 2006
3 Registrar General India 2006
4 WHO data on National Health Accounts
5 Human Development Report 2005
6 World Development Indicators 2006 (World Bank)
7 Planning Commission, Government of India
8 UNESCO Institute for Statistics

In the context of new trade regimes and international trade agreements, the global policy environment has implications on the health sector. India has taken steps to make use of in-built safeguards and to build capacity for identifying and managing the impact of existing and emerging policy regimes, including for food and drug administration.

The Union Government's National Health Policy 2002 and the 10th Five-Year Plan aim at achieving an acceptable, affordable and sustainable standard of good health and an appropriate health system. They focus on reorganization and restructuring of the existing health infrastructure at primary, secondary and tertiary levels to reduce inequities and regional imbalances in the health sector. This includes delegation of powers to local bodies. The recently launched National Rural Health Mission calls for a holistic approach to health development, supported by relevant human resource capacities, convergence, integration, and public-private partnerships. This scheme provides an opportunity for promoting equity, serving the underprivileged, and empowering communities in a sustainable manner. India is striving to achieve the Millennium Development Goals, and the expectations to attain various targets are variable. The vision of the 11th Plan is to promote broad-based and inclusive policies.

[a] *Preventing chronic diseases: A vital investment. WHO Geneva 2005.*
[b] *Report on tobacco control in India. Ministry of Health and Family Welfare, Government of India, New Delhi 2005.*
[c] *Gururaj G. Road Traffic Injury Prevention in India. NIMHANS publication 56, Bangalore, India.2006.*

CHALLENGES	OPPORTUNITIES
• Inequitable access to quality care.	• National Health Policy and Five-year Development Plans commitment to address public health issues and health disparities.
• Limited government expenditure on health (0.9% of GDP).	• Commitment of the Government to increase public health share to at least 2% of GDP.
• Unregulated private health care provision, and high out of pocket expenditures, which may contribute to impoverishment.	• Efforts initiated to develop regulatory frameworks and to seek options for alternative financing mechanisms, including insurance.
• Population stabilization, gender discrimination, high maternal newborn and child mortality rates.	• National Rural Health Mission and Reproductive & Child Health Programme. Integrated Management of Newborn and Childhood Illnesses (IMNCI) pre-service and home-based newborn care activities initiated. Multi-skilling of health providers for Emergency Medical Obstetric Care. Introduction of Accredited Social Health Activists (ASHAs). Increased attention to women's health in national schemes.
• Significant needs in various capacities and skilled human resources.	• Increased commitment to health system strengthening, use of capacities in other sectors, and effective partnerships. Enhanced nursing profile and increasing nursing autonomy in practice.
• Relevance of public health education and practices.	• Public health education, job descriptions and career paths under review; expanding efforts for multi-disciplinary and multi-sectoral approaches; establishment of the Public Health Foundation.
• Impact of international trade agreements on the health sector.	• Ongoing capacity building to deal with international agreements and strengthening of the World Trade Organization (WTO) cell in the Union Ministry of Health.
• High mortality and morbidity due to communicable diseases, especially among the poor.	• Increased commitment and investments, and significant progress in the control and/or elimination of communicable diseases like yaws, leprosy, tuberculosis and several vaccine preventable diseases.

• Inadequate and delayed information available for informed decisions and outbreak response management.	• Integrated Disease Surveillance Project launched; strengthening of the public health system and centres of excellence.
• Emergence of new pathogens in the region and globally.	• Endorsement of International Health Regulations (IHR). Prevention and Control of Avian Influenza and Pandemic Preparedness planned in country and agreed in Asia; strengthening laboratory diagnostic capabilities; monitoring and capacity building for surveillance.
• Implementation of the Framework Convention for Tobacco Control (FCTC); enforcement of national legislation at the state level.	• Strong political commitment at the central level for tobacco control; India's ratification of FCTC; and increasing central investment in tobacco control interventions.
• Multisectoral interventions to reduce risk factors of NCDs and injuries.	• National Programmes for Diabetes and Cardiovascular diseases being developed; increasing public awareness about diet and physical inactivity.
• Inter-sectoral convergence.	• Multiple programmes expanded, including IMNIC and expansion of HNIV prevetntion and care.

