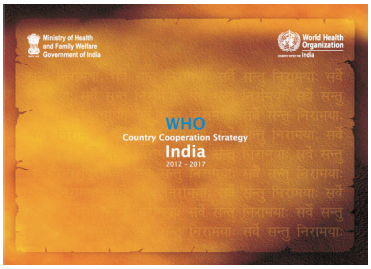
World Health Organization

Country Cooperation Strategy *at a glance*

India



Total population (2011)[1]	**1,210,193,422**
% Under 15[2] **(2009)**	**31**
Life expectancy at birth (male / female) in years[2]	**63/66**
Under-5 mortality rate per 1000[3] **(2009)**	**59**
Maternal mortality rate per 100 000 live births[4] **(2007-09)**	**212**
Total expenditure on health as % of GDP[2] **(2009)**	**4.2**
General government expenditure on health as % of general government expenditure[2] **(2009)**	**3.7**
Human Development Index Rank, out of 186 countries[5]	**136**
Effective literacy rate[6]	**74.04**
% population with access to improved drinking water source[7] **2008**	**88**
% population with improved access to sanitation[7] **2008**	**31**

Sources:
1. Census of India, Registrar General of India, Government of India, 2011
2. World Health Statistics, WHO, 2012
3. Annual Report to the people on health, Government of India, Ministry of Health & Family Welfare, Dec 2011
4. Sample Registration System Bulletin, Registrar General of India, Oct 2012
5. Human Development Report 2013, UNDP
6. Census of India, Registrar General of India, Government of India, 2011 (a person aged 7 and above, who can both read and write with understanding in any language is treated as literate by the Census)
7. WHO-UNICEF Joint Monitoring Programme on Water and Sanitation 2012 Update

India is the world's largest democracy, the second most populous country in the world (1.21 billion people according to the provisional figures of the 2011 census) and the tenth largest economy (with a gross domestic product of US$ 1377.3 billion) in 2009.
India has undergone extraordinary socioeconomic and demographic changes. The population pyramid has evolved with increases in both the very young and in the ageing population, as well as an urbanization process with megacities and expanded shanty towns. The urban population increased 4.6-fold between 1951 and 2001 compared to only a 2.8-fold increase in the total population.
Between 1980 and 2011 India's Human Development Index improved by 1.6% annually from 0.344 to 0.547, and yet the country ranks 124th out of 187 countries with comparable data.[5]

HEALTH & DEVELOPMENT

- India accounts for 21% of the world's global burden of disease.
- India is home to 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 2011 and maternal mortality ratio reduced from 570 per 100,000 live births in 1990 to 212 in 2007–2009. However, both remain high in comparison to other BRICS countries.
- Though, impressive advances have occurred in addressing communicable diseases such as the significant progress towards polio eradication, rapid changes in India's society and lifestyles have led to the emergence of noncommunicable diseases, which are already responsible for two-thirds of the total morbidity burden and about 53% of total deaths (up from 40.4% in 1990 and expected to increase to 59% by 2015).
- 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. The Gender Equality Index (GEI) in India is 0.748, well below, for example, China (0.405) or Sri Lanka (0.599). In 2008, India ranked 122nd in gender equality among 168 countries.
- India is losing more than 6% of its GDP annually due to premature deaths and preventable illnesses, according to a 2010 World Bank report.
- Total expenditure on health is 4.2% of GDP. Of this, current public expenditure is only 1.1% of GDP. Over 70% expenditure is out of pocket (and majority at point of service). The country's per capita health spending has risen from US$ 21 in 2000 to US$ 44 in 2009 (with government expenditure within it increasing from US$ 6 to US$ 13). However, India remains among the five countries with the lowest public health spending levels in the world.
- Out-of-pocket payments have increased, with impoverishment of nearly 2.2% of population taking place annually due to catastrophic illness-related expenditure. Hospitalization for major illnesses is a major cause of indebtedness, especially for those living below the poverty line.

For the past 30 years the geographically wide, densely populated and enormously varied Republic of 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 National Health Policy, the National Policy on Indian System of Medicine and Homeopathy and Drug Policy in 2002; the introduction of simple health insurance schemes for the poor in 2003; and the inclusion of health in the Common Minimum Programme of Government in 2004. More recent achievements include the commitments to implement the National Rural Health Mission (NRHM) and proposals to achieve universal health coverage (UHC). The High Level Expert Group (HLEG) on UHC constituted by the Planning Commission of India met in October 2010, with the mandate of developing the UHC framework for the 12th Five-Year Plan of the Government of India. The Group 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.

CHALLENGES	OPPORTUNITIES
▪ 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 ▪ 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 ▪ Changes 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.	▪ 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.

PARTNERS

The Government of India restrategised 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. Key bilateral support is provided by the UK Department for International Development (DFID), the US 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, World Vision and the Red Cross).

WHO STRATEGIC AGENDA

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 strategic priorities are as follows:

Strategic Priority 1 Supporting an improved role of the Government of India in global health	**Main Focus 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
Strategic Priority 2 Promoting access to and utilization of affordable, efficiently networked and sustainable quality services by the entire population	**Main Focus Areas** ▪ 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	**Main Focus Areas** ▪ 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.

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 show WHO's assets as a valued partner. These changes have both external and internal implications.

External implications of the CCS for the WHO secretariat 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) Set up mechanisms for periodic joint progress review of CCS-implementation;
(c) Disengage 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) Strengthen 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) Foster 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) Take inter-sectoral action more seriously and engage with various stakeholders in fostering health actions.

Internal implications of the CCS for the WHO secretariat are:
(a) Boost technical excellence in the Office; bring in international experience and strengthen India's health information and health intelligence;
(b) Upgrade internal and external communication (including website);
(c) Take extended advantage of WHO's reform, particularly regarding the contributions and capacities of the three organizational levels;
(d) Align office structure with CCS implementation in the new context; promote horizontal collaboration between programmes and reduce fragmentation;
(e) Promote responsible management with the correspondingly increased demands in terms of accountability for results; and
(f) Pay increased attention to enabling functions.
Prioritized action plans will be developed by the health ministry and other ministries and departments for implementing India's 12th Five-Year Plan. The biennial work-plans needed to implement the CCS will be developed in consonance with the objectives of the government in the health sector.

Main Focus Areas of the WHO Country Cooperation Strategy
India 2012–2017