PARTNERS

Numerous international partners are active in the health sector in India, including UN agencies, international NGOs, multilateral organizations and bilaterals, most notably USAID and DFID. During the mid 1990s, the World Bank Group has emerged as the major external funding agency.

Development assistance, including loans and grants, contributes a small percentage of India's expenditure on the health sector, and has ranged between 1-2% of the total public health expenditure. Although external funding is relatively small, its value added and benefits are high as recognized by the government, mainly in sharing expertise, knowledge, international lessons, good practices, ideas and innovations, policy options, pilots and demonstration projects, normative functions, standards, operational guidelines, and technical support.

Recent years have also witnessed the emergence of global bodies such as the Global Alliance for Vaccine Initiative, the Global Fund for AIDS, TB and Malaria, the Clinton Foundation's HIV/AIDS Initiative, and the Bill and Melinda Gates Foundation. Recently, Norway has committed NOK 500 million (about US$80 million equivalent) under the Norway-India Partnership to catalyse national efforts towards achieving MDG-4 for reducing child mortality.

CHALLENGES	OPPORTUNITIES
• Different mandates; different business processes; and competition.	• Increasing formalized coordination mechanisms and commitment to facilitate complementarity, such as in sector wide investments, Expanded Theme Group on HIV/AIDS, Coordinated HIV/AIDS Response through Capacity Building and Awareness (CHARCA), India Expert Advisory Group on Polio, UN Disaster Management Group, UN Country Team, and UNDAF.
• Multiplicity of demands and reporting requirements from the same institutions, overstretching local capacities.	• Enhanced joint planning for reporting requirements, visiting missions, meetings and workshops.
• External support largely limited to communicable disease control and reproductive and child health.	• Increased dialogue with development agencies on the need to enhance partnerships in overall strengthening of health systems, and in dealing with noncommunicable diseases and their prematurity based on evidence of disease burden and actual sectoral needs.

WHO STRATEGIC AGENDA (2006-2011)

WHO aligns its country cooperation strategy (CCS) with the priorities and evolving needs of the country. The thrust of WHO's support has been selected based on evidence of sectoral issues and disease burden, cost-effectiveness of interventions, field realities, and comparative advantages of WHO in its core functions. Cross-cutting priorities were taken into consideration, including equity, access, gender, quality assurance and capacity building. While WHO in India will maintain its technical collaboration in various important areas of work in the health sector, it intends to scale up its efforts aiming at four strategic objectives, major components of which are central to the pursuit of the Millennium Development Goals. The following objectives would assist national efforts to:

1. reduce the burden of communicable and emerging diseases by enhancing surveillance and response capacities;
2. promote maternal and child health, notably by improving the continuum of care and strengthening immunizations;
3. scale up prevention and control of noncommunicable diseases through support for development of new policies and programmes; and
4. develop and strengthen health systems within the national and global environment. Since India has much to offer in contributing to the management and shaping of the global policy environment for health, both inward and outward-looking perspectives have been taken into consideration in framing the CCS.

WHO commits to achieve the above through adequately targeted technical assistance and advocacy. WHO will strive to manage the risks facing the implementation of its CCS. In order to address the potential risk of limited impact, WHO would seek to provide the highest possible standards of technical advice, greater attention to upstream planning, quality at entry, implementation capacity, and closer monitoring. Regarding resource constraints and competing demands that may overstretch its capacities, WHO would increase its outsourcing to centres of excellence and credible professional bodies. WHO would promote partnerships, sustain resource mobilization efforts, and efficiently use existing internal capacities.

WHO is implementing the CCS guided by the mandate, functions and governance of WHO. The Organization is committed to contribute strategically to the overall health development in the country while providing technical leadership in collaboration with the central and state governments, and in association with its bilateral and multilateral partners, civil society, and stakeholders.

ADDITIONAL INFORMATION

WHO country page	**http://www.who.int/countries/ind/**
WHO country focus web site	**http://www.who.int/countryfocus**
WHO country office web site	**http://www.whoindia.org**

South-East Asia Regional Office Country Health Information Profile **http://www.searo.who.int/EN/Section313/Section1519.htm**